



सत्यमेव जयते

Planning Commission
Government of India



Social Sector Service Delivery Good Practices Resource Book

Social Sector Service Delivery

Good Practices Resource Book

2009

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Government of India

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सत्यमेव जयते

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FOREWORD

Planning in India has been concerned as much with the problems of implementation and the innovative solutions that practical administrators have worked out to them as with the allocation of resources and the design of programmes and schemes. The mechanisms for innovative and efficient delivery of public service are exceedingly important in ensuring that the Eleventh Plan vision of inclusive growth is made a reality.

Numerous innovations are being tried out by States all across the country, and one of the major objectives of the Planning Commission is to ensure that the details of these innovations and experiments are exchanged amongst the entire community of development practitioners all over the country.

In order to help achieve this objective, Planning Commission and the United Nations Development Programme (UNDP) had, in 2002 jointly brought out a compendium of Successful Governance Initiatives and Best Practices. This was well received by the States who expressed a desire for another similar publication. Accordingly, under the Strengthening of State Plans for Human Development Project, Planning Commission and UNDP commissioned PRAYAS, Pune to prepare a Compendium of Good Practices adopted by the State Governments.

Under the guidance of a specially constituted Project Advisory Committee and based on inputs provided by experts, PRAYAS has prepared this Resource Book after extensive discussions at the State headquarters and at the field level. An attempt has been made to identify and articulate core issues and challenges in the effective implementation and delivery of public services. The Resource Book covers 34 Good Practices from various regions of the country, highlighting their replicability and limitations. Its canvas includes diverse themes relating to health, rural development, public distribution, water and sanitation, education, disaster management, etc.

I hope the Resource Book will be a valuable input for all levels of the Government, administrators, development practitioners and researchers.

(Dr Subas Pani)

United Nations Development Programme



MESSAGE

I am pleased to present *Social Sector Service Delivery – Good Practices Resource Book*, a compilation of 34 case studies from across India that showcase practices that played a significant role in improving delivery of services.

It is widely recognised that while India has very well designed programmes that have a wide outreach, bottlenecks in service delivery hamper harnessing full potential of these programmes. It is critical that core public services, keeping pace with the growing economy, are provided to all sections of the population if India is to meet its national goals and the Millennium Development Goals. Better service delivery is also a pre-requisite for inclusive growth.

The case studies documented in this Resource Book are not only from States that fare well on human development indicators, but also from States that are lagging behind. This highlights that all States, irrespective of their positions vis-à-vis human development indices, are striving to implement programmes innovatively in order to make a difference in the lives of people.

This compilation demonstrates that the participation of people and communities is essential for the success of any programme. Involving them meaningfully is the challenge. The case studies illustrate how the gap between Government and people can be bridged.

I hope that this Resource Book, prepared by PRAYAS under the Planning Commission-UNDP project—Strengthening State Plans for Human Development—will prove to be a useful resource for administrators and institutions of local governance.

A handwritten signature in black ink, appearing to read 'D. Boyd'.

Deirdre Boyd
Country Director

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Abbreviations

AACP	— Assam Agriculture Competitiveness Project
AAY	— Antyodaya Anna Yojana
AIEEE	— All India Engineering Entrance Examination
ANM	— Auxiliary Nurse Midwife
APUSP	— Andhra Pradesh Urban Services for the Poor
ARIASP	— Assam Rural Infrastructure and Agriculture Services Project
ASHA	— Accredited Social Health Activist
AWW	— Anganwadi Worker
BMTC	— Bangalore Metropolitan Transport Corporation
BPL	— Below Poverty Line
CABE	— Central Advisory Board of Education
CBO	— Community Based Organisation
CBSE	— Council of Boards of School Education
CEHAT	— Centre for Enquiry into Health and Allied Themes
CEO	— Chief Executive Officer
CHC	— Community Health Centre
CPU	— Community Participation Unit
CSO	— Civil Society Organisation
DECU	— Development Education and Communication Unit
DIET	— District Institute of Education and Training
EDCIL	— Educational Consultants India Limited
EDUSAT	— Educational Satellite
FPC	— Forest Protection Committee
FPS	— Fair Price Shop
FRU	— First Referral Unit
GDP	— Gross Domestic Product
GoI	— Government of India
GPRB	— Good Practices Resource Book
GPS	— Global Positioning System
GRC	— Gender Resource Centre
HSADL	— High Security Animal Disease Laboratory
ICDS	— Integrated Child Development Services
ICSSR	— Indian Council of Social Science Research
ICT	— Information and Communication Technology

IEC	— Information, Education and Communication
IET	— Information, Education and Training
IGNOU	— Indira Gandhi National Open University
IGPR-GVS	— Indira Gandhi Panchayati Raj & Gramin Vikas Sansthan
IIHMR	— Indian Institute of Health Management Research
IMR	— Infant Mortality Rate
IPGMER	— Institute of Post Graduate Medical Education and Research
IPHS	— Indian Public Health Standards
IRDA	— Insurance Regulatory and Development Authority
ISRO	— Indian Space Research Organisation
IT	— Information Technology
LAMPS	— Large Aadim Jaati Multipurpose Cooperative Societies
LBSNAA	— Lal Bahadur Shastri National Academy of Administration
MAVIM	— Mahila Arthik Vikas Mahamandal
MCQ	— Multiple Choice Question
MIS	— Management Information System
MLA	— Member of the Legislative Assembly
MMR	— Maternal Mortality Ratio
MNC	— Multinational Corporation
MoU	— Memorandum of Understanding
MP	— Member of Parliament
MRCP	— Maharashtra Rural Credit Programme
NABARD	— National Bank for Agriculture and Rural Development
NCAER	— National Council of Applied Economic Research
NCERT	— National Council of Educational Research and Training
NEPED	— Nagaland Environment Protection and Economic Development
NFHS	— National Family Health Survey
NGO	— Non-Governmental Organisation
NIC	— National Informatics Centre
NMR	— Neonatal Mortality Rate
OGRTS	— Online Grievance Redressal Tracking Scheme
OPD	— Out-Patient Department
PDS	— Public Distribution System
PHC	— Primary Health Centre
POU	— Project Operations Unit
PPP	— Public-Private Partnership
PRADAN	— Professional Assistance for Development Action



PRI	— Panchayati Raj Institution
RCH	— Reproductive and Child Health
ROT	— Receive Only Terminals
RRC	— Roaming Ration Card
SATCOM	— Satellite Communication
SC	— Scheduled Caste
SCERT	— State Council of Educational Research and Training
SDC	— Swiss Agency for Development and Cooperation
SHG	— Self Help Group
SHRC	— State Health Resource Centre
SIRD	— State Institute of Rural Development
SIT	— Satellite Interactive Terminals
SMS	— Short Messaging Service
SNCU	— Sick Newborn Care Unit
SNSU	— Sick Newborn Stabilisation Unit
SRC	— State Resource Centre
SSA	— Sarva Shiksha Abhiyan
ST	— Scheduled Tribe
TISS	— Tata Institute of Social Sciences
ToR	— Terms of Reference
ToT	— Training of Trainers
UGC	— University Grants Commission
ULB	— Urban Local Bodies
UNDP	— United Nations Development Programme
UNESCO	— United Nations Educational, Scientific and Cultural Organization
UNICEF	— United Nations Children’s Fund
UTKARSH	— Use of Technology for Knowledge Advancement and Re-orientation of Studies in Haryana
VEC	— Village Education Committee
WASMO	— Water and Sanitation Management Organisation
WHO	— World Health Organization
YASHADA	— Yashvantrao Chavan Academy for Development Administration
YCFHCS	— Yeshasvini Cooperative Farmers Health Care Scheme

Glossary

Kanya Kelavani Mahotsav

A part of a series of efforts by the Gujarat Government aimed at improving overall enrolment of girl children in schools.

Aame Bi Paribu

The term literally means 'We can do it too'. The Government of Orissa started this project using the Positive Deviance approach, to address child malnutrition.

Davandi

The term signifies public announcement.

Jan Swasthya Rakshak

The term means community health worker. His main role is to provide prompt curative care under the Jan Swasthya Rakshak Yojana in Chhattisgarh.

Jhum

The practice of slash and burn type of shifting cultivation, known as jhum, is a traditional agricultural practice in Nagaland and other States.

Kalajatha

The term kalajatha refers to an art group in India.

Lokvani

In Hindi language, the term means the voice of the people. Lokvani is an e-governance programme which has been initiated with the combined efforts of the district administration as well as the National Informatics Centre (NIC) in Sitapur district in Uttar Pradesh.

Mitanin

The term means in Chhattisgarhi language a female friend. It's a community-owned, women-centric, community health workers programme.

Panchanama

Panchanama comes from the Sanskrit words 'panch' meaning respectable person and 'nama' meaning

a written thing. It is a written account of some transaction which had taken place in the presence of respectable persons.

Prerak

The term prerak is used for a community health worker in Chhattisgarh.

Sarpanch

The head of a panchayat in a village community.

Sarwajanik Vitaran Pranali ke Khaddyan ke Parivahan Hetu Prayukt Wahan

Transport Vehicle for Food Goods under Public Distribution System in the State of Chhattisgarh.

Shala Praveshotsav

The term means School Enrolment Festival. It is a major component of Kanya Kelavani Mahotsav, wherein celebrations are held to mark the occasion of enrolment of children in the primary schools.

Shramdan

The term means voluntary labour.

Stree Shakti

A programme initiated by State Government of Delhi to address the needs of women from economically weaker sections and to empower them so as to enable them to play an active role in the mainstream society.

Swantah Sukhaya

The scheme provides autonomy to any Government officer in the district of Gujarat, to design and implement a scheme without taking prior permission or approval from the State Government.

Velugu

Originally called Velugu and recently renamed Indira Kranti Patham, the programme organised poor women into self help groups. It also provides food security.

Part I

Developing the Resource Book

Part I: Developing the Resource Book

1.1. Background

The Planning Commission, Government of India and the United Nations Development Programme (UNDP) jointly published in 2002, a compendium of case studies of successful development initiatives (that is, schemes, projects or programmes) of various State Governments.

This compendium was aimed at facilitating inter-State comparison and encouraging replication of these initiatives in other parts of the country. The process of documenting successful initiatives was envisioned to be a continuing exercise. Hence, it was decided to produce the next version of the compendium.

In order to bring more objectivity and new insights in the process of developing the compendium, the Planning Commission and UNDP decided to assign this work to an independent and competent agency. In this context, PRAYAS was given the responsibility of preparing the next version of the compendium.

PRAYAS is a research and advocacy organisation based in Pune, working in the areas of health, energy, learning, parenthood, governance, natural resources and rural livelihoods. Its mission is to apply the professional skills and knowledge of its staff and associates to make a positive contribution to society.

After an initial review, PRAYAS conceived the next version of the compendium of case studies in the form of a Resource Book for Government officials which would provide case studies of Good Practices. Accordingly, it decided to title the new document, which would be focused on Good Practices, as the Good Practices Resource Book or GPRB.

It is envisaged that the Good Practices Resource Book will specifically focus on the documentation and analysis of Good Practices occurring in different components of the schemes. In this book, the documentation of Good Practices has been done in a systematic and crisp manner so that the logic underlying the emergence and operations of Good Practices is clearly spelt out. Further, the documented Good Practices will be analysed

to uncover different types of lessons for future. The lessons obtained from this analysis will be presented in the concluding chapter.

In summary, the Good Practices Resource Book is a learning tool targeted towards practitioners and researchers in Government as well as non-Government sectors.

1.2. Organisation of the Resource Book

This book is organised in three parts. The first part (Part 1) provides a background and an overview to the case studies. It also describes the underlying conceptual framework and methodology adopted to select, document and analyse the Good Practices. The second part (Part 2) presents the narratives in the form of case studies of Good Practices. The third part (Part 3) contains the concluding sections that present lessons from these Good Practices. The lessons include the ones from the substantive sectors and themes as well as from the functional or operational themes.

1.3. Conceptual Framework

The ability of a development initiative (that is, a scheme, project or programme) to successfully achieve its intended goals and extend benefits to the intended beneficiaries depends, in part, on the practices adopted in the design and implementation of the initiative. In other words, practices adopted by the initiative have a significant role in determining efficiency, effectiveness, sustainability or impact of the initiative. Hence, study of practices, especially of Good Practices, is relevant for researchers and practitioners in this area. This is the foundational proposition.

Definition of Good Practice

A 'practice' is generally defined as a 'way of doing things in a usual or expected manner' as per the Oxford Dictionary. Different definitions of 'Best Practice' and 'Good Practice' imply a practice with various special characteristics such as innovativeness, ability to lead to an actual change, having an impact on policy environment, replicability and sustainability (ability to self-support). A Good Practice could also be distinguished by its contribution to increase the efficiency of the

initiative (that is, optimum use of resources to enhance outputs and outcomes) or its effectiveness (that is, its contribution to the achievement of the set objectives of the scheme in which the practice occurs).

In the context of this Resource Book, however, the definition of Good Practice is restricted to retain two basic characteristics:

- i. Innovativeness in terms of departure from the conventional practice.
- ii. Ability to contribute to overcoming limitations or barriers created or faced by the conventional practice.

The Good Practice and the Component of the Scheme

It is envisaged that the case studies of Good Practices in the Good Practices Resource Book will specifically focus on the documentation and analysis of Good Practices occurring in one or more components of the initiative.

An initiative (that is, a scheme, project or programme) is assumed to typically consist of the following functional or operational components from which the good practice(s) could be extracted:

- i. Governance Component (for example, users' or citizens' participation, transparency and accountability, enhanced Government-people interface)
- ii. Institutional Arrangements in the Scheme (for example, public-private partnership, empowerment of local self Governments)
- iii. Financial Component (for example, innovations in financing and financial management of schemes)
- iv. Capability Building or Training Component (including Information, Education and Communication (IEC) provision and building awareness and ownership)
- v. Management Component (different aspects of management of the initiative/scheme, human resources and management of outreach of the scheme).

Logical Development of the Case Studies of Good Practices

The narration of the case study begins with identification and articulation of the core problem or core challenge which both the Good Practice and conventional practice attempt to address (in the case study). Then, each case study primarily attempts to cull out relevant Good Practices from an initiative, and conducts a good practice-conventional practice comparison. In other words, it takes the following five steps:

- i. Identification and articulation of the core problem or core challenge, which both the Good Practice and conventional practice attempt to address.
- ii. Identification and articulation of the conventional practice or practices that were used or are still used at other places in such initiatives.
- iii. Analysis of the limitations or barriers faced by the conventional practices in addressing a particular problem (in a particular sector).
- iv. Identification and articulation of the Good Practices from the initiative.
- v. Analysis to understand how introduction of the Good Practices helped to overcome the limitations and/or barriers faced or created by the conventional practices.

This structured analysis of Good Practices would help uncover core principles, underlying the Good Practices. These core principles are presented as lessons and guidelines for development practitioners in a systematic manner in the last part of the Resource Book.

Utility of Case Studies

The utility of case studies is seen in terms of possible replication or learning at the following three levels:

- i. **Replication or adoption of the scheme/project/initiative:** The case studies in this book which are focused on the Good Practices (and not on the initiative) do not help identification of the possibility of this type of replication. This type of replication is more frequent and easier otherwise, considering the dominance of 'scheme focus' in the thinking of researchers and practitioners.
- ii. **Replication or adoption of the Good Practice, as a whole, in the same sector or in the other sector:** The presentation of Good Practice (without its substantive linkages with the initiative) in the Resource Book is expected to facilitate this process. This Resource Book could contribute more to this type of replication/adoption.
- iii. **Replication or adoption of principles or lessons:** The third type of replication or adoption is of 'principles, insights or lessons', drawn from the Good Practices and from the analysis of how Good Practices helped overcome the limitations/barriers of conventional practices. These somewhat abstract principles, insights or lessons could be applied by practitioners in practical situations at hand by evolving appropriate procedures, mechanisms or



provisions in the schemes, projects or programmes to be developed or implemented.

Limits and Limitations of the Case Studies in the Good Practices Resource Book

The case studies in the Good Practices Resource Book are built primarily on:

- i. semi-structured interviews of Government officials;
- ii. material/literature provided by these officials; and
- iii. literature from independent sources, wherever available.

Although an effort is made to ensure that there is no patently false representation of the ground reality, the study almost entirely relies on the data made available by respective State Government agencies or secondary references.

As mentioned before, the Good Practices Resource Book documents and analyses Good Practices, and not the initiatives nor their outputs or outcomes, though these practices are extracted from different components of the initiatives.

Moreover, the main brief given to PRAYAS is to identify and document the Good Practices. The present effort is not expected to involve evaluation of the initiative, and hence, no attempt was made to validate the claims about performance of the initiatives. At the same time, it needs to be again mentioned that the case studies of Good Practices do not focus on the scheme, and neither does the Good Practices Resource Book rely on claimed performance of the initiative for selection of the Good Practices.

1.4. Methodology Adopted for Identification, Assessment and Documentation

A research team was constituted by PRAYAS to work specifically on this project in March 2006. The team began developing a work plan based on the above conceptual framework and it was subjected to a review by the Project Advisory Committee in July 2006. Based on the inputs of the Committee, the plan was modified and the Project Implementation Plan was prepared in August 2006. The team began field work from September 2006 onwards.

In August 2006, the team started by sending out letters and e-mails, in a large number, to different Government departments, Government agencies, Non-Governmental Organisations (NGOs), academicians, researchers and other contacts. The communication requested them either to suggest the Good Practices or initiatives with Good Practices or to give us contact of people who can help us in identifying schemes or Good Practices. However, the response was lukewarm to say the least. The team sent out another round of letters and e-mails to Government officers, but did not gain much. Finally, the team decided to make personal visits, seeking prior appointments by fax or telephones.

During the period between October 2006 and April 2007 (with intermittent breaks), the team members visited 17 States from all regions of India (east, north, north-east, south and west)¹. During these visits, the team met Secretaries to concerned State Governments in the State planning departments and sought their inputs. This was followed by individual meetings with Secretaries of various departments, Chief Executive Officers (CEOs) or directors of various State agencies, heads of leading NGOs, and academicians associated with local institutions including those of the Indian Council of Social Science Research (ICSSR). The team members visited the Lal Bahadur Shastri National Academy of Administration (LBSNAA), Mussoorie as well as various institutions affiliated to the ICSSR. During this period, meetings and individual consultations were carried out with, in all, 204 persons from different sectors and from Government and other agencies.

Based on the inputs obtained from these meetings and from the literature collected, the team members undertook a first level study. The first level study helped the team identify around 75 probable Good Practices. These Good Practices were then assessed against various criteria using a specially created Good Practices Assessment Tool. Then, this analysis of each candidate case was discussed in detail in a workshop mode by the PRAYAS project team. Finally, 37 Good Practices were identified for detailed research and documentation.

¹ Eastern: Chhattisgarh, Orissa, West Bengal
Northern: Delhi, Haryana, Punjab, Uttar Pradesh
North-Eastern: Assam, Meghalaya, Nagaland
Southern: Andhra Pradesh, Karnataka, Tamil Nadu
Western: Goa, Gujarat, Maharashtra, Rajasthan

During the period between May 2007 and August 2007, the team did further research on each of these Good Practices and developed a first draft of the case study, using a detailed case study format prepared by the team. Gaps in the first draft were identified, and based on these gaps, a questionnaire was prepared for each case study as a tool to gather information to fill up these gaps.

In September and October 2007, the team members undertook the second round of the tour to each State (15 States in all) and met various stakeholders associated with each of the case studies. The questionnaires developed in the earlier period were used to obtain new information to fill up gaps in the first draft. For some cases, the team members also undertook field trips to the area of operation of the initiative and made all possible efforts to reach to the functionaries at the grassroots level and seek their inputs. In some cases, the researchers also met the beneficiaries and conducted interviews or focus group discussions.

Based on these inputs, the first draft was revised and presented for peer review. A peer review workshop was held in Delhi, which was attended by: (a) members of the Project Advisory Committee; (b) resource persons who helped PRAYAS to develop these case studies of the Good Practices, usually a senior State Government Officer; and (c) external experts from different sectors.

One of the major suggestions by the external experts to the project team was to draft the case studies in such a manner that the Good Practices—and not the initiative (scheme or project)—would be at the centre of the case study.

In the background of the discussion in the peer review workshop, the PRAYAS project team conducted internal meetings to digest the inputs received during the workshop and assessed different options for restructuring the format of case studies of Good Practices for best results. Based on these internal discussions, the project team initiated the process of revising the case study drafts, incorporating the main recommendations made by the reviewers. The second draft was further worked upon and the final draft of the case studies was prepared. The structure of the

re-designed format of case studies of Good Practices is discussed in Section 1.5.

1.5. Structure of Case Study

Each case study contains the following sections, generally in the same order:

1. **Core problem or core challenge addressed by the conventional practice and Good Practice:** This section discusses the generic problem which both the conventional and Good Practices are trying to address.² This is primarily to provide sufficient background.
2. **Conventional practices:** In this section, the focus is on describing the conventional practices which were followed in the concerned State or at other places before initiating the Good Practices. In many cases, these conventional practices still continue in other areas/States.
3. **Limitations and/or barriers of conventional practices:** In this section, the limitations of the conventional practices or the barriers created by the conventional practices, those which the Good Practices try to overcome, are discussed.
4. **Origin of the Good Practices:** Whenever available, some information is provided as to how the practice evolved or was developed or in which context it emerged.
5. **Description of the Good Practices:** In this section, the Good Practices and their different elements are described and explained with some details.
6. **Other supportive Good Practices:** In some cases, other Good Practices which supported or accompanied the Good Practices described in the study are presented.
7. **How the Good Practices helped to overcome the limitations and/or barriers:** In this section, the discussion focuses on how the Good Practices helped to overcome the limitations or the barriers described before.
8. **Outputs of the Good Practices:** The information about specific outputs of the Good Practices, if available, is mentioned. This is taken from reports or interviews of Government officials or from the secondary literature.
9. **Replicability and limitations:** This section provides some prompts to enable the reader to think about

² In some case studies, where there is less difference between the particular practice and the parent scheme/initiative, this section contains discussion of the larger problem being addressed by the scheme.



the replicability of the practice as it stands or of the principles and lessons drawn from the Good Practices. The section also mentions limitations of the suggested replicability. In addition, some of the core limitations of the Good Practice, if any, are also listed or briefly discussed.

- 10. Additional information:** This section contains other relevant information such as title of the scheme, year in which it started, sector in which the scheme operates, etc. It also provides contact information for readers who want to get more information about the Good Practice or the scheme.

1.6 Overview of the Case Studies

In the final content, there are 34 case studies in the Good Practices Resource Book. These Good Practices are extracted from initiatives which come from different States and from different substantive sectors or themes. The case studies can be classified along these two axes, namely: (a) States and regions; and (b) substantive sectors or themes. Further, the Good Practices documented in Good Practices Resource Book pertain to different functional or operation themes. The Good Practice can be classified along this axis also. These different types of classification would help the readers to identify Good Practices relevant to their respective interest or concern.

The three tables at the end of this section present the list of Good Practices according to each of these schemes of classifications (Tables 1.1.2, 1.1.3 and 1.1.4). In each table, the serial number of each Good Practice is given. This would help the reader to locate the Good Practice of her or his concern or interest. These are serial numbers according to which the case studies are presented in Part 2 of the Good Practices Resource Book.

At the outset, it needs to be clarified that the Good Practices—or the initiatives from which the Good Practices are culled out—are not representative in any sense. This was the outcome of the circumstances in which the Good Practices for documentation were identified. As mentioned before, despite intensive efforts over a period, only 75 candidate Good Practices could be collected, out of which only 37 were found to be appropriate for developing as case studies. With such a small size of universe, it was thought to be

prudent not to try to further curtail the number through sample selection. So, all the 37 Good Practices were selected for further work. In these circumstances, it is not possible to make any claim that the Good Practices (or State initiatives) are representative of any criteria.

If we see Table 1.1.2, which presents the list of case studies as per the States from which they originate, we get an interesting picture which is depicted in Table 1.1.1. Throughout the process of preparing the Good Practices Resource Book, efforts were made to keep balance in the number of Good Practices across the regions in the country and even across the States in the region. However, for the reasons mentioned before, the balance remained somewhat skewed. In response to the frequent observation that north-eastern States of the country are often neglected, we carved out North-East as a separate region and made special efforts to collect Good Practices from the north-eastern States. This carving out of the North-East region also affected the inter-regional balance to some extent.

The case studies in the Good Practices Resource Book are classified along the substantive sectors or substantive themes as presented in Table 1.1.3. As the table depicts, the major sectors or substantive themes covered by the case studies include Health, Education, Transport, Rural Development, E-Governance, Microfinance, Public Distribution System (PDS), Panchayati Raj Institutions (PRIs), Water and Sanitation, Disaster Management and Administrative Reforms. This spread of the substantive sectors and themes covered by the Good Practices is certainly broad. However, again for the reason mentioned before, distribution of Good Practices across the substantive sectors and themes remains imbalanced. While there are about seven case studies from the Health sector, many sectors and themes have only two case studies, while there is only one case study from Disaster Management.

Table 1.1.4 presents a picture of case studies from a different perspective. Here, the focus is on functional or operational theme underlying the Good Practices. These are different from substantive themes and pertain to, as the term suggests, operational or functional aspects involved in the Good Practices. The main functional themes covered by the Good Practices in the Good Practices Resource Book include: Gender Focus, Involvement of NGOs/CSOs, Institutional Strengthening,

Use of Information and Communication Technology (ICT), Community Involvement and Empowerment, Behavioural Changes, Campaign Approach, Use of Satellite Technology, Transparency, Accountability, Public Participation, Administrative Innovations and Public-Private Partnerships. Here again, the range of functional themes covered by Good Practices is quite broad, however, the spread across the range is not uniform.

1.7 Concluding Section

The concluding section in Part 3 of the Good Practices Resource Book is meant to provide a wider picture of all case studies. Considering the objective behind preparation of Good Practices Resource Book, it is also meant to provide some important lessons that could be abstracted from analysis of the case studies. The lessons discussed in the concluding chapter are organised in three sections. In the first section, lessons that are pertinent to different substantive sectors and/or themes are discussed. Lessons pertaining to different functional or operational themes are discussed in the second section. The third section presents some lessons that merit special mention. The discussion in the concluding chapter in the third part of the Good Practices Resource Book is, thus, expected to add value to the case studies presented in the second part.

1.8 How to Use the Good Practices Resource Book

The Good Practices Resource Book is prepared for researchers, teachers and practitioners in different areas of development and public administration. It is also useful for people interested in design and implementation of schemes, projects or programmes by Government agencies in these areas. These intended users can use the Good Practices Resource Book in different manner and with different objectives.

The Book can be used for one time study as well as for repeated referencing. The researchers interested in

it for one time study can use it as a single uniform document containing three parts organised in a logical sequence. The researchers may find the case studies as well as analysis in concluding sections useful in their purpose.

Alternatively, the practitioners could use the Book as a resource containing material for repeated referencing. For them, the case studies would provide ready reference for the Good Practices and the lessons and insights discussed in the concluding sections as guidelines for designing or implementing Government schemes. Academics, especially teachers from different fields—from public administration to different development sectors like health and PDS—could use case studies presented in Part 2 as pedagogic material supplemented with analysis in Part 3.

As mentioned before, the Good Practices Resource Book can be used for frequent referencing by readers, both researchers and practitioners. The reader can identify the case studies relevant to the concern present in her or his mind by using various tables given at the end of Part 1 (Tables 1.1.2, 1.1.3, 1.1.4). The reader can use any of these tables to identify the relevant studies, depending upon the type of concern in her or his mind. For example, if the reader is interested in Good Practices from a particular geographic region or State, Table 1.1.2 will be useful. However, if the concern in reader's mind pertains to a certain substantive theme or a certain functional theme, Table 1.1.3 and 1.1.4, respectively, will be useful.

The reader may try to identify the part of discussion in Part 3 relevant to her or his concern. This can be done by identifying the sub-sections close to the concerns in reader's mind. Finally, the researchers and teachers could develop case studies of Good Practices of different Government initiatives, using the format used in case studies in Part 2 of Good Practices Resource Book which is explained in Section 1.5.



Table 1.1.1: Region and State-wise Distribution of Good Practices

Region	Total no. of GPs (Region-wise)	State	Number of GPs in State
Eastern	5	Chhattisgarh	3
		Orissa	1
		West Bengal	1
Northern	6	Delhi	1
		Haryana	3
		Uttar Pradesh	2
North-Eastern	5	Assam	1
		Nagaland	4
Southern	9	Andhra Pradesh	4
		Karnataka	4
		Tamil Nadu	1
Western	9	Gujarat	5
		Maharashtra	3
		Rajasthan	1
Total			34

Table 1.1.2: Region and State-wise List of Case Studies

State	No.	Case Study Title
Eastern Region		
Chhattisgarh	1	<i>Mitanin</i> : A Community-owned, Women-Centric, Community Health Workers Programme
	2	Replacement of Private Fair Price Shop Dealers by Beneficiaries' Organisations
	3	Leakage-Proof Delivery of Goods of Public Distribution System
Orissa	4	<i>Aame Bi Paribu</i> : Positive Deviance Approach for Improving Nutritional Status
West Bengal	5	'Hub and Spoke' Approach for Strengthening Facilities for Neonatal Care
Northern Region		
Delhi	6	<i>Stree Shakti</i> : Innovative Design of Camps for Increasing Community Outreach
Haryana	7	Delivery Hut: 24X7, Quality Institutional Delivery at Sub-Centre Level
	8	Making the Semester System Viable through Innovations in Examination Related and Human Resource Related Practices
	9	Using Satellite Facilities Effectively for Distance Education
Uttar Pradesh	10	Highly Transparent, Accessible and Accountable Grievance Redressal System Using Information Technology
	11	Public-Private Partnership Model for Extension of Government Services

State	No.	Case Study Title
North-Eastern Region		
Assam	12	Community-based Procurement and Contracting
Nagaland	13	Communitisation of Public Services: Delegation of Operations and Devolution of Authority
	14	Developing Village Institutions as Non-Banking Financial Institutions
	15	Financial Autonomy to Village Development Boards
	16	Improving Traditional <i>Jhum</i> Cultivation to Simultaneously Ensure Livelihood and Environment Protection
Southern Region		
Andhra Pradesh	17	Collective Procurement by Self Help Groups
	18	Enhancing Food Security and Income of Poor Households through Self Help Groups: The Case of <i>Velugu</i>
	19	Identification of Poor in Transparent Manner through People's Participation
	20	Online Grievance Redressal System for Municipal Services
Karnataka	21	Automated Tracking System for Bus Movement: A Management Tool Used by BMTC
	22	Recruitment of Drivers: Using Automation and Computerisation
	23	Strategic Government Support to a Health Insurance Initiative in a Public-Private Partnership Mode
	24	Training of Panchayati Raj Institution Representatives: Combining Satellite Education and Participatory Methods
Tamil Nadu	25	Auditing of Maternal Deaths: An Innovative Practice Contributing to Reduction in Maternal Mortality Ratio
Western Region		
Gujarat and Rajasthan	26	GO-NGO Collaboration: Importance of Transparency, Autonomy and Mutual Respect
Gujarat	27	<i>Kanya Kelavani Mahotsav</i> : Breaking the Traditional Norms by Sanctifying the New Socio-Cultural Norms
	28	Model Fair Price Shops with High Economic Viability
	29	Roaming Ration Cards for Migratory Poor Population
	30	<i>Swantah Sukhaya</i> : Autonomy to Government Employees to Design and Implement their Own Projects
Maharashtra	31	Administrative and Management Reforms through Increased Transparency and Participation
	32	Combining Community Involvement and Administrative Innovations for Managing Disaster
	33	Competition and Award to Communities for Adopting Good Sanitation and Hygiene Practices
Rajasthan	34	Campaign for Panchayati Raj Institution Training with Participatory Methods and Relevant Content

**Table 1.1.3: Distribution of Case Studies as per Substantive Sector/Theme**

Case Study Title	S. No.
Sector Name: Health (Total Number: 7)	
<i>Mitanin</i> : A Community-owned, Women-Centric, Community Health Workers Programme	1
<i>Aame Bi Paribu</i> : Positive Deviance Approach for Improving Nutritional Status	4
'Hub and Spoke' Approach for Strengthening Facilities for Neonatal Care	5
<i>Stree Shakti</i> : Innovative Design of Camps for Increasing Community Outreach	6
Delivery Hut: 24x7, Quality Institutional Delivery at Sub-Centre Level	7
Strategic Government Support to a Health Insurance Initiative in a Public-Private Partnership Mode	23
Auditing of Maternal Deaths: An Innovative Practice Contributing to Reduction in Maternal Mortality Ratio	25
Sector Name: Rural Development (Total Number: 6)	
Community-based Procurement and Contracting	12
Communitisation of Public Services: Delegation of Operations and Devolution of Authority	13
Developing Village Institutions as Non-Banking Financial Institutions	14
Financial Autonomy to Village Development Boards	15
Improving Traditional <i>Jhum</i> Cultivation to Simultaneously Ensure Livelihood and Environment Protection	16
Identification of Poor in Transparent Manner through People's Participation	19
Sector Name: Public Distribution System (Total Number: 4)	
Replacement of Private Fair Price Shop Dealers by Beneficiaries' Organisations	2
Leakage Proof Delivery of Goods of Public Distribution System	3
Model Fair Price Shops with High Economic Viability	28
Roaming Ration Cards for Migratory Poor Population	29
Sector Name: Education (Total Number: 3)	
Making the Semester System Viable through Innovations in Examination Related and Human Resource Related Practices	8
Using Satellite Facilities Effectively for Distance Education	9
<i>Kanya Kelavani Mahotsav</i> : Breaking the Traditional Norms by Sanctifying the New Socio-Cultural Norms	27
Sector Name: E-Governance (Total Number: 3)	
Highly Transparent, Accessible and Accountable Grievance Redressal System Using Information Technology	10
Public-Private Partnership Model for Extension of Government Services	11
Online Grievance Redressal System for Municipal Services	20
Sector Name: Administrative Reforms (Total Number: 2)	
<i>Swantah Sukhaya</i> : Autonomy to Government Employees to Design and Implement their Own Projects	30
Administrative and Management Reforms through Increased Transparency and Participation	31
Sector Name: Microfinance (Total Number: 2)	
Collective Procurement by Self Help Groups	17
Enhancing Food Security and Income of Poor Households through Self Help Groups: The Case of <i>Velugu</i>	18

Sector Name: Panchayati Raj Institutions (Total Number: 2)	
Training of Panchayati Raj Institution Representatives: Combining Satellite Education and Participatory Methods	24
Campaign for Panchayati Raj Institution Training with Participatory Methods and Relevant Content	34
Sector Name: Transport (Total Number: 2)	
Automated Tracking System for Bus Movement: A Management Tool Used by BMTC	21
Recruitment of Drivers: Using Automation and Computerisation	22
Sector Name: Water and Sanitation (Total Number: 2)	
GO-NGO Collaboration: Importance of Transparency, Autonomy and Mutual Respect	26
Competition and Award to Communities for Adopting Good Sanitation and Hygiene Practices	33
Sector Name: Disaster Management (Total Number: 1)	
Combining Community Involvement and Administrative Innovations for Managing Disaster	32

Table 1.1.4: Main Functional Theme of Case Studies

S.No.	Case Study Title	Main Functional Theme
1	<i>Mitanin</i> : A Community-owned, Women-Centric, Community Health Workers Programme	<ul style="list-style-type: none"> Gender Focus NGO/CSO Involvement
2	Replacement of Private Fair Price Shop Dealers by Beneficiaries' Organisations	<ul style="list-style-type: none"> Institutional Strengthening Participation of Private Parties
3	Leakage Proof Delivery of Goods of Public Distribution System	<ul style="list-style-type: none"> ICT for Transparency
4	<i>Aame Bi Paribu</i> : Positive Deviance Approach for Improving Nutritional Status	<ul style="list-style-type: none"> Community Empowerment Behavioural Changes
5	'Hub and Spoke' Approach for Strengthening Facilities for Neonatal Care	<ul style="list-style-type: none"> Institutional Strengthening NGO Involvement
6	<i>Stree Shakti</i> : Innovative Design of Camps for Increasing Community Outreach	<ul style="list-style-type: none"> Campaign Approach Gender Focus NGO/CBO Involvement
7	Delivery Hut: 24x7, Quality Institutional Delivery at Sub-Centre Level	<ul style="list-style-type: none"> Institutional Strengthening Gender Focus
8	Making the Semester System Viable through Innovations in Examination Related and Human Resource Related Practices	<ul style="list-style-type: none"> Use of IT
9	Using Satellite Facilities Effectively for Distance Education	<ul style="list-style-type: none"> Use of Satellite Technology
10	Highly Transparent, Accessible and Accountable Grievance Redressal System Using Information Technology	<ul style="list-style-type: none"> Use of ICT Transparency and Accountability
11	Public-Private Partnership Model for Extension of Government Services	<ul style="list-style-type: none"> Public-Private Partnership Institutional Strengthening
12	Community-based Procurement and Contracting	<ul style="list-style-type: none"> CBO Involvement Institutional Strengthening
13	Communitisation of Public Services: Delegation of Operations and Devolution of Authority	<ul style="list-style-type: none"> Community Involvement Institutional Strengthening



14	Developing Village Institutions as Non-Banking Financial Institutions	<ul style="list-style-type: none"> • Institutional Strengthening
15	Financial Autonomy to Village Development Boards	<ul style="list-style-type: none"> • Institutional Strengthening
16	Improving Traditional <i>Jhum</i> Cultivation to Simultaneously Ensure Livelihood and Environment Protection	<ul style="list-style-type: none"> • Community Involvement
17	Collective Procurement by Self Help Groups	<ul style="list-style-type: none"> • Community Involvement • Institutional Strengthening
18	Enhancing Food Security and Income of Poor Households through Self Help Groups: The Case of <i>Velugu</i>	<ul style="list-style-type: none"> • Community Involvement
19	Identification of Poor in Transparent Manner through People's Participation	<ul style="list-style-type: none"> • Community Participation
20	Online Grievance Redressal System for Municipal Services	<ul style="list-style-type: none"> • Use of ICT • Accountability
21	Automated Tracking System for Bus Movement: A Management Tool Used by BMTC	<ul style="list-style-type: none"> • Use of Technology (GPS) • Monitoring and Transparency
22	Recruitment of Drivers: Using Automation and Computerisation	<ul style="list-style-type: none"> • Use of IT • Administrative Innovations
23	Strategic Government Support to a Health Insurance Initiative in a Public-Private Partnership Mode	<ul style="list-style-type: none"> • Public-Private Partnership
24	Training of Panchayati Raj Institution Representatives: Combining Satellite Education and Participatory Methods	<ul style="list-style-type: none"> • Use of Satellite Communication Technology • Campaign Mode
25	Auditing of Maternal Deaths: An Innovative Practice Contributing to Reduction in Maternal Mortality Ratio	<ul style="list-style-type: none"> • Accountability • Gender Focus
26	GO-NGO Collaboration: Importance of Transparency, Autonomy and Mutual Respect	<ul style="list-style-type: none"> • NGO Partnership
27	<i>Kanya Kelavani Mahotsav</i> : Breaking the Traditional Norms by Sanctifying the New Socio-Cultural Norms	<ul style="list-style-type: none"> • Behavioural Changes • Community Involvement
28	Model Fair Price Shops with High Economic Viability	<ul style="list-style-type: none"> • Public-Private Partnership • Institutional Strengthening
29	Roaming Ration Cards for Migratory Poor Population	<ul style="list-style-type: none"> • Fallout of ICT Use
30	<i>Swantah Sukhaya</i> : Autonomy to Government Employees to Design and Implement their Own Projects	<ul style="list-style-type: none"> • Autonomy • Administrative Innovation
31	Administrative and Management Reforms through Increased Transparency and Participation	<ul style="list-style-type: none"> • Administrative Innovation
32	Combining Community Involvement and Administrative Innovations for Managing Disaster	<ul style="list-style-type: none"> • Community Involvement
33	Competition and Award to Communities for Adopting Good Sanitation and Hygiene Practices	<ul style="list-style-type: none"> • Behavioural Changes • Community Involvement
34	Campaign for Panchayati Raj Institution Training with Participatory Methods and Relevant Content	<ul style="list-style-type: none"> • Campaign Mode

Part 2

Case Studies on Good Practices

Eastern Region

Chhattisgarh

Orissa

West Bengal



2.1 *Mitanin*: A Community-owned, Women-Centric, Community Health Workers Programme

Good Practices in Nutshell

Mitanin is a truly community-owned, grassroots level community health workers programme, where, through on-the-job and continuous training, women *Mitanins* were empowered to tackle different public health problems. The programme has penetration up to the hamlet level.

Low Levels of Health Indicators in Chhattisgarh

The Chhattisgarh State was carved out of Madhya Pradesh in the year 2000. Public health situation in the newly formed State was very dismal. The State lagged behind the national average for different health indicators and had high rural Infant Mortality Rate (IMR) of 95, which was second worst in the nation.³ The State had a high Maternal Mortality Ratio (MMR) of 498 and the level of child malnutrition was also very high.⁴

Antenatal care and postnatal care services had poor coverage. The number of institutional deliveries was very low—only 16 percent,⁵ as Government healthcare institutions lacked facilities and manpower. The percentage of children covered through immunisation was also very low. The State has been ranked 25th on 10 key Reproductive and Child Health (RCH) indicators.⁶

Chhattisgarh also had a high rate of incidence of chronic communicable diseases. The State had highest prevalence of malaria, especially *Falciparum* malaria, in the country. Prevalence of tuberculosis and leprosy was also high.

Overall, poor public health indicators was a major concern. The State has high number (32%) of Scheduled Tribes (STs), and Scheduled Castes (SCs) comprise 12% population,⁷ and in most of the rural and tribal areas, health awareness was very poor. Diversity in local languages, dialects and customs, coupled with very low penetration of media, resulted in limited outreach and impact of health education. There was a need to pay attention to the community health, especially maternal and child care, on priority basis. However, at the same time, the public health sector in the State was short of resources and infrastructure that is essential to improve the scenario. As a result, there is a wide gap between the demand and supply of healthcare services to cater to the needs of rural population.

Community Health Workers Programme

Community health workers programme strategy has been used, since a long time, to help achieve public health goals. Chhattisgarh State continued with the grassroots level healthcare programme, namely, Jan Swasthya Rakshak Yojana of Madhya Pradesh.

Jan Swasthya Rakshak Yojana had focus on the village as a unit of action. Therefore, one *Jan Swasthya Rakshak* was selected to cater to the population of one village. The *Jan Swasthya Rakshaks* were to be selected by Gram Sabha. Predominantly, males were selected as Jan Swasthya Rakshaks.

The *Jan Swasthya Rakshaks* were given one time training by the Primary Healthcare Centre (PHC) or Community

³ Government of Chhattisgarh, Directorate of Economics and Statistics (2002), *Chhattisgarh at a Glance 2002* <http://chhattisgarh.nic.in/statistics/details.pdf> (viewed on 26th March, 2008)

⁴ Government of Chhattisgarh, Health and Family Welfare Department (2006) *Integrated Health and Population Policy*, Chhattisgarh http://health.cg.gov.in/policy/CG_Policy_Version_5.pdf (viewed on 26th March, 2008)

⁵ International Institute for Population Sciences, *National Family Health Survey (NFHS-3) 2005-06, Fact Sheet Chhattisgarh (Provisional Data)*, Mumbai <http://www.nfhsindia.org/pdf/CH.pdf> (viewed on 26th March, 2008)

⁶ International HIV/AIDS Alliance in India (Undated) *GOI: Key Indicators for States and Union Territories: District Level Household Survey (2002-04) & Facility Survey (2003) – Reproductive and Child Health* http://www.aidsallianceindia.net/Publications/RCH_India.pdf (viewed on 26th March, 2008)

⁷ Government of India, Registrar General of India, *Census 2001*, New Delhi



Healthcare Centre (CHC) level staff members who were inexperienced in training activities. There was no provision for on-the-job or periodic training for updating the knowledge of the *Jan Swasthya Rakshak*. Training aids such as manuals were lacking.⁸

The main role of a *Jan Swasthya Rakshak* was to provide prompt curative care. To generate remuneration for their work, the *Jan Swasthya Rakshaks* were encouraged to charge service fees.⁹

Limitations of the Conventional Programme

The unit of action of a *Jan Swasthya Rakshak* was the village. However, in many cases, especially in States such as Chhattisgarh, villages comprise several hamlets that are dispersed, sometime over a few square kilometres. As a result, the *Jan Swasthya Rakshak* had to cover a population that spread over several hamlets in a relatively large geographical area. In practice, this was very difficult for the *Jan Swasthya Rakshak*. Further, in many Indian villages, the hamlets in villages are inhabited by different social groups based on caste. Due to certain socio-cultural barriers created by this arrangement, the *Jan Swasthya Rakshak*—coming from one social group—had difficulties in delivering healthcare to all hamlets under his jurisdiction. Both these factors resulted in limited outreach of Jan Swasthya Rakshak Yojana.

The scheme also failed to create ownership among the members of the communities. Though the *Jan Swasthya Rakshak* was to be selected by Gram Sabha, in practice, the selection process was undemocratic. As the *Jan Swasthya Rakshak* was supposed to charge user fees, it created vested interests. The powerful and influential persons at the village level suggested names of their own relatives/friends. Ultimately, the concept of selection with the community consensus was completely sidelined. As a result, a *Jan Swasthya Rakshak* was never seen as a community representative and was alienated from it. The programme was perceived as another 'Government

programme' with the *Jan Swasthya Rakshak* as another Government employee and communities never owned the programme. Due to lack of community ownership of the programme, the community failed to supervise *Jan Swasthya Rakshak*; neither did it provide recognition or motivation to the *Jan Swasthya Rakshak*.

Impact of Limitations or Barriers

The *Jan Swasthya Rakshaks* lacked motivation, also because there was no continuous or periodical training and nobody to motivate and support them. Problems or issues faced by them at the village level remained unresolved.

Most of the *Jan Swasthya Rakshaks* were males and hence, proved to be ineffective in the major component of public health—Reproductive and Child Health. The male *Rakshak* was the biggest barrier for village women in accessing the health services. The scheme failed to reach out and involve women in a large number and to effectively improve community health indicators.¹⁰ Similarly, in selection of *Rakshaks*, there was no representation of all sections of the community and the needs of the weaker sections were overlooked.

Though they had a wider role, the *Jan Swasthya Rakshaks* remained engaged largely in curative services. They were allowed to dispense the medicines by charging fees. The *Jan Swasthya Rakshaks* were engaged often in irrational and exploitative practices, which raised the cost of medical care for the poor, without corresponding increase in health benefits.¹¹ The preventive and promotive aspects of healthcare were ignored.

Emergence of Mitanin Programme

The creation of the new State raised expectations of the people and the State Government had to fulfill the expectations of the people by way of bringing reforms in the health sector. The State Government felt the need to act urgently and embarked on health sector reforms. However, it was realised that embarking on a programme of sanctioning more facilities and then

⁸ *The Madhya Pradesh Human Development Report 2002*, Government of Madhya Pradesh (2002)

⁹ Sundararaman, T. (2003), Building on the Past: The Mitanin Programme's Approach to Community Health Action. In: *Mitanin Programme: Conceptual Issues and Operational Guidelines* (September 2003), SHRC Working Paper-2, State Health Resource Centre, Raipur <http://shsrc.org/pdf/Mitanin%20Programme%20Conceptual%20Issues%20and%20Operational%20Guidelin.pdf> (viewed on 26th March, 2008)

¹⁰ Sundararaman, T. (2003) Building on the Past: The Mitanin Programme's Approach to Community Health Action. *Mitanin Programme: Conceptual Issues and Operational Guidelines* (September 2003), SHRC Working Paper-2, State Health Resource Centre, Raipur <http://shsrc.org/pdf/Mitanin%20Programme%20Conceptual%20Issues%20and%20Operational%20Guidelin.pdf> (viewed on 26th March, 2008)

¹¹ National Rural Health Mission, Comments by National Coordination Committee of Jan Swasthya Abhiyan, *Medico Friend Circle Bulletin*, 310, April-May, 2005, pp. 8-12. <http://www.mfcindia.org/mfcpdfs/MFC310.pdf> (viewed on 26th March, 2008)

building the infrastructure and producing manpower, though necessary, would require long time to fill up the gaps in the existing health infrastructure.

On the other hand, the experiences of earlier community health workers programme like the Jan Swasthya Rakshak Yojana were not encouraging. However, in most rural areas of the State, the health awareness was very low. As a result, utilisation of even the existing and functional health facilities was very poor.

This compelled the State Government to try again on a State-wide community health workers programme. The Government was aware that such a programme alone could not solve the health problems of the State. However, it was believed that a programme of similar nature was needed to urgently cater to the needs of people at the grassroots level, especially for people living in remote tribal areas.

However, while designing the new programme, the State Government decided to carefully learn from the past experiences of the programmes that were implemented by different Government agencies and NGOs in different States. As a result, the Department of Health and Family Welfare, Government of Chhattisgarh initiated a process of consultation with leading health activists as well as experienced NGOs and Civil Society Organisations (CSOs) for formulating the new programme design.

The *Mitanin* programme was born out of this dialogue between the State Government and civil society. The programme is a component of the broader health sector reform process initiated in the State. The programme is aimed at, on one hand, improving the community health through preventive and promotive measures and, on the other hand, generating demand for health services from peoples' side by way of sensitising community that 'Health is a Right'. The Good Practices from *Mitanin* programme are discussed below.

Mitanin in Chhattisgarhi language means a female friend. The custom exists in most part of the State. In this custom, a girl from one family is bonded to a girl from another family through a simple ritual ceremony. From this point onwards, they become *Mitanins* to each other. According to the custom, any girl can always count on her *Mitanin* in times of need.

Women-Centric, Community Health Workers Programme

Learning from the past experience, the State Government realised that involvement of community—especially that of women—is very crucial for success of grassroots level health initiatives. It was also realised that unless the local community is truly involved, the programme will not be successful. Hence, the key to success is securing community involvement. This led to giving civil society a central place in the design. This fundamental shift from earlier community health workers programmes resulted in choice of women as health workers.

The entire programme design emphasises on significant role of women at every stage of programme development. This is a key feature of the programme. The entire process of the programme is women-centric, with women working in different capabilities. Thus, the trainers, facilitators, *preraks* and *Mitanin*—all are women.

Focus on Hamlet Level Selection of Mitanin Rather than Village

A key innovation of the programme is the focus on hamlet rather than village as unit of action. As mentioned earlier, different caste-based social groups occupy different hamlets. The process of hamlet level selection ensured equity by ensuring that different social groups get represented in the programme. Typically, 30 to 50 families reside in a hamlet. It meant that less number of families were to be catered to by a single *Mitanin*. This reduced the workload on the local women working as voluntary health workers and thus, made the programme more practical and feasible. This also guaranteed that the healthcare messages reach the remotest and farthest hamlets inhabited by weaker sections.

Active and Significant Involvement of Civil Society Organisations

A cornerstone of the programme strategy was active engagement of CSOs and health activists. They were involved at every stage of programme—design, implementation and monitoring.

To facilitate continuous interaction and active engagement of CSOs, the State Advisory Committee was set up, which comprised CSOs active in the area of health and senior Government officials. An autonomous institution, the State Health Resource Centre (SHRC), was also set up to operationalise the initiative. Many



members of the governing body of the SHRC are largely drawn from reputed non-Government agencies in the health sector. The SHRC has the main responsibilities of programme implementation, coordination of day-to-day activities, and developing tools and tactics.

Active Involvement of Community in Mitanin Selection

The programme strategists believed that social mobilisation and active involvement of community in selection of *Mitanin* is essential to make the community health workers programme successful.

For an effective selection process, it was important that local women come forward to volunteer as *Mitanins*. Different mass communication strategies such as performances by local *kalajathas* (art groups), radio serials and other communication channels were used to mobilise the local communities. In all, 292 *kalajathas* from the State participated in community mobilisation, with each *kalajatha* performing awareness programmes in about 90 villages/hamlets. The local communities were sensitised about the *Mitanin* programme as well as on various health issues. Since *kalajathas* used local art forms and performed in local dialects, these programmes proved effective in giving the messages to rural masses.

A 14-part radio serial with *Mitanin* as the central theme was beamed at peak hours from all five radio stations in the State. The programmes were initially made in Chhattisgarhi language and later in the local tribal dialects. Two cassettes of specially written and recorded songs to capture the central themes of the messages were used. These different strategies—using different forms of media—evoked interest in the community about the programme.

The selection of a *Mitanin* had to be done in the Gram Sabha with good attendance. For this to happen, the hamlet/village community had to be well informed about the programme, the expected role of the *Mitanin*, and the role of community in the selection process. The *Mitanin* selection was a planned process and was based on the pre-set eligibility criteria. The entire process was facilitated by a *prerak*.

It was important to identify motivated and socially sensitive individuals to act as *preraks*. Hence, norms

for selection of *preraks* were also laid down. They were chosen from among NGOs or Government employees. A five-day training programme for the *preraks* was devised to develop necessary skills to conduct the sensitive selection process.

As part of the process of *Mitanin* selection, the *prerak* had to visit villages, organise meetings and sensitise the community about the programme objectives, the role of *Mitanin*, and other components of the programme. They visited the habitations as many times as was needed till the community gained good understanding of the *Mitanin* programme. The *preraks* also cleared any doubts expressed in the meetings with the community. It was the responsibility of the *prerak* to ensure that all sections—including women—of the hamlet community were communicated separately and were informed. It was also important for the *prerak* to identify different views with impartial judgement.

At the hamlet level, the community discussed the possible candidates and selected the appropriate *Mitanin* by consensus. The Gram Sabha later approved the decision.

Supportive Good Practices

The core Good Practices discussed above were supported by a set of supporting Good Practices, which are discussed below.

Focus on Preventive and Promotive Healthcare

The main responsibility of a *Mitanin* was to provide preventive and promotive healthcare by generating awareness in the community by way of organising meetings, training and counselling sessions on various issues related to health. The curative care was only limited to treatment of minor ailments.

Residential and On-the-Job Training for Mitans

Mitanins were given residential training for 18 to 25 days that spread over the period of 18 months along with on-the-job training for 30 days. In total, 10 modules of training had been prepared.

Limited Compensation to Mitans

Selected *Mitanins* worked purely on voluntary basis. They were not paid any honorarium either by the Government or by the community. However, to compensate for the

loss of livelihood during the training sessions, they were paid honorarium on training days.

How Good Practices in the *Mitanin* Programme Helped

Various Good Practices in the *Mitanin* programme described above helped in diverse ways to remove limitations and barriers faced by the conventional community health workers programme.

By involving the CSO in the process of designing and implementation of the *Mitanin* programme, the State Government could incorporate lessons from different small scale community health workers initiatives by CSOs.

Creation of an autonomous institution with professionals as key members resulted in elimination of adverse impact of control by unmotivated and incapable bureaucracy.

Social mobilisation, through efforts of *preraks*, created awareness about the programme and ensured active involvement of community in selection of a *Mitanin*, thus building ownership of the community in the programme and selection of motivated candidates.

The hamlet level focus in selection of the *Mitanins* increased outreach of the community health workers programme and ensured that it becomes a grassroots level programme in reality and, at the same time, limited the workload on a single *Mitanin*. Women could easily share their health problems with the women *Mitanin*. Further, since *Mitanins* worked at the hamlet level, women could access them freely and at convenient time to share their health problems.

On-the-job training to the *Mitanins* provided opportunities to put things into practice that were learnt during training and also provided opportunities for elimination of mistakes in healthcare practices. This is especially true in the case of less educated or illiterate trainees.

By doing away with honorarium, candidates with money-earning motive were filtered out and the 'volunteer nature' of the community health workers programme was re-emphasised.

The *Mitanin* programme was reported to have performed very well on different dimensions. Some of the major

features reported are listed here:

- About 60,092 *Mitanins* had been selected in the entire state and have undergone training for different modules.
- About 2,920 *Mitanin* trainers and 427 District Resource Persons (most of whom are women) were providing training and guidance to the *Mitanins*, and also monitoring their activities at the grassroots level.
- There was increased outreach, as *Mitanins* were functioning in a large number of hamlets covering the entire State.
- The *Mitanins* were sensitising community about healthcare as their right.
- The *Mitanins* provide preventive care, antenatal care, postnatal care, child care and first contact curative care along with health counselling. They also made referrals of emergency cases to appropriate health facilities within public health set up.
- The awareness created by *Mitanin* has resulted in generating demand for health services. Also, *Mitanins* sensitised Gram Panchayats on health issues and low health attainments as reflected in health indicators, and ensured their participation in development of Swasthya Panchayat Yojana.
- Some *Mitanins* have also taken initiatives in the area of education, PDS and other development activities.

Replicability and Limitations

The following two main factors contributed to the reported success of the *Mitanin* programme. First, a highly competent, professional and motivated team was given an opportunity to work in an autonomous set up (in the form of SHRC). This was made possible due to the commitment shown by the political establishment in the State.

Another major reason underlying the reported success of the programme is that the *Mitanin* programme was based on lessons from the earlier successful small scale community health workers programme taken up by various CSOs and NGOs.

The third major factor underlying the success of the programme is said to be the success in securing time and meaningful participation of local communities on a wide scale. This success was the result of various Good



Practices described above. The Accredited Social Health Activist (ASHA) programme under National Rural Health Mission (NRHM) is inspired from *Mitanin*. However, while scaling up the programme at the national level, special care needs to be taken to ensure that the key Good Practices and core lessons from *Mitanin* programme are remembered and integrated.

There certainly are some criticism and limitations of the *Mitanin* programme. First, *Mitanin* or any community

health workers programme should be seen only as a part of health sector reform and cannot be a panacea for all the problems of health sector. Second, continuous training and support to the cadres is required to sustain the programme. Third, *Mitanin* is the first contact for curative care, which is one of the main reasons for acceptance of *Mitanin*. But, if there are no hospitals or doctors to whom she could send referrals, or the access to such hospitals/doctors is difficult, then the *Mitanin* programme will suffer.

Additional Information

Sector	Health
Scheme/Initiative	<i>Mitanin</i>
State	Chhattisgarh
Concerned Agency or Department	Department of Health and Family Welfare, Government of Chhattisgarh State Health Resource Centre, Raipur
Year	2002
Contact Details	Director State Health Resource Centre First Floor, Health Training Centre Building Bijli Chowk, Kalibadi, Raipur Chhattisgarh – 492001 E-mail: shrc.cg@gmail.com Webpage: http://www.shsrc.org/indexsh.htm

2.2 Replacement of Private Fair Price Shop Dealers by Beneficiaries' Organisations

Good Practices in Nutshell

The Good Practices facilitated involvement of local, non-private organisations of beneficiaries (including PRIs) in Fair Price Shop (FPS) operations in place of private individuals. This was supported with measures for strengthening and protecting these organisations.

Public Distribution System

The poor and vulnerable sections of the society have to spend a disproportionate amount of their income on purchase of foodgrains. Ensuring food security of these sections of populations, especially for the ones in remote and neglected geographic areas, is considered as one of the primary responsibilities of the State. Due to various problems related to low levels of demands and limited purchasing power, this task cannot be left to market mechanism. At the same time, for various practical reasons, it is not viable or feasible for the Government to directly undertake transport of grains and other crucial items. To tackle this massive and complex challenge, the Government has created an independent Public Distribution System (PDS).

The PDS is a national level programme. Its implementation is the joint responsibility of Central and State Governments.¹² The main objective of PDS is to control and maintain even supply of foodgrains and provide buffer to avoid situations such as famines. Procured food is provided at subsidised price to socially and economically backward sections of the society, thus providing food security to these sections by protecting them against direct inflation. Distribution of commodities under PDS is done through the FPS at the user end, which receive supplies from a chain of Government godowns. The FPS

is a crucial component of the delivery system and there are more than 483,000 FPS in the country.

Thus, efficient and effective management of FPS is a crucial challenge in fulfilling the objective of ensuring food security of the poor and vulnerable sections of society.

Problems with Private Fair Price Shop Operators

Public Distribution System is often perceived as an inefficient and corrupt system. Erratic delivery of food stocks, poor quality of foodgrains, problems related to economic viability of FPS seriously affect the performance of PDS. It is estimated that 58 percent of the subsidised foodgrains issued from the central pool do not reach the Below Poverty Line (BPL) families, and around 36 percent of that is siphoned off in the supply chain.¹³ Altogether, PDS has been considered as an effort with very limited success.

Normally, the dealership of the FPS is given to a person or agency based on her/his or its business capabilities. The financial ability to lift PDS commodities in a single lot in a month is also taken into consideration.¹⁴

Due to these eligibility criteria, private owners and organised agencies dominate operations of FPS in most of the States, and persons from economically weak background and BPL category (who are the intended beneficiaries of the PDS) get automatically excluded from FPS ownership. Overall, it can be said that the vulnerable and poor sections such as tribal populations and BPL families have a negligible role in operating the

¹² Santha. B. (2006) *Revamping of Public Distribution System*, Press Information Bureau, Government of India, 18th July, 2006

¹³ Government of India, Planning Commission, Programme Evaluation Organization (2005) *Performance Evaluation of Targeted Public Distribution System (TPDS)* PEO Report No. 189, Chapter 6, pp. 83.

¹⁴ Government of Goa, Department of Food Supplies and Consumer Affairs (Undated) *Guidelines for Opening Fair Price Shop* <http://goagrahak.nic.in/guidefairshop.htm> (viewed on 26th March, 2008)



FPS. It needs to be mentioned that in Chhattisgarh, some FPS were allotted to non-private agencies such as cooperative societies, and their percentage before introduction of the below described Good Practice was 41.54 percent.

The FPS owners/operators are crucial but one of the most tarnished elements of PDS. As every FPS has a definite and committed number of customers, the agencies/individuals applying for FPS license also have a profit seeking motive and are often blamed for being involved in various malpractices, such as non-transparent operations, leakage and diversion of subsidised food stocks to the open market (black marketing), charging higher prices than those stipulated, under-weighting, manipulation of registers and issue and use of bogus ration cards. FPS operators are alleged to develop nexus with market operators and often siphon off the good quality grains and other PDS items, and replace them with inferior and adulterated supplies.

The problem is further aggravated with introduction of Targeted Public Distribution System.¹⁵ Targeted PDS, in an attempt to make the system targeted, has reduced the number of beneficiaries. As a result, the margin of profit is also reduced. Thus, Targeted PDS undermined the viability of FPS and increased scope for distortion and leakage.¹⁶ In remote areas, Targeted PDS has resulted in substantial reduction in FPS customer base and hence, the viability of FPS. Hence, FPS owners are reluctant to operate FPS in remote areas. As a result, the PDS has very poor outreach in remote areas, depriving the poor people residing in such areas, from benefits of the PDS.

Moreover, there are no effective mechanisms especially for the beneficiaries—most of whom are from economically weak strata—to hold FPS dealers/owners accountable. As per a survey conducted in six different States, a large number of PDS customers (60 to 80%) are not even aware of how and where to complain. Even those who know, 80 to 90 percent never complain and

even after lodging the complaint, 90 percent of the time there is no visible improvement in the quality of the system.¹⁷

Thus, the lack of social responsibility among private FPS owners combined with profit seeking motives and absence of effective accountability mechanisms has worsened the situation.

The PDS has some peculiar basic characteristics, which make the system vulnerable to malpractices. The operation of the PDS is spread out over large and often remote areas. The commodities under PDS can be easily sold in open market even at local level. However, none of these basic characteristics of the system could be changed. Thus, some remedies for malpractices have to be looked at, at the operational level.

Genesis of Drastic Reforms

Complaints of irregularities in the operation of the FPS have been a regular feature in Chhattisgarh. The Chhattisgarh Government was particularly rankled by the detection of over 500,000 bogus ration cards in the State.¹⁸ The experience of the State Government with private parties in running the FPS also had not been good. As of April 2004, the State had 8,637 FPS, of which private players operated 5,049. Out of the cases registered against FPS during 2001-04, 80 percent were registered against the FPS operated by private parties.¹⁹

The Report of State Advisor for Supreme Court (based on tour of Surguja and Koriya districts) indicated that PDS is broken down due to malpractices of private dealers and needs overhaul.

Following the Report of the State Advisor for Supreme Court, a 25-member inspector team from all over the State was formed and in a month, nearly 900 shops of Surguja district and 300 from Koriya district were inspected in the year 2004. Irregularities were found in all the shops. The matter was discussed in the meetings

¹⁵ In June 1997, the Government of India replaced universal PDS with Targeted PDS with an aim to confine benefits of subsidised food items to the BPL population.

¹⁶ Shah, P. (2004) *Food Stamps: A Model for India* Centre for Civil Society, New Delhi, <http://www.ccsindia.org/ccsindia/images/policy%20review-FoodStamps.pdf> (viewed on 26th March, 2007)

¹⁷ Kumar, P. and Sethi, D. (2007) *Concurrent Evaluation of the Targeted Public Distribution System*, Draft Report by National Council of Applied Economic Research, Chapter 6, pp. 133.

¹⁸ *The Indian Express*, 28th October, 2004

¹⁹ Government of India, Department of Food and Public Distribution (2006) *Best Practices Adopted and New Initiatives Taken in Strengthening of Targeted Public Distribution System in Some States/UTs of India*, March 29, 2006, pp. 13.

of the Bastar Development Authority and Surguja Development Authority.²⁰

Ending Control of Private Operators

Various options were discussed in the meetings to improve the system and it was recommended to end the strong control of private operators in running FPS in the State. Consequently, the Food and Civil Supplies Department, Chhattisgarh Government introduced several reforms to strengthen the PDS in the State. The present case study discusses key Good Practices introduced by the reforms in this regard.

Handing over Fair Price Shops to Organisations Representing Beneficiaries

In the year 2004, Chhattisgarh Government introduced the Chhattisgarh Public Distribution System (Control) Order. Within six months of the commencement of the Control Order, all FPS licenses given to private persons were cancelled and allotted to grassroots level, non-private organisations representing primarily the beneficiaries of PDS. These agencies included Large Aadim Jaati Multipurpose Cooperative Societies (LAMPS), Gram Panchayats, Women Self Help Groups (SHGs), Forest Protection Committees (FPCs), and other cooperative societies.²¹

For allotment of FPS to these agencies, an advertisement was placed in the local newspapers and it was made mandatory to inform the concerned urban local body and Gram Panchayat. Following authorities are involved in allotment of FPS: District Collector, Food Controller/Food Officer, Sub Divisional Officer and Deputy Registrar/Assistant Registrar.

The Control Order, 2004, was challenged in the High Court by about 2000 private FPS owners. However, the decision of the State Government was ratified by the High Court in a decision on 6th September, 2005. The Court mentioned that the State Government has the right to oust any agency from the distribution operations of the PDS as the distribution of the subsidised foodgrains is the duty of the State Government and it can decide through whom it can be distributed.

Consequently, the rights for running the FPS by private persons were forfeited and FPS were allotted to Gram Panchayats, women SHGs, and cooperatives.

Strengthening New Fair Price Shops Operations

Chhattisgarh Government took two decisions to strengthen the operations of the new FPS.

The first decision was to provide financial support of Rs. 75,000 per FPS allotted to the Panchayats and women SHGs. In the financial year 2005-06, Rs. 40 crore were allotted for supporting FPS operations by SHGs and Panchayats.

The second measure was to increase viability of the FPS operations. The commission to the FPS operators was increased to ensure an average net profit of Rs. 1900/month. Further, the FPS are allowed to sell daily consumable items such as lentils, soap and tea powder.

These measures are expected to increase the economic viability of the FPS operations. In addition, these steps are expected to result into a source of income to the diverse shop operators such as women SHGs, LAMPS, FPCs, and Panchayats, resulting in their economic empowerment.

Curtailing Opportunities for Sabotage

Various measures have been taken to protect the FPS operations of grassroots organisations from falling prey to vested interests. One of the measures to bring accountability in the operations of the FPS allotted to Gram Panchayat is the formation of a FPS committee. As per the guidelines, the FPS operated by the Gram Panchayat is run by a committee comprising *Sarpanch*, secretary of the Panchayat, one *Panch*, one BPL card holder (nominated by the Gram Sabha) and one Antyodaya Anna Yojana (AAY) card holder (nominated by the Gram Sabha).

At least two members of this committee have to be women members. With the approval of the Gram

²⁰ Bastar Development Authority and Surguja Development Authority were established by Chhattisgarh Government in 2003 to oversee the course of development in six tribal districts of the State. Local MLAs from all political parties have representation on these development authorities.

²¹ Government of Chhattisgarh, Department of Food and Civil Supplies (2006) Amendments introduced to the 'Chhattisgarh Public Distribution System (Control) Order 2004', Notification No. 85, March 21, 2006.



Sabha, any local and unemployed person can be appointed as salesperson in the FPS operated by Gram Panchayat.

To avoid any attempt of back-door entry and control of FPS operations by private agencies or individuals, the Gram Panchayat has been prohibited from transferring or authorising the FPS operations to any private person. Similarly, the Control Order restricts allotment of FPS to only those other cooperative societies that are registered on or before 31st May, 2004.²²

Further, precaution has been taken to eliminate possibility of monopoly of any single organisation in the FPS operations. Chhattisgarh Government has limited the number of FPS operated by single agency to maximum three. This measure is expected to avoid concentration of power in a few hands and at the same time, provide economic opportunity to more organisations of beneficiaries.

How Good Practices Helped

The Good Practices remove the opportunities for malpractices in PDS through the following three measures:

- (a) They replace the profit motive in FPS operations by cooperative or 'common interest' spirit.
- (b) They replace the agency with tendency to shun transparency and accountability, with an organisation, which is potentially more transparent and legally expected to be accountable directly to PDS beneficiaries.
- (c) They take away the responsibility of operations from a third party individual and transfer the responsibility of joint initiatives owned by beneficiaries and operated by their representatives.

The joint responsibility offers a better system of checks and balances, and hence, would discourage malpractices. Altogether, it is expected that by encouraging participation of beneficiary groups in FPS operations, the transparency and outreach of PDS will improve.

The financial support to FPS operations provides an incentive to women SHGs and Panchayats to undertake FPS operations. The financial support also helps to ensure smooth operations of the new FPS. Further, the increase in commission and permission to sell consumable non-PDS items can help increase sustainability of FPS operations and at the same time, strengthen the economy.

As of December 2007, 10,242 FPS in the State were operated by seven different types of agencies (Table 2.2.1).

Table 2.2.1: Distribution of Fair Price Shops in Chhattisgarh (December 2007)²³

Fair Price Shop Operating Agency	Status as of December 2007
Panchayat	4225
Large Aadim Jaati Multipurpose Cooperative Societies	986
Primary Agriculture Cooperative Credit Society	1251
Other Cooperative Society	1322
Women SHGs	2245
Forest Protection Committees	190
Other Agencies	23
Total	10,242

It is remarkable that the number of FPS operated by women SHGs in Chhattisgarh far exceed those operated by SHGs in Tamil Nadu. Though SHG movement has relatively strong roots in Tamil Nadu, as of 30th June, 2006, women SHGs operated only 591 FPS out of 28,375 in the State.²⁴

Replicability and Limitations

Opportunities for replication of the Good Practice as a whole are higher in the States (or regions/districts within the States) that have large concentration of beneficiaries of the PDS and especially where

²² Government of Chhattisgarh, Department of Food and Civil Supplies (2006) Amendments introduced to the 'Chhattisgarh Public Distribution System (Control) Order 2004', Notification No. 85, March 21, 2006.

²³ Personal communication with Mr. Biraj Patnaik, Principle Advisor to the Office of the Food Commissioner, Supreme Court of India on 12th December, 2007 at New Delhi.

²⁴ Government of Tamil Nadu, Department of Cooperation, Food and Consumer Protection (Undated) *Policy Note 2006-07, Demand No. 13, Food and Consumer Protection* <http://www.tn.gov.in/policynotes/archives/policy2006-07/foodcp.htm> (viewed on 26th March, 2008)

beneficiaries of the PDS have formed organisations that are working on economic activities.

Opportunities for replications for application of core principles or lessons could be available in different sectors and different States/regions/districts.

One of the major limitations of the Good Practice is absence of any training programme for various operations for running and effective management of FPS to the new operators.

Moreover, it is very easy to establish a SHG overnight or take over one and then get license for FPS. Therefore, a stringent criteria based on longer operational duration (minimum three years) of SHGs is required in selection of SHG as an FPS operator.

The Good Practice may also face strong opposition from commercial lobbies with vested interests in FPS operations. The Good Practice also could be legally

challenged in Court as was done by the private FPS operators in Chhattisgarh. (The High Court ratified the decision of Chhattisgarh State and stated in the decision that the Government has the prerogative to decide whom to appoint as FPS dealer.)

The Good Practice is replicable if there is strong support from the political establishment in the State (needed to ward off opposition from economically strong interests and legal challenges). In Chhattisgarh, there was strong political support for the reform. In fact, the reform was recommended by a body (Development Authority) constituted of political leaders.

The replicability of the Good Practice is also dependent on contextual factors such as social and economic development of the society in the State. For example, a monthly profit of Rs. 2000/- may be an unattractive amount even for a grassroots level organisation of PDS beneficiaries from a prosperous State, which is the case in economically backward States.

Additional Information

Sector	Public Distribution System
Scheme/Initiative	Public Distribution System Reforms: PDS Control Order 2004
State	Chhattisgarh
Concerned Agency or Department	Department of Food and Civil Supplies, Government of Chhattisgarh
Year	2006
Contact Details	Secretary Department of Food and Civil Supplies Government of Chhattisgarh Mantralaya, DKS Bhavan Raipur – 492 001

2.3 Leakage Proof Delivery of Goods of Public Distribution System

Good Practices in Nutshell

The Good Practices involve efforts to eliminate possibilities of diversion of goods from PDS by taking over the responsibility of transport by the Government and by employing other measures for increased transparency at the State and local levels.

The Core Problem

The PDS is a national level programme and its implementation is a joint responsibility of the Central and State Governments.²⁵ The main objective of PDS is to maintain even levelled supply of foodgrains throughout the year and to provide buffer in order to avoid situations such as famine. Procured food is provided at subsidised price to the socially and economically backward sections of the society, thus providing food security to these sections by protecting them against vagaries, imperfections and distortions in the market. Distribution of commodities under PDS is done through FPS. The FPS is a crucial component of the delivery system and there are more than 483,000 FPS in the country. These FPS, in turn, are provided supplies from a chain of Government godowns.

Conventional Practices

In different States, different modes are used for the transport of foodgrains from the warehouses of the State Civil Supplies Corporation to the FPS.

In most of the States, the State Civil Supplies Corporation transports goods under the PDS to mandal or taluka level warehouses. The onus to transport their quota of grains from the taluka or mandal level civil supply godowns to their shops lies on the FPS operators who have to exclusively bear the transportation and/or unloading cost.

There are certain exceptions to this practice. For example, in Andhra Pradesh, the delivery of PDS items is made at the doorstep of FPS by using hired vehicles. However, the unloading charges are passed on to FPS operators. In Karnataka, the doorstep delivery facility is provided only to FPS operators from rural areas. In urban areas of Karnataka, neither are the PDS items delivered at doorstep nor is the transport cost reimbursed to the FPS operator. In some States, for example, Himachal Pradesh, the transport cost of all commodities, except that of kerosene, is reimbursed to the FPS operator by the State Government.²⁶

The Leakages and Pilferages during Transport

The responsibility to transport foodgrains from the godown to the FPS lies with the FPS operator. This provides easy opportunities for the FPS operators to indulge in malpractices. The transport vehicle can be diverted en-route and the goods can be siphoned off to open market and/or replaced with inferior quality material. The FPS owners misinform the ration card holders about delivery and availability of food stocks as well as manipulate entries in the registers and in the ration card. The fact that the FPS owners have to pay for the transport gives them an additional incentive to indulge in malpractices. It needs to be noted that the FPS owners often find their operations unremunerative, especially in poor and remote regions.

These practices, though well known, are not easily noticed by the PDS card holders. Often, they are not even aware about the arrival of PDS goods at the FPS, and visit the shop again and again to enquire.

Such problems are aggravated by the nexus between Government machinery and the FPS owners. The ration

²⁵ Santha, B. (2006) *Revamping of Public Distribution System*, Press Information Bureau, Government of India, July 18, 2006

²⁶ Government of India, Planning Commission, Programme Evaluation Organization (2005) *Performance Evaluation of Targeted Public Distribution System (TPDS)* PEO Report No. 189, Chapter 3, pp. 16-24.

card holders are also purposefully kept in dark about their rights. Further, in the absence of an effective redressal system and vigilance mechanism, the FPS operators rarely get punished.

The limitations of the conventional practice result in easy diversion of foodgrains from PDS to open market. This situation creates artificial shortage of foodgrains at the FPS and a large number of beneficiaries remain deprived of their quota of grains.

As per the report of the National Council of Applied Economic Research (NCAER) 2007, majority of the FPS operators are not reimbursed the transport cost. It is not possible for the FPS operators to sustain their business if they are to bear the transport cost. As a result, in order to recover the transport cost, the FPS operators transfer the burden of the transport cost on the PDS customer. Thus, on the pretext of covering the transport cost, the BPL or AAY card holder is charged higher than the stipulated price. Consequently, they do not get complete benefits of the subsidy.

The Good Practice is part of a series of larger reforms initiated by the Chhattisgarh Government to strengthen the PDS in the State, and improve transparency of the system.

Leakage Proof Delivery System: Good Practices

The Chhattisgarh Government has taken several steps to control the diversion of food related goods meant for PDS. The Government has relieved the FPS operators from the responsibility of lifting their quota of goods from Government godowns. Instead, the State Civil Supplies Corporation is now given the responsibility of delivering food stocks at the doorsteps of the FPS. Contractors and vehicles have been hired for carrying out this job.

To increase the transparency in the transport operation, the Government has employed three new measures. First, all the vehicles transporting foodgrains for PDS have been painted in distinct yellow colour and labelled

as *Sarwajanik Vitaran Pranali ke Khaddyan ke Parivahan Hetu Prayukt Wahan* (Transport Vehicle for Food Goods under Public Distribution System).

Second, the whole delivery system is being computerised to monitor the movement of transport vehicles in and out of the warehouses of the State Civil Supplies Corporation. Necessary hardware is being established at all supply centres of the State Civil Supply Corporation. The software was tested in the warehouses to record movement of vehicles in and out of the warehouse and the amount of foodgrains delivered.²⁷

Third, the entire off take by the FPS is put online and is made available in the public domain. This data is updated on regular basis. As a result of this facility, many collectors started issuing newspaper advertisements and pamphlets, giving the list of shops and amount of foodgrains released to each shop every month.²⁸

Effect of Transparency by the Government Measures

First of all, the doorstep delivery by the Government eliminates the influence of FPS operators on the transport operations. In the absence of such influence, it is very difficult for FPS operators to get undue benefits from leakage.

Further, the three transparency measures make information on the movement of goods directly available to public, and thus, ensure that the transport operations are open for public scrutiny at the local as well as State level. Data availability makes it possible for officials, official agencies and CSOs to monitor the movement independently and cross check the data with that at other steps. This is expected to act as a strong deterrent to pilferage.

At the village level, the brightly coloured trucks carrying PDS goods coming in the village are easily noticed by the villagers and every one immediately becomes aware of the delivery of PDS goods to the FPS. This makes it difficult for the FPS operator to make false claims

²⁷ Mr. Rajeev Jaiswal (2007), Deputy Director, Chhattisgarh Khadya Nigam, Government of Chhattisgarh. *Interview on PDS Reforms in Chhattisgarh*. Conducted by Joglekar C. on 19th September, 2007 at Khadya Sanchanalay, Raipur

²⁸ Personal communication with Mr. Biraj Patnaik, Principle Advisor to the Office of the Food Commissioner, Supreme Court of India on 12th December, 2007 at New Delhi



of non-delivery of goods. After the goods reach the ration shop safely, the next level of formal and informal checks and balances is expected to take care of the leakage from the FPS.

Making data and information available directly to public makes it possible to reduce the possibilities of the nexus between the Government officials, transport contractors and FPS operators.

Replicability and Limitations

The decision of doorstep delivery by the State Government is easily replicable in the PDS across the country. The computerisation of the system will facilitate this step further. However, the State Government will have to take additional financial burden to transport PDS goods at the doorstep of the FPS. This could be seen by some as a deterrent, in the present financial situation of many State Governments.

The other Good Practices related to making the information available in public domain rely on

computerisation of the system, which can also be replicated across the State.

Beside replication of these Good Practices in PDS of different States, the principle involved can also be replicated in different schemes and programmes such as Integrated Child Development Services (ICDS) that involve delivery of food material or other easily 'leakable' goods.

The bold decision of taking over certain key operations by State Government could be and needs to be replicated in certain areas where the private parties wield disproportionately high influence and escape public scrutiny.

The three lessons about transparency related Good Practices—doorstep delivery, painting the transport vehicles distinctly and making entire off-take data available online in public domain—could also be employed in different programmes from different sections and different States.

Additional Information

Sector	Public Distribution System
Scheme/Initiative	Public Distribution System Reforms: Doorstep Delivery
State	Chhattisgarh
Concerned Agency or Department	Department of Food and Civil Supplies Government of Chhattisgarh
Year	2006
Contact Details	Secretary Department of Food and Civil Supplies Govt. of Chhattisgarh Mantralaya, DKS Bhavan Raipur – 492 001

2.4 *Aame Bi Paribu*: Positive Deviance Approach for Improving Nutritional Status

Good Practices in Nutshell

In the same socio-economic environment, some children are normal while the others are malnourished. By showcasing the Good Practices adopted by families of normal children, the mothers/caregivers and community could be motivated to adapt the Good Practices in order to improve nutritional status of malnourished children.

Malnutrition in Children: A Chronic Problem

Despite the vast improvements in the economy in the past decade, India performs badly on the Human Development Index (HDI). India has an HDI of 0.619 and has been ranked 128th in the list of 177 nations.²⁹ Levels of child malnutrition, which is one of the main indicators of human development, are considerably high in India. Out of the total malnourished children in the world, one-third children are from India and the situation is even worse than that in sub-Saharan Africa.³⁰

Integrated Child Development Services is the only major national programme that addresses the needs of children under the age of six years and seeks to provide them with an integrated package of services such as supplementary nutrition, healthcare and pre-school education.³¹ It is the single largest intervention programme in the world and has been operational in India for more than three decades. The programme is implemented through a large network of more than 700,000 Anganwadi centres.³²

Despite various initiatives and different efforts by the Governments, decline in malnutrition levels is very slow. According to National Family Health Survey (NFHS-1), the level of malnutrition was 52 percent in 1992-93. The data from NFHS-3 (2005-06) indicate that the level of malnutrition among children under three years has declined to 46 percent. It means decline of only six percent during the time span of 13 years or annual decline of less than 0.5 percent.

There are inter-State disparities in the levels of malnutrition—from Madhya Pradesh (60%) to Punjab (27%). Orissa has 44 percent malnourished children in the age group of 0-3 years, which is slightly less than the national average (46%).³³

Malnutrition among under-six children is a serious problem which creates severe long term health problems. A child can be malnourished for one or several reasons. It may be low birth weight, inadequacy of food, wrong feeding practices, poor quality of food and sanitation or unhygienic living conditions. Gender bias also affects the nutritional status of girls.

Dealing with Child Malnutrition: Conventional Practices and Limitations

Supplementary Nutrition Programme is a major component of the ICDS. Apart from improving nutrition, the Supplementary Nutrition Programme also serves as an incentive to attract children to the Anganwadi. Under the Supplementary Nutrition Programme, food

²⁹ UNDP (2007) *Human Development Report 2007-08*, Country Tables, India http://hdrstats.undp.org/countries/data_sheets/cty_ds_IND.html (visited on 26th March, 2008)

³⁰ Grangolati M. et al. (2005) *India's Undernourished Children: A Call for Reform and Action*, Health, Nutrition and Population (HNP) Discussion Paper, World Bank, August 2005 <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/IndiaUndernourishedChildrenFinal.pdf> (viewed on 26th March, 2008)

³¹ Citizens' Initiative for the Rights of Children Under Six (2006) *Focus on Children Under Six*, Abridged Report, December 2006 <http://www.righttofoodindia.org/data/rtf06focusreportabridged.pdf> (viewed on 24th May, 2007)

³² UNICEF (December 2007) *The State of the World's Children 2008*, pg 50, New York http://www.unicef.org/publications/files/The_State_of_the_Worlds_Children_2008.pdf (viewed on 26th March, 2008)

³³ International Institute for Population Sciences, NFHS-3, *Fact Sheets India & 29 States* (2005-06, Provisional Data), Mumbai <http://www.nfhsindia.org/factsheet.html> (viewed on 26th March, 2008)



is financed and procured by the States and provided to children at the Anganwadi centres either in the form of a ready-to-eat snack or a meal cooked by the Anganwadi Workers (AWWs).³⁴

Even though health, pre-school education, training and counselling to mothers are components of the ICDS programme, the focus has been shifted to providing supplementary nutrition to children coming to Anganwadi. The nutrition counselling (and more generally, home visits) is yet to be developed as an active and imperative component for malnutrition reduction by ICDS.³⁵

Anganwadi centres are supposed to deliver services to all children in the age group of 0-6 years. However, in practice, the main focus of the programme has been on children in the age group of 3-6 years. Only children in the age group of 3-6 years who come to an Anganwadi are provided with the supplementary nutrition. Though the children in the age group of 6 months to 3 years are more vulnerable to malnutrition, they are not provided with on-site feeding but are provided with take-home ration. This take-home ration is usually shared by other family members too. Thus, children in this age group do not get the supplementary food allocated to them, creating a food gap, which ultimately results in malnourishment.

Through Anganwadis, Information, Education and Training (IET) efforts are made in a very limited manner. These IET efforts which are one-sided are mainly targeted at mothers who act as passive recipients. Through IET sessions, an effort is made to improve knowledge of the mothers, without any practical or demonstration.

Further, the IET activities in the Anganwadis are limited to mothers only. Other caregivers in the family such as the father, elder siblings and grandparents who many a times look after the children are not involved in the programme. Largely, there are no efforts to involve the community actively in the IET efforts and the community to which children belong to is not taken into confidence while implementing the programme.

The ICDS programme, in most places, works in isolation. The community views the various activities and services provided through the ICDS programme only as a Government programme and shows very little motivation to participate in the Anganwadi activities to reduce the malnutrition.

The problem of malnutrition is not only limited to the supply of nutrition, but also has psycho-social and cultural roots. Internal causes such as cooking and feeding practices, and hygiene also contribute to malnutrition. Hence, there is a need to bring about changes in behaviour at the individual and community level. However, as mentioned above, the focus of ICDS has been gradually shifted from health and nutrition education to providing supplementary nutrition (through Supplementary Nutrition Programme) to children coming to Anganwadi.

Although the Supplementary Nutrition Programme attracts children to the Anganwadi, the consequence of the shift of focus is that the mothers develop rigid mindset about malnutrition and believe that the problem of malnutrition cannot be solved with locally available resources and therefore, they could do little to tackle the problem.

These limitations severely restrict the impact of the ICDS programme. As stated above, children in the age group of 6 months to 3 years are more susceptible to malnutrition. Though take-home ration is provided to these children, other family members usually share this take-home ration. Thus, children in this age group do not get the supplementary food allocated to them, creating a food gap which ultimately results in malnourishment. This defeats the purpose of providing supplementary nutrition to vulnerable children. In spite of countrywide implementation of ICDS programme, there has been no significant improvement in the levels of child malnutrition.

Positive Deviance Approach for Addressing Child Malnutrition

The Positive Deviance approach was initially used in the *Kano Parbo Na (Why can't we do it?)* project initiated on a pilot basis in year 2001 in four districts

³⁴ Grangolati M. et al. (2005) *India's Undernourished Children: A Call for Reform and Action*, Health, Nutrition and Population (HNP) Discussion Paper, World Bank, August 2005

³⁵ Citizens' Initiative for the Rights of Children Under Six (2006) *Focus on Children Under Six* Abridged Report, December 2006

of West Bengal. The programme was funded by United Nations Children's Fund (UNICEF) and implemented in collaboration with local NGOs.³⁶

Taking inspiration from the success of the pilot project in neighboring State, the Department of Women and Child Development, Government of Orissa initiated *Aame Bi Paribu* (*We can do it too*) project in Mayurbhanj district from July 2004. Gradually, the programme had been expanded to cover all blocks of the State. The programme is funded by UNICEF and is being implemented through the ICDS machinery. Some key Good Practices from the Orissa initiative are discussed below.

Positive Deviance Approach

The Positive Deviance approach is based on the fact that even in the poorest communities, there are some healthy children with better nutrition status. These children are referred as Positively Deviant. The Positive Deviance approach seeks to identify the feeding, health, hygiene and psycho-social practices of mothers in the community with positively deviant children and transmit them to other mothers through a community based approach, using locally available resources.

The main focus of the Positive Deviance approach is on identifying the children with normal weight and growth as well as malnourished children who belong to the same socio-economic group in a village/hamlet (positively deviant children). The local community is involved in a survey in the village for identifying positive deviants and malnourished children.

Through a dynamic process called Positive Deviance Inquiry, the AWWs and supervisors invite the community to discover the unique practices that contribute to the better growth and development of the child. Questions are raised about what the mothers of positively deviant children do differently so that their children are healthy, despite growing in the same socio-economic group.

Nutrition Counselling and Childcare Sessions conducted in the Anganwadi centres is a key feature of the Positive Deviance approach. The session camps are used for mobilising the mothers and caregivers of the malnourished children. Mothers of the positively

deviant children participate in the Nutrition Counselling and Childcare Session camps as resource persons.

The Positive Deviant behaviour pattern (that is, rearing, caring and feeding practices of mothers of positively deviant children) is readily found to be acceptable, affordable and sustainable by the community, as these mothers are already practising them. By way of highlighting the rearing and caring practices of mothers/caregivers of positively deviant children, and by disseminating them to the mothers and caregivers of the malnourished children, confidence is built in the minds of the parents/caregivers that 'we too can' tackle the problem of malnutrition.

The local community plays a major role in Positive Deviance approach. Efforts of mobilisation ensure that all the malnourished children and mothers/caregivers remain present for the Nutrition Counselling and Childcare Session camps. Other community members also participate in the post-Nutrition Counselling and Childcare Session follow-up visits to the households along with the AWWs and supervisors.

Intensive and Diligent Training through Nutrition Counselling and Childcare Session

The Nutrition Counselling and Childcare Sessions are conducted for 12 days of each month and serve as a rehabilitation programme for the malnourished children. It is conducted mostly at the Anganwadi centre or any other place in the village as per the mother's convenience.

Some members of the community and mothers of malnourished children collect locally available resources such as food items (rice, pulses, vegetables and eggs) and fuel. They also decide the menu of the day for Nutrition Counselling and Childcare Session. Hands-on experience is given to the parents.

Demonstration of cooking is given in the Nutrition Counselling and Childcare Session. Locally available food items are collected, and mothers and caregivers learn to cook the collected items in different manners so as to make food which is more nutritious. Following this, the children are fed in the sessions. This training gives hands-

³⁶ Positive Deviance Initiative (Undated) *Nutrition and Child Care Project (NCCP) in West Bengal, India* <http://www.positivedeviance.org/projects/westbengalnutr/> (viewed on 26th March, 2008)



on experience to the mothers and caregivers. Discussions are held about good feeding practices. Through the Nutrition Counselling and Childcare Sessions, emphasis is also given on health, hygiene and psycho-social care of the children.

After the training of mothers in the Nutrition Counselling and Childcare Session for 12 days, mothers and caregivers follow the cooking methods and other health and hygiene practices for the remaining 18 days of the month at their home. During this period, the AWWs and supervisors do the follow-up through home visits. The follow-up helps to sustain the gains achieved through the Nutrition Counselling and Childcare Session camps.

Children are weighed regularly and the cycle of Nutrition Counselling and Childcare Session is continued until children below one year gain at least 200-300 gm/month for at least three consecutive months. Children (1-3 years) with malnutrition Grade II, III and IV gain weight and move up to grade I of malnutrition.

Supporting Good Practices

Special Focus on Age Group of 6 Months to 3 Years

The programme focuses on children in the age group of 6 months to 3 years. Two separate sessions of Nutrition Counselling and Childcare camps are organised:

- (a) **For the children in the age group of 6-12 months:** Irrespective of their malnutrition status, all children from this age group are encouraged to attend the camp. Special training of caregivers on introduction of complementary feeding, complete immunisation and hygiene practices is emphasised. The process helps to prevent malnutrition in children above one year.
- (b) **For the malnourished children in the age group of 1-3 years:** Regular Nutrition Counselling and Childcare Session is conducted emphasising on care practices. This helps in reduction of moderate and severe malnutrition.

Involvement of the Community in Identification of Positively Deviant and Malnourished Children

A survey of the children in the age of group of 6 months

to 3 years is carried out in the village. The community members along with the AWW and supervisor participate in the survey. All the children are weighed to identify healthy (positively deviant) and malnourished children. A Village Social Map is prepared indicating the houses of the positively deviant and malnourished children in the village. The local community encourages the families of malnourished children to participate in the Nutrition Counselling and Childcare Session. The community is also involved along with the AWW in follow-up of malnourished children. Village Health Community members and Panchayat members also play an active role in organisation of Nutrition Counselling and Childcare Session at Anganwadi centres.

How Good Practices Helped

The above mentioned Good Practices under the Positive Deviance approach help efforts to combat child malnutrition in diverse ways. For example, showcasing the examples of positively deviant children as role models motivates mothers having malnourished children and they start believing that “they can do it too” by emulating good (feeding & rearing) practices of Positive Deviance mothers. As mothers of positively deviant children are from the same community, their childcare practices are easily emulated. Moreover, they also belong to the same socio-economic strata, hence, their practices are acceptable, affordable and sustainable.

Further, Nutrition Counselling and Childcare Session provides active support over a period and not just once or twice. Sustained efforts are required for attaining behavioural changes in terms of changes in feeding and rearing practices, which can effectively address the internal causes underlying malnutrition. Moreover, the adoption of practices and lessons from Nutrition Counselling and Childcare Session has a ‘Sibling Effect’ where the next child is not malnourished.

As reported in the Government documents, the scheme has the following achievements to its credit:³⁷

- In September 2007, the programme covered more than 3000 Anganwadi centres spread across all the districts of Orissa.
- The *Aame Bi Paribu* experiment was started in tribal districts of Mayurbhanj and Kalahandi, which had high number of malnourished children. Significant

³⁷ Source: Material provided by Department of Women and Child Development, Government of Orissa

improvement in nutrition status is observed in these two districts since the inception of Positive Deviance approach. The details are presented in Table 2.4.1.

- Improvement in the nutritional status of children.
- Reduction in malnutrition levels.

Table 2.4.1: Child Malnutrition (% Children Malnourished in the Age Group 0-3 Years)

District	Block	Nutrition Status (2004)	Nutrition Status (October 2007)
Mayurbhanj	Morada	26%	9.8%
	Rasgobindapur	27 %	17.1%
	Suliapada	23.8%	13.98%
	District total	23.6	17.5
Kalahandi	Narla	27	17
	Karlamunda	27	13.7
	M. Rampur	25	13.7
	District total	31	24

Replicability and Limitations

The Positive Deviance approach is easily replicable as it uses locally available resources and existing

ICDS infrastructure with no additional manpower. Replication is possible because recurring costs are low. This also makes it up-scalable and replication or upscaling could be achieved in a short duration. Most importantly, the approach tries to find solutions from within the community and hence, it is practically sustainable.

The Good Practice requires concerted efforts by the AWW to make the programme successful. If the AWW fails to deliver, the programme will collapse. Further, intensive follow-up of mothers is a must in order to make the programme successful.

It needs to be noted that the Good Practice does not address the problem of low birth weight. Birth weight of less than 2500 gm has been found to be closely associated with malnutrition and poor childhood growth. Similarly, the Positive Deviance approach does not address many 'external' factors such as economic conditions of the family as well as socio-cultural factors such as gender discrimination, which are beyond the control of the mother. In other words, the Good Practice cannot tackle malnutrition problems arising purely due to poverty and lack of access to food.

Additional Information

Sector	Health (Nutrition)
Scheme	Positive Deviance Programme
State	Orissa
Concerned Agency or Department	Women and Child Development Department, Government of Orissa
Year	July 2004
Contact Details	Commissioner-cum-Secretary Women and Child Development Department Government of Orissa Secretariat, Bhubaneswar E-mail: wcdsec@ori.nic.in

2.5 ‘Hub and Spoke’ Approach for Strengthening Facilities for Neonatal Care

Good Practices in Nutshell

Establishment of specialised newborn care units in the Government health system with the ‘Hub and Spoke’ approach has helped in timely treatment of sick newborns, which in turn has helped in averting the neonatal deaths.

The Core Problem

The mortality among under-five years is an important indicator for measuring the socio-economic development of the country. Two important indicators in this regard are: (a) IMR, that is, the number of children dying under the age of one year per 1000 live births; and (b) Neonatal Mortality Rate (NMR), that is, the number of children dying within first 28 days of birth per 1000 live births.

In the year 2006, the IMR for India stood at 57. There are rural versus urban differences in IMR with rural areas having a high mortality (62) as compared to urban areas (39). Infant mortality also varies widely among the States. Among the bigger States, Kerala has the lowest IMR (15), while Madhya Pradesh has the highest (74). The State of West Bengal has an IMR of 38, lower than the country average.³⁸

Globally, 40 lakh infants die during the neonatal period and it accounts for 40 percent of the under-five mortality. India accounts for 30 percent of the world’s neonatal deaths.³⁹ In India, out of the total under-five year mortality, 60 percent deaths occur within the first 28 days

of life defined as the neonatal period. The primary causes of neonatal mortality in India are sepsis (52%), asphyxia (20%), pre-maturity (15%) and others (13%).⁴⁰

In the 1980s, the NMR declined rapidly from 69 in 1980 to 53 in 1990. However, NMR has remained almost stagnant since early nineties. Between 1995 and 2000, there was only a negligible difference of four points from 48 to 44 per 1000 live births.⁴¹ As per the report of NFHS-3, 2005-06, NMR further fell to 39. Thus, the progress in reduction of NMR has been slow and uneven and India’s NMR remains exceptionally high, with neonatal deaths accounting for 65 percent of infant mortality.⁴²

Being signatory to the Millennium Declaration,⁴³ India has set a target of reducing the under-five mortality rate by two-thirds by 2015. The goal is achievable only if infant mortality, especially neonatal mortality, is reduced substantially.

Conventional Efforts to Reduce Neonatal Mortality Rate

The National Neonatology Forum prepared recommendations for neonatal care in the year 1980. In 1982, the Task Force on Minimum Perinatal Care, set up by the Government of India envisaged that Level-I care will be imparted through trained Traditional Birth Attendants (TBAs) and female health workers in the community.⁴⁴ ‘Newborn Care’ was introduced in the public health system during early nineties through

³⁸ Government of India, Ministry of Home Affairs, Office of the Registrar General of India (October 2007) *Sample Registration System, SRS Bulletin*, Volume 42, No. 1, Table 1 http://www.censusindia.gov.in/Vital_Statistics/SRS_Bulletins/SRS_Bulletins_links/SRS_Bulletin_-_October_2007-1.pdf (viewed on 4th April 2008)

³⁹ Lawn, J., Ransom, E., and Paul, V. (2004) *Closing the Knowledge Gap for Neonatal Survival to Meet the Millennium Development Goals: The Case of India* at Global Forum for Health Research, Forum 8, Mexico

⁴⁰ National Neonatology Forum, India and Save the Children/US (2004) *State of India’s Newborns*, New Delhi/ Washington DC Chapter 1, Fig. 1.11, pp. 18. <http://www.savethechildren.org/publications/technical-resources/saving-newborn-lives/country-documents/India-SOIN.pdf> (viewed on 25th March, 2008)

⁴¹ Refer Footnote Number 3

⁴² Government of India, Ministry of Women and Child Development (Undated) *Report of Working Group on Development of Children for the Eleventh Five Year Plan (2007-2012)*, New Delhi, Volume One, pp. 119. http://wcd.nic.in/WG_Report.pdf (viewed on 26th March, 2008)

⁴³ Millennium Development Goals are eight development goals that 189 United Nations member states have agreed to try to achieve by the year 2015.

⁴⁴ About NNF (Undated) *Journal of Neonatology* Online Edition http://www.jnnfi.org/jnnfi.aspx?target=about_us (visited on 26th March, 2008)

Essential Newborn Care Strategies under the Child Survival and Safe Motherhood programme during 1992 and has been part of the RCH programme (RCH-I) since 1997. Both programmes mainly focused on primary care and training of paramedical workers. Certain types of equipment for newborn care were provided to selected PHCs, First Referral Units (FRUs), and district hospital within public health set-up.⁴⁵

The extensive public healthcare system in the country is without active linkages for providing specialised neonatal care. In the present public healthcare system, a newborn is not treated as a person but only as an appendage to the mother. There are no dedicated beds for the treatment of sick neonates who require special attention and care. In the sub-division hospitals or district hospitals, there are paediatric wards. Sick neonates are treated in these paediatric wards along with other children. Public healthcare facilities such as district and block level hospitals are devoid of required infrastructure, life saving equipment, and skilled manpower necessary for the treatment of the sick newborn.

The general nurses (or general nurse midwives) employed in the PHCs, CHCs or district hospitals look after all patients including neonates. They are not trained and qualified to identify complicated neonatal problems and typically lack proficiency in dealing with high risk mothers and infants. They do not possess specialised knowledge or skills to treat critically ill neonates.⁴⁶

Guidelines in the recently released Indian Public Health Standards for PHCs, sub-district hospitals, and district hospitals include neonatology services to different degrees.⁴⁷

Limitations of Current Practices

Children from neonatal age group are highly vulnerable and require special critical care. However, as mentioned before, the sick neonates do not get deserved attention and are treated with other sick children. This puts them at very high risk.

Generally, sick neonates from villages are admitted to the hospitals at very late stage due to transportation and other problems. The lack of active referral system in public health system leads to neglect of crucial elements such as early detection and timely referral of sick neonates by functionaries such as Auxiliary Nurse Midwives (ANMs) or community health workers. Further, even if the sick neonates make it to the hospital, due to absence of specialised trained staff at the referral facilities, the chances of their survival become very slim.

Thus, lack of infrastructural and other facilities as well as unskilled human resources aggravates the problem, reducing the survival chances of neonates.

Many a times, sick neonates never reach healthcare facilities as no supportive care is available at the block level. As an impact, though there is a slow reduction in IMR, the NMR has remained near static. In fact, as per Sample Registration System 2005, the share of NMR in IMR has gone up from 65 percent (about two-thirds of IMR in 1996) to 79 percent.

Considering the present situation, the stiff target set by National Plan of Action for Children (2005) to reduce NMR from present rate of 37 to 18 per 1,000 by the year 2010 is practically not achievable.

Genesis of the Initiative

A Needs Assessment Survey of health facilities in Purulia district of West Bengal was conducted by the Society for Applied Studies (SAS), Kolkata in year 2003. It was found during the survey that although an Essential Newborn Care Programme has been operational in the district for several years, no special sick newborn care facility in terms of space, manpower, and equipment was available in the district.^{48,49} Also, no reliable information was available on current NMR of the district. As per the Purulia Zilla Parishad report, the NMR of Purulia district was 55.

It was also observed in the survey that peoples' confidence in primary care based programmes was low

⁴⁵ National Neonatology Forum, India and Save the Children/US (2004) *State of India's Newborns*, New Delhi / Washington DC, Chapter 6, pp. 90-91.

⁴⁶ National Neonatology Forum, India and Save the Children/US (2004) *State of India's Newborns*, New Delhi / Washington DC Chapter 5, pp. 80.

⁴⁷ Government of India, Ministry of Health and Family Welfare, National Rural Health Mission, *Indian Public Health Standard Guidelines* <http://mohfw.nic.in/NRHM/iphhs.htm> (viewed on 26th March, 2008)

⁴⁸ Sen, A. et al. (2005) Development and Effects of a Neonatal Care Unit in Rural India. *The Lancet*, Vol. 366, pp. 27-28.

⁴⁹ Sen, A. et al. (2004) District Level Sick Newborn Care Unit: A Complementary Approach to Reduction of Neonatal Mortality. *Journal of Neonatology*, Vol. 18, No. 2, pp. 48-52.



because sick newborn infants referred to the public hospitals often do not survive.⁵⁰

Against this background, it was concluded in addition to the Primary Newborn Care Approach, effective reduction of NMR needs back-up support of the state-of-the-art facilities located at district and block level hospitals for the treatment of sick neonates. The Purulia district in West Bengal was chosen for this intervention because of the poor state of healthcare facilities, adverse developmental indicators and high NMR of 55.

The decision to develop a state-of-the-art Sick Newborn Care Unit (SNCU) at the Purulia District Hospital was taken in a meeting of SAS investigators with the elected head of Purulia District Panchayat and the Chief Medical Officer of the district. Subsequently, Purulia Zilla Parishad, SAS and UNICEF played a critical role in materialising Purulia Model. The project was implemented with major funding from Purulia Zilla Parishad, UNICEF and SAS Trust. The Health and Family Welfare Department, Government of West Bengal takes care of recurring expenses.

'Hub and Spoke' Approach for the Treatment of Sick Neonates

The starting point was the conclusion that, in addition to the Primary Newborn Care approach, back-up support in the form of an interconnected system of state-of-the-art facilities is necessary. The system would include SNCU located at a district hospital. The SNCU is connected to Sick Newborn Stabilisation Units (SNSUs) at the peripheral centres such as rural hospitals and Block PHCs.

This 'Hub and Spoke' approach for treatment of sick neonates not only provides the requisite infrastructure but also takes into consideration the need for dedicated, specially trained human resources and peripheral services such as transport. In this approach, the SNCU at the district hospital serves as the main, central facility (the Hub). The sick neonates from far-off places can be first stabilised at the SNSUs at the peripheral centres and, if necessary, can be referred to the SNCU. Thus, the SNSUs function as 'spokes' (or extensions) of the SNCU. This approach also involves many related Good Practices which are as follows:

Establishment of SNCU with Modern Facilities and Equipment at Strategic Location of District Hospital

Major civil and electrical reconstructions were carried out in the Purulia District Hospital to establish the SNCU. A fully air-conditioned SNCU with specially trained staff in neonatal care has been set up as a separate facility within the district hospital of Purulia.

The Unit was supported by funding from The District Health Association (Zilla Swasthya Samiti) led by the elected head of the Purulia District Panchayat, the District Magistrate, and Chief Medical Officer of the district. It has modern equipment like servo-controlled radiant warmer, photo therapy units, digital weighing scale, pulse oximetre, syringe pump, ABG machine, electrolyte analyser, portable x-ray, central oxygen supply, autoclave, and washing machine. The equipment is comparable to any modern super-speciality unit.

The SNCU started with 10 beds. Initially, the staff of two paediatricians and six nurses was allotted to the unit by relocation from within the district as no new posts were created. Since April 2007, a team of three doctors and eleven nurses has been allotted to the SNCU by relocation from within the district. As of October 2007, there were 14 beds in the SNCU.

Newborn babies from the district hospital, requiring special care are transferred to SNCU. After recovery from acute problem, some of them are shifted to the stabilisation beds of SNCU where they stay with their mothers till complete recovery, and the rest are discharged. All the occupants, except the neonates from BPL families, need to pay charges for occupancy and treatment as per the Government norms.

Establishment of a Network of SNSUs at the Block PHCs and Rural Hospitals in the District

The purpose behind setting up SNSUs was to stabilise the very sick neonates for referral and prepare them to transport to the SNCU at the district hospital so as to prevent mortality during travel. Taking into consideration the need for FRUs and the time of travel for the sick neonates to get to the district SNCU, stabilisation units have also been set up at identified locations at CHC and Block PHC level.

⁵⁰ Sen, A. et al. (2005) Role of District Level Sick Newborn Care Unit in Reducing Neonatal Mortality Rate. *Perinatology*, Vol. 7, No. 5, pp. 220-222.

In all, there are 13 SNSUs located in various parts of the district, including one at the sub-division hospital, seven at block level PHCs, and five at the rural hospitals. Additionally, existing PHCs are also used for referrals. Newborns having health problem at home are referred to nearby sub-centre or PHC or directly to the SNSUs.

Funds were procured from UNICEF and Block Administration to purchase new equipment for SNSUs. Hands-on training was given to the staff to make the units functional. The facilities at SNSUs are used to treat or stabilise sick neonates. If required, the sick newborns are referred to the SNCU for further treatment. The average distance between the SNSU and the SNCU is 40 km, with a range of 22-60 km. For transportation, ambulances are available at the SNSUs. These ambulances have been donated by the funding agency and are run by local NGOs on no-profit basis.

Special Training to the Staff for Care and Treatment of Sick Newborns

The staff of the SNCU was specially trained at Department of Neonatology, Institute of Post Graduate Medical Education and Research (IPGMER) and SSKM Hospital, Kolkata. The SAS team developed a curriculum for training of medical officers and nurses, and prepared a training manual for distribution. The medical officers and nurses at SNSUs were given hands-on training at District Hospital, Purulia. Fifty medical officers and nurses from SNSUs underwent the training. They were also given one day hands-on training in their respective units and also 3-5 days training at the SNCU at the district hospital. Resource persons from SAS and IPGMER trained the participants. The training activity was supported from UNICEF funding.

Complementary Good Practices

These Good Practices were also supported through complementary Good Practices which are described here in brief.

Upgradation of Existing Facilities

In the neonatal care programme, existing public healthcare infrastructure was used. The facilities at

district, sub-divisional hospitals, and Block PHCs were upgraded to convert them into SNCU and SNSUs respectively. The SNCU at the district hospital attained the norms of the near Level-II newborn care unit. New equipment were added which strengthened the healthcare facilities and equipped them to handle emergency cases of sick neonates.

24-Hour Clinical Support from IPGMER and SAS, Kolkata

Apart from the medical infrastructure, active linkages for consultations, guidance and support are important part of the healthcare. SNCU, Purulia is directly linked—on 24x7 basis—to two doctors at the Department of Neonatology Unit in IPGMER, Kolkata and SAS, Kolkata for clinical support. Consultations for treatment are sought through telephone.

Structured Newborn Aides Training Programme

To overcome the problem of skilled manpower shortage, one year training programme for special nurse assistants called as Newborn Aides was initiated in the year 2005.⁵¹ Till the year 2007, in all, 18 Newborn Aides were trained in Purulia. These Newborn Aides are providing support to the nurses at SNCU and SNSUs, thus helping to reduce the neonatal mortality.

How Good Practices Helped

These Good Practices helped to improve neonatal care in Purulia district in diverse ways. For example, first, the establishment of SNCU at the district and the connected chain of SNSUs resulted in creation of an active referral system in the district to treat the sick neonates. Second, the SNSUs, with necessary facilities and staff, provide clinical service of stabilising the conditions of sick neonates before it reaches to SNCU. This reduces the incidence of casualty during the long travel on dusky rough roads. Third, as the average distance between SNCU and SNSU is only 40 km, if necessary, sick neonates can be transported in time to SNCU at district hospital for further treatment, thereby reducing the danger. Fourth, due to availability of dedicated, equipped facility with trained staff at SNCU, the sick neonates now get special attention and care they not only deserve but require.

⁵¹ Sen, A. et al. (2007) Newborn Aides: An Innovative Approach in Sick Newborn Care at a District level Special Care Unit. *Journal of Health, Population, Nutrition*, Vol. 25 No. 4, pp. 495-501.



The secondary literature on this initiative provides some data on performance of this model.

- In all, 1499 neonates were admitted in SNCU at Purulia District Hospital during September 2003 to October 2007, and 1077 (about 76%) neonates were treated successfully.
- Of these, 988 were born in-house and 511 were out-born neonates.
- Enhanced Neonatal Survival: NMR of Purulia district reduced by 5.03 per 1000 live births per year for two consecutive years resulting in reduction of NMR from 55 to 44.44.
- The SNCU has become the highest earning unit in Purulia District Hospital. On an average, more than Rs. 20,000/- per month is recovered as bed charges alone from SNCU.

Replicability and Limitations

Since the model uses the available public health resources, the model and Good Practices could be replicated in other parts of the country. In fact, Government of West Bengal has adopted a generic model for neonatal care, based on the Purulia Model. The model has been replicated in four other districts of West Bengal, namely, Birbhum, Coochbehar, North Dinajpur and Bankura. In three more districts, namely, Nadia, Malda and Darjeeling, the planned SNCUs are in various stages of development. Based on Purulia Model, SNCU has also been set up

at Port Blair, Andaman and Nicobar Islands. Also, the Purulia Model can be useful as a base model to provide neonatal care facilities as per IPHS guidelines for district hospital and sub-district hospitals in the country.

Replication of the model, however, may get hampered due to the following limitations. The neonatal care requires specially trained staff at the SNCU and SNSUs. Since these units are located in public health institutions, there is danger of transfer of trained staff to other non-specialised units, without their replacement by similarly trained staff. This would severely offset performance of the model. This is the main threat to the programme. Similarly, survival of sick neonates depends upon rapid transportation to the nearest, well equipped healthcare facility. If efficient transportation facilities are not available in time, then treatment and survival of neonates becomes difficult.

Coming to other limitations, it is very difficult to retain the trained staff at public-run SNCU, since they get offers of high salaries from the private health institutions. Further, the recurring costs of running the units are very high. To sustain the programme and the funds, strong political will is required. Moreover, since the running costs are high, and BPL families are provided free treatment, it becomes very difficult to recover the costs from the patients.

Additional Information

Sector	Health (Neonatal)
Scheme/Initiative	Neonatal Care: Purulia Model
State	West Bengal
Concerned Agency or Department	Department of Health and Family Welfare, Government of West Bengal Society for Applied Studies, Kolkata
Year	2003
Contact Details	Commissioner Department of Health and Family Welfare Government of West Bengal Swasthya Bhavan, 4 th Floor GN-29, Sector V, Bidhananagar Kolkata – 700 091 Director Society for Applied Studies CF-198, Salt Lake, Sector-I Kolkata – 700 064

Northern Region

Delhi

Haryana

Uttar Pradesh



2.6 *Stree Shakti*: Innovative Design of Camps for Increasing Community Outreach

Good Practices in Nutshell

Health camps were organised with innovative women friendly features to address health problems of women from economically weaker sections, with strong link-up with referral facilities for post-camp follow-up.

Improving Health Status of Women from Slum Areas

The health status of the poor and socially excluded sections of population in India is pathetic. As far as maternal health indicators are concerned, the situation in some States is akin to that in sub-Saharan Africa. The economic growth over the past decade has made little inroads in improving health indicators of the poor—especially women.

Poor women in the reproductive age group are worst sufferers due to their socio-economic position. Women face survival risks especially due to the risks connected with child bearing. India is a signatory to Millennium Declaration and committed to make improvement in maternal health.

According to the Census 2001, the Delhi State has a total population of 1.38 crore.⁵² During the decade 1991-2000, about 22 lakh people migrated from various part of the country to Delhi.⁵³ In Delhi, about 22.9 lakh (14.7%) people live below the poverty line.⁵⁴ Coming to housing, 30 percent families live in semi *pucca* houses while 21 percent families have *kachha* dwellings.⁵⁵ In 2003, there were 1080 clusters of *jhuggi jhopadi* (slums) inhabited by approximately 30 lakh population.⁵⁶

Delhi has a large network of healthcare facilities, with 588 hospitals and 1027 dispensaries in Governmental and private sector.⁵⁷ However, these healthcare services failed to reach to the disadvantaged social groups, especially women from economically weaker sections and living in slum areas. This has been reflected in various health indicators of the State. According to the NFHS-3, 43 percent ever married women in the age group of 15-49 years were anaemic. About 60 percent deliveries in the State were institutional and 65 percent deliveries were attended by the skilled personnel, while only 50 percent mothers were visited by health personnel within two days after delivery.⁵⁸ Thus, the core challenge is to reach these women from socially and economically weaker sections with adequate healthcare.

Conventional Health Camps

The conventional practices aimed at addressing health problems of women from economically weaker sections in the metropolitan cities such as Delhi are based on two approaches. First, the Government Health Department mainly provided health services through its institutional network of dispensaries and hospitals. Second, camps were organised by NGOs working in specific geographical areas. Even Government agencies organised health camps only on special occasions/events.

These health camps were organised in a sporadic and episodic manner, without any periodicity or long term planning. They were seen as stand-alone events, without any connection with other activities or existing facilities. Usually, camps were organised without any pre-camp survey for assessing the healthcare needs

⁵² Government of India, Registrar General of India, *Census 2001*, New Delhi

⁵³ Government of NCT of Delhi, Planning Department (Undated) *Socio-Economic Profile of Delhi 2003-2004*, <http://delhiplanning.nic.in/Socioecoprofiles/finalsocioecoprofile.pdf> (viewed on 26th March, 2008)

⁵⁴ Government of NCT of Delhi, Directorate of Economics & Statistics (2007) *Level & Pattern of Household Consumer Expenditure in Delhi*, New Delhi <http://des.delhigovt.nic.in/Round/writeup.pdf> (viewed on 26th March, 2008)

⁵⁵ Government of NCT of Delhi, Department of Economics and Statistics (Undated) *58th Round of Socio-Economic Survey*

⁵⁶ Refer Footnote No. 2

⁵⁷ Refer Footnote No. 2

⁵⁸ International Institute for Population Sciences, *National Family Health Survey (NFHS-3), 2005-06, Fact Sheet Delhi (Provisional Data)*, Mumbai <http://www.nfhsindia.org/pdf/DL.pdf> (viewed on 26th March, 2008)



of the different target groups. Apart from providing general healthcare, some camps were also organised to provide diagnostic services such as Eye or ENT check-up, screening for diabetes, hypertension, cancer and other non-communicable diseases. Further, these camps were generally open to all people in the locality and were attended by all people having different ailments/illnesses.

Moreover, though medicines were also provided in the health camps, generally the post camp follow-up was weak. No support mechanism was created to ensure that the patient is followed up continuously till her/his disease/ailment got cured completely. Many a times, post-camp treatment/operations were expensive and cannot be afforded by the poor and vulnerable groups of the society.

Limitations of Conventional Camps

The conventional practice of organising open health camps had many limitations. First, most of the times, camps were organised for all people in the locality irrespective of age, gender or socio-economic status. Since these camps were general or diagnostic in nature, general physicians attended the camps. In very few camps, specialists such as gynaecologists were called. Thus, even though the camps were held at the locations close to slums, women's reproductive health problems were often neglected in such camps.

Second, as the camps were open to all, camp organisers did not have prior information about the potential number of participants, so the camp managers often faced the situation of either over-participation or under-participation. Participation beyond the capacity of the camp adversely affected the quality of services, while under-participation—often due to poor publicity—led to under-utilisation of precious human and financial resources mobilised for the camps.

Third, conventionally, organising health camps as part of outreach activities was not high on the priority list of the public healthcare providers. Further, though camps were organised as a means for providing outreach services in the community, camps were not able to provide satisfactory and quality services, and also did not have well defined mechanisms for providing referral services. Camps also did not help to provide services on a sustained basis.

Genesis of *Stree Shakti* Programme

The *Stree Shakti* programme was initiated by the State Government of Delhi to address the needs of women from economically weaker sections and to empower them so as to enable them to play an active role in the mainstream society. The basic idea underlying the whole programme was to provide a 'single window' to women for having access to basic inputs for capacity building in health, nutrition, education, information, income generation and legal protection. As part of the programme, the 'reaching the un-reached' approach was used to provide healthcare services to the women from economically weaker section of the society in a sustained manner. To this end, Good Practices such as organising camps and providing mechanisms for follow-up were adopted. These are described in the subsequent paragraphs.

Innovative Design of the Camps with Focus on Women

Health camps under the *Stree Shakti* programme were organised by the Department of Social Welfare (Government of Delhi). It was seen as an instrument of increasing the outreach of services provided by the department itself, and also services offered by other departments and agencies such as health, technical education and women's commission. NGOs working in the area were also involved in the process. A dedicated team of doctors and nurses from Government health institutions provided health check-ups, medicines and necessary counselling to women. The Department of Social Welfare identified 'un-served and under-served' areas of the State with the help of Department of Health and Family Welfare. *Stree Shakti* camps were organised with a focus on these areas. Moreover, camps were conducted using existing infrastructure and personnel of various departments and also services of NGOs. This reduced the cost of the programme. The details of Good Practices are discussed below.

Pre-Camp Survey and Awareness Campaigns

Each camp was preceded by a pre-camp survey in the community. The staff of local collaborating NGO, which had good rapport with the community, conducted these surveys. Through the survey, women and children having illness/ailment and who were in the need of medical care were identified and registered for the camps. Prior to the camps, to sensitise the target group, awareness campaigns were also organised in the surrounding

locality. The *Stree Shakti* camps were specially focused on women and children. The camp was not open to all or even to all women and children in the locality, but only to those who registered themselves in each pre-camp survey.

Sensitivity towards Beneficiaries

The camp locations were carefully chosen so as to enable easy access to women and children. Most of the camps were organised at the campus of the public institutions like schools, health centres, hospitals or other Government institutions. Further, the layout of the camp and its interiors were designed in such a manner that it created an environment which was interesting and attractive for women and children. At the camp sites, other services such as nutrition counselling and legal counselling were also provided through special sessions.

Further, the camps were organised on Sundays, which helped in preventing loss of wages for the camp participants as well as ensured full attendance at the camps. The camps were conducted at regular intervals with a good geographical spread in the entire State of Delhi over a period of five years.

Post Camp Follow-up

A strong link-up of post-camp referral service for the beneficiaries was provided. Patients participating in the camps and who required further treatment in hospitals were issued *Stree Shakti* Cards which enabled them to gain easy access to services of Government hospitals in Delhi. These cards also helped the women patients in obtaining healthcare on priority basis without any costs. The Gender Resource Centres (GRCs), run by the NGOs and located in the community, ensured continuous post-camp follow-up for the patients.

Involving NGOs and Community Based Organisations

NGOs have better rapport with the community and CBOs with whom they work. In the *Stree Shakti* project, NGOs are partners. This helped in reaching out to the community and identifying beneficiaries. NGOs were given integrated responsibility of camp management. Private medical professionals were also involved in the camp activity.

How the Good Practices Helped

First, the process of pre-registration with special focus on women helped in identifying the health needs

for planning the health camps. It also ensured the inclusion of women having specific health problems which remained ignored for a long time. It, therefore, also enabled the design of the camp activities which were 'women focused'. Further, awareness campaigns helped in sensitising the beneficiaries about the camps and mentally prepared them to attend the camps and avail health services.

Second, as the camp organisers had a definite idea about the number of participants, they could organise the camp logistics in a very effective manner. It helped to prevent overcrowding during the camps, and give quality time to each patient during the camp. Moreover, it gave satisfaction to the women patients since their health problems were addressed by the doctors. Third, the strategy immensely helped in making the camps popular among women who also had limited time on hand to devote to this activity.

Further, camp organisers from Department of Social Welfare ensured that they had adequate support from political establishment, and high echelons of the bureaucracy of the State Government. This ensured that all participating officers and employees of all departments put in their best to make the camps successful.

Follow-up facilities not only further consolidated the developmental gains achieved by the camp but also became attraction of the camp.

During the period 2002-07, about 490 camps were organised in different parts of Delhi, which benefited more than 316,000 women.

Through the diagnostic camps, about 45,000 women were identified who required further attention. These women were referred to the Government hospitals for further specialised treatment, free of cost.

Replicability and Limitations

The Good Practice uses the available Government resources with little monetary inputs and by involving local NGOs. Hence, the Good Practice has the potential to get replicated elsewhere.

There are certain limitations to the Good Practice discussed above.



First, political will is needed to sustain the activity. As this activity is not a regular one with proper budgetary support, it draws on resources from different Government departments and agencies, and it requires a high level of mutual understanding and co-ordination.

Second, ensuring such a high level of mutual understanding and coordination in a short period (which otherwise is work based on rigid rules) requires constant support from the highest level of functionaries (political and administrative) who have vision and authority. This condition proves a serious limitation for the Good Practice.

Third, if the camps are to succeed, good linkages with referral hospitals are needed. In the absence of such referral services, the credibility of the camps will be eroded.

And lastly, since a camp and campaign are not regular events, they enthuse all involved which contributes to its success. On the other hand, routine institutional mode of working (such as GRCs) could tend to slip into the trap of in-efficiency and non-effectiveness if the enthusiasm and commitment behind it is not sustained.

Additional Information

Sector	Health (Gender Focus)
Scheme/Initiative	<i>Stree Shakti</i>
State	Delhi
Concerned Agency or Department	Department of Social Welfare Government of NCT of Delhi
Year	2001-2002
Contact Details	The Stree Shakti Cell Department of Women & Child Development Government of NCT of Delhi 1, Canning Lane, Kasturba Gandhi Marg New Delhi – 110 001 E-mail: jddsw@nic.in Webpage: http://delhigovt.nic.in/shakti.asp http://wcddel.in/streesakti.html

2.7 Delivery Hut: 24 X 7, Quality Institutional Delivery Facility at Sub-Centre Level

Good Practices in Nutshell

Good Practices involve strengthening of the sub-centres at the village level, by way of improving the infrastructural facilities and increasing availability of human resources with an intention to provide 24x7 services. This is aimed at increasing the proportion of institutional deliveries and hence, reduce mortality and morbidity among mothers and infants.

Challenge of Providing Antenatal and Intranatal Care

In India, it is often claimed that public health sector is given a low priority. Over the period of last 25 years, spending on public healthcare has decreased from 1.07 percent in 1980-81 to merely 0.83 percent of the total GDP in the year 2004-05.⁵⁹

As a result of this low spending due to budget limitations, Central and State Governments are short of health resources as compared to the accepted norms, especially related to services and human resources in the public health sector. The public health system suffers due to poor infrastructure, insufficient and inadequate facilities, and shortfall of human resources to cater to the needs of people, especially the poor at all levels: from most peripheral, that is, sub-centre level to tertiary, that is, CHC level.

Due to various limitations and constraints, public healthcare facilities and services also have poor coverage across all the States. In the year 2005, the total shortfall in public healthcare facilities at the national level was significant. It was reported that there were 19,269 sub-centres, 4337 PHCs and 3206 CHCs, which was less than the numbers required by the norms.⁶⁰ Further, there are inter-State disparities in

public healthcare facilities and there also exists a wide gap between rural and urban areas.

According to NFHS-3, only 51 percent pregnant women received antenatal care while only 41 percent deliveries were conducted in institutions. In rural India, only 31 percent deliveries are institutional, while in urban areas, it accounts for 69 percent.⁶¹ Thus, the rural areas fall far behind in getting access to important health services like antenatal care, postnatal care and child care.

Since a large number of pregnant and lactating mothers are deprived of antenatal, intranatal and postnatal healthcare of good quality, they are the worst sufferers. It has been the major cause underlying high rates of maternal as well as infant morbidity and mortality. Thus, it is a major challenge to provide institutional intranatal care (that is, institutional delivery) as well as good antenatal care to a large number of expecting mothers spread out in the vast country.

Infrastructure and Its Limitations

India has developed a three tier rural healthcare system. The sub-centre is the most peripheral facility and the first contact point between the community and public health system. As per the set norms, a sub-centre caters to a population of about 5000 in plain areas. The PHC forms the second tier of the system and is envisaged to provide an integrated curative and preventive healthcare, typically to serve a rural population of about 30,000 in plain areas.

However, in practice, there is a big difference between the set norms and actual population catered by each tier of the rural health system. As per the data available till September 2005, in Haryana, on

⁵⁹ National Coordination Committee, Jan Swasthya Abhiyan (2006) *Health System in India: Crisis and Alternatives, Towards the National Health Assembly II* Booklet 2, First Edition

⁶⁰ Government of India, Ministry of Health and Family Welfare (2006) *Bulletin on Rural Health Statistics in India 2006*, Chapter 2, Table 12 Shortfall in Health Infrastructure, as per 2001 Population in India (As of September 2005)

⁶¹ International Institute for Population Sciences, *National Family Health Survey-3, 2005-2006, National Fact Sheet India (Provisional data)*, Mumbai <http://mohfw.nic.in/factsheets%20pdf/IN.pdf> (viewed on 26th March, 2008)



an average, a sub-centre covered a rural population of 6,177 while a PHC covered a rural population of 36,836. In terms of number of villages, on an average, a sub-centre served three villages (or an average area of 17.65 sq. km) and a PHC served 17 villages (or an average area of 105.22 sq. km).⁶²

Further, until recently, there was no comprehensive set of standards prescribed for the vast network of public health institutions. For the first time, an effort has been made under NRHM to prepare IPHS for these peripheral institutions in the rural areas of the country. The recently released IPHS guidelines have made provision of 24×7 institutional delivery facilities at PHC,⁶³ CHC,⁶⁴ sub-divisional hospital,⁶⁵ and district hospitals.⁶⁶ The process is underway to establish such facilities under various programmes.

However, the sub-centre, which is the first contact point in the rural healthcare system, neither has infrastructural facilities for conducting 24×7 delivery services, nor is there a provision for trained personnel. The sub-centres also lack active referral and transport facility.

Limitations of Available Facilities

It is reported that out of the total deliveries, about 85 percent deliveries are normal while remaining 15 percent deliveries develop last minute complications which cannot be predicted during antenatal check-ups. Hence, timely detection of complications just before or at the time of delivery is necessary. The complicated deliveries require attendance of trained personnel such as an ANM or a doctor along with certain equipment for saving the life of the mother and the newborn.

In the given state of infrastructure described above, the patients with complicated delivery conditions from far off villages have to travel long distances to reach the nearest PHC or other health institution. Further, there are no active, coordinated referral system and transport facilities available at sub-centre level to help the patient access facilities at PHC in time. Hence, in

most cases of complicated deliveries, needy patients cannot access or utilise the institutional delivery facilities at PHC or CHC.

Arranging transportation for such emergency cases to referral facilities (PHC and CHC) in very short warning period is difficult in rural areas and valuable time can be lost in transportation. This may put the life of the mother and newborn in danger.

However, at the same time, some disadvantages of, or negative points from the point of view of rural women also contribute to the problem. It is reported that rural women who are not much exposed to the outside world, find institutional settings uncomfortable and often unfriendly. Also, the behaviour of the institutional staff who have no connection or acceptability towards these women or their families, do not treat these women with due care and respect. As a result, the rural women develop certain prejudices against institutional delivery.

Thus, rural women prefer to have the delivery at home rather than at an institution for the following main reasons:

- (a) Poor status of public healthcare facilities
- (b) Lack of active transportation and referral services
- (c) Unfriendly environment.

Socio-cultural barriers working against institutional and modern care practices also promote home delivery. However, such deliveries are often conducted by local *dais* (TBAs) or untrained women from the family or village, and are often conducted in unhygienic environment.

The home deliveries also have other crucial consequences, like:

- (a) Deliveries conducted at home result into poor antenatal/neonatal/postnatal care. In absence of qualified professional help to conduct the delivery, only traditional wisdom of old family members and/or village elders is available to undertake

⁶² Government of India, Ministry of Health and Family Welfare (2006) *Bulletin on Rural Health Statistics in India 2006*, Chapter 2, Table 44 Average Rural Area and Average Radial Distance Covered By Primary Health Care Institutions (As of September 2005)

⁶³ Government of India, Ministry of Health and Family Welfare (March 2006) *Indian Public Health Standards (IPHS) for Primary Health Centre Guidelines (Draft)*

⁶⁴ Government of India, Ministry of Health and Family Welfare, *Indian Public Health Standards (IPHS) Community Health Centres Level Draft Guidelines* http://www.mohfw.nic.in/NRHM/Task_grp/Task_group_IPHS.pdf (visited on 26th March, 2008)

⁶⁵ Government of India, Ministry of Health and Family Welfare (2007) *Indian Public Health Standards (IPHS) for 51 to 100 Bedded Sub-district / Sub-divisional Hospital Guidelines (Draft)*

⁶⁶ Government of India, Ministry of Health and Family Welfare (2007), *Indian Public Health Standards (IPHS) for 201 to 300 Bedded District Hospital (Draft)*

antenatal/neonatal/postnatal care. This is often not adequate.

- (b) Early detection of complicated cases becomes difficult.
- (c) Deliveries at home, often lead to neglect of registration of birth or death. When a child is born at home, the family members are not keen about getting the birth registered. Similarly, if a neonate dies or if there is still birth, it is not always recorded. Registration of every birth and death is important as it helps in detecting the lacunae in the health system and for planning the interventions.

24×7 Institutional Delivery Services at Sub-Centre Level

The Good Practices in this case study are part of the Delivery Hut scheme initiated by the Department of Health, Government of Haryana in the year 2005. The objective was to provide safe delivery services in clean, hygienic and women friendly environment. With the view of increasing proportion of institutional deliveries and to reduce the maternal and infant mortality rate, round the clock (or 24×7) service was thought to be necessary.

Pregnant women require both emotional and physical support during child birth. Studies show that women feel secure and safe in their own vicinity. Keeping this in view and to make the institutional delivery services widely accessible, it was important to provide the service at the local level. Hence, sub-centres with residential ANM were selected to provide the delivery hut facility within the village. The State Government took several measures for successful and effective implementation of the scheme. These key measures—viewed as Good Practice—are discussed here.

Upgradation of Existing Sub-Centres using State Funds

Taking into consideration the need to ensure availability of the institutional delivery facilities 24×7 at the sub-centre level, the State Government decided to undertake renovation and upgradation of the existing infrastructure at the sub-centre level.

The State Government focused on optimum utilisation of the existing public health facilities and infrastructure on 'as-is-where-is' basis. Only the existing buildings of sub-centres were renovated and no new construction was permitted. The State Government made separate

budgetary allocation for the upgradation of the existing sub-centres and allocated funds from the State plan at the rate of Rs. 100,000/- per sub-centre to bring up one delivery hut. This fund was provided for minor civil works in the existing buildings, for upgradation of electricity and water facilities, and also for back-up in the form of emergency light or an inverter.

Capacity Building and Provision of Additional Staff

To ensure quality service, it was equally important that the ANM is able to handle not only normal deliveries but also the obstetric emergencies. For this, the ANMs were provided comprehensive training at the block and district levels to understand and deal with obstetric complications. This enabled the ANMs to make timely decisions on referring emergency cases to the next level facilities.

To ensure 24×7 service, it was essential that the staff is available in the new facility round the clock and on all days. Therefore, to strengthen the healthcare services in each delivery hut, an additional ANM was hired on contract basis under the RCH-II programme.

Each delivery hut also has a provision to hire a helper to assist the ANM in counselling the pregnant women. An effort has been made to engage the services of local *dais* as a helper to assist for conducting deliveries, and to build their capacity so that they can handle the emergency cases even in the absence of ANM.

Transport of Emergency Cases

The ANM at sub-centre is authorised to arrange for the transportation of patient suffering from any kind of obstetric emergency to the nearest referral unit. The pregnant woman or her relatives do not have to make any payment for such transportation. The ANM has been provided with untied funds to meet the cost of transportation for obstetric emergency cases. These untied funds are held in a joint account in the name of the ANM and a woman Panchayat member from the village.

How Good Practices Helped

The delivery hut scheme and related Good Practices have helped in many ways.

First, by establishing the delivery hut in the sub-centre, easy access to quality delivery services is provided



at the nearest possible location within the existing limits of the public healthcare system. Second, hiring of local *dai* potentially can help in better community outreach and publicity of the facility. It can also help to overcome barriers created due to traditional mindset that discourage institutional delivery.

Further, hiring of additional staff (ANM or a helper) at the sub-centre ensured that the service can be made available on 24x7 basis. It also helped to build the confidence among the people to fully rely on these services.

In addition, with availability of transport service, complicated cases could be referred on time to the referral units for further specialised treatment. Untied funds with ANM make it easy to transport emergency cases. Apart from creating more confidence in the minds of potential mothers, timely treatment of complicated cases by competent professionals also helps to reduce mortality and morbidity rates among mothers and infants.

The Government department provided some data to indicate the performance of the scheme:

- In all, 476 delivery huts have been established in all 20 districts of the State during the period August 2005 to January 2008.
- In all, 44,019 deliveries were conducted in the delivery huts and 6,633 high risk cases were referred.
- Increase in institutional deliveries was observed from 23 percent in 2005 to 54 percent in 2007.

- 91 percent newborns were administered zero polio dose while 85 percent given BCG vaccine.
- Birth certificates issued to 91 percent children born in delivery huts.

Replicability and Limitations

The Good Practices involved in the delivery hut scheme could be replicated in other areas, as they build on the available public health infrastructure and human resources, and strengthen the facilities at grassroots level.

However, the scheme is entirely a State Government's initiative, and the Government has to maintain its proactive role for continuance of the scheme, otherwise, it may not sustain. The scheme is dependent on the funds allocated by the State Government. Hence, these allocations must continue for the scheme to function properly.

Availability of well-trained human resource (in this case the ANMs) and provision of additional staff are essential features of the scheme. However, these measures involve the provision of additional funds which may have implications for replication of the practice.

The scheme and the Good Practices should be looked at as an important step forward. However, the scheme needs to be further supported by strengthening of higher level referral units. Without the strengthening of these referral units, the scheme could be successful in increasing the proportion of institutional deliveries, but might not be very effective in reducing obstetric morbidity and mortality.

Additional Information

Sector	Health (Gender Focus)
Scheme/Initiative	Delivery Hut
State	Haryana
Concerned Agency or Department	Department of Health and Family Welfare Government of Haryana
Year	July 2005
Contact Details	Financial Commissioner and Principal Secretary Department of Health, Government of Haryana R. No. 505, New Haryana Civil Secretariat Sec. 17, Chandigarh Directorate of Health Services Government of Haryana SIHFW Building Sector 6, Panchkula Haryana – 134 127

2.8 Making the Semester System Viable through Innovations in Examination Related and Human Resource Related Practices

Good Practices in Nutshell

The Good Practices involve three types of innovations to make the semester system viable: innovations in examination related practices and use of technology, and innovative human resource related practices.

The Core Problem

Examinations and assessment are crucial parts of any education process. In India, the Education Boards conduct public examinations at critical stages (Class X and XII). There are 34 Boards of School Education recognised by the Department of Education, Government of India.⁶⁷ These Boards assess all students appearing for the public examinations across a particular geographical region (within a State or the entire State). The assessment of students by these Boards is critical and accepted as the standard all over the country.

As a consequence, performance in the examinations conducted by the Boards is a crucial determinant for careers of students. This requires that these examinations are appropriate tools of assessment and provide true assessment of students.

Conventional Practice

Nearly all examinations boards in the country follow the Annual Examination system for the public examinations conducted by them. In this system, the board conducts one public examination at the end of the academic year. The examination papers for each subject include questions based on the entire yearlong syllabus. Generally, the students get three hours to solve the examination paper for each subject.

Limitations of Conventional Examination Practices

Unfortunately, the annual examinations conducted by the board become one of the major causes of stress during the student life. For the examination at the end of the year, students are burdened with simultaneous study of the entire syllabi of about seven to eight subjects (papers) taught over a period of one full year, and further, they are to be tested for this entire syllabus of all papers at one go and within a period of 10 to 15 days. As a result, the academic future of students depends on how she or he performs in three-hour tests only once in a year. Thus, the students come under severe stress during the annual examination process. This creates a negative impact on the students' performance. In effect, the annual examination system does not provide true assessment of the students.

According to the recommendations of the National Focus Group on Examination Reforms,⁶⁸ it is unjustified to declare a student pass/fail based on a single shot three-hour public examination. Due to the above reasons, the system of conducting a single, three-hour, year-end examination to assess a student's performance in the entire year is inefficient, inappropriate and hence, unfair.

In the light of the pressure to perform well in single examination and of the heavy curricular burden, parents see participation in co-curricular activities such as sports, annual gatherings and exhibitions as a waste of time and discourage students from such activities.

⁶⁷ Government of India, Ministry of Human Resource Development, Department of Secondary and Higher Education (Undated) *List of Recognized Boards* <http://www.education.nic.in/boards.asp> (viewed on 26th March, 2008)

⁶⁸ The National Focus Group on Examination Reforms was appointed in the context of National Curriculum Framework (NCF 2005) by NCERT.



The examination related practices create a feverish atmosphere, leading to anxiety among students. The stressful examinations engender high failure rates. The failure rate in most of these boards ranges from 40-60 percent.⁶⁹

Failure in the annual board examinations may result in the end of formal education for the student, especially for poor students and girl students. In the present age of high competition, the examination stress and failure in the examination, sometime lead to tragic incidences such as suicide.

Suggested Examination Reform

In response to this situation, examination reforms have been suggested by various committees and commissions appointed by the Government of India from time to time.

The National Policy on Education, 1986 considered examination reforms as a means for improvement of quality of education. The policy recommended several examination reforms including introduction of the semester system from the secondary stage in a phased manner and use of grades in place of marks.⁷⁰

In the semester system, the one-year syllabus is divided in two semesters and separate examinations are conducted for each semester. As a result, students are required to appear for examination based on shorter course content for each semester, thereby reducing the workload on the students. Further, the system potentially can inculcate regular study habits and students can learn at their own pace.

Barriers in Implementation of Suggested Reform

Although, several States and universities have already taken up steps for examination reform, the progress has been piecemeal and a need for orderly progress towards examination reforms has been expressed.⁷¹ Despite

the general agreement on the various advantages of the semester system, for various reasons, there is almost no progress in its implementation in the board examinations. Various boards have not paid due efforts to this end. Instead, the boards continue with the annual examination system.

Some of the reasons cited for non-implementation of the reforms are as follows:

As the semester system requires conducting separate examinations for each semester, there is an increase in the cost of conducting examinations. Introduction of the semester system also increases workload of conducting examinations on teachers and the board staff. Examination boards do not have adequate human resources and facilities to shoulder the increased (double) workload.

The semester system also demands timely completion of the syllabus in a short semester, and preparation and announcement of examination results in a short time span, before the next semester begins. The absence of administrative capability on the part of the board to undertake this has also affected implementation of the reform.

The semester system also requires that the syllabus be completed in time. However, the shorter period of six months available for teaching, results in reduction of time cushion to absorb and allows delays; hence, teachers find it difficult to complete syllabus in time. Shortage of teachers coupled with teachers' absenteeism further aggravates the barriers to timely completion of syllabus expected in the semester system. The increased burden and problems prompt opposition and resistance by teachers' unions and unions of the board staff, effectively making implementation of the semester system impossible.

⁶⁹ National Council of Educational Research and Training (Undated) *Reducing Examination Stress Among Students* http://www.ncert.nic.in/sites/Variables/Examination_Stress_among_Students.htm (viewed on 26th March, 2008)

⁷⁰ Government of India, Ministry of Human Resource Development, Department of Education (Undated) *Compilation on 50 years of Indian Education: 1947-1997* <http://education.nic.in/cd50years/g/52/C6/52C60I01.htm> (viewed on 26th March, 2008)

⁷¹ Government of India, Ministry of Human Resource Development, Department of Education (Undated) *Compilation on 50 years of Indian Education: 1947-1997* <http://education.nic.in/cd50years/g/T/H4/0TH40C02.htm> (viewed on 26th March, 2008)

Preparation for Implementation of the Semester System

In January 2005, the Board of School Education, Haryana constituted a core committee consisting of education experts for accomplishing the scheme of examination reforms in the schools of Haryana. Among others, the committee included experts from NCERT, Indira Gandhi National Open University (IGNOU), Council of Boards of School Education (CBSE), and Educational Consultants India Limited (EDCIL), a Government of India enterprise offering consultancy services in all areas of education.

The mandate of the committee was to deliberate on every relevant aspect of the semester system and to prepare a report incorporating all details pertaining to it. The report was to serve as guidelines for the implementation of the semester system. The committee submitted its report in November 2005.

Based on the recommendations of the committee, the Board introduced semester system with effect from the academic year 2006-07 in the public examinations conducted by it and became the first School Education Board in the country to introduce the semester system.

Making Semester System Viable: Good Practices

In order to make the implementation of semester system a viable proposition, Haryana Board took several measures which could be seen as Good Practices.

Use of Multiple Choice Questions (MCQs) for the First Semester Examination

Facilitating faster and smoother conduct of the first semester examination was necessary to keep the workload to least possible level. To this end, the Haryana Board took a decision to conduct test only with objective type questions (or MCQs) for all the subjects for the first terminal examination, conducted at the end of first semester. However, the second terminal examination, conducted at the end of second semester, was to have questions with descriptive type answers. The Board gave 40 percent weightage to the first semester and 60 percent weightage to the second semester.

Use of Computerised System for Checking MCQs

The decision to include only objective type questions in the first semester examination enabled the Board

to computerise the whole process of checking answer papers of the first semester examination. Thus, there is no manual checking of the answer papers for the first semester examination.

Conducting All Examinations Twice a Year

Examinations for all the papers of both the semesters are conducted twice in an academic year, once in August-September and then again in February-March. However, no drastic changes were made in the academic calendar to implement the semester system.

Confidence Building Measures

Full cooperation from teachers is a vital pre-requisite for successful implementation of semester system. To discuss the new system in detail with the teachers, three conferences of Principals, Head Masters/Head Mistresses were organised.

In addition, at the district level, workshops were held to train teachers in the new system. The Board also circulated detailed guidelines to all the concerned schools and gave publicity to the new system to clear any apprehensions.

The teachers were directed to train the students. All schools were provided with sets of sample MCQ papers so that they could train the students to solve such questions.

A massive campaign for publicity of the system was planned to generate awareness about the new system at all levels including: Educational Administrators at the State level (Director of School Education), district level (District Education Officers, Sub-Divisional Education Officers, etc.) and school level (Principals and Heads, Teachers), Boards officers/officials at all levels; parents/guardians, community at large and students.

Support of different Government departments such as Department of School Education and Department of Public Relations was sought for the campaign. In addition, EDUSAT facility and tele-conferencing was also used to train teachers, school principals and conduct meetings with officials.

Recruitment of Additional Teachers

To complete teaching of the entire syllabus during each semester, so that the examinations could be conducted as scheduled, was very critical. Hence, having sufficient



number of teachers was essential for the timely completion of the syllabi. To overcome the problem of shortage of teachers in Government schools, it is necessary to appoint additional teachers.

However, appointing new teachers is often a lengthy and time consuming process. To address the problem, the State Department of Education allowed appointment of temporary teachers and issued detailed procedural guidelines for the same. No compromise with quality /qualification was to be made while appointing these temporary staff. These teachers were paid salaries similar to those given to regular teachers. By following the process, the Education Department appointed 17,000 new teachers and as a result, performance of the system was not allowed to be adversely affected by any shortage of teachers.⁷²

Synergy between Department of Education and Board of School Education

Two State level agencies, Department of Education of the State Government and the Board of School Education, were concerned while taking education policy decisions involved here. While the Board can make policy recommendations and plays a key role in implementation of any policy decision, the Department of Education has authority to take any policy level decision.

Therefore, to introduce and implement the examination reforms effectively, a good level of synergy between the Department of Education and the Board of School Education was necessary. In Haryana, at the time of conception, introduction and implementation of the semester system, it was possible to achieve required co-ordination and synergy. This was because both the agencies were headed by the same official. The Principal Secretary, Department of Education, was also handling the charge of the Chairman of the Board.

This factor also greatly facilitated in garnering political support, effective co-ordination and monitoring of the process. As a result, the process was not stuck in bureaucratic hurdles and both agencies could understand each other's position in a constructive manner and formulate ways that led to implementation of the examination reforms in the State.

Ultimately, the strong will and persistent efforts on the part of the top level officials concerned and support from the political machinery made it possible to introduce the examination reforms in the State.

Advantages of Good Practices

The Good Practices helped the Board to implement the semester system in many ways. For example, only MCQ type examination papers for all subjects in the first semester examination allowed computerisation of the paper checking process. This reduced the possible additional work burden on teachers. Further, this also limited the additional workload on Board staff and facilitated timely declaration of results.

Second, by conducting examination two times in a year for all the papers provided flexibility to students in re-appearing for the examination and reduced stress on the students by providing opportunity to clear the backlog in the same year.

Third, intensive communication and interaction with teachers helped to diffuse their opposition to the implementation of the examination reform. Finally, by appointing temporary teachers, additional human resources were made available to reduce the burden on individual teachers. This, in turn, ensured that the syllabus for each semester would be completed in time.

Table 2.8.1: Impact of Semester System⁷³

	2004	2005	2006	2007
Middle Exams (Class VIII)	54.21%	54.57%	54.86%	66.59%
Secondary Exams (Class X)	58.89%	57.26%	57.17%	67.74%
Sr. Secondary (Class XII)	48.96%	51.41%	52.64	68.57%

*Semester System was introduced from academic session 2006-07

⁷² Personal communication with Mr. Gujral, Principal Secretary, Department of Education, Government of Haryana

⁷³ Adopted from Department of Education, Government of Haryana Semester System: An Appraisal

The semester system was introduced with effect from 2006-07 from classes VI to XII. The Education Board of Haryana became the first Board in the country to introduce semester system in the public examinations conducted by the Board.

A remarkable improvement in the passing percentage of students was observed in the same academic year in which the new system was introduced. Based on the available results for the year 2007, there is a positive change in the passing percentage of students in comparison with the results of three successive years before the introduction of semester system in examinations at all three levels.

As indicated in Table 2.8.1, the pass percentage for all categories has improved. The Board of School Education, Haryana also observed that:

- Rural students have gained more than urban students have.
- Average marks and percentage of passed students have increased for all subjects.
- Difference between Government schools and private schools (in both average marks and percentage of students passed) has narrowed down in each subject.

Replicability and Limitations

Both the Good Practices are easily replicable in school examinations in other States. However, Education

Boards may require financial support to take the burden of conducting additional examinations. Moreover, the boards would also require political support to implement such a reform. The Board of Education would be handicapped without active support from the Department of Education.

The decision of introduction of MCQs for all subjects in first semester is useful from an administrative point of view. However, the first semester examination is totally objective in nature and comprises only MCQs. This is a controversial decision from an academic perspective.

Postscript⁷⁴

The Board of School Education, Haryana has taken note of the controversial nature of their decision to restrict only to MCQ type question papers for first semester. The Board has revised its decision, making the first semester examination descriptive similar to the second semester. Accordingly, the first semester examination will now include all kinds of questions instead of only objective type MCQs. There will be some MCQ type questions, but the number will vary from subject to subject, depending on the nature of the subject and the decision of the various subject committees. As a result, the marking will have to be done manually. To reduce the workload of paper examiners, the Board is planning to increase the number of examiners and evaluation centres for on-the-spot evaluation. This change is planned to be effective from academic session 2008-09.

Additional Information

Sector	Education
Scheme/Initiative	Examination Reforms
State	Haryana
Concerned Agency or Department	Board of School Education of Haryana, Bhiwani Department of Education, Government of Haryana
Year	2006
Contact Details	Director (Academic) Board of School Education of Haryana Hansi Road, Bhiwani Haryana – 127 021

⁷⁴ Personal communication with Dr. Kuldeep Agarwal, Director, Academic, Board of School Education of Haryana, dated 22nd February, 2008

2.9 Using Satellite Facilities Effectively for Distance Education

Good Practices in Nutshell

Rapid expansion of EDUSAT network to cover the entire gamut of education with systematic efforts for content generation and integration with institutional teaching.

The Core Problem

Since independence, education has been visualised in Government policies as a critical pre-condition for national development as well as to better quality of life. The 86th Constitutional Amendment Act (2002) made education a fundamental right for children in the age group of 6-14 years. Thus, universalisation of education has been a top priority of the Government. Apart from universalisation of elementary education, ensuring access and quality of education is also an important issue.

The number of universities in the country increased from a mere 28 in 1950-51 to above 300 in year 2005, and the number of colleges from less than 700 to over 16,000. The enrolment in higher education swelled from less than five lakh in 1950-51 to above one crore.⁷⁵ Though, the absolute number of teachers grew tremendously over the last 50 years, in real terms the number of teachers has fallen steadily over time. The pupil-teacher ratio at elementary level decreased from 35.56 in 1950-51 to 48.5 in year 2004-05.⁷⁶

As stated in the report of Working Group on Elementary Education and Literacy for the Eleventh Five Year Plan, shortage of teachers, para-teachers, single

teacher schools, multi-age grade schools characterise much of the existing school system. Problems such as inadequate number of teachers combined with shortage of good teachers persist from primary to higher levels of education. A report by UNESCO Institute of Statistics suggests that to provide elementary education to all children by 2015, India will need greatest inflow of new teachers—more than two million.⁷⁷

It is estimated that by the end of year 2007, in the case of secondary education, there will be an addition of about 6.9 million students requiring an additional 130,000 new teachers and about 34,500 new school units. The lack of good qualified teachers has affected performance, and failure rates are high in mathematics, sciences and English at secondary school level.⁷⁸

The rural areas especially continue to suffer from lack of good educational facilities. The combination of lack of adequate rural educational infrastructure and non-availability of good teachers in sufficient numbers adversely affect the efforts made in education.⁷⁹

Conventional Distance Education Programmes

The distance education approach is seen as a potential solution to overcome some of the hurdles for achieving universal education and has a long history in India. The policy concerns of distance education at the national level can be discerned mainly from the Programme of Action, 1992, and the Report of the Central Advisory Board of Education (CABE) Committee on Distance

⁷⁵ Tilak, J. (2005) Financing Higher Education, *The Hindu Business Line*, 23rd December, 2005 <http://thehindubusinessline.com/2005/12/23/stories/2005122300141100.htm> (viewed on 3rd July, 2007)

⁷⁶ Govinda, R. (2007) *Country Profile commissioned for the Education for All Global Monitoring Report 2008, Education for All by 2015: Will we make it? India Country Case Study* <http://unesdoc.unesco.org/images/0015/001555/155523e.pdf> (viewed on 23rd November, 2007)

⁷⁷ UNESCO Institute for Statistics (2006) *Teachers and Educational Quality: Monitoring Global Needs for 2015* Montreal, Canada <http://www.uis.unesco.org/TEMPLATE/pdf/Teachers2006/TeachersReport.pdf> (viewed on 26th March, 2008)

⁷⁸ Jain, P. K. (2006) *Benefits of Communication and Broadcasting Satellites: EDUSAT Utilization Programme of ISRO* (PowerPoint Presentation shown at Space Research Forum, Hanoi, Vietnam, 4th March, 2006) http://www.aprsaf.org/data/w_sea_data/March4%20Presentations/4_5Jain.pdf (viewed on 26th March, 2008)

⁷⁹ Indian Space Research Organisation (2004) *Conference on EDUSAT: Background to Press*, Bangalore, 23rd July, 2004 www.isro.org/pressrelease/Jul23_2004.htm (viewed on 26th March, 2008)

Education, 1994.⁸⁰ The National Policy on Education (1986) stated, 'The future thrust will be in the direction of open and distance learning.'

Both television and radio media have been used for broadcasting distance education programmes since 1975. With the launch of Indian National Satellite System (INSAT) series in 1983, the University Grants Commission (UGC) started Countrywide Classroom programme in 1984. The programme was made available to students, teachers, scholars and general public with the support of Ministry of Information and Broadcasting through the Doordarshan network.⁸¹ In year 2000, IGNOU, in collaboration with the Ministry of Human Resource Development started Gyandarshan, an educational channel.

On 20th September, 2004, Indian Space Research Organisation (ISRO) launched a satellite, Educational Satellite (EDUSAT), dedicated to provide education services. India became the first country in the world to have a satellite reserved exclusively for educational purpose. The EDUSAT programme is a collaborative project of ISRO, Ministry of Human Resource Development and concerned State Governments.

It was expected that more than 30 networks would be operational in 20 States by end of March 2006.⁸² Several States have already started their regional channels using the EDUSAT facility. By end of July 2006, there were 21 operational EDUSAT networks in the country with total 8530 terminals.⁸³ The various regional networks cater to the needs of education at different levels such as teachers training, primary education, college education, technical and higher professional education.

Distance Education Programme: Conventional Practices

The limitations of conventional practice arise largely from the practices and methodologies adopted by

regional EDUSAT networks. These conventional practices can be broadly described along the following different parameters:

Scale and Scope of Network

The scale of the EDUSAT regional networks in any given State is limited to operations to a few districts/institutions or a particular university. These networks do not cover all schools or colleges in any given State. Further, many networks do not cover the entire gamut of education, that is, from basic primary education to higher technical education.

Subject/Topics Covered

In addition to limited geographical coverage, only a limited number of topics are covered for a limited number of subjects using EDUSAT facility. While some networks keep the schedule of telecast ready up to one month in advance, others declare the topic and subject to be covered at the last minute through live announcement.

Time of Broadcast or Telecast

The experience so far is that the timings of the broadcast clash with regular classes or set at odd hours. The Countrywide Classroom Programme of the UGC also suffered from odd timing of telecast. In the early years of the programme, the UGC occupied one hour of noon time telecast every day on Doordarshan and when one more hour was made available by Doordarshan, the same set of packaged programmes were repeated. Later, the Countrywide Classroom slot was moved to breakfast time. As an incentive for it to move from its prime position, more time was given, including a slot at midnight.⁸⁴

As noted by Padmaja Shaw, Executive Director, MANA TV, "This has been a serious problem in India from the time of earliest projects in 2004, on both radio and TV. Whether it is the Countrywide Classroom project of the

⁸⁰ Prasad, V. S. (2001) Distance Education in India: Present Scenario and Future Horizons *The Newsletter of Commonwealth Educational Media Centre for Asia: The Commonwealth of Learning*, Guest Column, Vol. 6, No. 3, June 2001 <http://www.cemca.org/newsletter/jun2001/jun2001.htm> (viewed on 26th March, 2008)

⁸¹ Madhu, K. P. (2007) Role of Satellites in Distance Education: A Critical Perspective on the Indian Experience *Online Journal of Space Communication*, Issue No. 11, Spring 2007 <http://satjournal.tcom.ohiou.edu/Issue11/madhu.html> (viewed on 26th March, 2008)

⁸² Jain, P. K. (2006) *Benefits of Communication and Broadcasting Satellites: EDUSAT Utilization Programme of ISRO* (PowerPoint Presentation shown at Space Research Forum, Hanoi, Vietnam, 4th March, 2006) http://www.aprsaf.org/data/w_sea_data/March4%20Presentations/4_5Jain.pdf (viewed on 26th March, 2008)

⁸³ Dr. John (2006) *Overall View of EDUSAT Implementation Programme* (PowerPoint Presentation Shown at National Seminar on Effective Utilization of EDUSAT Network, 3rd August, 2006, Trivandrum) http://www.education.kerala.gov.in/national_seminar/Dr.%20John%20-%20Edusat%20Programme.pdf (viewed on 26th March, 2008)

⁸⁴ Madhu, K. P. (2007) Role of Satellites in Distant Education: A Critical Perspective on the Indian Experience *Online Journal of Space Communication*, Issue No. 11, Spring 2007 <http://satjournal.tcom.ohiou.edu/Issue11/madhu.html> (viewed on 26th March, 2008)



UGC or radio lessons, the edu-media initiatives have been plagued by non-availability of sets in institutions, transmissions during school hours while schools either do not have the sets or do not allow access to the sets. *(There is) mismatch between school times and transmission schedules.*⁸⁵

Content Development

Content development is one of the most crucial and challenging components for effective implementation of distance education. Due to a conscious decision of limited expansion, many networks under EDUSAT programme were launched without laying down strong foundations of content development procedures and methodology.

Monitoring

Many of the existing networks do not actively monitor the number of colleges and schools logging in to view EDUSAT programmes.

Limitations of Conventional Practice

EDUSAT essentially is a facility for distance education. Since most of the existing EDUSAT networks have limited expansion, the programmes do not reach all parts of the respective States and the remote areas remain deprived of the expected benefits from EDUSAT. The EDUSAT facility remains under-utilised and does not fulfill the objective of universal teaching quality.

As the timing of EDUSAT programmes clashes with regular classes, students find it difficult to attend the programmes. They cannot skip the regular classes to attend EDUSAT programmes. As a result, often, there is poor attendance by students and very few students benefit from the EDUSAT facility regularly.⁸⁶

Shortage of tailor-made content to satisfy the user specific needs affects quality of programmes. There are many factors underlying this shortage. For example, the absence of proper standardised procedures for

development of content is just beginning of the problem. Further, lack of training to teachers for soft skills (such as facing camera) affects the confidence of teachers in live programmes. Poor utilisation of multimedia features, animation techniques and graphics results in poor production quality. Such poor quality content eventually fails to generate enthusiasm among the viewers and students lack motivation to watch the telecast programmes. Many of the networks not only face the problem of shortage of content but also lack in-house production facility. Many channels re-telecast the same programmes. Without quality content, the impact of distance education will remain as good as not having quality teachers.

Due to lack of active monitoring of utilisation, many networks remain under-attended by the users. A State-wide viewership survey conducted by Society for Andhra Pradesh Network (SAPNET) to gauge the response to the transmissions showed that only 50 percent of the covered institutions were regularly accessing the network programmes.⁸⁷ The feedback obtained from Government colleges participating in the Collegiate Education Programmes of MANA TV also shows that only two Government colleges (out of 114) reported viewership in the range of 90 percent to 100 percent.⁸⁸ The lack of proper monitoring and co-ordination with the end users results in a situation where the system for delivery of benefits is in place but the beneficiaries are not ready and willing to receive the benefit.

The inconvenient timings of the telecast contradict the proclaimed objectives of EDUSAT initiative. As said earlier, EDUSAT is expected to be utilised to reach the remote students and to negate the impact created due to shortage of quality teachers. The failure to take into account the convenience of the students has resulted in a paradox. Now, a potent technological solution to address shortage of quality teachers is available; however, the ineffective implementation results into shortages of students.

⁸⁵ Shaw Padmaja (2006) *MANA TV – EDUSAT Channel of AP*, Paper No. 7, proceedings of the 'EDUSAT Users' Meet: Southern Region' jointly organised by DECU-ISRO and SAPNET, January 19-20, 2006 http://www.sapnet.gov.in/Downloads/EDUSAT_Paper_07.pdf (viewed on 10th May, 2007)

⁸⁶ Gandhi Divya (2007) Is EDUSAT a 'Turkey in the Sky'? *The Hindu*, 13th March, 2007 <http://www.hindu.com/2007/03/13/stories/2007031303701000.htm> (viewed on 14th May, 2007)

⁸⁷ Shaw Padmaja (2006) *MANA TV – EDUSAT Channel of AP*, Paper No. 7, proceedings of the 'EDUSAT Users' Meet: Southern Region' jointly organised by DECU-ISRO and SAPNET, January 19-20, 2006 http://www.sapnet.gov.in/Downloads/EDUSAT_Paper_07.pdf (viewed on 10th May, 2007)

⁸⁸ MANA TV-Cell (2006) *Telecast of Collegiate Education Programmes* Paper No. 11, proceedings of the 'EDUSAT Users' Meet: Southern Region' jointly organised by DECU-ISRO and SAPNET, January 19 & 20, 2006 (http://www.sapnet.gov.in/Downloads/EDUSAT_Paper_11.pdf visited on 10th May, 2007)

Thus, due to the various limitations of conventional practices, the objective of universal education and enhancement in quality of education are not achieved to the expected extent.

In year 2006, Haryana joined the club of States with operational regional EDUSAT network. The Good Practices from Haryana EDUSAT network are described in this section.

Comprehensive Coverage by EDUSAT

The EDUSAT network of Haryana covers entire gamut of education from primary to technical education with dedicated channel for each level of education. It comprises five channels (three interactive SIT-based and two DTH ROT channels). Channels I to V respectively cover: (a) Government Science Senior Secondary Schools and Urban Schools, (b) Government Colleges, (c) All Government Senior Secondary Schools for Arts, (d) All Government Primary Schools, and (e) All Government Technical Institutions (Polytechnics and Engineering Institutions).

Channel I has been fully operational since July 2006 and the broadcast targets the Higher Secondary Schools (Science stream). Satellite Interactive Terminals (SITs) with LCD projector have been installed at all the 217 Science Senior Secondary Schools and 40 urban schools and 17 District Institutes of Education and Training (DIETs). The channel benefits about 76,000 students.

The SITs are interactive terminals where students are encouraged to ask questions to the teacher through audio and video as well as through chat/e-mail. The system operates on the software provided by ISRO and the broadcast is on Internet Protocol.

A common time table for all the Science Senior Secondary Schools has been developed for the broadcast. Regular curricula in Physics, Chemistry, Biology, Mathematics and English are covered. Lectures are delivered five days a week. On Saturdays, the local subject teachers revise and strengthen the lessons delivered on the EDUSAT, and also quiz the children to test their knowledge.

Channel II has also been operational since July 2006 and serves all the 61 Government colleges in the State and benefits around 16,902 students. SITs with LCD projector have been installed in all these colleges. The

broadcast of live and/or recorded lectures for the third year classes of BA, B.Sc, and B.Com is done for English, Mathematics, Science, Commerce, Economics and other subjects. As in case of Channel I, a common time table has been developed for the broadcast.

Channel III serves all the 1232 Senior Secondary Schools (Arts) in the State through DTH Receive Only Terminals (ROT) with 42" Plasma TV. Around 66,000 students benefit from the service. Regular curricula in History, Economics, Political Science, Commerce, Accounts, English, Mathematics, Public Administration, Geography and Sociology of class XII are covered.

Channel IV has been operational since April 2007 and serves all the 9080 primary schools in the State with 14.65 lakh students. This is a DTH-ROT service with 29" colour TV set in each school. Regular curricula in English and Mathematics for Classes I, II and V are covered.

Channel V became operational in August 2007 and now serves 17 polytechnics with 11,000 students. SITs with LCD projectors have been installed in all these colleges. Regular curricula in Applied Sciences (Physics, Chemistry and Mathematics), English and Personality Development programmes are covered through this channel.

Systematic Efforts for Content Development with Quality Control Checks

A separate society called UTKARSH (Use of Technology for Knowledge Advancement and Re-orientation of Studies in Haryana) has been established by Government of Haryana to implement the EDUSAT project. The programming and management of the broadcast and content is entirely looked after by this society. The society has adopted a detailed process for content development. A clear cut programming strategy has been put in place, with a formal content creation and production system.

The major features of the process are as follows:

Selection of Teachers Within Government Set Up for Teaching on EDUSAT

The resource persons (teachers) delivering lectures from the EDUSAT studio have been selected from Department of Education, Haryana. The best teachers from each district are called to SCERT (State Council



of Educational Research and Training, Gurgaon) and are asked to deliver a 'demo lecture' for 15 mins on a particular topic related to their subject. Screening is done on the basis of their command on language, their knowledge and their confidence in front of the camera/audience.

The task of distribution of topics to the resource persons is performed by the concerned subject coordinator. For this, a two-day workshop is conducted by the subject coordinator under the supervision of EDUSAT coordinators.

Teachers Training

The selected teachers are provided training in techniques involved in facing the camera and also use of ICT in education. A ten-day training programme is conducted for the selected teachers. This training is conducted at the computer labs established in SCERT. The Haryana Government has signed Memorandum of Understanding (MoU) with Intel Technology India Pvt. Ltd. for conducting Teacher Technology Support Learning and Training Programme.⁸⁹ The trainers from Intel expose the resource persons (teachers) to the potential of multimedia content generation and enable them to acquire basic skills for developing Power Point presentations.

Enriching the Content

For preparation of the content, meetings and discussions are held among professional content developers, internal subject experts and resource persons to reach a consensus regarding the best formats for development of content specific to target audience.

The resource persons are encouraged to carry out research for enriching their content by sourcing material from the internet and libraries. One animation and multimedia expert has been hired by the UTKARSH Society for developing animations and assisting the technicians in the production work.

Manuscripts preparation is done by conducting a five-day workshop in the SCERT campus under the supervision of both, the subject coordinator and EDUSAT coordinator. Manuscripts are written on the specific proforma

developed for this purpose. The manuscripts are required to clearly indicate requirements of resource persons in terms of photographs, video as well as audio clips and animation.

Hand written manuscripts are converted into Word documents. Slides are prepared on Power Point to clarify the concepts contained in the lecture. The necessary guidelines about preparing such Power Point presentations have been finalised by experts from SCERT, UTKARSH Society and recording agencies.

Quality Control System

To ensure quality of the content, including academic and technical points, a two-stage quality audit has been introduced. The details of this are as follows:

Stage 1: The scripts prepared by the resource persons are checked and evaluated by the internal subject expert at SCERT. After making necessary modifications in the script, these are sent to external evaluators who are academicians of repute in the concerned subject. Again, necessary modifications are made and the script is sent for further recording or live lecture.

Stage 2: It is applicable for scripts to be recorded. After the service provider prepares an edited version of the episode, the same is again evaluated by internal and external evaluators. Their inputs regarding presentation and any factual errors which crept during recording are reported to the service provider. After re-editing/recording by the service provider, the cycle is repeated again till the content is cleared by the internal and external experts.

The lecture is telecast after the final approval from the internal and external evaluators. The telecast may be live or recorded. The recorded DVDs and tapes supplied by the recording agencies to SCERT are again examined minutely by the external and internal evaluators. Only the approved product is forwarded to UTKARSH Society.

For live broadcast, the resource person submits the script and Power Point presentation at the EDUSAT studios maintained by the UTKARSH Society one day before the broadcast. The script and presentation are again checked for errors by a subject coordinator and

⁸⁹ Haryana Government Signs Memorandum of Understanding with Intel *NewsWire Today*, Release Date 12th April, 2006 <http://www.newswiretoday.com/news/4884/> (visited on 26th March, 2008)

a junior programmer to ensure that the Power Point presentation is in a suitable format for broadcast. On the next day, the resource person delivers the live broadcast from the designated studio. During the broadcast, one coordinator checks whether any factual mistake has been made by the resource person and records the same for further feedback.

Integration into Institutional Teaching Programme

The dedicated channels make it possible to telecast five different programmes for five different levels of audience at the same time. This made it possible to integrate the programmes in school/college time table. The EDUSAT programmes are made integral part of education by reserving a dedicated slot in daily time table. A one-year schedule of telecast is prepared and informed in advance to all concerned institutes/schools and colleges in advance. This ensures that the students have time to watch the programmes and facilitates viewership.

EDUSAT programmes and in-class teaching are seen as complementary to each other. At the end of a live lecture, homework is assigned to the students.

Interaction between the distant teachers delivering a live lecture and the students is encouraged. Students are given prizes for asking the 'best question'. The teachers are also given prizes for 'best teacher/best coordinator'.

As a result of constant interaction with the principals and subject teachers of the schools, it has been decided that the delivery of lectures will be done on four days of the week for the science subjects. Once in a week, demonstration of the practical is held on EDUSAT. However, these demonstrations do not replace the actual practical in the schools. The practical demonstrations on EDUSAT are specially meant for those studying in remote schools where labs are not fully equipped.

Channel I is also utilised to provide coaching to students of classes XI and XII for All India Engineering Entrance Exam (AIEEE).

These three main Good Practices are accompanied by the following supportive Good Practices:

Electricity back-up system: The rural areas face severe shortage of electricity and frequent power cuts. The urban areas also do not escape completely from this problem. Thus, having an electricity back-up system is a must in order to ensure that there is no disturbance due to power failure. To address this problem, electricity back-up system has been provided to all the receiving terminals so as to ensure minimum disruption due to electricity shutdown.

Monitoring of regularity in logging on: Regular interaction is maintained with the principals and teachers to improve the programmes and sort routine problems. The logging in the EDUSAT system is monitored on a regular basis. Each participating institute has been provided with a log book and asked to appoint a local nodal person to take responsibility of the EDUSAT facility. This person interacts with UTKARSH Society on a regular basis.

Advantages of Good Practices

Many of the advantages of the Good Practices are either very clear or explained in the previous discussion. There are some more important advantages. By including all Government schools and colleges in the network, a higher degree of uniform quality of education across the State is achieved. The State-wide expansion of the programme ensured that the EDUSAT facility can be utilised to its optimum level, at least in terms of geographical coverage. As a result, the potential benefits are not limited to one or two districts but can be universally distributed.

By integrating EDUSAT programmes with regular time table, the students do not have to skip lectures or spend extra hours to avail themselves the benefit of EDUSAT service and thus the EDUSAT efforts contribute to the objective of universal quality education. Further, by informing the EDUSAT schedule in advance, any ambiguity about topics/subjects covered and repetition problems are avoided.

Selection and participation of teachers from Government education department potentially addressed any apprehensions in the mind of teachers of exclusion from the system. In addition, regular monitoring ensured that schools/colleges take timely regular benefit of the system.

All these Good Practices thus effectively lead to wider outreach and enhance quality of education.



One of the striking features of the Haryana-EDUSAT initiative is the scale of network. Within one year from the commencement of the programme, the network has been rapidly expanded and five dedicated EDUSAT channels have become operational, one each for each level of education. It is the biggest regional network in the country and first regional network that is spanning the entire State.

As of December 2007, about 8000 primary schools (out of 9080), all 258 higher secondary schools (Science), all 1232 higher secondary schools (Arts), all 65 colleges and 17 technical colleges have been taking benefit of the EDUSAT system. As a result, the syllabus is being covered through uniform good quality subject teaching.

Students and parents feel proud of the fact that they get benefits from a modern education system. As a result of the scale, scope and quality of the programme, a large number of private and aided colleges have requested Department of Education, Government of Haryana for joining the EDUSAT network.⁹⁰

Replicability and Limitations

Many of the EDUSAT networks planned across the country could replicate the Good Practices adopted by Haryana. Apart from some financial investment, what is required is dedicated and systematic efforts.

Though Haryana EDUSAT network is the biggest in the country, it has to be kept in mind that Haryana is one of the (geographically) smaller States in India. State-wide expansion will be a challenging task for bigger States.

Such States might require setting a priority order and expanding the network in a phased manner. There is a danger that local political lobbies will influence the selection process and priority order. In any case, a strong political support and heavy investment is essential to build a State-wide network.

At the same time, it needs to be remembered that distance education cannot be seen as a panacea to all problems of the education sector. 'In-class' teaching cannot be replaced by distance education. Hence, reforms aimed at improving quality of in-class teaching have significance of their own.

Additional Information

Sector	Education
Scheme/Initiative	EDUSAT Network
State	Haryana
Concerned Agency or Department	Department of Education, Government of Haryana UTKARSH Society, Government of Haryana
Year	2006
Contact Details	Member Secretary UTKARSH Society DIET Building, Sector 2 Panchkula, Haryana

⁹⁰ Sangwan, A. (2007), Member Secretary, UTKARSH Society, *Interview on Haryana EDUSAT Initiative*. Conducted by Joglekar, C. on 29th September, 2007 at UTKARSH Society Office, Panchkula, Haryana

2.10 Highly Transparent, Accessible and Accountable Grievance Redressal System Using Information Technology

Good Practices in Nutshell

The initiative involves the use of IT for developing a very transparent and easily accessible grievance redressal system that enhances ability of senior officials and citizens to extract accountability. It also involves process re-engineering of grievance redressal procedures within Government departments.

The Core Problem

With complaints of inadequacy, inefficiency and ineffectiveness of Government services, redressal of citizens' grievances is a crucial function. Effective, timely and efficient grievance redressal is not only critical to providing succour to citizens but it is also important for enhancing accountability of governing agencies which is a critical pre-requisite for good governance. Hence, the core challenge is to develop grievance redressal system that is effective, efficient and timely that would provide information base for ensuring accountability.

Conventional Practices of Grievance Redressal

The key features of the conventional practices in the State Government machinery for grievance redressal are as follows:

Written Complaints through Personal Visits

In a conventional system, an aggrieved citizen lodges her/his complaint in writing through a letter or application and sends by post or delivers personally to the concerned office. This is often accompanied with personal visits to the Government offices.

No Special Mechanism or Agency for Attending to Grievances

There is no systematic methodology for compiling and processing the complaints of the citizens in the district administration system. Each department has its own way of accepting, compiling and processing

complaints. There is no concept of 'single window' through which the citizen can interact with any/all Government departments/agencies.

Lack of Information Sharing and Transparency

In the conventional system, there is no well defined or mandatory mechanism or pre-defined procedure for providing regular feedback to the complainant on the progress of redressal of the complaints (except if information is demanded by the citizen through Right to Information Act).

No Fixed Procedure for Redressal

After having received the complaint, the receiving officer would try to redress the complaint through the hierarchical system of the Government organisation. There were no pre-defined procedures or performance standards to ensure redressal of the complaint in a timely and satisfactory manner. No distinction was made between the routine work of the offices and officers and work related to redressal of grievances of citizens.

Excessive Burden on High Level Officers of Unattended Complaints

To get any or satisfactory response to the complaints from lower level staff and officials, large number of complainants would flock the offices of high level officials such as Sub-Divisional Magistrate or District Magistrate. However, it is very difficult even for these officers to get enough information on the complaint and pin down the concerned officer and force her/him to deliver. This is because of lack of proper grievance redressal system.

Limitations of the Conventional Practices

These conventional practices had many limitations which created barriers especially for the poor and vulnerable sections to register and redress their grievances. Giving complaints in writing or through personal visits



involves time and cost of the illiterate and poor. The poor cannot afford to lose their wages to travel to the Government offices. Besides, not all aggrieved persons would have the wherewithal to approach the high level officers. This is because travelling and meeting these officers not only involves time and money, but also required adequate knowledge and skills to negotiate with the staff and officers.

Further, often dissatisfied with the response at the lower level offices, the citizens would take their complaints to the higher level officers, such as District Magistrate or Sub-Divisional Magistrate, who would be under tremendous pressure to give audience to a large number of dissatisfied and aggrieved complainants.

The District Magistrate often would not have all the necessary information at hand when the complaint appears before him. When the file is with her/him, either the complainant or the concerned officer would not be there to present before the officer. Apart from these difficulties, due to the sheer volume of the complaints, and workload of many other functions and responsibilities, the District Magistrate or Sub-Divisional Magistrate is not able to personally attend to all the complaints or monitor or follow-up on the progress of their redressal with the lower level staff.

Origin of the Good Practices

Lokvani in Hindi language means the voice of the people. *Lokvani* is an e-governance programme which has been initiated with the combined efforts of the district administration as well as the National Informatics Centre (NIC) in Sitapur district in Uttar Pradesh.

When a new officer took over as the District Magistrate Sitapur, in 2004, he intended to initiate a system to overcome the above mentioned problems in grievance redressal and ensure transparency in administration. Initially, the intention was more of disseminating information about the works and expenses of the administration to the public at large. However, the focus gradually shifted to grievance redressal.

The District Magistrate undertook a systematic study of known e-governance initiatives focussed on grievance

redressal with the involvement of colleagues in the Government.

The Sitapur District Magistrate systematically studied the strengths and based on this study and consultations with colleagues, the *Lokvani* system was designed.⁹¹ This system presents two sets of Good Practices which are documented as two separate case studies in this Resource Book:

- (a) A system of grievance redressal using an internet website.
- (b) Public-private partnership to operate computer kiosks acting as the points of contact for registration and feedback on grievances.

Grievance Redressal System Based on Website

The key Good Practices of the system of grievance redressal in the *Lokvani* model are as follows:

Website as a Single Window to Central Database on Grievances

The *Lokvani* website was developed as a single window to the centralised database containing all information on a registered grievance, including its current status. The website can be accessed by citizens to register complaints against any departments, agencies or officers. Alternatively, to register the grievance, the complainant can avail services of *Lokvani Kendras*, which are located across the district. The operations at the *kendras* help citizens to upload the complaints on *Lokvani* website. These *kendras* charge a nominal fee for the service. Complaints can also be made by calling up a call centre which ensures registration of grievance and uploading it on the website. On receipt of the complaint which is uploaded into a central database, the complainant is provided an official receipt confirming the acceptance of his complaint, with a fixed and unique compliant number printed on the receipt.

The NIC created new software that improvised on the similar initiatives. Due to the inadequate electricity supply in the district (leading to frequent and long power cuts), it was decided to host the site at NIC's Delhi server, rather than at the district headquarters. Therefore, it was decided that *Lokvani* would be based

⁹¹ Government of India, Ministry of Information Technology, National Informatics Centre (2005), *Good Governance through ICT*, New Delhi http://home.nic.in/files/policy/ICT_Book_New.pdf (viewed on 26th March, 2008)

on the internet rather than the intranet to enable 24x7 access. The website was customised to the local needs. The entire site is in Hindi, the official language of the State (which is also the local language), and the text is written in the language of the commoners. It was conceptualised as a user friendly site with large sized lists, rather than small bullet points. The site, therefore, contained no graphics. It uses large Hindi fonts, and is easy to navigate. The site became fully operational by 10th December, 2004.⁹²

Re-engineering of Grievance Redressal Procedure

The *Lokvani* grievance redressal system has two components, namely:

- (a) The computerised component of receiving, registering, storing and presenting details of public grievances.
- (b) A manual component of processing the grievances, updating the database, and monitoring the entire system of grievance redressal.

In order to fully appreciate the success of *Lokvani*, it is important to understand how the two components (the computer based component and the manual component) have been designed, enmeshed and crafted to work in a synchronous manner. All complaints received during the day are downloaded from the database, printed and manually sorted officer wise (against whom the complaint is given or who is responsible for attending to the complaint) and delivered to the respective officers. A timeframe is determined for the redressal. Depending on the nature of the complaint, timeframe varies from 15 to 40 days. The name of the officer to whom the complaint has been marked along with the deadline is uploaded on the server the next day. The complaint is then marked as pending. The complainant can then access the details of the progress of the complaint on the website.

All officers to whom the complaint is referred have to file an action taken report within the given timeframe. Before filing the action taken report, it is mandatory that they meet the complainant or her/his relative.

The officers enter the disposal reports online. When an officer responds to a complaint, the response is

entered in red colour on the same page along with the complaint and the details of the action taken. In the list of complaints for a particular officer, all complaints, which have been disposed off are shown in green, those pending in red, those which are to become red in the next four days in yellow, and those, which still have time are shown in white. Every officer-in-charge is responsible for monitoring online the status of the complaints filed, resolved and pending.

Thus, it can be seen that the entire grievance redressal procedure, including its manual component, has been re-designed (or re-engineered) to suit the new computerised grievance redressal system.

Transparent Feedback to and from Citizens

All complaints are stored in a central database which is available to any person to view through the internet. The database is constantly updated with the information about the progress of work regarding the redressal process. The complainants can access the website through internet to know the status of their complaints. They can access the internet directly or take help of *Lokvani Kendras*. They can keep track of the information as to whom the complaint has been marked to, and what action has been taken. In case the complainant is dissatisfied with the decision made, she/he can lodge a new complaint enclosing the previous complaint number and other details. The new complaint lodged will carry a history sheet containing all the details about the previous complaint and its resolution.

Monitoring of Progress of Grievance Redressal

In case an officer does not file an action taken report within the given timeframe, the complaint is marked pending by the computer automatically. The District Magistrate monitors the progress of complaint redressal on a weekly basis. She/He personally reviews all pending complaints and checks the reasons for the same with the concerned officers and gives appropriate instructions for speedy disposal of the complaints.

Every Tuesday, the District Magistrate holds a meeting of the defaulters (in the initial stages, all officers-in-charge attend this meeting) where defaulters are

⁹² Shukla, A. and Srinivasan, R. (2005) *Lokvani: A Case of Public Private Partnership in E-governance*, Indian Institute of Management, Lucknow, India, IIML Case Series 2005-03 <http://sitapur.nic.in/lokvani/rojgar/lokvani.pdf> (viewed on 26th March, 2008)



supposed to explain the reason(s) for failure to resolve the complaints within the stipulated time.

In the *Lokvani* system, over 110,000 complaints have been received and dealt with during the period of over three years.

Effective Grievance Redressal through the *Lokvani* System

The *Lokvani* system provides a single window for registering complaints against all departments. At the same time, it provides multiple routes for citizens to access the system, including some very user friendly routes useful even for poor and illiterate (the *Lokvani* computer kiosks). The website is a single window to the entire database which is open to anybody for viewing and registering the complaint. This helps immensely, as first, it simplifies the access to the database, and second, it takes the level of transparency to highest level.

The District Magistrate has an access to a centralised database in which all information about complaints received and progress of redressal is recorded. Hence, the District Magistrate could closely monitor her/his subordinate officers. The District Magistrate intervenes only when the pre-decided norms for redressal are not being met. The weekly defaulter meeting has made officers more responsive. In this system, the District Magistrate has to deal directly with the concerned departments and is free of the burden of responding to each aggrieved citizen personally.

Replicability and Limitations

It can be emphatically stated that this website based grievance redressal system can be replicated in different

parts of the country as *Lokvani* has worked in one of the most difficult areas.

The main distinguishing feature of the *Lokvani* model is its high level of transparency achieved by providing open access to database through internet.

However, there are some limitations of the *Lokvani* system in its present form. First, the system has no mechanism to monitor the quality of redressal of the complaints. In the present system, if the citizen is not satisfied with redressal, she/he has no other option but to file a new grievance. Hence, proper qualitative standards and benchmarks for performance need to be evolved and set.

This weakness in the system might provide a route for some erring officers to escape accountability. However, at the same time, complete transparency creates different avenues for extracting accountability, as independent CSOs and representative media could use this information to hold officers accountable if they try to use this escape route.

Another limitation (which has been overcome to a large extent in the *Lokvani* system) is that for carrying out the process of re-engineering, the cooperation of all the staff is required. This could be very critical for successful replication of this model.

There are other limitations related to sharing of information through the internet. The first is, of course, the availability and access to internet. The second relates the citizens' willingness to access the data (if the internet is available) as well as willingness and capability to use the data for protecting their own interests or for promoting public interest.

Additional Information

Sector	E-Governance
Scheme/Initiative	Lokvani
State	Uttar Pradesh
Concerned Agency or Department	Department of Information Technology and Electronics, Government of Uttar Pradesh
Year	2004
Contact Details	Special Secretary Department of Information Technology and Electronics Government of Uttar Pradesh 4th Floor, Lal Bahadur Shastri (Annexe) Bhawan Lucknow Webpage: http://lokvani.up.nic.in/

2.11 Public-Private Partnership Model for Extension of Government Services

Good Practices in Nutshell

The Good Practices include developing and implementing a model of public-private partnership involving private kiosks for extension of Governmental services. Profitability and sustainability of the kiosk operations is ensured by providing a good basket of services, appropriate tariff regulation and appropriate licensing policy for the kiosks.

The Core Problem

Government services, and especially those requiring technology and infrastructure, do not easily reach the poor and needy, especially in remote rural areas. As a result, the rural people remained deprived of immense benefits that accrue because of ICT especially for e-governance.

Conventional Practice

Conventionally, whenever the Government plans to extend its services or make them more accessible to people living in remote areas, it sets up branch or local offices and appoints staff to manage these offices and services. Another mechanism had been to appoint private parties as agents of Government and provide them adequate economic and other incentives such as commission.

Limitation of the Conventional Practice

Opening new offices in the rural areas means high levels of investment for land and buildings, and other amenities. It also requires significant amount of recurring expenses on salaries and other establishment expenses. This acts as a very strong deterrent, especially in case of those Government departments/agencies which do not have the requisite funds for setting up new centres/offices.

Even if private agents are appointed, the Government has to monitor their services and provide them with attractive incentives, which increases the operating costs for the Government.

In the case of e-kiosk owned and/or operated by the Government, it does require a sizeable initial investment and also skilled people to operate the kiosk. The

Government may find it difficult to obtain this kind of human resources from its existing staff. Maintenance of computer and other peripheral equipment is also an expensive and difficult task for Government agencies in rural areas.

The resulting negative impact of these limitations is that citizens living in far off villages and remote areas find it very difficult to access Government.

Public-Private Partnership: *Lokvani Kendras*

In the *Lokvani* scheme, a model of public-private partnership was created to operate kiosks which provided the extension services in remote areas to citizens. The Good Practices which were adopted in this system are described below.

The *Lokvani* scheme pertained to public grievance redressal system, based on an internet website and central computerised data. The problem was to make this e-governance scheme accountable even to poor illiterate from a remote village. *Lokvani Kendras* or e-kiosks were expected to help people register their complaints into the central database.

To ensure the financial viability and long term sustainability, a public-private partnership was established for developing and operating the *Lokvani Kendra* or e-kiosks. This has the following features:

Special Purpose Institution

A society by the name of *Lokvani* was constituted at the district level to implement the project autonomously to reduce some of the bureaucratic pressures. The District Magistrate is the president of the society, the Chief Development Officer is its secretary, and District Informatics Officer, NIC is its technical member. The society takes care of the management, operations, expansion and technical upgradation of the project and *Lokvani Hub*. All the financial decisions have been under the purview of the society itself. The rationale for such a framework



is that the budgets of small districts have a limited scope for extra expenditure and the process of getting finance is a long drawn out one. The *Lokvani* Society meets its recurring expenses from the money received from the registration of kiosks, short term and lifetime membership fees. The initial costs for setting up the Society were also negligible as the hosting service was provided free of cost by NIC.

Initial Capital Expenditure through Private Investment

The initial capital cost of setting up the kiosk is completely borne by the private entrepreneur. Existing cyber cafes or computer training institutes have been granted licenses to become *Lokvani Kendras*, instead of opening new kiosks. Since IT literacy (and also any form of literacy) is very low in the target district (Sitapur), the kiosks form an interface between the IT enabled Government and IT illiterate citizens.

The *Lokvani* Society signed agreements for registering the licensed cyber cafes as *Lokvani Kendras*. No financial grant was provided to the *Lokvani* operators by the Government. The kiosk operators are Intermediate/ Graduates with a working knowledge of computers. Each kiosk operator has been given a unique login id and password to access the *Lokvani* website. On 8th November, 2004, 14 *Lokvani Kendras* (kiosks) were launched for pilot testing. This number increased to 110 kiosks up to the end of 2007.

Operating Costs Met through User Charges

The citizen has to pay a user charge for the services availed at the centre, including for complaint registration. At a kiosk (*Lokvani* Centre or *Lokvani Kendra*), the kiosk operator enters the complaint on behalf of the complainant. The user need not be literate to lodge her/his grievance. She/He can dictate it orally to the kiosk operator. After lodging the complaint, the computer generates a unique complaint identification number. This, along with a copy of the complaint is given to the complainant.

There are both free and charged services provided by the *Lokvani* Centres. Services, such as registration of complaints, land record documents, etc. are provided on 'charged' basis. The *Lokvani* Society has fixed charges for each service. The rate for registering a complaint

through a *Lokvani* Centre is typically Rs. 10/- while for viewing any information on the computer screen or for printing a complaint/information (per page) is Rs. 5/-.

Regulation of the Kiosks by the Government

In order to maintain profitability of the kiosks and also to protect the interest of the citizens, the Government regulates the functioning of kiosk in the following manner:

- The user charges for the various services provided by the kiosk on behalf of the Government are fixed by the Government.
- The Government gives licenses for setting up kiosks. Only licensed kiosk operators get access to the *Lokvani* website to register complaints and obtain information.
- The Government has restricted the number of licensees so that there is no unregulated proliferation of the *Kendras* and the profitability of a *Kendra* is not jeopardised.
- Government has ensured that high quality and timely services are rendered including that of grievance redressal. This made the *Lokvani Kendras* popular, and ensured successful and viable operations of the kiosks.

Other Value Added Services through Kiosks

The Government has allowed the kiosk operators to offer other value added services (photocopying, digital photography, internet surfing, email, DTP) through the same kiosk without interfering with the pricing of these services.

The initial cost of setting up *Lokvani* systems was affordable, as all the hardware/software support at the back-end was provided by NIC free of cost. The expenditure for setting up new kiosk was modest. This was mainly towards investment for a computer, printer, uninterrupted power supply and a digital camera. This has ensured financial viability and long term sustainability of the kiosks. The conversion of existing cyber cafes/computer training institutes into *Lokvani* Centres was a key factor driving the financial success. This step ensured that external capital was not a vital requirement for the solution. The kiosk operator gets adequate income from offering *Lokvani* services and also from offering other (unregulated) services.

The *Lokvani* kiosks have been set up in the existing cyber cafes and computer training institutes, which generally had all these equipment.

The services offered by *Lokvani* other than grievance redressal encompass a wide range of Government departments (Department of Public Grievances, District Administration, Development Department and Department of Land and Revenue). The services offered by *Lokvani* are: (a) grievance and petitions; (b) land records; (c) tender service; (d) employment services; (e) information related to Government schemes; and (f) information about Government services. These services have helped to make the *Lokvani* kiosk popular among the citizens.

How the Good Practices Helped

By adopting this model of public-private partnership, many of the limitations of the two conventional practices related to extension of Government services were overcome. By developing the kiosks as a mechanism for extension of Government services, in which private capital is invested, the issue of high capital investment by the Government has been avoided.

While issuing license to the kiosks, the choice of the locations has been made such that they are well spread out geographically in the district. This has ensured each kiosk, a minimum level of customer base, warding off unhealthy competition and ensuring profitability of each kiosk. At the same time, wider spread of kiosks ensured wider reach of *Lokvani* services.

By ensuring the quality and reliability of the e-governance services offered, made the operations of

the kiosk attractive to the rural population. This has ensured that many people come to the kiosks which have made them viable and profitable.

In a period of three years, 110 kiosks have been set up in a single district (Sitapur) and all are operating profitably. In the entire State of Uttar Pradesh, around 900 kiosks have been set up in the various districts which are replicating the *Lokvani* model.

Replicability and Limitations

This model can be replicated in other districts and States. However, certain adaptations will have to be made keeping in view the local conditions, especially with regard to geographical conditions and availability of private entrepreneurs to operate the kiosk.

One of the important limitations of current model is that there is no proper monitoring of the operations of the kiosk through a separate external agency. Quality control is still a problem in absence of active regulation and hence, it is difficult to ensure that all kiosks offer same minimum quality of services.

Further, the novel revenue model is dependent on the Government's structuring of services through the *Lokvani* portal as well as quality of redressal by Government. Both are susceptible to changes within Government or administration. If revenue from provision of public service goes down, there is a possibility that the private service provider will focus only on those services which have a better profit margin.

Additional Information

Sector	E-Governance
Scheme/Initiative	Lokvani
State	Uttar Pradesh
Concerned Agency or Department	Department of Information Technology and Electronics, Government of Uttar Pradesh
Year	2004
Contact Details	Special Secretary Department of Information Technology and Electronics Government of Uttar Pradesh 4th Floor, Lal Bahadur Shastri (Annexe) Bhawan Lucknow Webpage: http://lokvani.up.nic.in/

North-Eastern Region

Assam

Nagaland



2.12 Community Based Procurement and Contracting

Good Practices in Nutshell

Community Based Organisations of beneficiaries could be given the responsibility of procurement of goods and services. This innovation, however, needs to be supported through complementary measures such as articulation of norms, guidelines and support of Government staff and NGOs.

The Core Problem

The Government is currently the largest provider of welfare measures and public services. In the design of the welfare schemes, public services or development projects, procurement of goods and services is a major task. In many schemes, the Government prefers to provide benefits of welfare schemes in kind rather than in cash. When the Government provides some services or delivers some goods to beneficiaries, it should be done in a cost effective manner, and without any perversions or distortions (for example, corruption or other kind of malpractices). At the same time, the goods provided should be useful for the beneficiaries and relevant to their needs and aspirations. Further, unless the beneficiary appreciates and 'owns' the goods and services, the assets will not be maintained and used in optimum possible manner. So the challenge is to find ways to procure and supply goods/services so that the above mentioned demands and expectations are met.

Centralised Contracts or Tendering

In the process of delivering the benefits in kind, the Government departments are saddled with the issue of having to make procurement of goods in a large quantity and distributing them from the State capital up to village level. In the case of services, the contracting process is done centrally whereas execution is done at village level. Usually, procurement of goods is done by calling for tenders through Government department/agencies and goods are procured centrally and distributed across the State.

In many Government schemes, participatory approaches are often adopted in implementation. But, when it

comes to contracting or purchasing, the Government or project staff often tends to control the process, and the local communities hardly get any say in this process.

This is justified on following three grounds:

- (a) Economics of Scale: Centralised purchase increases quantity and lowers the price.
- (b) Capacity Problem: It is argued that at the community level, the technical and commercial responsibilities required for identification of goods, selection of goods, negotiating cost and ensuring delivery of quality goods are not available.
- (c) Ensuring procurement of good quality items at appropriate cost, without any malpractices.

Limitations of Centralised Contracting

One of the main limitations of centralised procurement is that since the community members are not involved in decision making processes, they do not have the feeling of ownership of the asset procured. It is seen as goods supplied 'free by the Government'.

At the same time, goods received from the Government are considered as sub-standard or of low quality due to alleged malpractices. Hence, these goods are not fully appreciated by beneficiaries.

Combination of lack of ownership and suspicion that it is of sub-standard quality leads to neglect, disrepair and disuse of the asset or other inputs provided.

Second, there is the issue of relevance. When purchases are done by a Government agency, it implies that the Government pre-decides what the beneficiary wants. However, this decision could be wrong due to lack of sufficient information about the exact nature and nuances of needs of the beneficiaries. It is possible that there is need for some variations in the specifications or timings of the goods purchased depending on the local specification. It is difficult to identify and respond to this sensitivity towards local specificities, if purchasing is done centrally. Thus, the goods supplied or services



rendered may not be relevant or may not be required at all by the beneficiary.

When goods and services are procured centrally by the Government, the suppliers become accountable to the Government/project staff rather than to the communities, even though the communities are ultimately responsible for owning the assets or taking the benefit of the services provided. In central procurement, the community has no information regarding the transactions leading to lack of transparency towards community. This combination of lack of accountability and transparency thus gives rise to chances for various malpractices including corruption.

Origin of the Good Practices

When designing the Assam Agriculture Competitiveness Project (AACP), a review of the performance of procurement practices adopted in the earlier similar project, namely, the Assam Rural Infrastructure and Agriculture Services Project (ARIASP) was undertaken. This review showed that in ARIASP, the overall procurement performance of the project was considered satisfactory, with more than 95 percent funds disbursed when the project was closed in 2004. However, during the initial two to three years of the project, the progress on procurement was extremely slow. It picked up during the middle period but the decision making process on contracts awards remained slow until the final years of the project. This did not allow the beneficiaries to make optimum use of procured goods and services especially when the project was in operation.

Hence, in the design and implementation of the AACP (the project which followed the ARIASP), greater emphasis was placed on strengthening participation of the community in the project works and also on developing sustainable CBOs which would be able to take on the responsibilities of procurement and contracting.

Community Based Procurement

In this project, contracting/procurement was done at the community level. The funds meant for the beneficiaries were earmarked and transferred to the CBOs.

The key features of this Good Practice are:

Procurement by Community Based Organisations

The CBOs undertake the process of contracting/purchase in an open and transparent manner. For purchase of farm and irrigation equipment, a group of farmers—having similar social and economic characteristics—was mobilised by the NGO and motivated to form a group referred to as an Agro Services Group. This group may also consist of landless persons who are willing to participate in operating the equipment. The size of the Agro Services Group varies from three to four farmers to ten to twenty farmers. The Agro Services Groups select their model and equipment supplier as per their choice, from a set of pre-fixed brands. Further, these groups are supported through appropriate training courses, to operate this machinery as a business, maximising both on-farm and off-farm use.

The works related to micro watershed drainage development are executed with the active participation of the farmers through the mechanism of Field Management Committees.

In the fisheries sector, groups of fishermen-farmers are constituted which are referred to as Common Interest Groups.

In the forestry sector, the Forest Department staff along with the district NGO works with the forest communities to form the Joint Forest Management Council.

A procurement committee and audit committee is constituted within these CBOs, that is, Agro Services Group, Field Management Committees, Common Interest Groups and the Joint Forest Management Council. The procurement committee does the work of procurement and contracting. The audit committee audits the accounts and submits its report to the general body of organisations which consisted of either all members or the entire village community. This ensures transparency of transactions, leading to greater work efficiency and improvement in the quality of work.^{93, 94}

⁹³ Notes provided by Project Coordination Unit, Assam Agriculture Competitiveness Project

⁹⁴ Personal communication with Joint Forest Management Committee of Alukhunda, Choudhurykhat, and Beluguri, Kamrup District, Assam. Conducted by Kowligi R. in September 2007.

Support by Government and NGOs

There are norms for each sector regulating the share of community/beneficiaries and shares of other agencies in the total project funds. The NGO staff and staff of the Government line departments helped the CBOs in the procurement process. In each district, one NGO was assigned the task of community mobilisation and organisation. On behalf of the Government, a District Project Coordination Cell was formed comprising all implementing agencies active in that district and the Zilla Parishad CEO. The cell was chaired by the Deputy Commissioner (equivalent to the District Collector or the District Magistrate). The District Project Coordination Cell was responsible for ensuring that:

- i. the participant selection criteria are adhered to consistently by all line departments; and
- ii. at a micro level, the convergence of complementary activities is maximised (for example, development of fishery clusters and milk routes with upgrading of roads and markets in the same area). The NGO works in coordination with the District Project Coordination Cell.

Guidance through Norms and Procedures

The norms and guidelines are fixed by the Government and the community is free to exercise its choice within the given conditions. Generally, the procurement committees in the CBOs procure their equipment directly from local dealers who are also paid directly by the designated banks.

In order to enlist a set of suppliers, respective Government departments, after proper screening, prepare a list of equipment suppliers who are ready to supply to CBOs at pre-determined prices, based on approved technical specifications. The CBOs are free to choose from any one of the brands and models from the approved list of manufacturers/suppliers or agents. This allows the CBOs to buy equipment at rates cheaper than the market rates, without sacrificing the quality, but at the same time, they have the benefit of selecting models, according to individual preferences from within the pre-fixed set of brands.

In case of some activities, the items to be purchased through the community procurement arrangement were

very specialised and were not generally supplied by local vendors. This created some impediments. However, the representatives of the CBOs were invited to participate in the actual process of equipment purchase by the Government. Through their participation they develop confidence, ward off possibilities of manipulation and corruption, and develop capabilities to deal with the suppliers independently in the subsequent purchases.⁹⁵

How Community Based Procurement Practices Helped

The adoption of these Good Practices helped to overcome many of the limitations associated with the conventional practices. Since the community has the freedom to make a decision regarding the goods to be purchased or services to be procured, it is in a position to ensure that specifications of the goods and services are as per the requirement of the beneficiaries. Since the representatives of the beneficiaries are themselves involved (physically and mentally) in the procurement process, they are assured of the quality and standards. Further, they develop a sense of ownership of the goods and services procured. This confidence and sense of ownership motivates them to ensure better utilisation and maintenance of the goods and services procured.

Since the process is executed by a small group of persons from among the beneficiaries, the process becomes more transparent, and it is easy to extract accountability from the community members. This significantly reduces scope for corruption and malpractices. As the selection of vendors and negotiation of prices are done at the central level, there is considerable scope for negotiating a discounted price. This selection of brand models also eliminates the problem of lack of technical and other capabilities at the local level.

Replicability and Limitations

These Good Practices regarding procurement through CBOs can be replicated in many other projects in different sectors across the country.

However, these Good Practices also have certain limitations. When purchases are made in large quantities in a centralised manner, as in the conventional

⁹⁵ Based on interaction with women cooperative members of Uma Mahila Dudh Utpadak Sangh Ltd. at Hajo, District Kamrup, Assam. Conducted by Kowligi R. in September 2007.



practices, there is considerable saving in per unit cost and transportation cost. These types of savings in the cost did not accrue at the same scale in community based procurement. Another important limitation of these Good Practices is that the quality of the transactions in community procurement, in terms of its adherence to norms and rules, including those related to transparency will be assured only when the CBOs are of good quality, that is, they themselves are strong and democratic organisations, with good leadership. For example, if the CBOs themselves are prone to 'elite

capture', the intended benefits of the Good Practices may not accrue.

The third important limitation or condition under which this Good Practice will be successful is that the Government agencies must be truly willing to give up some of their powers and devolve them to the CBOs. Also, they must adopt a new role and the associated work culture. Otherwise, the devolution of power will only be cosmetic and the decentralisation process will not sustain.

Additional Information

Sector	Rural Development
Scheme/Initiative	Assam Agriculture Competitiveness Project
State	Assam
Concerned Agency or Department	Assam Rural Infrastructure and Agricultural Services Society Department of Agriculture, Government of Assam
Year	2006
Contact Details	State Project Director Assam Agriculture Competitiveness Project ARIAS Society, Government of Assam Krishi Bhavan Complex, Khanapra Dispur, Guwahati

2.13 Communitisation of Public Services: Delegation of Operations and Devolution of Authority

Good Practices in Nutshell

Communitisation involves delegation of operations and devolution of authority to community based institutions. Communitisation of public services in Nagaland made the public service delivery agencies more accessible and accountable.

The Core Problem

The core problem faced by the State Government with regard to provision of public services was that public services are provided by Government agencies which are accountable only to the bodies of the elected representatives and not directly to the users. Also, their operations are not transparent. Hence, if they provide poor quality of public services, the communities they serve are helpless and forced to make do with poor services or seek the same services elsewhere. But this is also not possible since in some services, Government has the monopoly.

Conventional Practice of Service Provision by Government

The conventional practice has been that, in Nagaland, almost all the public services such as health, education, water and electricity supply to the communities were provided through Government departments and/or agencies. The local communities did not have any powers to control the actions of these agencies, especially power to control the finances, and the personnel of the organisations.

Limitations of Service Provision by Government Agencies

The main problems with delivery of services by the Government institutions were as follows:

Low Quality of Services

The services rendered were of very poor quality. In schools and healthcare institutions, the attendance of the staff was far from satisfactory. In the case of

electricity distribution, it was estimated that around half of the electricity was lost due to theft.

Lack of Monitoring

The systems of monitoring had become decadent and there was complete lack of accountability of the Government employees, especially those functioning at the grassroots level in public service delivery.

Indifferent Attitude of Employees

There was no personal interest or commitment to perform well on part of the employees working with Government agencies providing these services.

Poor Infrastructure

The state of infrastructure used by these Government service provider agencies was poor and the equipment were not functioning properly.

As a result of these limitations, the citizens developed a mixed feeling. On one hand, they expected better quality of services from the Government but, at the same time, had little sense of belonging or responsibility to public institutions and services. People disregarded, misused and even destroyed Government property. There was a deep sense of resentment and frustration due to the perceived failure of the governance of Government service providing agencies.

Communitisation of Public Services

In this background, the quest to find ways and means to improve public delivery systems on a mass scale was initiated by the administration and the political leadership in Nagaland. In this situation, the first option was to increase the efficiency within the Government set up. But it was apparent that this would be a very difficult task and also the results would be transient, localised and ephemeral. This solution *per se* did not work even in well governed areas.



Privatisation was another option. But it would entail privatisation on a mass scale. This was thought not to be feasible in conditions then prevailing in Nagaland. If the private sector comes in, the profit motive of private actors might adversely hit the poor. Further, it could lead to widespread discontent among employees. Also, there were many questions regarding affordability of provided services and possibility of increasing inequity. Privatisation was apprehended to aggravate the frightening prospect of 'Two Nagalands', one of the rich and other of the poor and deprived.

Initiation and Acceptance of the Concept of Communitisation

In this context, it was also realised that the Village Councils and Village Development Boards were very active and vibrant institutions of grassroots governance, and the people had seen the success of the initiatives taken up by the Village Development Boards. However, these institutions could do nothing in improving public services which was one of the prime needs of the common citizen. The citizens looked up to the Village Development Boards as the closest form of Government in their proximity. Hence, in a sense, there was both some level of expectation from the Village Development Boards, but disillusionment that the Village Development Boards could go only that much, and not beyond, due to legal, political and financial constraints.

Hence, in this situation, the third way and the most practical way seemed to delegate and devolve Government funds and regulatory powers to institutions belonging to the user communities, especially the institutions of the Village Council and Village Development Board. The 'social capital' in the Naga society, in the form of these institutions is rich and dense. Strong tribal and village community bonds cemented traditional institutions, which were organised, and functioned in a significantly participatory manner. The Village Councils had been the crux of grassroots administration since times immemorial. Village Development Boards have been a success story of grassroots level planning and development since 1980. Thus, communitisation or giving powers to the community sought to harness this social capital, and use it to strengthen local institutions for improving governance in delivery of public services. However, this was not an easy proposition. It was based on Triple 'T' approach: (a) trust the user community; (b)

train them to discharge their new found responsibilities; and (c) transfer Governmental powers and resources in respect of management.

The concept of communitisation was first mooted in mid 2001. The concept note was discussed among officials and civil society members during the period August to December 2001. The State Cabinet decided to adopt the proposal in January 2002. The legal basis was provided through Ordinance: January 2002. The State Assembly passed the Nagaland Communitisation of Public Services and Institutions Bill (2002) in March 2002. This is the first such legislation in India.

Prior Preparation

In order to make the process a success, an intensive awareness campaign was conducted at all levels—political, bureaucratic, civil society and among village communities. Handbooks on systems, forms and norms of communitisation were brought out and widely circulated. These were accompanied by workshops for capacity building of Village Education Committee (VEC) members, teachers and members of the Village Electricity Management Boards. Training of Trainers (ToT) was conducted for village level extension. Several rounds of training and sensitisation of departmental functionaries including role play for banks and treasury officials were conducted. Support Committees were constituted at district and State levels to facilitate this process.

Barriers related to suspicion and cynicisms were tackled by wide consultations before enactment and also by moral persuasion, and projecting a vision of an improved Nagaland. It was done as a transparent and determined effort, in a supportive manner, with adequate supervision, guidance and motivation. Also, there was an active involvement of political leadership, influential members of the bureaucracy, including senior most Government servant, civil society and the Church.

Delegating Operations and Devolving Powers

Communitisation essentially meant delegating or handing over operations as well as devolving necessary powers and authority to CBOs. The management functions included disbursement of salary of Government employees at village level, powers to implement 'no work, no pay' regime. Delegation or devolution also included transfer of the assets of the Government to

the community through MoU. Funds to pay salaries, other grants and contributions were transferred to the accounts of community level sector wise management committees. The State Government was left only with the functions of assisting, monitoring and regulating.

This process was initially carried out in three sectors. Elementary education was taken up first, followed by grassroots healthcare, and then electricity distribution. Rules framed to implement the Act and context specific variations were taken cognizance of. Efforts are being made to introduce this mode of governance in other sectors such as water and sanitation, rural roads and management of tourist facilities.

The key features of the communitisation process were as follows:

Monitoring the Quality of Work of Government Employees

The monitoring of local Government employees was given to the community based special management committees. For example, the VECs are authorised to monitor the work of the school teachers.

Paying Salaries after Assessment of Work

The VEC is authorised to pay the salaries of teachers. Salaries for three months were given in advance to the VEC which then would pay to the teachers. The necessary changes in the rules and regulations regarding drawing salaries in advance were made by the Government. The CBOs were empowered to adopt the policy of 'no work, no pay' for school teachers, subject to certain rules and regulations.

Collection of Revenue

The Village Electricity Management Board was authorised to collect electricity charges from the villagers and pay to the State Electricity Board.

Operations and Maintenance of Services

Certain functions in the operations and maintenance of facilities for services such as health, education and electricity were handed over to the CBOs formed by the community specifically for the purpose. For example, the VEC was given the powers and financial resources for upkeep of school buildings.

In order to make the process of communitisation a success, the Government undertook following supporting measures:

Capacity Building

Intensive capacity building of the CBOs was carried out to enable smooth implementation of the communitisation process. Apart from typical training programmes exercised, such as intensive consultations, rapport building exercises, clearing doubts and suspicions, training and capability building of the members and leaders of Village Councils, Village Development Boards, and user committees such as VECs and Village Electricity Management Boards were also conducted.

Campaign for Awareness Generation

A campaign was also undertaken for creating awareness in general public in order to make the initiative a success and convince the people of its importance.

Phased Implementation and Freedom in Decision Making

The implementation of the communitisation process was carried out in phases. Further, the choice of getting communitised was not imposed. The village or the community had the freedom to choose, when and what to do.

How Communitisation Helped

As mentioned above, communitisation of public services primarily involved delegation of responsibilities and devolution of authority to the CBOs. This made the CBOs the service providers, and thus were to create direct accountability of the service providers to the community, improving the quality of services. The process of communitisation also helped to make the service providers more accessible, as CBOs were very close to the communities. Increased accessibility and accountability brought in change in the attitudes of the employees and made them more sensitive to the needs and aspiration of the people. Delegation and devolution to the CBOs made the community itself responsible for operations and maintenance of public service facilities. This reduced alienation and apathy of the people towards the public service infrastructure and facilities, improving the state of infrastructure and its up-keep in the State.



It is reported that, in the State of Nagaland, all the schools (1729 primary schools) have been communitised since 2004. In the case of electricity supply, 452 villages have been communitised for management of electricity supply in 2006.⁹⁶ The process is continuing. Other departments are also exploring the possibilities of communitising their services. Health services have also been brought in the purview of this exercise.

Replicability and Limitations

Communitisation strategy can be replicated in many parts of the country where the grassroots level local Self Government bodies, such as the Gram Panchayats, are functioning well and are willing to take over the responsibility of operations and maintenance of public service delivery work, at least to a limited extent.

It is sometimes observed that socio-cultural homogeneity and cohesiveness along with relevant and live cultural traditions related to self governance within tribal societies are key factors underlying the efficient and effective performance of grassroots level governance institutions in the tribal areas. As a corollary, the grassroots level governance institutions cannot deliver such performance in socio-culturally heterogeneous and fractured mixed communities.

Thus, the main limitation of the replication of this strategy in its current form is that its success is dependent on the willingness and capability of the communities to take on the responsibilities and to exercise the powers being devolved to them. On the other hand, the success of replication will also be dependent of the cooperation of the unions of the public service delivery agencies.

Additional Information

Sector	Rural Development
Scheme/Initiative	Communitisation of Public Services
State	Nagaland
Concerned Agency or Department	Department of Rural Development Government of Nagaland
Year	2002
Contact Details	Principal Secretary Department of Rural Development Government of Nagaland New Secretariat Complex Kohima – 797 001

⁹⁶ Government of Nagaland, Department of Rural Development (Undated) *Communitisation: - Improving Public Services: The Nagaland Experience* Power Point Presentation, viewed on 2nd March, 2007 at Kohima, Nagaland.

2.14 Developing Village Institutions as Non-Banking Financial Institutions

Good Practices in Nutshell

A corpus fund is created by pooling monies from different sources such as the State Government, the community, National Bank for Agriculture and Rural Development (NABARD), and banks. Village Development Boards raise loans using this corpus, as collateral, which is subsequently lent to the members of the community. This helps to increase accessibility of affordable credit despite low penetration of formal banking services in rural Nagaland.

The Core Problem

Non-availability of affordable credit in remote rural areas of Nagaland led to high levels of indebtedness among rural people.

Conventional Mechanisms for Credit Provision

The conventional practice has been that the Government is not directly involved in providing credit to the people. Credit is provided only through commercial and cooperative banks. In addition, private moneylenders also provide credit.

Problems with Conventional Mechanisms

These conventional mechanisms have many limitations. The penetration of the formal banking system (comprising both conventional and cooperative banks) is low. In Nagaland, 21 out of 52 blocks do not have any bank coverage.

Even in areas with banking facilities, credit accessibility has many problems. For example, banks usually demand collateral security while providing loans. Land is mostly provided as collateral security in rural areas. However, due to the system of community ownership of land, many rural people in Nagaland are not able to pledge land as collateral since the land titles are not in their individual names.

In the absence of bank facilities, the only source of credit is local private moneylenders. These private moneylenders charge exorbitant interest rates. The

exorbitant rates not only impoverish people but also their indebtedness.

Village Development Boards as Local Financial Institutions

To overcome the limitations and problems of conventional mechanisms, the Government of Nagaland initiated a scheme in which Village Development Boards were equipped to function as financial intermediaries. This scheme was introduced on a pilot basis in the year 2004-05. The pilot project is now extended to the entire State.

The scheme involves the following Good Practices:

Creation of Corpus Fund

To initiate the scheme, a corpus fund of Rs. 1 lakh per Village Development Board was created. The Government of India, NABARD, and the Government of Nagaland each contributed 20 percent of this amount and the respective Village Development Board contributed 40 percent of the corpus amount. This corpus fund of each Village Development Board was kept in a designated bank.

Loan from Banks to Village Development Board

The bank then provided a loan for amount ranging from Rs. 1 lakh up to Rs. 4 lakh to the Village Development Boards. This loan from the bank then was used as revolving fund which was then disbursed among the individual members of the Village Development Board. The banks loan to the Village Development Boards at the interest rate of about 7.5 percent per annum.

Sub-Lending by Village Development Board to Individuals

The Village Development Boards are empowered to sub-lend from this bank loan amount to individuals from the village and can levy a maximum interest rate of 18 percent per year. The surplus generated through the difference in interest rates is retained by the Village



Development Board. The Village Development Boards take the responsibility of disbursement and recovery of loans.

In order to implement these Good Practices, the Government issued orders giving legal authority to the Village Development Boards to act as financial intermediaries. The Village Development Boards were permitted to take loan from the banks without giving land as collateral. But, at the same time, the Village Development Boards were expected to take some different kinds of collaterals from the members of the community or sometimes lend without collateral.

During the year 2004-05, 25 villages were selected for the scheme. In the next year, 386 villages were covered in this scheme, and in the following year, 200 more Village Development Boards were covered.

How Good Practices Helped

These practices made credit easily accessible even to the poor and landless and at affordable interest rates. It has helped despite low penetration of the banking system in rural Nagaland. This obviated the need to borrow from the private moneylenders. Financial sustainability of the initiative is ensured by involving the CBO (Village Development Board). Further, involvement

of Village Development Board also helps to create a sense of ownership among the community members and also create peer pressure on the borrower. Both these factors, in turn, help to ensure timely repayment of loans.

Replicability and Limitations

This set of Good Practices could be replicated in areas where community based institutions are capable and effective in carrying out economic activities in an efficient manner. In many parts of the country, a similar function is performed by village level primary credit societies or SHGs and their village level federations. In this scheme, the effort was to utilise the already functioning community based institutional platform which was conducting economic activities and also had formal connection with the State Government. These Good Practices could be useful especially where the SHG movement has not spread or for the sections of the society in which the SHG movement is yet to take roots.

In order to ensure the success of the Good Practices, adequate technical support, capability building and hand holding would be needed to ensure that funds are properly utilised. This component is missing in this scheme.

Additional Information

Sector	Rural Development
Scheme/Initiative	Village Development Boards as Financial Intermediaries
State	Nagaland
Concerned Agency or Department	Department of Rural Development Government of Nagaland
Year	2004
Contact Details	Principal Secretary Department of Rural Development Government of Nagaland New Secretariat Complex Kohima – 797 001

2.15 Financial Autonomy to Village Development Boards

Good Practices in Nutshell

The village community members collect a fixed contribution from each household. This is matched by an equal amount of grant by the Government. The fund thus raised forms a corpus which is used by the Village Development Board to raise loans from banks and support community development activities.

The Core Challenge

In States such as Nagaland, a continuous effort is made by the State and Central Governments to fill up the development deficit. The success of these efforts is crucial not only for social and economic development but also for political stability. In States such as Nagaland, where population of STs is high, community institutions are strong and alive. The real challenge is to make the best use of community level institutions to channel Government funds and ensure best possible results.

Disbursal of Government Funds: Conventional Practices

The conventional method for disbursement of Government funds was that all the schemes of the Department of Rural Development were implemented through the Village Development Boards by the District Rural Development Agencies and the block level administration. Funds for all the schemes were directly released and deposited into accounts, which are operated jointly by the CEO, District Rural Development Agency; Project Director, District Rural Development Agency; and the Secretary of the Village Development Board.

Limitations of Conventional Practices

The main limitation of the conventional practices was that the scheme based funds are linked to a specific purpose. Hence, these funds are called tied funds. The Village Development Boards have to use these funds as per guidelines for the scheme that are largely designed in a top-down manner. The Village Development Boards could not use these funds as per their own local needs

and priorities. Further, disbursement of these tied funds involved complicated procedures and took considerable time to reach the Village Development Boards and ultimately to the beneficiaries.

Another limitation imposed by the practices was that the deep knowledge and understanding of the local conditions and local dynamics held by the members of the Village Councils and the Village Development Boards could not be effectively used in the process of development. This was because most of the funds received by the Village Development Boards were tied funds and that came with strict guidelines and procedures for spending the scheme funds, and no diversions or violations of these guidelines were permitted even if the local conditions required.

Apart from the scheme based or tied funds, the Village Councils or the Village Development Boards did not have their own funds to cope up with crisis situations. In times of crisis (due to various factors such as natural calamities or man made emergencies), the village community was always dependent on the Government for help and relief since they did not have their own funds to cope up with such situations. The financial dependence on the State Government even for tackling small scale local problems eroded the credibility of the Village Councils and the Village Development Boards as effective local self Government institutions. It also added to the feeling of insecurity among the local people since they had to always depend for help on the State capital or from other external sources.

Creating a Sustainable Financial Source in the Hands of Community

The Village Development Boards represent key mechanism in the system of grassroots level and local governance in Nagaland. The Village Development Boards function under the Village Councils. While the Councils have wide powers for general and legal administration, the Village Development Boards focus on development issues concerning the welfare



of the citizens. The primary objective of the Village Development Board is to do decentralised planning through the involvement of the village community. Though the Village Development Boards are elected or selected by the village community, they function under the supervision of the Deputy Commissioner (same as District Collector), who acts as the Chairperson of the Village Development Boards. The Village Development Boards are responsible for the preparation of annual village development plan and its implementation through proper utilisation of funds. All citizens of the village constitute the general body of the Village Development Board with rights to participate in the decision making process and also demand social audit of accounts and activities. The management committee of the Village Development Board is formed by the general body.

As mentioned before, the Village Development Boards used to receive tied funds for various schemes. Considering the limitations that came with the tied funds, there was a need to create sustainable financial resources for community which were not tied. To this end, the Government of Nagaland initiated a 'Grant-in-Aid' scheme in 1980-81 for the Village Development Boards and coupled it with an innovative Matching Cash Grant scheme. Together, these schemes helped build a sustainable source for finances in the complete control of the community level institution of the Village Development Boards. The public funds came from State plan of Government of Nagaland. Some of the major Good Practices in the scheme are described here briefly.

Grants-in-Aid for Village Development Boards

Under this scheme, every village receives funds for the Village Development Board on the basis of the number of households in the village. Initially, the allocation to the villages under this scheme was made at the rate of Rs. 100 per tax paying household. With subsequent enhancements, the current rate is Rs. 900 per tax paying household. This is an untied fund and can be used by the Village Development Board for implementing development schemes and income generating activities as decided by its general body. Usually, the Village Development Boards carry out various types of development works with these funds. If the work involves any construction activity, the community members are employed on wage labour.

Matching Cash Grant

Under the Matching Cash Grant scheme, the community members are motivated to contribute to the Village Development Board fund called the Village Development Board Welfare Fund. This contribution can be direct in the form of cash at household level. Alternatively, the contribution can be indirect in the form of employing community members as wage labour on implementation of community works or activities taken under the Grant-in-Aid schemes.

This is an annual process. Typically, the lower limit fixed is Rs. 200 per household and Rs. 10,000 for a village. In case, the general body decides to raise the limit, it can do so. The funds thus collected are deposited in a bank in the Village Development Board fixed deposit account for an initial period of five years.

As an incentive, the State Government provides matching grant (an amount equal to the amount collected by the community) with a maximum ceiling of Rs. 250,000/-. This entire amount (community contribution plus Government grant) is then kept as a fixed deposit in the bank. The maximum permissible deposit limit at a given time under this scheme is Rs. 500,000/-, that is, Village Development Board contribution of Rs. 250,000/- plus the State Government contribution of Rs. 250,000/-.

Use of Loaned Funds for Community Development Activities

This deposit (sum of community contribution and matching cash grant) is then used as collateral security for obtaining loans from financial institutions to supplement development activities, as decided by the Village Development Board and approved by the general body of the village. These include works to improve infrastructure, provide community services or works to improve the economic condition of the villagers.

This fixed deposit is not liquidated. The interest accrued is either ploughed back into the deposit or utilised for development work.

The scheme is mandatory for all the Village Development Boards. The rules regarding the management of these fixed deposits by the Village Development Boards are very strict, and any infringement attracts severe penalty.

In order to implement these Good Practices and make them successful, the State Government gave autonomy to the Village Development Boards to plan and implement their own sub projects using the money raised through this scheme. To this end, some changes were made in the rules governing the functioning of the Village Development Boards.

How the Scheme Helped

By adopting these Good Practices, many of the limitations of the conventional practice of providing scheme based grants were overcome. Availability of untied funds made it possible for village communities and the Village Development Boards to fulfill the needs and aspirations of local people that remained unfulfilled through the top-down schemes. This capability also enhanced the status of Village Development Boards as effective local development agency. Further, it also helped enhance ownership and responsibility towards the welfare fund raised through community contribution and matching grant.

Thus, the enhanced sense of ownership among the community members about the fund also increased the responsibility of the Village Development Boards to use this money in a proper manner, as the local communities are more aware, cautious about the

fund and demand accountability from the Village Development Boards.

Given the fact that there was a serious problem of insurgency in the State, the financial resources under the direct and full control of the Village Development Board helped the communities to address crisis situations on their own, without having to wait for Government assistance to arrive.

Through this scheme, a total amount of Rs. 17.00 crore was mobilised by the Village Development Boards in the State. The total funds now available with the Village Development Boards (including the Government matching grant) are around Rs. 35 crore.

Replicability and Limitations

There may be some conditions peculiar to Nagaland (for example, most villages in Nagaland are comprised of homogeneous tribal communities) which helped to implement successfully the Good Practices. Hence, it may not be possible to entirely replicate these practices at other places. This is true especially for areas with socio-culturally stratified villages where collecting community contribution may prove difficult. However, the basic lessons which emanate from this case study could be replicated, in most efforts for decentralisation of governance.

Additional Information

Sector	Rural Development
Scheme	Matching Cash Grant Scheme
State	Nagaland
Concerned Agency or Department	Department of Rural Development Government of Nagaland
Year	1976
Contact Details	Principal Secretary Department of Rural Development Government of Nagaland New Secretariat Complex Kohima – 797 001

2.16 Improving Traditional *Jhum* Cultivation to Simultaneously Ensure Livelihood and Environment Protection

Good Practices in Nutshell

In this initiative, the solution is not imposed on the community but efforts are made to develop the solution with active participation from the local community in order to make it acceptable.

The Unsustainable *Jhum* Cultivation

The practice of slash and burn type of shifting cultivation, known as *jhum*, is a traditional agricultural practice in Nagaland and other States of North-Eastern India. The word *jhum* is derived from Assamese language meaning 'collective work'.

This agricultural practice has also been used by a few hill tribes from the Kalrayan hills, the Panchmalai hills and the Anamalai hills in Tamil Nadu, and some regions of Orissa and Andhra Pradesh. A huge area of about 2.3 million (22.78 lakh) hectare of the country is affected by shifting agriculture.⁹⁷

The importance of *jhum* cultivation in the life of a tribal society, especially in the north-eastern region, is duly recognised as noted below:

*"Shifting cultivation has a special significance in the ethos of tribal society and social relationships, cultural values and mythical beliefs. The agricultural operations carry cultural significance for the tribal people and are marked by rituals varying from tribe to tribe. All functions, celebrations, and festivities of the tribal people focus on various operations under jhum system of agriculture."*⁹⁸

In a typical *jhum* cultivation method, vegetation on a plot of land is slashed and burned, and later the land is tilled and sown. After a year or two of utilisation, the land is left fallow for some years to regain its fertility and forest growth. Then, the next slashing is done. This period between one slashing and the next is called the '*jhum* cycle'. It is observed that the *jhum* cultivation is productive and sustainable if the cycle lasts 15 to 20 years giving sufficient time for the vegetation to recover fertility during the fallow phase of the cycle.⁹⁹

However, over the years, increasing population pressure has raised the demand for food and therefore, the demand for the *jhum* plots has also increased. As a consequence, *jhumias* (farmers following *jhum* cultivation) return to the same *jhum* plots much earlier, reducing the *jhum* cycle to 3 to 5 years. This has resulted in inadequate time for recovery of soil fertility, and hence, has led to fall in yield, lower returns, and reduction in green cover. Due to these reasons, *jhum* cultivation has been often projected as the main cause of widespread deforestation and environmental problem in these regions.¹⁰⁰ In other words, *jhum* cultivation has become less productive and unsustainable and in the process, is causing harm to environment.

Past Efforts to Reduce the Impact of *Jhum*

There have been several efforts in the past to wean away *jhumias* from *jhum* cultivation. Many State Governments enacted laws that banned or inhibited *jhum* cultivation. As indicated by Table 2.16.1, this

⁹⁷ Choudhari, J. (2006) *Rethinking of Regrouping Scheme of Rehabilitation of Jhumias in Tripura*, in Workshop on Shifting Agriculture Environmental Conservation and Sustainable Livelihoods in Marginal Environment, Guwahati, September 2006

⁹⁸ Government of India, Planning Commission (2001) *Report of the Working Group on Agriculture Development in Eastern and North-Eastern India for Formulation of the 10th Five Year Plan*

⁹⁹ The International Institute of Rural Reconstruction and Nagaland Environmental Protection and Economic Development (1999) *Building upon Traditional Agriculture in Nagaland, India*

¹⁰⁰ Saikia, A. (2005) *Indigenous Control and Sustainability of Common Resources in the Hills of North East India*, Department of Geography, Gauhati University <http://www.gdnet.org/fulltext/saikia.pdf> (viewed on 26th March, 2008)

approach has a long history and some of these laws came into existence in pre-independence period.

Table 2.16.1: Jhum Regulation Laws

State	Jhum Acts/Regulations
Assam	<ul style="list-style-type: none"> • The Sylhet Jhum Regulation Act, 1891 • The Mikir Hills District (<i>Jhuming</i>) Regulation Act, 1954
Arunachal Pradesh	<ul style="list-style-type: none"> • The Balipara/Tirap/Sadiya Frontier Tract Jhum Land Regulation Act, 1947
Meghalaya	<ul style="list-style-type: none"> • The Garo Hills District (<i>Jhum</i>) Regulation Act, 1954
Mizoram	<ul style="list-style-type: none"> • Lushai Hills District (<i>Jhuming</i>) Regulation Act, 1954 • Pawi Autonomous District (<i>Jhum</i> Regulation) Act, 1983
Nagaland	<ul style="list-style-type: none"> • The Nagaland Jhumland Act, 1970

Source: Ashoka Trust for Research in Ecology and the Environment <http://www.atree.org/Annexure-VII.pdf>, 25th March, 2008

Another approach towards reducing *jhum* cultivation was to encourage settled cultivation and relocation of *jhumias* to plain areas. A Shifting Cultivation Control Scheme was initiated during the First Five Year Plan (1951-56). Under this scheme, on average, one hectare land was provided and a lumpsum amount was given for the construction of a hut and for purchasing of a bullock and agricultural inputs. The amount varied from time to time. These schemes, operated through the Tribal Welfare Department, continued successfully for about three decades.

The Governments, over the years, tried to limit or reduce the practice of *jhum*, through another programme called *Jhum* Control Programme. Under this programme, all land 'free from *jhuming*' was brought under monoculture plantation.¹⁰¹ *Jhum* farmers were encouraged to undertake monoculture of cash crops such as rubber, or horticulture crops such as pineapple, orange, litchi or banana.

Limitations of the Past Efforts

The efforts of the Government and the rationale underlying them were deeply rooted in the assumption that *jhum* is a non-scientific and primitive form of agriculture which is a major hazard to forests and environment.

The various positive aspects of traditional *jhum* cultivation such as diversity in a *jhum* plot (typically 20 to 25 different crops are grown in a single *jhum* plot), its importance in the food and nutrition supply chain of the local people, and its relevance to local geographic conditions were ignored.

The various alternatives offered to the *jhum* farmers suffered from limitations. Due to the hilly terrain, availability of land suitable for settled cultivation is limited. As a result, initiatives such as Shifting Cultivation Control Scheme were successful as long as suitable plain land was available. Later, due to scarcity of suitable land, the *jhumias* were allotted inaccessible, unproductive and unsuitable (for plough cultivation) *tilla* (hilly) lands and consequently, they deserted the settlement colonies.¹⁰² Thus, there are inherent limitations for farmers to shift to plain areas and encourage settled cultivation.

Though financial assistance was provided to the farmers for undertaking cash cropping, no proper measures were taken to provide them with appropriate market linkages and income security. As a result, the farmers undertaking cash crop cultivation had difficulties in ensuring adequate and secured market share. They were not convinced of income security and at the end of the subsidy period, opted to return to the traditional way of agriculture.¹⁰³ Moreover, this intervention also had a negative impact on the environment, as it encouraged monoculture cropping patterns as against the diverse nature of *jhum* plots.

The intervention to provide alternative livelihood, such as promotion of settled cultivation, also ignored the fact that due to the hilly nature of terrain, productivity

¹⁰¹ Government of India, Ministry of Development of North-Eastern Region (2006) *Natural Resource Based Income and Livelihood Improvement Initiatives in North-Eastern India*, Background Papers, March 2006 <http://mdoner.gov.in/writereaddata/sublink3images/14%20NR%20based%20Livelihood6916232516.pdf> (viewed on 26th March, 2008)

¹⁰² Choudhari, J. (2006) *Rethinking of Regrouping Scheme of Rehabilitation of Jhumias in Tripura*, in Workshop on Shifting Agriculture Environmental Conservation and Sustainable Livelihoods in Marginal Environment, Guwahati, September 2006

¹⁰³ Devarajan, P. (2005) Weaning Away Tripura Farmers from *Jhum*, *The Hindu Business Line*, Online Edition, 22nd November, 2005



in settled cultivation is low. This may force the settled cultivator to take to high external input based agriculture which becomes gradually unfeasible. *Jhum* cultivation, on the other hand, is a low external agricultural input technology. Thus, all the alternative livelihood opportunities offered (resettlement in plain areas, promotion of settled cultivation, cash cropping/ monoculture cropping) were not feasible or sustainable in the long run.

In its attempt to wean the farmers away from *jhuming*, the Government ignored the importance of *jhuming* cultivation in the social and cultural life of the tribal communities.

In contrast to much of India, forests in Nagaland and other States of North-Eastern India are largely owned by local communities, and the Government exercises control barely over 4-5 percent of the total forest area.¹⁰⁴ As a result, *jhuming* is a social practice in which the *jhum* plots are selected by the farmers in agreement with the traditional village authorities. However, in the process of finding alternatives or solutions, the Government put little efforts to win the confidence of communities and did not try to involve traditional institutions such as Village Councils.

The alternatives offered, namely, settled cultivation or horticulture programme, demanded adoption of new technologies and agricultural practices and modifications in landholding pattern. This resulted into reluctance by local inhabitants to give up traditional *jhuming* practice. As a result, there was resistance to Government policies causing social disruption.

Thus, for economic as well as socio-cultural reasons, farmers are not willing to give up their traditional way of earning livelihood.

Thus, in the absence of any effective solution or livelihood alternative, despite Government efforts, large number of farmers continue with *jhum* practice. The negative impact of *jhum* on the environment continues. Moreover, there is a growing resentment over the Government's effort to relocate the *jhum* farmers.

Re-thinking the Past Efforts

The Nagaland Government was concerned with the depleting forest cover and failure of the top-down approaches to contain *jhum*. Based on the experiences from earlier interventions, the Government reached the conclusion that *jhum* cannot be stopped or eradicated completely.

Hence, instead of elimination of *jhum* practice, the Government proposed that the indigenous knowledge and cultivation practices of *jhum* farmers could be better utilised, and a more sustainable system could be developed by integrating tree farming into traditional *jhum* system.¹⁰⁵ Based on these premises, the Nagaland Environment Protection and Economic Development project (NEPED-I) was conceptualised.

In particular, the change in the conventional efforts was inspired from the observation that three major Naga tribes, namely, the Angamis, Chakesnagas and Upper Konyaks, used alder trees (a nitrogen fixing plant) in their *jhum* cultivation to protect and keep the soil fertile.

In this case study, we focus on two Good Practices:

- (A) Emphasis on accepting and improving traditional practice (of *Jhum*) by value addition, instead of active discouragement of *Jhum*.
- (B) Farmer led test plots using traditional knowledge and local experts.

Accepting *Jhum* and Improving Its Sustainability and Productivity

The first Good Practice comes from the departure from a conventional approach involving rejection of *jhum* as undesirable. The Good Practice relies on the approach of accepting *jhum* and improving it through value addition in order to make it more productive or remunerative and sustainable.

In order to make *jhum* practice sustainable, it was necessary to improve and add value to the practice. This was done in two ways. In the first, the approach was to integrate agro-forestry by promoting tree plantation in *jhum* fields. The second approach was to increase productivity of *jhum* plots by soil conservation

¹⁰⁴ Saikia, A. (2005), *Indigenous Control and Sustainability of Common Resources in the Hills of North-East India*, Department of Geography, Gauhati University <http://www.gdnet.org/fulltext/saikia.pdf> (viewed on 26th March, 2008)

¹⁰⁵ Baerg, R, Vettivel, S. Bagai, D. (2000) *NEPED Performance Assessment* India-Canada Environment Facility and NEPED pp. 3. India

and fallow management measures. Special Test Plots were established to test both these approaches to improve *jhum*.¹⁰⁶

To improve sustainability and productivity of *jhum* fields, farmers were advised on the following aspects of agro-forestry:

- Selection and plantation of tree species: Farmers were advised to plant trees as crops along with other regular *jhum* crops. They were suggested to select local species that are easy to propagate, adoptable to local conditions, compatible with or complementary to underlying crops, fast growing, multi-purpose and cost effective.
- Management of trees in *jhum* fields: This activity covers spacing, pruning, plant protection, control of pest and diseases in tree plantations.
- Nursery development and management.
- Promotion of mixed plantation instead of monoculture.
- Introduction of high value and shade loving/tolerant plants: Farmers were advised to plant shade loving crops such as ginger, yam, turmeric, cardamom and pepper that are economically sustainable and compatible with local socio-economic conditions.
- Intensification of *jhum* fields with annual leguminous cover crops such as velvet beans, rice beans and rubber beans that help to improve soil fertility.

The various Naga tribes are rich in agricultural traditions and follow different systems of cropping and agricultural practices. NEPED project explored these practices and traditional knowledge of communities about their surroundings. Conscious efforts were made to transfer farmer tested traditional methods and their adoption and necessary experimentation in the test plots. Through these measures, the NEPED team tried to popularise various traditional agricultural practices such as:

- Traditional weed control measures practiced in Mokokchung district, Nagaland.
- Traditional soil erosion control measures used by Naga tribes including Angami, Konyak, Chang, Phom, Chakhesang, Sangtam and others.
- Traditional alder (nitrogen fixing plant) based *jhum* system as practiced by Angami farmers of Khonoma village in Nagaland.

- Pollarding of alder trees: Alder trees sprout again after being cut. In a pollarding operation, instead of chopping the tree completely, the tree trunk is cut off usually two metres above ground.
- Traditional rainwater harvesting methods of Kikurma village in Nagaland.

Farmer Led Test Plots Using Traditional Knowledge and Local Experts

Since most of the land in Nagaland is privately held, a strategic decision to use a novel mechanism that encourages active participation of the farmers and communities was evolved and used. This involved what are called 'test plots'.

Test plots, instead of demonstration plots, were envisaged to serve as the primary strategy in NEPED for farmer led testing, development and improvement of agro-forestry techniques.

Two test plots were established in each village, one at higher altitude and other at lower altitude. The area of each test plot was about three hectare. Altogether, 1,794 test plots were established in 854 project villages under the project covering 5,379 hectares. This ensured that the agro-forestry model can be developed according to local conditions. The presence of test plots in almost 80 percent of villages of Nagaland ensured wide spread of the messages of NEPED project.

The traditional authorities in the village such as Village Councils and Village Development Boards were given powers to select the community groups or individual farmers who would establish and develop the test plots. Farmers and villagers were encouraged to discuss the issues, problems and approaches that are needed to improve the traditional system of *jhum* cultivation.

The approach of the farmer led test plot involved significant contribution from both the main actors: the local farmers and the staff of NEPED project.

Role of NEPED Project Operations Unit

- The Project Operations Unit (POU) members interacted with traditional village authorities and villagers to select the test plot location.

¹⁰⁶ The concept of Test Plots is discussed in detail in later pages of the case study.



- The POU provided technical support and policy guidance to villagers working on test plots.
- The POU interacted with the villagers and the local experts to learn from their experience and knowledge.
- The POU members also oversaw and verified the work going on test plots, collected and documented information, and data from the test plots.
- If necessary, the POU members suggested specific changes to villagers for project implementation and monitor implementation of the project.
- The POU members also interacted with each other regularly to share their experiences.

Contribution of Local Farmers on Test Plots

- Villagers working on the test plots clear the jungle, cut the trees and burn the *jhum* field in which the test plot is to be established.
- Following this, they do land shaping and tree planting.
- They cultivate the main *jhum* crop and subsidiary crop (first and second year) and protect tree saplings (third year onward).
- They share their traditional ecological knowledge with the POU and experiment on different *jhum* crop mixes.

The work on test plots in Nagaland was supported by NEPED in form of:

- Collection of tree seeds and/or establishment of nursery.
- Funds for land shaping/terracing (first year) and repair and maintenance (second year).
- Funds for tree seeds or saplings (first year) and gap filling (second year).
- Funds for maintenance and protection of tree saplings (first and second year).
- Training and sharing of information.
- Documentation.

The NEPED POU believed that "Development should build upon the indigenous customs and practices of the local populace, and not simply substitute them with modern methods."¹⁰⁷ As a result, a conscious effort was made to explore and use the conventional know-how and indigenous knowledge.

To facilitate the use of indigenous knowledge in NEPED, the concept of local experts was introduced. The local experts are knowledgeable and respected men, drawn from various tribes and are representatives of cultural diversity of Nagaland. Altogether, there are 13 local experts in NEPED and they often are referred as NEPED's 'Human Data Bank'.

The local experts have been significant contributors to the project activities and their immediate impact was felt in following areas:

1. Re-focusing attention on preservation, regeneration and multiplication of indigenous species of plants.
2. In adopting a bottom-up approach in the communities.
3. Revival of knowledge of medicinal plants.
4. Improvement in relations between NEPED staff and farmers.

Sharing of Traditional Knowledge

NEPED-I was mainly a 'search and find' type of operation. People were not given ready made solutions brought from outside. Instead, an attempt was made to involve local experts to explore traditional knowledge and transfer farmer-tested technologies and best practices across and between different tribes of Nagaland.

Wherever possible, traditional techniques were adopted with necessary experimentation in the farmer led test plots. Further, farmers developing the test plots were given freedom to select the planting material.

In brief, open, exploratory approach and encouragement for horizontal communication did strengthen the two Good Practices described above.

How Good Practices Helped

At the outset, the change over from the approach of eliminating and restricting *jhum* to that of accepting and improving *jhum* was a great morale booster for the local communities which found the Government thinking in line with them rather than against them.

Test plots is a significant departure from the conventional demonstration plots. While demonstration plots try to showcase ready made solutions coming from outside,

¹⁰⁷ The International Institute of Rural Reconstruction and Nagaland Environmental Protection and Economic Development (1999) *Building upon Traditional Agriculture in Nagaland, India*

the farmer led test plots provide opportunities to local people to explore and evolve their own solutions.

Further, the two Good Practices took into account various local socio-cultural aspects and local physical realities.

In the entire process, emphasis was on improvisation of existing traditional practice by way of interaction and sharing as well as learning. People were not asked to give up their traditional way of living and of earning their livelihood but were recommended to modify the traditional practices. The process took into account various concerns and sensitivities of the communities. This resulted in winning confidence of the communities and helped overcome the reluctance or resistance of the communities and farmers to participate in the intervention.

As the NEPED involved a search and find approach where farmers were given freedom to choose planting material as per their own needs, they could experiment with different technologies and systems on the test plots. The involvement of farmers in the decision making process increased ownership and commitment of the farmers in the programme.

The participatory and consultative process involving traditional village authorities in selection of test plots and the beneficiaries increased acceptance of the project and avoided any controversies/conflicts with the communities. The acceptance was consolidated by use of traditional ecological knowledge in developing agro-forestry models. This possibly helped the farmers to relate with the programme and encouraged their participation.

During the duration of the project (1994-99), a total of about 70 lakh trees—with 90 percent survival rate—were planted on test plots. Tree plantation promotion by NEPED is reported to be highly successful. A survey conducted by an external evaluator in 1999 recorded that the replication of the NEPED intervention, in terms of tree plantation, was at a ratio of 1:6 (that is, about 33,000 hectares).¹⁰⁸ Also interesting is the fact that the farmers who are replicating the NEPED model are from poorer groups in the community. This indicates the success of the project in creating awareness among the farmers.

A side impact of the project has been women empowerment. Traditionally, women in Nagaland have had no ownership or hereditary rights as regards land. Nonetheless, the NEPED project gave an opportunity to women in forming test plots and nurseries. In all, 93 test plots were allotted to women during the project duration. In addition, approximately 80 nurseries were established by women. Though the test plots and nurseries given to women are numerically insignificant, NEPED became the first project to address the gender issues.¹⁰⁹

Replicability and Limitations

The principles of development of agro-forestry model can be replicated in various parts of north-eastern regions and other hilly, forest regions of the country. However, the Good Practices require sustained efforts and penetration to establish test plots. Also, strong community participation is necessary.

Tree plantation has long gestation period and does not result in immediate economic benefits. In addition, in long term, to secure healthy benefits from tree plantation, proper market linkages will need to be developed.

¹⁰⁸ Klein, K. (1999) *The Spread of Tree Planting in Nagaland: Results from a Survey of Villagers and Elders*, December 1999, IDRC-SARO, New Delhi

¹⁰⁹ Baerg, R, Vettivel, S. Bagai, D. (2000) *NEPED Performance Assessment*, India-Canada Environment Facility and NEPED pp. 3.



Additional Information

Sector	Rural Development
Scheme/Initiative	Nagaland Environment Protection and Economic Development
State	Nagaland
Concerned Agency or Department	Project Operations Unit, NEPED Government of Nagaland
Year	1995-2000
Contact Details	Team Leader Project Operations Unit, NEPED P. O. Box No. 231, Old Secretariat Building Kohima – 797 001, Nagaland E-mail: nepedkhm@yahoo.co.in

Southern Region

Andhra Pradesh

Karnataka

Tamil Nadu



2.17 Collective Procurement by Self Help Groups

Good Practices in Nutshell

The initiative decentralises the process of procurement of agricultural commodities from farmers. It attempts to involve community based institutions such as SHGs in this process. It also involves special measures to support and help these SHGs.

The Core Challenge: Fair Price to Farmers

The agricultural produce of a large number of farmers is harvested almost simultaneously, creating large quantities of stock. That too comes to the market at about the same time. Such glut in the market makes the farmers, who often are desperate to get cash to repay their loans and to make purchases of other items, vulnerable to market forces. For many farmers, payments they receive at such junctures are the only source of their annual income. This creates a challenge that the farmers should get a fair price for their produce despite the glut situation in the market immediately after harvest.

Conventional Mechanisms for Procurement from Farmers

Conventionally, the procurement of agricultural produce from farmers is done either by Government agencies or private traders. In the case of Government procurement, a minimum support price is offered to all farmers.

The procurement is, however, done only at designated centres, such as centres of agencies like the Food Corporation of India, State Trading Corporations, and cooperative agencies. However, most of these procurement centres are located at the taluka or district places. Almost none or negligible procurement is made at the village level by the Government agencies. If the farmers wish to sell to Government agencies at minimum support price, they have to transport the commodity to the procurement centre at their own cost and over long distances. Further, the farmer is then subjected to inefficient service and apathy by the Government machinery.

In the case of private entities which procure agricultural produce, the price offered to the farmer is, at best, based on the market condition, that is, based on the principle of demand and supply. There are many factors which influence the market conditions. There are also many distortions in the prices which the market can offer. As a result, there are uneven fluctuations in prices offered by the private players, especially in a manner that harms the interests of the farmers. Hence, the farmers are not happy and satisfied by the prices offered by private entities.

Collective Procurement of Produce through Self Help Groups

With a view to overcome the limitations associated with both these conventional mechanisms, the *Velugu/Indira Kranthi Patham* programme introduced the concept of 'commodity procurement through SHGs'. The collective procurement of agriculture produce, horticulture produce, and non-timber forest produce by establishing procurement centres under the aegis of village organisations was promoted in the programme mainly to eliminate disadvantages of the conventional mechanisms. This arrangement increased the bargaining power of women producers (members of the SHGs) and enhanced their incomes by fetching remunerative prices.

It was also expected that the experience and knowledge gained through management of the procurement centres would help the women to enter into commodity trading as a collective initiative. Slowly, these procurement centres were expected to broaden their scope to enter into all those activities where traders trap the producers by extending input loans on exploitative terms.

The basic objectives of *Indira Kranthi Patham* programme in promoting collective procurement were as follows:

- (a) To provide assistance and build awareness of CBOs to develop micro enterprises engaged in value addition and trading of agriculture, horticulture and non-timber forest produce commodities.



- (b) To provide training and information on markets to SHGs and facilitate their linkage with the private players.

The key features of this Good Practice were as follows:

Procurement through Village Organisations

The Andhra Pradesh State Marketing Federation and the Andhra Pradesh State Civil Supplies Corporation Limited have initiated maize procurement through village organisations consisting of SHGs. This was done in districts where maize production was predominant. The agricultural produce was picked up at the village level at minimum support price. This saved the farmer from the cost and effort of transporting it to the Government procurement centre.

Procurement Centres Managed by Village Organisations

Village organisations set up procurement centres in villages with all the necessary equipment, such as weights and moisture metres. They were given detailed training on quality parameters and record keeping. Village Advisory Committees were set up consisting of *Sarpanch* and progressive farmers to guide the women and marginal farmers.

Training and Capacity Building

Training and IEC were important components of the efforts to set up procurement centres. There was a separate budget for providing training in different aspects. Capacity building in the project was taken up in two stages. In the first stage, specific training programmes for the district teams were conducted on a regular basis with support from marketing consultants. In the second stage, training and capacity building programmes of the community level functionaries were conducted by district level teams.

The capacity building of community starts from training the village organisations on marketing activities. The village organisations then select the respective functional committees to manage the procurement centre. The functional committee members are trained intensively. The training conducted in different phases consists of modules on the processes involved,

including planning, value chains, record keeping, commodity grading, value addition and quality aspects. Interactions with the traders and processors are also arranged.

It was reported that, during the year 2006-07, the turnover of these operations grew to Rs. 126.38 crore from Rs. 16 crore achieved in the year 2004-05. Eighty-one different commodities had been handled by SHGs for procurement and more than 18 lakh families benefited from the collective procurement. Up till August 2007, the turnover for the current year was Rs. 229.30 crore.¹¹⁰

How the Good Practices Helped

By aggregating the produce at the village level, the women members of the village organisations could save on transportation cost. Also, they could negotiate better prices with the private buyers or choose to sell to Government agencies at taluka or district level at the Minimum Support Price.

The measures for training and capacity building of the people involved in the operations of procurement centre helped the organisations running the centre to avoid mistakes and sustain confidence of local people.

Replicability and Limitations

This Good Practice can be replicated in many parts of the country where SHGs are active. However, many of the advantages of this Good Practice lie in the fact that the upscaling has been done in a rapid and effective manner. If such upscaling can be achieved in other locations, this practice can be replicated in an effective manner with suitable modification to accommodate to local specificities.

Collective procurement again indicates strengths of the community approach vis-à-vis statist approach and the market approach. In tasks wherein a large number of stakeholders are to be dealt simultaneously at the community level, the State machinery is spread thin and its vulnerabilities get exposed. The local level private traders who in most cases are from economically, socially and politically dominant

¹¹⁰ Document provided by Society for Elimination of Rural Poverty, Hyderabad, *Indira Kranthi Patham, Progress Report for the month of September 2007, Table 2, pp. 4.*

sections often work against the interests of not so dominant and vulnerable sections, as the State and other regulatory agencies fail to be effective. In this context, if the State agencies play empowerer's

role and provide critical support, the community level organisations of non-dominant and vulnerable sections are more effective, efficient and protective, and respond to interests of vulnerable sections.

Additional Information

Sector	Microfinance
Scheme	<i>Velugu/Indira Kranti Patham</i>
State	Andhra Pradesh
Concerned Agency or Department	Society for Elimination of Rural Poverty Department of Panchayati Raj and Rural Development Government of Andhra Pradesh
Year	June 2000
Contact Details	Director Society for Elimination of Rural Poverty 5-10-102, Third Floor, Hermitage Complex HUDA Building, Hill Fort Road Hyderabad – 500 004 E-mail: apserp@gmail.com Webpage: www.velugu.org , www.rd.ap.gov.in

2.18 Enhancing Food Security and Income of Poor Households through Self Help Groups: The Case of *Velugu*

Good Practices in Nutshell

Poor households, which are members of the SHGs, are financially helped by the SHG through short loans to overcome gaps in financing the purchase of food (especially from PDS) as well as other essential items from the open market. Further, the grains required for filling up the gap between total consumption needs and PDS quota of grain are purchased by SHGs in bulk and supplied to members, if necessary, on credit.

The Challenge of Ensuring Food Security

In a country such as India, a large population comprising socially and economically vulnerable sections of society needs support from the Government to ensure their food security. These people are settled across the country often in small and remote habitations. To ensure their food security, the Government has to reach out to them with food and other essential items at subsidised rates and at regular intervals throughout the year. To address this challenge, the Central and State Governments together have built what is called Public Distribution System.

Conventional Public Distribution System: Basic Features

The conventional practice for ensuring the food security of the poor families, as mentioned before has been to supply foodgrains through PDS. The PDS provides food and other essential items through a networking of FPS spread across the country. These shops supply a fixed quota of items at subsidised prices every fortnight, to each eligible family against cash payment on the spot. The entitlement of poor family lapses if the poor family does not lift its entitled quota during the given period. Only a limited number of items, which are thought to be essential, are available in the FPS.

Limitation of the Conventional Public Distribution System

There are many limitations of the current method of providing food security through the PDS. First, the

quota fixed for each of the eligible household by the Government from the FPS may not be adequate to ensure fulfillment of the total food requirement. Thus, the family has to live with this gap (and partly starve) or has to buy from the open market to fill up this gap.

Second, the income of poor households varies considerably during the year; at times it changes as per the seasons. Therefore, in most cases, these families do not have sufficient money every fortnight throughout the year to purchase their entire quota from the PDS. As a result, a large number of families have to live with insufficient supply of foodgrains. Third, the availability of the entire quota of all the PDS items is, however, not assured every fortnight. In other words, supply of stocks to FPS is erratic in quantum and irregular in timing. Hence, even if an eligible family comes up with money to buy the quota, it is not assured that the stocks would be available in the FPS.

Thus, as a result of these problems with the PDS, the poor have to buy these items from the market in order to meet their requirements of food and other essential items. To finance their purchase from the open market, the poor often borrow from private moneylenders at very high interest rates. This leads to an increase in the effective cost of food and increases the indebtedness of these families, which in turn further fuels poverty. The poor are forced to buy these items in very small quantities, but at high frequency, due to their low purchasing power. Hence, they do not get the benefit of competitive prices which accrue from purchasing in large quantities.

Enhancing Food Security through Self Help Groups: Good Practices

To overcome these limitations of the PDS, the Velugu/Indira Kranti Patham programme in Andhra Pradesh has initiated some Good Practices. The key features of these Good Practices are given below:

Assessment of Demand and Liaisoning with the Public Distribution System

The SHG assesses the demand for rice from its members, and files an indent with the village organisation (this is over and above what is purchased from the ration shop). The village organisation collects the indents of all SHGs in the village and forwards them to the Joint Collector or to the competent authority, which signs the release order. This release order is sent to the Civil Supplies Corporation and it delivers the rice to various mandal level stockist points. From this point, the rice is distributed to various SHGs, which have placed order, and the SHGs in turn distribute it to the members as per requirement. The village organisations are responsible for payment.

Self Help Groups Pay Fair Price Shop Owners on Behalf of Members

The SHGs ensure that their members lift their entitlement of rice under the PDS promptly when stocks are available. If the poor families are not able to lift their PDS allotment due to shortage of cash, the SHG pays directly to the FPS owner, and enables the member families to lift their quota of foodgrains and other items. The member families repay the SHG in weekly instalments, as their income schedule permits.

Financing the Shortfall in Public Distribution System Supplies

The shortfall/gap between the PDS allotment of rice to a family, and its total monthly consumption is filled up by providing the required grains to the members on credit by the village federation of SHGs, if necessary.

Bulk Purchase from Open Market

The food security intervention through SHGs is further expanded by making available other commodities of daily usage other than those available through the PDS. The village organisations make bulk purchase of these commodities from open market, and distribute them to the members, with a convenient repayment schedule. These commodities include: fertilisers, pulses, edible oil and salt. When these purchases are made by the village organisation in bulk for and on behalf of its members, they obtain better bargain in terms of price,

quality and reduced transportation costs. In many cases, they even manage to get free delivery of the goods at their doorstep.

How the Good Practices Helped Food Security

These Good Practices contribute to enhance food security of SHG member families in diverse ways. First, the Good Practices enable the member families to lift their quota from the PDS whenever the stocks are available and thus, the family gets a major supply of food at subsidised rates, even when the family is in short supply of cash. Second, poor households can meet their entire food requirement without having to worry about the source of funds. They can always bank on the SHG of which they are members for financing their shortfall of money to purchase food and other essential items from the PDS or from the open market. This comprehensive support makes it possible for the poor households to avoid taking loans from private moneylenders, who lend at very high interest rates, and thus, saving them from the vicious cycle of indebtedness and poverty. Finally, the Good Practices enable collective bargaining by the poor households with private traders for supply of goods at cheaper rates, of better quality, and in a convenient manner.

As of March 2006, these practices were reported to help ensure food security of about one million families. This was the largest such intervention in the country that contributed significantly to the food security of the poor. In the current year, under this initiative, 17,12,107 families have been provided food security till September 2007.

Replicability and Limitations

The Good Practices can be replicated at other places only if there is a well functioning PDS. This is not a direct limitation of the Good Practices, but a pre-requisite for the Good Practices to be effectively implemented.

Further, the Good Practices can be replicated in many parts of the country where SHGs are functioning well and investment is made in the SHGs by the Government or the NGOs. However, it requires that the women members are trained and supported to deal with FPS owners and other market players.



Additional Information

Sector	Microfinance
Scheme	<i>Velugu</i> /Indira Kranti Patham
State	Andhra Pradesh
Concerned Agency or Department	Society for Elimination of Rural Poverty Department of Panchayati Raj and Rural Development Government of Andhra Pradesh
Year	June 2000
Contact Details	Director Society for Elimination of Rural Poverty 5-10-102, Third Floor, Hermitage Complex HUDA Building, Hill Fort Road Hyderabad – 500 004 E-mail: apserp@gmail.com Webpage: www.velugu.org, www.rd.ap.gov.in

2.19 Identification of Poor in Transparent Manner through People's Participation

Good Practices in Nutshell

The Good Practices involve the local people at all levels and in all aspects of the process of identification of the poor households.

Identifying the Poor

Traditionally, poverty was conceived in a very narrow sense. When a certain income per annum was attained, it was taken to mean that a household had risen out of poverty. However, it is being increasingly understood that, while income deprivation is one real and tangible manifestation of poverty, poverty is a far more complex phenomenon of multiple deprivations and vulnerability of both social and economic types. Hence, 'quantifying' poverty is not an easy task, and proper identification of poor households has to be based on realistic indicators of poverty and deprivation.

The Government of India has tried various approaches to identify and list, on the basis of certain set of criteria, families living below a designated poverty line. These families are referred to as BPL families. Since it is very difficult to assess the income of (especially rural) poor families, this exercise faced many problems and criticisms. In 1997, the BPL Census attempted a switch over to expenditure method, but that too was not very successful. Thus, it was found that the BPL lists were often inflated, unrealistic and are not a credible data source for planning poverty alleviation programmes. Moreover, these lists are not prepared and used in a transparent manner and the community, generally, does not trust them.

Thus, there was a need to evolve an assessment strategy to identify poor households which would take into consideration various dimensions, layers and complexities of poverty. Considering the complexity and multi-dimensionality of poverty, it is a challenge to come up with a strategy that captures the reality and identifies the poor families.

Conventional Practices

The Ministry of Rural Development (GoI) constituted an Expert Group to deliberate upon the methodology

with a view to improve the identification of BPL households for the Tenth Five Year Plan. The Group held consultations with all the State Governments/UTs and ministries of the Central Government. Based on these consultations, the Group gave its recommendations to improve the design and content of the BPL Census to be conducted for the Tenth Plan period. The revised methodology has 13 socio-economic parameters, on which BPL status is determined.

The key features of this method are:

Singular and standardised survey tool: Only one research method, that is, of the household survey is to be used. Further, for this survey, one standardised survey tool was used to identify BPL families throughout the State.

Survey through external surveyors: This survey tool was used amongst all rural households by investigators who were hired for the job. The enumerators were not necessarily from the same village or nearby villages.

Non-participatory methods: The survey method is non-participatory. There is no scope for the community members to participate actively in the process of data collection. They can only be (passive) respondents to the pre-fixed questions posed by outsiders.

Pre-determined indicators to identify the poor: The list of indicators used to identify poor households is pre-determined by the Central Government. The State Government has been given some flexibility to define these indicators according to their local contexts, and also rank them for different scores. These scores are to be assigned by the investigators based on the response of the respondents. However, these definitions do not effectively capture inter-regional variations within a State with respect to various attributes of poverty and deprivation for each respective indicator.

Two-fold classification: The present methodology of the BPL survey classifies the community into only two categories: poor and non-poor.



Limitations of the Conventional Practices

The method currently being followed has crucial limitations. First, a singular and standardised survey tool fails to capture the various qualitative aspects of the local reality, which are necessary to identify the real poor. Therefore, the method leaves a large scope for ambiguity and subjectivity. Second, since the investigators are mostly outsiders to the communities which are being surveyed, they are not well aware of the ground realities. As a result, they are not able to strike meaningful conversation with the respondents and grasp the full meaning of their responses, especially in the given short period of time of the survey. Third, since there is no active participation of the community in the process of data collection and recording, this process is neither transparent nor accountable as far as local people are concerned. Fourth, the indicators decided at the State level are not capable of responding to intra-State variations. This would certainly affect the assessment and classification of the households as poor or non-poor.

More importantly, the shortcomings in the definitions of the indicators and the resultant scope for ambiguity are often exploited by the powerful sections of the local community, sometimes in collusion with the investigators and other officials to enlist the non-poor households as poor so that these non-poor households would receive benefits of various anti-poverty programmes. This is often referred to as the problem of wrong inclusion (of the non-poor).

Further, there are important lacunae of the two-fold classification in terms of poor or non-poor categories. First, it is unfair to those who just pass the threshold of BPL criteria. They are not much better than those under the BPL category, but they do not get any benefits of the schemes for the poor. Second, there is every danger that the households which pass the BPL line at the time of survey are vulnerable to many factors, which results in their lapsing down and going under the BPL criteria. But the BPL survey results are valid for the next five years. Both these are often called the problem of exclusion of the poor.

The negative impact of the limitations of the current method coupled with the lack of awareness and lack of ability to assert on the part of the poor further aggravates the problem of exclusion of the really poor from the

BPL list. Hence, often doubts are expressed about the authenticity of the final list of BPL households.

Further, due to the non-cognisance of some key dimensions of poverty by the survey tool, many households who are apparently not poor but are vulnerable and deprived in certain crucial dimensions are excluded from the BPL list, and hence, also from the benefits of anti-poverty schemes. Further, within the poor there are sub-categories with varying degrees of abilities and resources, requiring different types of support to alleviate their poverty. In this situation, the uniform design and targeting of anti-poverty schemes for the homogeneous category of poor has proved to be ineffective in alleviating poverty.

Participatory Identification of Poor

The Velugu/Indira Kranti Patham programme in Andhra Pradesh exercised a participatory process for identification of poor. The participatory identification of the poor is a transparent process and the community is involved at all stages in identifying the poorest. The entire exercise was carried out in an open public place involving all sections of the society in the village. A detailed operation manual of how each process was to be conducted was prepared so as to reduce subjectivity. The manual also listed Dos and Don'ts for the facilitators. The unique features of this method were as follows:

- (a) Habitation-wise wealth/poverty ranking of each and every household.
- (b) Participation of the identified poor and hence, less demand for inclusion of non-poor in the list.
- (c) Capturing of multi-dimensions of poverty.
- (d) Systematic and accurate targeting of poor for anti-poverty and welfare programmes.

Various Good Practices are adopted in the participatory identification of poor initiative. They are briefly discussed below:

Work in the Preparatory Phase

A workshop was conducted in December 2002 to discuss the issues and processes involved in the identification of poor through BPL survey and participatory methods. It was decided in this workshop to adopt participatory methods for the survey of the poor. The Government of India's BPL survey was also about to be conducted during the same time. Hence, it was decided to combine the two exercises. A seven-day training programme was

conducted for District Resource Persons. About eight to ten District Resource Persons per district were invited for the training along with NGO representatives and one official from the District Rural Development Authority. Training manuals and films were developed to train the resource persons.

After the training, the District Resource Persons conducted exercises for participatory identification of poor in two villages on pilot basis. The District Collectors held workshops to sensitise line department officials, NGOs and public representatives. A five-day training programme was arranged for 10-15 mandal resource persons. Again, workshops at mandal level were conducted and a schedule for participatory identification of poor was prepared. The entire process was completed with the help of 120 District Resource Persons, 6760 Mandal Resource Persons and 1600 Community Resource Persons. The State teams visited all the districts and sample habitations where the participatory identification of poor was being undertaken to guide and monitor the process.

Use of Participatory Tools Adaptable to Local Contexts

Instead of relying on a single tool and that of the survey by investigators, different participatory methodologies and tools were used in the process of participatory identification of poor. These participatory resources appraisal tools included Social Map, Well Being Analysis and Vulnerability Analysis. Though there is a broad framework within which these tools are to be used, they could be adapted to specific local conditions.

Community Participation in Defining the Indicators

The indicators for categorising the households are developed in consultation with the community in an open space and in a transparent manner. Some indicators were suggested by the external facilitators, but it was not binding on the community to accept all these suggestions. On the basis of these indicators, the households were classified into four categories by the members of the communities themselves.

Four-Fold Classifications

All the households in the community were classified in four different categories, namely, the poorest of poor, poor, not so poor and non-poor. All the members of the

community are aware as to which household falls in which category.

Participation and Approval of the Community

All members of the community participated in the process of identifying poor households. This was done mainly through discussions in a public place. The results of Social Map and Well Being Analysis were put before the villagers. The villagers were then asked to identify each family and category on the Social Map. After noting the changes suggested by the villagers, the list as per poverty ranking was prepared. Triangulation or cross-checking of the results of Government prescribed standard BPL survey and results of participatory identification of poor method was done to compare the score points recorded for a particular household.

The final categorisation of the households was validated through the discussion in the Gram Sabha and was approved by the Gram Panchayat through a formal resolution. The Gram Sabha was called and the list of the poor was presented in it for ratification. All the information gathered from the villagers was placed before the Gram Sabha. The list prepared in terms of the four categories was discussed again. Any changes suggested were incorporated and as per the pre-designed format, approval of the Gram Panchayat (signed by the *Sarpanch*) was obtained. All these details were recorded in the register of the Gram Panchayat.

Thus, the list of the poor in each village was prepared by the community, based on their own poverty criteria and with classification of families into the categories viz. poorest of poor, poor, not so poor, and non-poor. This was done with active involvement of people, officials and elected representatives, and it was finally approved by the Gram Sabha. It is expected that, because of such an elaborate and participatory process, almost all the errors of inclusion and exclusion in the earlier system could be eliminated.

How the Participatory Identification of Poor Helped

The adoption of this novel method helped to overcome some of the limitations of the conventional method of identifying BPL households. The use of participatory tools provided scope to capture the nuances of the



local conditions and specificities in the process of identification of poor households. Participatory tools increased transparency and accountability of the exercise as well as its ownership by the community.

The method of participatory identification of poor empowered the community to classify the poor themselves rather than through external enumerators. This helped to ensure that poor would have a say in the process and they would not be sidelined and hence, not excluded from being classified as poor. Conducting the process of identification in an open manner provided transparency and therefore, reduced the scope for malpractices and manipulation.

Acceptance and use of the indicators provided by the community in the process of classification of households led to a realistic assessment of the situation. It also helped to enhance the ownership of the process by the community. These indicators were chosen through negotiation and consensus; it also contributed to the reduced scope for malpractices and manipulation of the process.

By classifying all the households into four categories rather than two water-tight categories, the problem of borderline cases was reduced substantially.

It is claimed that it was one of the largest exercises of this kind in the country, perhaps in the world, where participatory identification of the poor was simultaneously conducted in more than 40,000

habitations coming under 28,000 Gram Panchayats and 864 mandals in 22 districts.

An exercise of this scale was accomplished in six months, with the deployment of 120 district level resource persons, 6760 mandal (or sub-district) level resource persons and 1600 community coordinators.

Replicability and Limitations

This methodology of identifying the poor can be replicated all over the country with due consideration to local factors and suitably adapting the exercise involved in this process to local conditions. However, it requires a very high level of ownership and commitment to these unconventional methods at all levels of Government and political system.

One of the major limitations of the initiative is that, while participatory processes require significant time, the exercise was completed in a short period of time. This could have affected the quality of participation, and there might not have been uniform quality in the initiative in different villages across the State. The resource persons played a key role in facilitating this process. Hence, their training and involvement in the process was also critical to the success of this exercise. But again, given the short duration of the training and the exercise, not all facilitators would have performed to the best standards across the State. The short duration of the exercise and lack of experienced facilitators could have led to some instances of 'elite-capture' of the process or lack of representation of all the poor in the community.

Additional Information

Sector	Rural Development
Scheme/Initiative	Velugu/Indira Kranti Patham
State	Andhra Pradesh
Concerned Agency or Department	Society for Elimination of Rural Poverty Department of Panchayati Raj and Rural Development Government of Andhra Pradesh
Year	2003
Contact Details	Director Society for Elimination of Rural Poverty 5-10-102, Third Floor, Hermitage Complex HUDA Building, Hill Fort Road Hyderabad – 500 004 E-mail: apserp@gmail.com Webpage: www.velugu.org, www.rd.ap.gov.in

2.20 Online Grievance Redressal System for Municipal Services

Good Practices in Nutshell

A web-based system of grievance registration and tracking has been developed. Citizens can register their complaints into the system through a variety of means, including a call centre. The system enables the senior managers of the municipal organisations to keep track of the entire process of grievance redressal and can also use this system to assess performance of their staff in this regard. The system also effectively uses mobile communication devices, besides the internet and landline telephones, for data transfer.

Functioning of Urban Local Bodies: Need for Grievance Redressal

The Schedule Twelve in the Constitution and the 74th Constitutional Amendment Act of 1992 have provided for a wide role for the municipalities and municipal corporations, also referred to as Urban Local Bodies (ULBs). These institutions for local self governance thus have a stronger mandate to provide basic infrastructure such as roads, water supply, sewage and waste disposal, street lights, and related services to the urban population. The mandate for ULBs also includes urban poverty alleviation, planning for economic and social development, protection of the environment and promotion of ecological aspects, and safeguarding the interests of weaker sections of society, including women, handicapped, elderly and minorities.

The enhanced role and responsibilities of the ULBs have also led to an increase in the expectations of the citizens for better quality services from these institutions. In order to meet these expectations and ensure sustainable and inclusive development in urban areas, it is imperative that the ULBs work in a transparent and accountable manner and provide basic urban services to all the citizens in an effective manner.

Despite best efforts by its officials, the ULB machinery often falls short of providing timely, efficient, relevant and appropriate services and benefits to citizens, giving rise to a large number of complaints and grievances of citizens. Thus, the core challenge is to develop an

effective and efficient system for timely redressal of citizens' grievances in a smooth manner. It should help the citizens to resolve their difficulties, and also to create knowledge and public pressure required for improvement in ULB machinery.

Conventional Mechanism of Grievance Redressal and Limitations

In conventional grievance redressal systems in ULBs, the procedures and mechanism through which the grievances are recorded and redressed are often limited and preliminary. Citizens have to register their grievances through written letters, which are to be submitted to municipal offices. In most cases, there is no fixed format for registering grievances. Each department has its own system and procedures to receive complaints, and often, there is no fixed person(s) on fixed timings for registration of grievances. Further, in order to know the status of the work being done to redress the complaints, the aggrieved citizen has to either personally visit the concerned officer or has to speak with her/him on the telephone. Both these mechanisms create many hindrances for the citizens to access information about the status of redressal of their complaints. The municipal offices do not have any pro-active mechanism of providing feedback to the citizens on the progress of work being done to redress the citizens' grievances.

The negative impact of such preliminary and limited procedures is that the officers of the municipality cannot be monitored rigorously for the quality of services rendered. Consequently, the citizens remain unsatisfied with the quality and timeliness of the service rendered by the municipalities, and there is no impetus for improvement in the system.

In order to ensure that transactions between the citizens and the ULB employees and other service providers are executed in a transparent and speedy manner, efforts have been made to bring in the system of e-governance in ULBs. Most of the efforts are limited to either provision of information or for execution of routine transactions



relating to payments, registrations, submission, and issuing of certificates. However, we could not find any other example of an e-governance initiative focused on the redressal of grievances against the ULBs.

As a result of these conventional ways of grievance redressal, citizens in general and members of poor and vulnerable sections in particular face many barriers in getting their grievances resolved.

Since the citizens have to approach the same office/officers for redressal of their grievances, citizens are apprehensive and reluctant to lodge complaints.

The requirement of written complaints creates further barriers for illiterate citizens who are often poor and lack resources and contacts. Further, poor citizens do not have the time and financial resources required to visit municipal offices in person in order to register complaints.

The municipal offices lack, as stated above, any proactive mechanism of providing feedback to the citizens. As a result, citizens have no other way but to make frequent visits to the same office. This further demotivates citizens from registering and following up their complaints, and ultimately all this affects governance, as citizens are unable to extract accountability.

Despite these barriers, some citizens try to reach with their complaints to higher level officer. Here, they face another set of barriers. First, higher level officers find it very difficult to keep track of the progress of the redressal of the complaints because the information regarding this is not available readily or easily to them. Second, in a paper based system, accessing information in a timely manner from various departments is cumbersome. Finally, if a higher level officer tries to access information from subordinates, they can easily suppress the information if it shows their performance in a poor light.

Online Grievance Redressal and Tracking System

In order to improve the physical infrastructure, environmental conditions, governance and strengthen the CSOs, with specific focus on the poor, the

Government of Andhra Pradesh initiated a project called the Andhra Pradesh Urban Services for the Poor (APUSP). The APUSP has the mandate to improve municipal services in small towns. This case study describes and analyses Good Practices from an e-governance initiative focused on redressal of grievances of the common citizens regarding the services provided by the ULBs. This initiative was part of APUSP.¹¹¹ As part of its efforts and drawing inspiration from earlier successful e-governance initiatives in the State, the project initiated the Online Grievance Redressal and Tracking System (OGRTS). This system was developed and implemented by the Centre for Good Governance, Hyderabad, an undertaking of the Government of Andhra Pradesh.

Functioning of OGRTS

The OGRTS is a web-based application developed for registering and tracking complaints from citizens about the regular municipal services being rendered by the municipality. The OGRTS project was piloted in 11 municipalities in the Ranga Reddy district (around the city of Hyderabad) and is now being extended to many other municipalities in the State. The main components in the OGRTS include registration of complaint, automatic forwarding to the functionary, escalation as per the citizens' charter, updating of action taken, and knowing the status of the complaint. This is a multi-modal, computer based automated grievance redressal system. To enable grievance redressal and effective tracking of the progress of work done to redress the grievance, a portal was developed. The citizens and the municipal officers are linked with this portal through the internet, SMS or a call centre. The main Good Practices in different stages of the process of grievance redressal are described in the subsequent paragraphs.

Registration of the Grievance

A call centre has been set up at the district headquarter, which is devoted to answering telephone enquiries from citizens. Citizens can register their complaints regarding the municipal services, by talking to the call centre operator.

Whenever a citizen calls the call centre by dialling a toll free number, to register her/his grievance, the operator

¹¹¹ Government of Andhra Pradesh, Department of Municipal Administration and Urban Development, Department of International Development (Undated) *Project Document, Andhra Pradesh Urban Services for the Poor*

at the call centre fills in a grievance registration form on behalf of the citizen. Depending on the input, the operator can choose any one of the two possible actions. One is to accept the complaint. The other course is to indicate inability to register the complaint and politely guide the customers for alternative action by providing some information, if the input cannot be fitted into the OGRS. On acceptance of the complaint, the call centre operator gives the docket number to the complainant.

In addition to the call centre facility, there are multiple channels by which complaints can be recorded. These include telephone, internet or an e-mail.

Standard Format for Registering Complaints

The complaints are registered into the computer database using a standard and structured format. The standard format for registration has some main fields such as key features of the complaint (for instance, department, nature of breakdown, location in terms of ward, street number), and details of complainant (for instance, address, telephone number) which can be easily entered.

Central Database

The complaints received through different modes and registered in a standard structured format are then entered into a central database along with their respective docket numbers. Apart from registration, the central database is used also for different purposes such as automatic communication to and from officials, auto escalation of grievance, feedback to complainants and Management Information System (MIS) reporting.

Auto Escalation

Table 2.20.1: Aspects of Citizens' Charter

Section (Dept.)	Sub-Section	Level 1		Level 2		Level 3	
		Designation	Time Frame	Designation	Time Frame	Designation	Time Frame
Engineering	Repair of Street Lights	Assistant Engineer	5 Days	Municipal Engineer	2 Days	Municipal Commissioner	1 Day
Water Supply	Water Leakages	Assistant Engineer	2 Days	Municipal Engineer	1 Days	Municipal Commissioner	1 Day
Taxation	Assessment of Property Tax	Revenue Inspector	6 Days	Revenue Officer	2 Days	Municipal Commissioner	2 Days

Automatic Forwarding of the Complaint through SMS

Once a complaint is registered in the central database, it is then forwarded to a designated municipal officer through Short Messaging Service (SMS) of a mobile phone service. The unique complaint/docket number provided to the citizen is also communicated to the municipal officer. Depending upon the complainant's geographic location and the department against which the complaint is made, the concerned (first level) functionary is automatically identified and informed.

Once the complaint has been forwarded to the first level functionary, the functionary has to take action on the complaint within the time period specified in the Citizens' Charter. When the complaint is not resolved within the stipulated time, the computer programme managing the central database of complaints automatically sends the complaint to a designated officer in the next (higher) level of authority such as the Municipal Commissioner.¹¹² This is known as Auto Escalation. Table 2.20.1 depicts some details of the Citizens' Charter.

At any level of hierarchy, the functionary can update the status of the complaints with the brief description of action taken, either by replying through SMS or by logging on the website. The higher level functionaries can view the action taken by the functionaries below their levels. But once the complaint's action is updated as 'solved', no other functionary is allowed to change the status except the Regional Director of Municipal

¹¹² Aditya, V. (Undated) *Online Grievance Redressal System: A Concept of Call Centre for Municipalities*, (Power Point Presentation) Centre for Good Governance, Hyderabad



Administration.¹¹³ The Regional Director is at the top most level in the hierarchy of auto escalation and is authorised to conclude whether the grievance is solvable or unsolvable (and hence not acceptable).

The Regional Director can redirect the complaints if the action taken by the functionary is not satisfactory. The redirected complaint will be sent to the first level functionary as a pending complaint and the procedure for processing the redirected grievance remains the same.

Feedback to Citizens

The citizens can know the status of the complaint in two ways: (a) by calling up the call centre and specifying the docket number provided at the time of complaint registration or by mentioning her/his name and other details or by specifying her/his phone number given at the time of registration of the complaint; or (b) by sending SMS in the pre-defined format for getting feedback, specifying the docket number.

MIS Reports for Performance Monitoring

A software has been developed to generate the following types of reports using the data available in the central database of grievances:

- (a) Municipality wise and locality wise list of grievances
- (b) Department wise list of grievances
- (c) Current status, including pending list of grievances
- (d) Officer wise Employee Performance Score Card based on grievances received and redressed.

Citizens' Charter and its Application in the OGRTS^{114,115}

One of the unique features of the OGRTS is the facility of automatic escalation of complaints. The facility has been made possible because of the standardisation of work time for attending to complaints based on the innovative instrument of the Citizens' Charter.

The Citizens' Charter regarding the urban municipal services was developed by the Centre for Good Governance

in consultation with all the stakeholders. The norms were fixed based on past experiences, and rationale judgement regarding the most appropriate time required for each function. The Government then passed an order to give legal effect to the terms and conditions of the Charter. Once the Citizens' Charter was developed, generating awareness about the Charter was critical to the success of its implementation. Hence, the Citizens' Charter was given wide publicity through various media and also displayed in various offices of the municipality.

How the OGRTS Helped

The adoption of the above discussed Good Practices helped to overcome some of the typical barriers created due to the limitations of the conventional system of grievance redressal. With the call centre facility, citizens do not have to give complaints in writing. Since this can be done even with a simple local phone call, poor and illiterate citizens can also register complaints without any difficulty. The call centre works as a single window for citizens to register their complaints regarding the different types of regular services of the municipality and also to receive feedback on the status of redressal.

Since all data is logged into a central database which can be accessed by the call centre operators, they can provide information regarding the progress of work being done to redress the complaints.

The facility of automatic escalation ensures that, if the concerned officers do not attend to a complaint, the matter is brought to the notice of an officer in the next higher level of authority. This, on one hand, helps to hold the junior officers accountable, but on the other hand, does not burden the higher level officers with work that can be handled by junior officers. This ensures that the lower level staff is on their toes and they take proper precautions to see that complaints do not escalate and reach their superiors.

This system uses the short messaging service of a regular mobile phone system in an innovative manner.

¹¹³ There are six regional offices of Municipal Administration Department, Government of Andhra Pradesh <http://www.ap.gov.in/maud/regionaloffices.html> (viewed on 26th March, 2008) and review of cases of grievances cell in all municipalities is one of their essential functions <http://www.ap.gov.in/maud/rdac.html> (viewed on 26th March, 2008)

¹¹⁴ Centre for Good Governance (2003) *Citizens' Charters of Selected Departments of Government of Andhra Pradesh*, Centre for Good Governance Publication, Government of Andhra Pradesh, Hyderabad

¹¹⁵ Mohanty, P. K. (August 2005) *Transparency and Accountability in Municipal Governance: Role of Institution Development, Performance Management and Citizens Charter*, CGG Working Paper No. 32, Government of Andhra Pradesh, Hyderabad <http://www.cgg.gov.in/cggworkingpapers.html> (viewed on 26th March, 2008)

Since it has wider reach and is readily available, no extra investment is needed. The system also uses the existing mobile handsets available with each officer, by transferring grievance related data through SMS.

The Citizens' Charter provides the legal basis to ensure that services are performed as per the fixed timeframe, which, in turn, provides the basis for monitoring the complaints.

The MIS reports help the senior level officers to monitor the work of lower level officers in their performance of redressing citizens' grievances. This has helped the senior officers to extract greater accountability from the municipal officers and workers. The various reports generated also helped the higher level officers (such as Municipal Commissioners) to take informed decisions regarding improvement of services based on the data generated from OGRTS.

It was reported by the Government officers during field visit that OGRTS has considerably helped to improve municipal services and make the public service delivery system of the municipalities more responsive and citizen centric.¹¹⁶ It was also reported that most of the complaints relate to common services such as water supply, lifting of garbage and repair of street lights.

Replicability and Limitations

Considering the significant similarities in ground conditions, the Good Practices in OGRTS can be easily used with certain adaptations, in municipalities across the country.

There certainly is a critical element of additional financial costs. However, this aspect can be looked at in a different manner. The infrastructure and human resource costs involved are not significant, especially if the existing mobile phone system is used. Moreover, the data generated, if used effectively for improvement in operations, can result in efficiency gains which can easily cover the costs involved.

In spite of its strengths, there are some limitations of this OGRS system. The core limitation is that the entire operations of the system are completely funded by the Government. There is no Government-independent revenue model to support this system. Hence, sustainability of this system is weaker as compared to similar other initiatives (for example, *Lokvani*). However, one could argue that grievance redressal is an integral part of the function of service provision, and hence, the expenses for this should be borne by the State Government.

Another limitation of this system is that there may be certain complaints which do not or are difficult to fit into the standard structured format. Such complaints cannot be routed through this system. This system or a parallel system should have enough scope to even accommodate these types of complaints.

This system only partially aids in evaluating employee performance, because it deals only with one aspect of her/his work, namely grievance redressal. This system is not a substitute for evaluation of performance of an employee in other spheres.

Additional Information

Sector	E-Governance
Scheme/Initiative	Online Grievance Redressal Tracking System
State	Andhra Pradesh
Concerned Agency or Department	Urban Development Department, Government of Andhra Pradesh Centre for Good Governance, Hyderabad
Year	2005
Contact Details	Director Centre for Good Governance Dr. MCR HRD IAP Campus Road No. 25, Jubilee Hills Hyderabad – 500033 E-mail: info@cgg.gov.in Webpage: http://www.cgg.gov.in/cgg_home.html

¹¹⁶ These observations are based on interviews with the municipal officers working in the OGRTS.

2.21 Automated Tracking System for Bus Movement: A Management Tool Used By BMTC

Good Practices in Nutshell

The data generated from Global Positioning Systems (GPS) fitted onto buses is being used to monitor the punctuality of the bus operations, and also the work of drivers and conductors. The data generated is also used to calculate total mileage and bill of the contractors of private buses.

Non-punctuality of City Transport Buses

Lack of adequate and efficient monitoring leads to non-punctuality of buses in the operations of large State owned passenger transport utility. Management of a bus fleet essentially involves ensuring timely arrival and departure of buses. To go a step further, it also involves ensuring that the bus touches the en-route points as per schedule.

Simple though this may sound, the magnitude of this task can be gauged from the fact that the Bangalore Metropolitan Transport Corporation (BMTC) has 4100 buses, which operate an average of about 867,000 kilometres every day on 1726 routes. There are 31 bus stations and around 3300 bus stops in the city of Bangalore.

In such a situation, the lack of adequate, timely and relevant data regarding bus operations does not provide the information base needed by depot managers for efficient decision making regarding optimum utilisation of buses.

Further, billing for buses provided by private contractors was done by using the estimated mileage of these buses.

Conventional Monitoring Practices

In the conventional system, the monitoring of the bus movement was done manually. The key features of this conventional monitoring and billing system were as described below¹¹⁷:

Monitoring of Bus Movement Only at Select Points and Not in Transit

Once a bus leaves the terminal bus station, it is monitored for punctuality en-route only at a few points and not along the entire route. This is restricted to only a few buses and not for all routes, and all trips. Further, the entire process was done manually. All monitoring was based on visual observations of assigned officers (traffic controllers/time keepers).

Manual Operations of Observation, Data Logging and Processing

All monitoring is purely manual, based on the observations of assigned officers (traffic controllers/time keepers) and all data recording work which is part of the monitoring system is also done manually. Apart from the traffic controllers, the data logged in by the drivers and conductors when they enter and leave the depots or certain important bus terminus is also used as the record for monitoring the punctuality of their operations. This has to be done post-facto and cannot be done on a 'real time' basis.

Bill Payment of Private Buses

Buses hired by the corporation from contractors were paid on the basis of estimated kilometres operated and not on the basis of actual kilometres operated.

Limitations of the Conventional Practices

This manual system of monitoring the punctuality of the buses at mid-points could be done only on the sample basis. It could not be done for the entire bus operations of the corporation, because the monitoring staff was very small and bus operations were very large. Increasing monitoring staff would increase costs. Such high level of costs were not commensurate with the ensuing benefits. Recruiting more persons for monitoring and tracking was not only an expensive

¹¹⁷ Kharola, P. S. et al. (October 2000) Vehicle Tracking System Using Global Positioning System *Indian Journal of Transport Management*, Pune

proposition but also increased the burden of human resources management.

Further, since the monitoring system is completely manual, it provides large scope for manipulation. In the conventional system, the traffic controllers could act in collusion with drivers and conductors to misrepresent the data regarding bus operations for extraneous considerations. Apart from intentional manipulation, considering the scale and complexity of the operation of monitoring the bus movement, manual monitoring is also prone to many errors. Thus, the data generated from such a monitoring system is not completely reliable and is also not tamper proof. Further, the data generated is stored in the form of manual entries in the registers which do not lend themselves easily for computer processing.

Apart from monitoring, there was one more issue the corporation was facing. Paying the contractors from whom buses were hired on the basis of estimated mileage could lead to losses to the corporation. This was because the actual mileage could be less than estimated mileage which was calculated simply by multiplying the route length with the number of trips.

Since a bus transport utility has to ensure timely plying of buses, the major limitation of this manual system was that the depot managers did not have adequate and reliable information to take managerial decisions needed for making optimum and efficient deployment of buses, especially in emergency situations. Further, ineffective monitoring led to inefficiency, malpractices and negligence on the part of drivers and conductors. This affected the overall quality of service delivery.

Automated Monitoring of Bus Movement

To overcome the above limitation, the BMTC decided to go for automated bus tracking system. The system in its present form evolved over a period of time, in which various technologies were tried, their shortcomings were identified, systems and procedures were modified, and improvements were made to overcome the shortcomings, through a process of continuous organisational learning and improvisation. The automated tracking system has the following Good Practices:

GPS Based Tracking

A select number of buses (around 1200 out of a total of 4000) were fitted with equipment which was capable

of receiving data regarding location of the bus from GPS satellites and then transmitting this data to a central server (computer). The automated tracking system relied on the standard GPS system, which is commercially available in the country.

Automatic Data Logging

The data about location of the buses at the given point of time is generated. This data includes information such as unique identification number for each bus and the location of the bus (in terms of latitude and longitude) at a given point in time. Such data was generated and recorded in the computer at the frequency of one data point for a minute.

Report Generation

Since the GPS module provides the data in terms of latitude and longitude, which could not be easily deciphered by the traffic controller or depot manager, this data was converted into an easily readable form. A software was designed which would convert the latitude and longitude given by the GPS into the nearest landmark and then generate a log sheet giving the location of the bus at periodic intervals in terms of the landmarks. Also at the end, the distance travelled by the bus in a specified time interval was also indicated.

Use of Reports for Managerial Decision Making

The potential for use of the reports generated was immense. Around 500 GPS units were then mounted on selected buses. The readings were downloaded and the reports were generated and sent to the depot managers. Using these reports, they could analyse the punctuality of the bus throughout the route. Cases of missed trips and short trips were immediately brought to the light. The distance travelled by the bus could also be calculated accurately. The maximum speed of the bus could also be estimated.

Bill Payment Based on Actual Bus Usage

The use of GPS also became a very useful tool for controlling the private buses taken on hire by BMTC. Their billing could be made in an automatic manner without any chance of wrong billing on account of fake kilometres. The GPS readings could also be used as the base for scheduling of buses, as the actual time taken by a bus to cover a given distance was known. The system



could also help in the case of accidents by establishing the recklessness (or otherwise) of the driver.

How the Automated System Helped

Automating the process of tracking the bus movement enabled generation of accurate data about the movement of buses at all points on its route, which, in turn, helped to monitor the work of the drivers and conductors. This led to curtailment of malpractices by the drivers and conductors such as unscheduled stops, unnecessary delays and straying from prescribed routes. Thus, it helped to enforce discipline and punctuality among the drivers and conductors. Though automated tracking was done only on a sample basis, the monitoring system also had effect on other staff, and there was an overall improvement in punctuality.

It was reported that the new system generated useful reports for depot managers for almost all the 27 depots under the jurisdiction of BMTC.

Replicability and Limitations

The core idea of generating data through various electronic technologies for monitoring of large scale operations can be replicated in many sectors, other than transport. In the case of time critical applications, the timely generation and use of data becomes even more important. However, mere data by itself is of no use, unless it is used by managers for decision making.

In the present form, this system has some limitations. At present, in these operations, the data generated is on a limited scale and the data is not completely in real time mode. Though the quantity and quality of data is far better than that generated by the manual system, the real advantage of online monitoring is yet to be fully harnessed.

Additional Information

Sector	Transport
Scheme/Initiative	Bangalore Metropolitan Transport Corporation Reforms
State	Karnataka
Concerned Agency or Department	Bangalore Metropolitan Transport Corporation
Year	2000
Contact Details	Managing Director Bangalore Metropolitan Transport Corporation Central Offices, K.H. Road, Shantinagar Bangalore – 560 027 Website: www.bmtcinfo.com

2.22 Recruitment of Drivers: Using Automation and Computerisation

Good Practices in Nutshell

Automation of testing of driving skills, and computerisation of knowledge testing procedure helped increase objectivity and transparency in the selection process. Dispensing off manual observations and personal interviews further reduced the subjectivity, and discretion and scope for manipulation.

Challenge of Recruiting Best Candidate

Among the crew required to run a bus fleet, the role of the driver is the most crucial. The performance of the bus and the safety of the passengers hinges around the capability and skill of the driver. Although, with the passage of time, the proficiency of a driver improves, his expertise at the time of induction into the transport undertaking is important. The selection process of drivers is, therefore, vital to ensure that the best talent available is sought and inducted to drive public transport buses.

Conventional Practices for Drivers' Recruitment

The conventional practice for testing drivers for recruitment in State bus transport utilities consisted of the following components: (a) manual assessment of driver's skills through observation; (b) testing his knowledge of road signals and bus mechanism; (c) personal interview; and (d) medical fitness test.¹¹⁸

Based on these four components, the process of testing was as follows:

An officer of the utility would take a batch of candidates in a bus for a test. Each candidate would be given a chance to drive the bus when his driving abilities would be assessed.

In order to bring in an element of objectivity, the testing officers were asked to make the assessment on the following attributes: (a) steering control and reversing; (b) gear change; (c) mechanical knowledge;

(d) road signals; and (e) brake application. It was also stipulated that two independent testing officers would test each candidate, and if the variation in the marks given by the two officers exceeded five marks, then the candidate would be re-administered the test.

Following the driving test, the candidate would be tested for his knowledge regarding the mechanics of a bus and also of road signals through oral questioning with help of aids. Upon clearing these tests, the candidate would be administered an interview by a panel. Upon passing the interview, the candidate would be subject to a medical fitness examination.

Limitations of the Conventional Practices

The above procedure suffered from several shortcomings. This method of testing and evaluation involved judging a candidate's ability purely based on manual observations and oral questioning. Therefore, there was strong element of human judgement involved in this procedure which provided a huge scope for subjectivity. The scope for subjectivity implied the use of discretion in the decision making process, which in turn, implied that there was ample scope for misusing the discretionary power given to the evaluators, leading to different malpractices.

For example, in this method, the evaluators could in collusion with the candidate or due to some other influence or enticement give high marks to even the non-meritorious candidates, but could not be held accountable for their actions. Maintaining vigil over the testing procedure in order to ensure fair practices was difficult, if not impossible. The cumulative effect of all these limitations was that the process of selection was neither objective nor sabotage proof. This implied that the corporation had to deploy candidates who could have been chosen on considerations other than merit, which implied they were not necessarily the best from the available lot. This had serious implications for the corporation, because the core

¹¹⁸ Kharola, P. S. et al. (July 2000) Evolving a Transparent Procedure for Recruitment of Drivers *Indian Journal of Transport Management*



operations of the corporation—that of operating buses safely and efficiently—was dependent on the availability of good quality bus drivers.

Automation and Computerisation for Testing Drivers

The Good Practices described in the subsequent paragraphs are part of the wider reforms within BMTC. The transition from the conventional practices to Good Practices was achieved through a process of internal learning and gradual refinement.

Automated Track for Assessment of Drivers Skills

A test track was designed in which the candidate had to drive a bus, and his skills of steering control, changing of gears, and application of brakes were tested. The track is designed in such a manner that the performance of the driver is evaluated using a mechanism having visible indicator (dropping of poles). These indicators could also be watched by other competing candidates, and also automatically recorded on a computer. There is no human interference in observing or recording the infringement by the driver giving test. Here, once again, care was taken to prevent observation and assessment being left to the testing officer, as subjectivity would creep in. The awarding of marks was automatic and left no discretion in the hands of the testing officer. Every candidate would know how many marks he got in the test even before the marks were recorded.

The test has following components:

- (a) Starting and moving the bus on an upgradient
- (b) Negotiating the bus in a curve shaped '8'
- (c) Negotiating an 'S' shaped curve in the reverse direction
- (d) Reversing and parking the bus into a prescribed slot
- (e) Identifying the traffic signals.

Computer Kiosk to Test Knowledge of Road Signs

The testing of knowledge of the candidates of the road signs is done in a computer kiosk. On entry of the candidate's serial number, questions are generated automatically by the computer. The candidate is given five options, and he has to select and press the right answer on the touch screen. The marks are automatically logged on the computer. There is no scope for manual interference in this process.

Since all the marking is done by the computer, the results are immediately available. In fact, the results are displayed on an LED screen in the waiting lobby of the candidates. Thus, all the candidates could see how much the candidate taking the test has secured. Only those candidates scoring above a prescribed limit are called for medical examination.

No Personal Interview

Personal interviews were dispensed off, and all candidates passing all the required tests in the prescribed period were absorbed as trainees.

Medical Examination

If the candidate secured a minimum number of marks in the previous tests, he would be sent for medical examination. If he cleared this, he was absorbed as a trainee driver or conductor.

Initially, BMTC recruited drivers and conductors separately. However, recently it has stopped the practice of recruiting conductors separately. Since there are enough candidates available having driving skills, they are also given the work of conductors. Those who pass the driver's test but do not do well in the training or have some other difficulties are given the work of a conductor. However, they are also called upon to drive, if needed. Thus, by combining the capabilities of driver and conductor in a single employee, BMTC can better manage its crew and ensure that its primary operations of plying buses do not suffer due to lack of good and adequate human resources. However, passing the minimum academic qualifications was necessary for conductors.

How Good Practices Helped

Adopting the Good Practices helped the corporation to overcome some of the critical limitations of the conventional method of recruitment. First, the automated testing which was very transparent, removed all avenues for discretion and malpractices. Second, the subjectivity occurring in two core elements of the conventional testing process, namely, manual observation of driving and oral questioning in personal interviews was eliminated. The manual observation practiced in the conventional method was replaced by a method of testing which was automated and also had visible indicators, but yet ensured testing of all vital driving skills in the best possible manner.

The second highly subjective element—personal interviews—was completely dispensed with, in the new method.

In a situation where the Corporation was recruiting around 1000 to 2000 drivers per year, it was very difficult to conduct personal interviews. It was also found that personal interviews did not add any extra value to the evaluation process for the driver's posts. The lack of transparency was overcome by sharing the marks of one candidate with all other candidates (being tested in the same batch), through open display of marks on an electronic score board.

It was reported that by adopting these Good Practices, the BMTC was able to recruit around 1000 candidates in a span of four to six months.

Replicability and Limitations

These Good Practices can be easily replicated in other similar establishments. They are not only simple, less time consuming and cost effective, but also help to eliminate controversies.

However, to make this replication possible, support from high level political decision makers is necessary. This is because it involves a big political decision regarding dispensing with the established but problematic procedures of manual observation and personal interview, which provide scope for interference and manipulation. In the presence of such procedures, even automated track based testing will not help, since the selection process can be manipulated in the process of personal interviews. This decision required considerable support from the political establishment, which was given to BMTC.

Additional Information

Sector	Transport
Scheme/Initiative	Bangalore Metropolitan Transport Corporation Reforms
State	Karnataka
Concerned Agency or Department	Bangalore Metropolitan Transport Corporation
Year	2000
Contact Details	Managing Director Bangalore Metropolitan Transport Corporation Central Offices, K.H. Road, Shantinagar Bangalore – 560 027 Website: www.bmtcinfo.com

2.23 Strategic Government Support to a Health Insurance Initiative in a Public-Private Partnership Mode

Good Practices in Nutshell

The State-wide network of cooperative societies was used to make the rural health insurance scheme financially viable so that it would provide poor and marginal farmers with health insurance at affordable rates, thus bringing the healthcare within the reach of the rural poor at low premium.

The Core Problem

More than 65 percent Indian population lives in the rural area¹¹⁹ and 26 percent people live below poverty line.¹²⁰ Poverty and education lead to lack of health awareness. Further, combination of lack of health awareness and adequate health facilities puts the rural people under higher health risk. They face the disadvantages of having irregular, insufficient income and poor health, and both the factors reinforce each other.

For the rural poor living in remote areas, travelling to rural or district hospital for treatment involves loss of wages, high treatment and travel costs. This discourages them from accessing healthcare.

This condition highlights the need of risk mitigating instrument such as health insurance. Studies indicate that the poor are willing to pay for health insurance. There are, however, other obstacles in the way of providing health insurance to the rural poor, and the informal sectors. Most of the rural poor are self-employed agriculturists, labourers or small business-holders and not being a homogenous category, it is difficult to organise them. Providing health insurance to these poor, geographically dispersed farmers is thus, a great challenge. Unless this challenge is met successfully, the demand for healthcare for the rural and unorganised sector would largely remain unmet.

Rural Health Insurance: Conventional Practices

Large commercial insurance companies reach out to clients mainly through agents or employers, especially in the organised sectors. These companies have a huge network of private agents who are specifically trained. However, most of the clientele of these companies covered by the agents are in the urban areas.

Some NGOs, unions of unorganised labour and charitable organisations have attempted to design self financed health insurance schemes, and played an important role in the delivery of affordable health services to the poor.

Thus, the main problem in the spread of health insurance, especially in the rural areas, is the inability of the insurance providers to reach out to large population. Small outreach has cascading effects: small outreach means higher risk of adverse claim ratio, resulting in higher premiums, and higher premiums causing less people to become subscribers.

Limitations of Conventional Practices

The conventional practices have several limitations. First, insurance companies do not solicit business from the rural population other than the wealthy and elite schemes of rural population products. Most of the non-elite rural people are either engaged in economic activities in the informal sector or are self-employed, and hence, do not have directly identifiable and stable employers. As a result, these sections of rural population are not covered by the commercial insurance companies, working through organised sector employers.

Second, these non-elite rural social groups have very limited capacity to purchase health insurance products,

¹¹⁹ Government of India, Registrar General of India, *Census 2001*

¹²⁰ Government of India, Planning Commission (2002) *National Human Development Report 2001* http://developmentfirst.org/india/planning_commission/HDI_report2001.pdf (viewed on 26th March, 2008)

and moreover they are geographically dispersed. As a result, the private agents of insurance companies do not find it attractive to solicit business from these sections.

Third, the health insurance schemes provided by the NGOs and other small organisations have not been able to sell their products to a large number of clients as they rely on informal network of their members and associations. This limited client base has forced them to offer restricted benefits. The limited benefits further act as a barrier to increasing the membership base.

Fourth, high number of exclusions and the complicated claim process of commercial insurance companies discourage the rural people from trying to get health insurance. It is not possible for the people involved in daily labour or agriculture to spend time, effort and money in follow up of the claim. For example, the offices of the insurance companies are located in towns.

As a combined result of these factors, most of the non-elite rural population do not enjoy cover of health insurance. Further, emergency healthcare expenditure pushes the poor rural farmers into the debt traps. The only other option is to get the loan from moneylender at high interest rates or to mortgage the land. Moreover, the high cost of healthcare for the rural poor means low priority on healthcare spending. It adds to their woes, especially for women, who usually tend to prolong their illnesses for want of money.

As a result of all these factors, the rural poor keep suffering from ailments, which could be cured by with access to healthcare facilities.

Strategic Government Support to Health Insurance Initiative in a Public-Private Partnership Mode

A survey conducted by Narayan Hrudayalaya, Bangalore revealed that in the rural areas, poor people keep suffering from health ailments, which could be resolved with simple operations. On the other hand, it was also found that many hospitals in rural and semi-rural areas were running at as low as 35 percent capacity. A health insurance scheme seemed to be an answer to this paradoxical situation. The idea of the health insurance scheme was found to be relevant and viable

by some officials of the Department of Cooperatives, Government of Karnataka. With the active support of the Government, the Yeshasvini Cooperative Farmers Health Care Scheme (YCFHCS) was floated.

Yeshasvini Cooperative Farmers Health Care Scheme was launched in November 2002. A special purpose trust has been formed to implement the scheme. It has representation from the Government of Karnataka, leading medical professionals and practitioners along with the implementing agency, Family Health Plan Limited.

The key Good Practices from the YCFHCS are discussed in this case study.

Use of State-wide Network of Cooperative Institutions for Outreach

The Karnataka State has wide network of cooperative societies, working in different areas such as agriculture and irrigation, sugar, horticulture, animal husbandry, fisheries, sericulture and textiles. In the year 2003, it was estimated that, out of the total 31,000 registered cooperative societies, about 26,000 societies were actively engaged in the work of socio-economic development.¹²¹ The Department of Cooperatives helped the Yeshasvini Scheme to reach out through this State-wide network of cooperative societies to a large number of small and marginal farmers, who are members of the cooperative societies in the rural areas and enrol them as members in the health insurance scheme.

Initial Support by Government

The local cooperative society, with the assistance of the Department of Cooperatives, signs up the members, issues a receipt and deposits the premium with a local cooperative bank, prior to the start of the plan year. The societies also collect the premium of those members who cannot pay in cash, from the sale proceeds of the agricultural product they sell to the societies. The premium thus collected from all cooperative societies is then transferred to the bank account of Yeshasvini Trust. The staff of the Department issues identity cards to all the subscribers of the scheme, which is used during the cashless treatment.

Part Financing by Government

The Government of Karnataka has also partly subsidised

¹²¹ Yeshasvini Cooperative Farmers Health Care scheme, <http://www.yeshasvini.org/html/karnataka-coop-sector.htm> (viewed on 20th March, 2008)



the scheme during first four years of operations. In the initial two years, the insurance premium was Rs. 90/- per person per year, out of which the Government contributed Rs. 30/- per person per year.

Training and Publicity

The Department of Cooperatives was also involved in training the members and office bearers of the cooperative societies for ensuring smooth implementation, canvassing and advertising the scheme in rural areas. The Department of Cooperatives made available its vehicles to disseminate information about the scheme to the villagers. Information flyer, advertisement spot on television, regular reports in newspapers and media and press conferences are used to give information to the people.

Assistance in Grievance Redressal

As per the rules of Insurance Regulatory and Development Authority (IRDA), Family Health Plan Limited, a division of the Apollo Hospital, has been appointed as the Third Party Administrator of the scheme to handle administration and claim processes.

Since the poor people perceive this scheme as a Government scheme, in case of any grievances against the private parties involved, that is, the network hospitals and the Third Party Administrator, they usually approach the staff of the Department of Cooperatives. Department officials then try to liaison with the private organisations and resolve the grievances of the subscribers. The Department staff has the necessary powers which help them to execute the process of grievance redressal.

How the Good Practices Helped

Since the cooperatives are regulated by the Government, the Government used its powers to authorise the cooperative societies for collecting premium from its members. The Government also provided services of the staff of the Department of cooperatives to do the outreach services, and other works such as training and publicity.

Further, as the Department was actively involved in the canvassing of scheme, the rural poor perceived it as a Government scheme and therefore, found it easy

to place their trust in a Government organisation and hence paid the premium without much difficulty. In case a private organisation, which was not known to the people in the rural areas, had canvassed, probably the response would not have been so good.

It needs to be noted that the cooperative societies regulated by the Department have a huge membership among the rural poor and informal sector workers. Such a large subscriber base right from the first year enabled the scheme to offer substantial health insurance benefits even at a low premium, which the poor could afford. Thus, the strategic support from the Government in key aspects was critical. Primarily, it helped create a very large customer base for the scheme.

And lastly, the low premium was also possible because the insurance scheme provided access to an organised and large number of clientele to the hospitals in the rural and semi-rural areas, which were under utilised. The hospitals were also convinced to charge reasonable rates to which they agreed.

Each person insured under the scheme is entitled to a maximum coverage of Rs. 200,000 per year. This even includes surgeries such as cardiac by-pass operations. In all, 1600 types of operations are covered under the scheme. There are 169 hospitals across the State, which have been linked to the scheme. The rates for each type of surgery including diagnostic investigations have been fixed. In addition to surgeries, out-patient consultation including the doctor's fees at the network hospitals is also covered. The consulting services are available at 70 percent discounted rate at these hospitals. However, investigations not related to surgery are not covered. Most importantly, the service is cashless. The rates are fixed and the insurer provides the service based on the recommendation from Third Party Administrator.

The information about performance of the Yeshasvini scheme indicates that the membership of the health insurance scheme during first five years (2003-04 to 2007-08) ranged from 14 to 23 lakh. During this period, more than 104,300 surgeries were performed and about 3.87 lakh patients benefited through Out-Patient Departments (OPDs) in the network hospitals.¹²²

¹²² Yeshasvini Cooperative Farmers Health Care Scheme *Statistics* <http://www.yeshasvini.org/html/statistics.htm> (viewed on 31st March, 2008)

Replicability and Limitations

Many States in India have good network of cooperatives in the rural areas and also have private healthcare institutions. Hence in such States, it is possible to replicate the model to provide healthcare to rural masses at very low premium.

For sustainability of the scheme and providing the benefits at the low premium, the minimum number of policyholders required is estimated to be 10 lakh. If such broad base of customers is available then only the scheme could become sustainable. Another important factor that could affect the replicability is that of network of hospitals. If private hospitals from different areas/districts failed to join the network, then there is possibility that the scheme may suffer.

Apart from limitations on its replicability, there are some other limitations. In the initial years, not all subscriptions were voluntary, many subscribers were enrolled through automatic registration by their cooperative societies, and their payments were made directly by their cooperatives. Thus, it involved proxy decision on behalf of an un-informed subscriber and hence, could be seen as an indirect coercion. In subsequent years, people are becoming aware of the benefits of the scheme and seem to be paying on their own.

The present scheme has certain lacuna such as exclusion clauses in the benefits which can also put the household at risk of impoverishment. Hospitalisation without surgery is one such example. Sometimes the clients in the interior areas have to travel long distance to reach the network hospitals which are mainly located in the large towns and urban areas.

Additional Information

Sector	Health
Scheme/Initiative	Yeshasvini Health Insurance Scheme
State	Karnataka
Concerned Agency or Department	Department of Cooperatives, Government of Karnataka Narayana Hrudayalaya, Bangalore
Year	November 2002
Contact Details	Principal Secretary Department of Cooperation Government of Karnataka Bangalore Yeshasvini Cooperative Farmers Health Scheme No. 45, Millers Road, Vasant Nagar Bangalore – 560 052 E-Mail: info@yeshasvini.org www.yeshasvini.org Chairman Narayana Hrudayalaya 258/A, Bommasandra Industrial Area Anekal Taluk, Bangalore – 560 099

2.24 Training of Panchayati Raj Institution Representatives: Combining Satellite Education and Participatory Methods

Good Practices in Nutshell

The Good Practices involve providing training to a large number of PRI functionaries across the State by using a combination of satellite based, distance mode of education with participatory method of learning facilitated by skilled facilitators.

The Core Challenges in Training Panchayati Raj Institution Representatives¹²³

In order to make the PRI effective as envisaged in the 73rd Amendment, it is necessary that the members elected to the various offices in the Panchayati system (in all the three tiers) should be capable and be able to act as effective representatives of their constituency. The ability to perform better on the part of PRI functionaries depends, among other factors, on their knowledge about schemes and procedures, and skills as a representative. The number of elected representatives in the Panchayati system is considerably large. Further, due to the system of rotation of reserved constituencies, each election brings up a large number of first time elected representatives. Many representatives may even be semi-literate, with a large percentage of women stepping out of their homes and entering public life for the first time. In this situation, importance of training and orientation of PRI functionaries, at the beginning of their tenure cannot be over emphasised.

Conventional Practices in Panchayati Raj Institution Training¹²⁴

Conventionally, the training of Government functionaries and elected representatives is conducted in the campuses of select institutions of the State Government. Most training programmes conducted by

the State Institute of Rural Development (SIRD) are undertaken in its campus or in other Panchayat Training Centres. Most of these training programmes conducted by SIRD or Administrative Training Institutes are based on the demands of the line departments. Hence, they are driven by the needs and financial support of the respective departments. Often, trainees for training programmes in SIRD or Administrative Training Institute are nominated by their seniors. The trainees have little discretion in deciding the training programmes they would attend.

Conventional Practices in Distance Education

The hitherto few initiatives in distance education have been concentrated on using distance education facilities for supplementing the academic teaching in schools and college classrooms. The distance mode of education has not been used for short term training, especially for adults on a large scale.

Limitations of Conventional Practices¹²⁵

The SIRD entrusted with the task of training PRI representatives and functionaries, faces various problems in delivering quality training to a large number of persons involved in grassroots level governance and development.

First, since the SIRD campuses and the extension centres have limited infrastructure, training can be conducted only in small batches. Hence, a large number of persons (in the order of thousands) cannot be trained on these campuses in a short period of time. The number of PRI functionaries who need training is very large, running into more than a hundred thousand in Rajasthan alone.

^{123,124,125} The sections on 'Core Challenge', 'Conventional Practices' and 'Limitations of Conventional Practices' are same in both Panchayati Raj Institution Training, Karnataka and Panchayati Raj Institution Training, Rajasthan case studies.

Hence, conducting training in small batches lengthens the training cycle and it becomes difficult to impart training within the limited time frame to all elected representatives and Government functionaries from the village level upwards.

When the trainings are organised at central locations (where generally, SIRD or Administrative Training Institute campuses are located), the PRI representatives have to travel long distances and spend time away from their villages. For the representatives engaged in farming activity as well as for women representatives, it becomes difficult to stay away from their homes for long duration. This affects the attendance in the training conducted in distant locations.

Third, it is observed that the budget given to SIRD for training is very low. Further, they have to depend on the departmental budgets earmarked for training. As a result, the training content and methods are dominated by the agenda of the line departments and the training institute has little say in deciding the content and scope of the training. With the content and scope pre-decided, the faculty members/trainers get dissuaded from attempting any innovations in the content or methodology.

The content of the programme dictated by departmental agenda or by the heads of departments is of little practical relevance to the trainees. It is purely based on the assessment of the head of what the trainee needs. Fourth, the pedagogy adopted is non-participatory. The lecture method of teaching dominates the entire training programme. And, a large dose of lectures obviously leads to very poor learning and retention.

This gives rise to a vicious cycle involving poor quality training, which, in turn, leads to poor participation, leading to poor outcome. Any poor outcome further dissuades both the participation of good quality participants, and also pre-empts possibilities of innovation in the teaching and learning process.

Fifth, full time faculty members of the institutes are few. The trainers for such training programmes are conventionally drawn from three pools—Government officers, academicians (which includes the staff of SIRD), and practitioners from NGOs. Since most of

these trainers are not affiliated to the institution (SIRD) and come into the training only as temporary resource persons for conducting selected sessions, their involvement in the training programmes is limited and at times superficial. Many faculty members who work in SIRD or Administrative Training Institute are also on deputation from the Government and work in the training institute for a short period of time. They are frequently transferred. Posting to training institute is generally not considered as prestigious among Government officers. Thus, most SIRDs do not have a team of full time, educated faculty for training, which is necessary for developing focused, relevant and comprehensive training programme.

Due to these various problems, the training delivered by SIRD and Administrative Training Institute has not been effective, relevant and timely. In absence of any other effort for training on the scale required, PRI functionaries assume the responsibilities of office without becoming fully proficient in their functions. Consequently, they are not able to discharge their duties competently. This is one of the main reasons for PRIs not becoming effective institutions of self governance and service provisions, as envisaged by the 73rd Constitutional Amendment.

The main limitation of conventional practice in distance education is that it excludes a large number of people—who are not part of the formal education system—from benefits of information and communication technologies. These technologies, in fact, have a huge potential to provide benefits to those outside the educational system, including adults.

Using Satellite Communication for Training of Panchayati Raj Institution Members

In order to overcome these limitations of conventional practices in PRI training, SIRD in Karnataka took an innovative path using satellite communication based distance education system.

The formulation of the Satellite Communication (SATCOM) based PRI Training Programme began with a participatory consultative process in February 2002 to develop a design of training programme for PRIs. This design was presented at a variety of forums for comments and suggestions. These consultations and interactions, which continued even after the work on



this programme began, facilitated mid-course changes in the programme content and design.

The SATCOM system used for this was developed with technical support from the ISRO's Development Education and Communication Unit (DECU). This system is currently used in a 'one way video', 'two way audio' mode. It comprises a studio from where anchors and panellists facilitate training through live or pre-recorded presentations, discussions, demonstrations and talk-back sessions. These presentations and discussions are transmitted to the satellite through an earth station, which is linked to the studio. The satellite relays the signals that are received directly by small receiving terminals, which relay the signal to TV monitors that are located at the training centres in different districts and talukas of the State. The SATCOM centre was operationalised in the year 2002-03 at SIRD. The same system was used for PRI training.

Under this programme, SIRD organised viewing of the programmes broadcast using satellite by elected PRI representatives in batches at the receiving centres located at every block headquarters. The representatives were intimated in advance and arrangements were made for their logistics, especially for transport from village to block headquarters and back.

The training in this programme consisted of three main components, namely: (a) transmission of films, and PPTs through satellite broadcasting; (b) facilitation/discussions conducted by resource person at the local training centres; and (c) interactive sessions with experts, using satellite communication and other communication facilities.

In this satellite based PRI training programme, SIRD Karnataka employed two main Good Practices and many subsidiary practices, which are described in the subsequent paragraphs.

Innovative Use of Satellite Technology for Panchayati Raj Institution Training Special Broadcast through Satellite Communication

One of the three components of the training programme involved special broadcasting of films, video presentations and other programmes (as part of pre-designed learning programme) to train elected PRI

representatives across the State. Dedicated receiving stations with television sets were set up at each block headquarter to receive the broadcast programme.

Interactive Sessions with Experts

Live interactive sessions through satellite-linked televisions is another component of the training programme through which the participants come in direct contact with the expert panellists assembled at the studios of SIRD. On all four days of the training, a minimum of two hours are earmarked for interactive sessions. The training centres located at the taluka Panchayat offices are provided with telephone facilities for the participants to interact, to raise questions, and clarify their points with the panellists over the telephone. At fixed hours, the calls are received by the panellists, and their clarifications and answers to the questions are televised through the satellite, which is received at the training centres through the television set installed there. The questions or clarifications are sought through fax from some centres. The panellists give suitable clarification for the faxed enquiries also. Such communication between the trainees and the experts of the SIRD gives an opportunity for open exchange of views and gaining clarity on complex issues.

The panellists in the studios of SIRD consist of subject experts, those who have vast experience in the working of PRIs, top bureaucrats of the concerned departments, erudite scholars of the universities and the faculty of the SIRD/Administrative Training Institute. During the course of the training period, on more than one occasion, the Secretaries to the Government of Karnataka have sat on the panel and replied the queries of the participants.

Developing Specialised Training Material and Methods

The SIRD developed software (films, presentations), which can be broadcast through SATCOM. The SIRD faculty designed and implemented innovative programmes such as phone-in programmes (interactive programmes), which used satellite communication to enable participants of a training programme to interact with experts even from remote locations. The SIRD designed, printed and distributed easy-to-read booklets as reading material for elected PRI representatives as learning material.

SIRD produced a diverse variety of training material, including training modules, booklets, wall newspapers, charts, films, multimedia CD-ROMs, and audio cassettes, apart from street plays and songs to communicate diverse themes of rural development in the regional language.

The responsibility for developing supplementary reading and training material was entrusted to the State Resource Centre (SRC) for Adult Education, Mysore. The SRC functioned under the overall guidance of a Training and Materials Development Committee, which comprised many eminent persons.

Combining Satellite Based Training with Participatory Methods of Learning

The use of satellite and other communication technologies was combined with participatory methods. The participatory approach for training was grounded on the principle of mutual learning to be achieved through non-hierarchical and informal modes of communications and exchanges. The resource persons or facilitators at the local centres were given the responsibility to ensure true and wide participation in all three components of training. As seen earlier, satellite technology was used to make possible truly participatory, live and interactive sessions. Similarly, as discussed in the subsequent paragraphs, participatory methods were used to add value to training inputs provided through satellite communication.

Participatory Discussions on Broadcast Films

In this mode of training, the resource persons at the training centres make a brief introductory statement about the film, or conduct an introductory activity without disclosing the contents of the film. The film is then screened through satellite transmission, by the satellite centre at SIRD. The period of first five to ten minutes after the film is over, is intended for obtaining general responses from participants. To carry this participatory process further, resource persons at the training centres invite participants to individually identify three to five most significant statements or scenes from the film and share these in a small group. This is followed by a plenary, wherein there is deeper discussion on the themes identified by the participants. In this session, participants are essentially provided an opportunity to turn over the film in their minds, to let it sink in and take root. During the course of the

training programme, nearly a dozen short films, each of half an hour duration are used.

Participation through Group Discussion

Group discussions on specific issues, topics on a particular theme or after screening a short film are a very important aspect of the training programme. Invariably, one or two such sessions are included in each day's programme of the training. Through these discussions (with moderation by the resource person), the participants get a clear daily picture of the issues and come to an in-depth understanding. The range of topics for the group discussions is quite exhaustive and the topics are highly relevant to the programme.

Creating a Team of Facilitators/Trainers

A team of facilitators was created by drawing capable persons from Government, NGO and from outside. These facilitators were deployed in each block headquarter to monitor reception of programmes, and combine the teaching through broadcast programmes with participatory mode of teaching. They were intensively trained by SIRD to execute these tasks.

In all, 293 persons were trained as trainers and to function as facilitators in the training centres at the taluka level. These resource persons were identified with the help of CEOs, Zilla Panchayats, and other reputed NGO activists in the different districts. Resource persons comprised a mix of persons representing voluntary organisations, serving or retired Government officials, elected representatives from all three tiers of the PRIs and other individuals. The number of resource persons at each block centre was decided depending on the number of Gram Panchayat members to be trained from the concerned taluka.

Elaborative Training of Trainers

Apart from substantive and methodological training, the ToT programme included sessions to train participants to be objective and non-judgemental in outlook. They were trained to be persons with whom trainees can feel free to communicate without fear or ridicule. The ToT programme also included sessions to enable potential trainees to understand that they are not lecturers, but facilitators, friends and counsellors, who can stimulate thinking and accept criticism from the trainees.



The ToT programme was facilitated by a group of committed and dedicated faculty members and resource persons from SIRD and external agencies. Apart from undergoing training at the SIRD, the resource persons underwent a 15-day attachment at the zilla, taluka and Gram Panchayats, during which period they also undertook a village study. The course material for ToT is exhaustive and the trainers have to carefully follow all the instructions given to them. It is the skill, involvement and perseverance of these trainers, which has been critical to achievement of good results.

How Good Practices Helped

In this Good Practice, satellite communication was used for broadcasting such material as was suitable for adult learners. Also, facilitators were trained to facilitate the learning process in such a manner that this material was effectively used in the learning process.

It needs to be noted here that SIRD Karnataka resolved the core challenge in PRI training (that is, of reaching out to a large number of potential trainees, spread across the State, in a very short time) by resorting to use of satellite based communication technology.

Further, it also made innovative use of satellite technology to enhance effectiveness of training (for example, interactive sessions).

In order to ensure quality of training at such a small scale, SIRD has to undertake certain measures which are called here Good Practices.

It also needs to be noted here that the two main measures (main Good Practices) are used here in mutually reinforcing manner. In other words, participatory training methodology and satellite based distance education reinforce each other's impact.

Between November 2002 and January 2005, SIRD Karnataka undertook two stages of the satellite based interactive training and communication (SATCOM) programme with elected representatives of Gram Panchayats. In the first stage, 18,207 Gram Panchayat members from 1310 Gram Panchayats spread over 44 talukas of the State participated in the programme.

The second stage of the same programme was initiated in October 2003. In this programme, 61,677 Gram Panchayat members in 4,339 Gram Panchayats of 131 talukas participated.

Replicability and Limitations

It is possible to replicate this model all over the country, if the limitations mentioned in the following paragraphs are addressed.

The Good Practices involved in this programme can be replicated in principle. However, the State agencies need to have good SATCOM system and well-equipped receiving stations with TV facilities across the State. Further, one of the important conditions for enabling reception of satellite broadcast is availability of reliable electricity supply for the entire period of training. However, this limitation can be overcome to a limited extent by installation of power back-up systems.

The second limitation is availability of adequate and capable human resources to work as facilitators, which is a pre-requisite for this Good Practice to succeed. In fact, this is an important pre-condition for ensuring the success of the replicability of the Good Practices.

Another important aspect of the Good Practices is the use of different types of training materials. Hence, in the replication of this Good Practice, there is need for developing different modes of training. This can be done only by specialised agencies.

Additional Information

Sector	Panchayati Raj Institutions
Scheme/Initiative	Training of Panchayati Raj Institution Functionaries through Satellite Communication
State	Karnataka
Concerned Agency or Department	Department of Panchayati Raj and Rural Development Government of Karnataka State Institute of Rural Development, Mysore
Year	February 2002
Contact Details	Director Abdul Nazir Sab State Institute of Rural Development Lalit Mahal Road Mysore – 570 011, Karnataka E-mail: anssird@rediffmail.com Webpage: http://www.sirdmysore.gov.in/

2.25 Auditing of Maternal Deaths: An Innovative Practice Contributing to Reduction in Maternal Mortality Ratio

Good Practices in Nutshell

Systematic reporting and auditing of maternal deaths creates a sense of responsibility among the health staff. Analysis of direct and indirect causes of maternal deaths helps in improving the healthcare system which ultimately brings down the maternal mortality.

The Core Problem

It is estimated that out of the total maternal deaths occurring world over every year, about 25 percent are reported from India.¹²⁶ Various factors contribute to maternal mortality. These include low age at marriage and pregnancy, little birth-spacing, large family sizes, illiteracy and poor socio-economic conditions. Lack of essential and emergency obstetric care, access to proper health facilities, poor nutrition, high levels of anaemia, and enormous burden of hard work also contribute to comparatively high rate of maternal deaths.¹²⁷

Being signatory of Millennium Development Goals, India is committed to reduce MMR defined as annual number of deaths of women from pregnancy related causes per 100,000 live births) by the year 2015, by three quarters from the 1990 level.¹²⁸ This means that the MMR of India has to be brought down from 570 to about 142, which seems to be a gigantic task.¹²⁹

Tamil Nadu, one of the leading States in India, has a remarkably low MMR than most other Indian States. According to the SRS Special Survey 2001-03, the MMR

for India was 301, while that for Tamil Nadu stood at 134.¹³⁰

However, estimation of the MMR is very difficult and there are great variations in the estimates of various agencies. In the year 1998, the Sample Registration System estimated that the MMR for India was 407,¹³¹ while according to the World Health Organization (WHO), in the year 2000, MMR for India stood at 540.¹³²

Similarly in Tamil Nadu, it was observed that the data on maternal mortality was inadequate. There was under reporting of maternal deaths and also data lacked reliable and relevant information regarding causes of maternal deaths.

Thus, the real challenge was to ensure the accurate reporting and assessment of maternal deaths for further planning. This was essential to increase accountability of health staff and improve the system and facilities, so that MMR could be reduced at a faster rate.

Conventional Reporting System and Its Limitations

In Tamil Nadu, reporting of maternal mortality became a routine practice in the public healthcare system. As a result, it was not taken with due seriousness. Further, since the higher authorities had no information about the causes of deaths, effective interventions for reduction of maternal mortality and morbidity could not be taken up.

¹²⁶ World Health Organization, Department of Reproductive Health and Research (2004) *Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF and UNFPA*, Geneva http://www.who.int/reproductive-health/publications/maternal_mortality_2000/mme.pdf (viewed on 26th March, 2008)

¹²⁷ Government of Tamil Nadu and Social Science Press (2003) *Tamil Nadu Human Development Report 2003*, <http://data.undp.org.in/shdr/tn/TN%20HDR%20final.pdf> (viewed on 26th March, 2008)

¹²⁸ UN Millennium Development Goals, (<http://www.un.org/millenniumgoals/#>) and The Official United Nations Site for MDG Indicators <http://unstats.un.org/unsd/mdg/Data.aspx?cr=356> (viewed on 26th March, 2008)

¹²⁹ The Official United Nations Site for MDG Indicators <http://unstats.un.org/unsd/mdg/Data.aspx?cr=356> (viewed on 26th March, 2008)

¹³⁰ Government of India, Registrar General of India (2006) *Sample Registration System Maternal Mortality In India: 1997-2003, Trends, Causes and Risk Factors*, New Delhi http://www.health.mp.gov.in/Maternal_Mortality_in_India_1997-2003.pdf (viewed on 26th March, 2008)

¹³¹ Government of India, Office of the Registrar General of India (2000) *Sample Registration System, SRS Bulletin*, Volume 33, No.1, pp. 6 New Delhi http://www.censusindia.gov.in/Vital_Statistics/SRS_Bulletins/SRS_Bulletins_links/Bulletin_2000_Vol_33_No_1.pdf (viewed on 26th March, 2008)

¹³² World Health Organization (2006) *India Mortality Country Fact Sheet 2006* http://www.who.int/whosis/mort/profiles/mort_searo_ind_india.pdf (viewed on 26th March, 2008)

Further, the data collected through this system only gave quantitative information about maternal deaths. There was no provision for detailed reporting of direct or indirect causes responsible for maternal deaths. Some times, there was under-reporting of the maternal deaths or some times the maternal deaths were classified wrongly under different categories, and were not posted as maternal deaths.

The prevailing system failed to collect details of the maternal deaths, like clinical history of the deceased mother, whether the death occurred during prenatal, intranatal or postnatal period. The reporting system also lacked other details such as transportation and referral to the higher level health institutions prior to death, or the place of death. Thus, data collected lacked quantitative accuracy as well as qualitative depth, which hampered proper assessment or planning for improvement of the system.

In the case of maternal deaths, often, the deceased mother and family members or sometimes the health system were blamed for ignorance. There were no concerted efforts to find out the real causes of death (clinical or otherwise) as well as lacunae in the healthcare system, either through the field staff or from the relatives of the deceased.

These lacunae in data had many adverse effects. First, though a system of informing higher authorities about maternal deaths existed, it missed out many maternal deaths sometimes due to negligence and sometimes due to the fear of getting punished. Further, since the higher authorities had no information about the causes of maternal deaths, effective interventions for reduction of maternal mortality and morbidity could not be taken up. Third, since the exact cause of the death was not properly known and investigated, it was not possible to pin down the responsibility on a particular person and take punitive action against any staff member or the doctors in this matter. Obviously, as a result, there was hardly any effort (or possibility of undertaking such efforts) to extract accountability of the staff working in obstetric care system in this regard.

Moreover, since the data on underlying causes were not available, it also hampered the proper planning and implementation of the programme to make

improvements in the public healthcare system so as to reduce maternal mortality.

Reporting and Auditing of Maternal Deaths: Good Practices

The sincere efforts to reduce maternal mortality were further strengthened by the State Government under the Child Survival and Safe Motherhood Programme in the year 1992-93. As a part of these efforts, the component of maternal death audit was introduced in the healthcare system in the year 1996-97. The system of maternal death audit evolved over the period of time after gaining the experience. The system was further strengthened, under the subsequent health programmes in the State such as RCH Phase-I, Tamil Nadu Health Systems Project and RCH Phase-II.

A system of maternal death audit was introduced in the State to report all the maternal deaths and to find out the underlying causes and factors contributing to the deaths. The initiative aimed to improve the public healthcare system so as to prevent the maternal deaths.

The following Good Practices were introduced for reporting and auditing of maternal deaths.

Detailed Reporting to High Level Authority

All maternal deaths are reported in detail to the Director, Department of Health. A prescribed format has been developed for this purpose and provided to concerned healthcare providers such as field health functionaries, AWWs and medical officers. A well designed system has been laid down, which specifies the person responsible for reporting of the death. The Deputy Director of Health Services at the district level is responsible for collecting the relevant information and monitoring the reporting to the Commissioner, Director and Joint Director of Public Health Services within 24 hours of the occurrence or receipt of the death information.

Field Investigations and Participatory Verbal Autopsy

The reporting is followed by a detailed investigation by an obstetrician within 15 days. A district level maternal death investigation team has been formed to improve the quality of investigation. The obstetrician is accompanied by medical and nursing staff from the PHC. To maintain the objectivity of the investigation,



each month a different obstetrician is selected from the available pool. A standard verbal autopsy format has been developed which is used to collect information. The verbal autopsy format is filled up by the team. The format contains following details:

- (a) Location of the death
- (b) The economic, social and educational profile of the family of the deceased
- (c) The deceased's obstetric history and record of antenatal care, delivery and postnatal care and referral
- (d) Circumstances of death.

The team meets the relatives of the deceased and records their version in detail. The team also visits the health premises where the mother was treated to examine the case papers and interview the staff. It is the obstetrician's responsibility to analyse the direct and indirect obstetrical causes which led to death. Other team members examine non-clinical causes such as antenatal care, risk factors and complications, delay in referral or initiation of treatment, and non-availability of specialists, equipment or blood.

The findings are placed before the Maternal Death Medical Audit Committee on a monthly basis which in turn gives its report to District RCH Committee chaired by the District Collector. The Committee also takes in the version of relatives of the deceased who are invited to present their account of the events leading to the death of the mother.

Enabling Corrective/Punitive Action

The minutes of this meeting are then sent to the Commissioner, Maternal and Child Health and Family Welfare, who is empowered to take even punitive action, against the staff members. The Commissioner peruses the minutes of both the meetings to take corrective action. A State level committee responsible for assessing the quality of maternal death investigations visits FRU at random and reports to the Commissioner every month. A quarterly meeting is held with the Joint Director and Director of District Health Services to discuss the measures for reduction in maternal morbidity and death.

How the Good Practices Helped

The Good Practice placed special emphasis on the process of reporting and increasing the scope of the

information to be reported as well as on elevating the level of reporting to the highest authority—Director, Health Services. This new process of reporting created sensitivity and accountability among the Government staff at the grassroots level. This helped to ensure that all the cases of maternal deaths are reported. Further, as the report is invariably followed by an inquiry and audit, the tendency to treat the reporting process in a casual manner with negligence or without due seriousness was done away with.

In verbal autopsy, the relatives of the deceased narrated their account of the series of events that led to maternal death. It helped in throwing light on the underlying non-clinical causes of death from the perspective of the family such as the delay in decision making to transfer the deceased mother to the hospital, delay in making arrangements for money and transportation, non-availability of health staff especially doctors in the referral institution, extreme delay in attending the patient, refusal to admit the patient in the referral healthcare facility, and lack of equipment or essential facilities such as blood and oxygen in the referral institution. The detailed account helped the team to identify the lapses in the healthcare delivery system. The review and analysis of the situation provided lessons for further planning and implementation. Thus, it helped in improving the health system by filling the gaps.

By sending the minutes of the meeting to the Commissioner, punitive action was immediately possible against those who have been negligent, resulting in death of the mother. Further, the action taken against the staff members served as warning to the other staff members. The staff in the healthcare institutions realised the sense of responsibility. It improved the quality of reporting. Moreover, health staff attended the emergency cases with utmost care. The quality of healthcare in the public health institutions increased. It also helped to save the lives of mothers, thus averting the maternal deaths.

The system of maternal death audit also helped to bring about changes in the public healthcare system. First, it helped the planners to identify the system failures and lacunae in the existing healthcare delivery system. Second, through the system, factual evidence was collected from different sources, which, in turn,

sensitised the policymakers and administrators. Moreover, the Good Practice triggered many policy initiatives in the health sector.

Accountability of the doctors and other staff members from the public healthcare system improved dramatically because of the strict and systematic auditing of maternal deaths. Increase in the reporting of maternal deaths was observed.

In the year 1994, only 640 maternal deaths were reported. The system of maternal audit was introduced in the year 1996, after which, reporting improved and the number of reported maternal deaths rose to 1636 in 2001. Since then, the maternal mortality showed a downward trend and as a result of this decline, only 1028 maternal deaths were reported in the year 2006.

Replicability and Limitations

Since the practice uses available public health infrastructure and manpower with no additional costs

for implementation, practice could be replicated in other States with high MMR. The practice could also be used for the States with high infant and child mortality.

However, the potential of replication also has some limitations. First, strong political and administrative will and commitment is required to implement the maternal death audit. Second, health staff should be convinced of the importance and utility of the new procedure. In the absence of special efforts to communicate with staff, there is possibility of resistance, as they might see it as an additional burden or perceive it as threat.

Coming to other limitations, this Good Practice has been possible in the State of Tamil Nadu only because of the fact that a very high percentage of deliveries (about 98%) take place in the healthcare institutions (public or private). The percentage of deliveries conducted in the public healthcare facilities (such as PHCs and CHCs) is also very high (almost 58%).

Additional Information

Sector	Health (Gender Focus)
Scheme/Initiative	Maternal Death Audit
State	Tamil Nadu
Concerned Agency or Department	Department of Health and Family Welfare Government of Tamil Nadu
Year	1996
Contact Details	Director Directorate of Public Health and Preventive Medicine Government of Tamil Nadu 359, Anna Salai, DMS Complex, Teynampet Chennai – 600 006 Webpage: http://www.tnhealth.org/

Western Region

Gujarat

Maharashtra

Rajasthan



2.26 GO-NGO Collaboration: Importance of Transparency, Autonomy and Mutual Respect

Good Practices in Nutshell

Effective collaboration between Government and NGOs can be achieved only through careful and innovative design of the working relationship, based on the principles of autonomy, respect for each other's strengths and weaknesses and transparency.

The Core Problem

The design and implementation of Rural Drinking Water Supply Schemes was completely in the hands of the Government agencies such as Public Health Engineering Department of Water Supply and Sanitation Board. These organisations were mainly staffed and controlled by engineers. This was mainly the practice in the pre-1990s. These Government organisations were responsible for the design and implementation of both urban as well as rural water supply schemes.

Further, it was expected that the schemes, after they are commissioned, would be transferred to the local self Government bodies for operations and maintenance. In urban areas, this practice was more successful than in the rural areas. For rural water supply schemes, few local Self Government institutions or PRIs (such as Gram Panchayats or Zilla Parishads) were willing to take responsibility of regular operations and maintenance of the schemes. This was more so in the case of multi-village schemes, having a large infrastructure.

In some cases, the PRIs did take responsibility of operating and maintaining the schemes, but they were also dependent on State Government grants for this purpose. This adversely affected the operations and maintenance of the scheme. The Government departments and agencies, which were left with the burden of operation and maintenance, had no budget for commissioned schemes. They could neither collect user's charges nor maintenance charges from the beneficiaries or the PRIs. As a result, very large number of rural drinking water schemes, built with considerable

capital investment, became dysfunctional and went into disuse and disrepair. Thus, the already existing problem of drinking water crisis in many parts of rural India got aggravated rather than being resolved, despite huge investments and massive efforts.

The core problem was unwillingness of rural local Self Government bodies or PRIs to accept responsibility of operations and maintenance of the schemes.

The analysis of reasons for reluctance, rather refusal by rural PRIs to take up responsibility of operation and maintenance of drinking water schemes is quite interesting. At the first level, there are two primary reasons behind this refusal:

- (a) No feeling of ownership about these in people or PRIs.
- (b) The operation and maintenance costs of many of the schemes were found to be excessive and unaffordable.

The reasons underlying the unaffordability of operation and maintenance costs were found to be mainly two:

- (a) High capital investment in schemes.
- (b) Most beneficiaries were not willing to pay users charges, while the high capital cost of schemes was often attributed to supply driven approach in the design of the scheme.

Lack of willingness of users to pay was traced again to two reasons:

- (a) The users found the charges unaffordable again mainly due to high capital costs.
- (b) The users, though they were getting water from the scheme, did not have any ownership about the scheme.

The lack of feeling of ownership on the part of the beneficiaries about the scheme was due to the complete lack of participation of the local people in the design



and implementation of the scheme. As there was no participation, local people felt that this is a gift from the Government for some motives and hence it has to be free. Thus, in the ultimate analysis, the core reasons for refusal by PRIs to take the operation and maintenance responsibility could be traced to two reasons—lack of PRIs' participation and supply driven approach which again negated need of participation by local people.

Thus, the core challenge was to secure community's participation in design, implementation, operation and maintenance of the rural drinking water schemes.

Conventional Practices: NGO Participation

Thus, it was increasingly realised after about years of failure of this approach, that community participation in the design and implementation of schemes was essential, if the community is to take over the operations and maintenance of the schemes. With this realisation, the Government started seeking services of NGOs in facilitating participation of communities in some aspects of the design and mainly implementation of rural drinking water supply schemes. These practices of collaborating with NGOs began in the mid-1990s, and were scaled up in many national level schemes (through sector reforms) from 2000 onwards.

The NGOs were selected through a bureaucratic process and sometimes also through tendering. For getting selected, NGOs were expected to apply and bid for through tenders.

Coming to the role of NGOs, they were mainly assigned two tasks:

- (a) Awareness generation commonly referred to as IEC (Information, Education and Communication).
- (b) Of training the community members to develop their capabilities to operate and maintain the system.

In this practice, NGOs were often hired with very restrictive terms of reference. NGOs were asked to execute specific tasks with little flexibility and autonomy. They were not given powers to make any changes in those components of the scheme/project (especially the technical design). Effectively, the NGOs were treated as another set of 'contractors' (like building contractors) working on 'social tasks'.

In many schemes and projects wherein collaboration of the NGOs was sought, geographic areas were carved out for each NGO to operate. Many a times, effort was made to find an NGO that is active in the same geographic areas. In many schemes, however, bureaucratic insensitivity overlooked even this obvious factor.

Limitations of Conventional Practices

There were mainly limitations of the conventional practices involving NGOs in a very limited manner. As mentioned before, the design (technical, economic and even institutional) was given and was unchangeable. The design was largely done by engineers. Engineers designing schemes had very limited understanding of the social, cultural and economic aspects of the design and implementation of the rural drinking water supply schemes. Hence, though the schemes were technically sound, they were often socially inappropriate and economically unviable.

The situation did not improve even after the involvement of the NGOs. This was because the NGOs did not have authority to change any part of technical or institutional design.

This negatively affected participation of the community, and the schemes continued to remain socially inappropriate or economically unviable. Further, the methods and practices of seeking the services of the NGOs did not recognise the fact that facilitating community participation was a specialised job and it required considerable time, money, efforts and expertise. With restrictions on time and money and little power to influence the design of scheme, the NGOs could not effectively use this expertise and deliver in a meaningful manner.

Carving out geographic areas pre-empted the possibility of cooperation among NGOs and created competition to obtain more and more area. This eliminated the possibility that co-ordination among NGOs would create synergies and help NGOs to cover each other's weak spots. Importing 'outside NGOs' into area created more trouble including lack of rapport with local people and resistance from local NGOs.

Government-NGO Collaboration: Transparency, Autonomy and Mutual Respect

The Good Practices described in this case study come from two projects, which were largely similar. The projects selected are Apani Yojana from Rajasthan and Gogha Rural Drinking Water Supply Project from Gujarat.

The project initiators of both the projects recognised the fact that it is essential to change the mindset of the community to prepare them for taking responsibility of operation and maintenance and sharing the costs involved. For this, it was necessary that the communities were involved in the project design and implementation from the initial stages itself. However, the implementing Government agencies had no experience of involving the community in any effort on this scale. Further, it was recognised that the Government is not fully equipped (with knowledge and human resources) for mobilising the community. It was in this background that a few reputed NGOs were invited to collaborate with the Government.

Following are the important Good Practices adopted to operationalise this collaboration:

Selection of NGOs

In both the projects, the main criterion for selection of the NGO was their proven track record. The NGOs were chosen by the Government agencies, in consultation with the donor agencies, and were invited to participate as partners. They were hand-picked and there was no tendering process.

In the case of Apani Yojana, five NGOs were identified and invited as partners. A consortium of these five NGOs was formed and one of the NGOs Indian Institute of Health Management Research (IIHMR), Jaipur was appointed as the nodal agency of the consortium.

In the case of Gogha project, three NGOs were invited for undertaking mobilisation and capacity building of the communities as Independent Support Agencies to Gujarat Water Supply and Sanitation Board. The Independent Support Agencies were organised under an umbrella agency called the Community Management and Support Unit.

Special Institutional Structures and Role Allocation

In the case of Apani Yojana, within the Government's Public Health Energy Department, a special cell called the Project Monitoring Cell was created to implement the technical component. An officer of the rank of Chief Engineer was placed as the head of the Project Monitoring Cell. In addition, a group of German and Indian consultants was identified to advise on technical as well as social components of the project.

In case of the Gogha project in Gujarat, the project was implemented in two phases with the institutional structure differing in both the phases. In the first phase, Gujarat Water Supply and Sanitation Board was the nodal agency responsible for the implementation, administration and reporting of the project. Royal Netherlands Embassy was the executive authority on behalf of the Government of Netherlands and represented the donor agency. The Project Support and Implementation Unit was set up for day-to-day implementation. It consisted of Netherlands Aided Project Unit, a group of engineers deputed from the Gujarat Water Supply and Sanitation Board, and consultants appointed by Royal Netherlands Embassy. Community Management and Support Unit, an umbrella organisation of NGOs worked with the Project Support and Implementation Unit.

Though the Government-NGO partnership was created in the first phase itself with Gujarat Water Supply and Sanitation Board as the nodal agency in the Gogha project, there was hardly any progress during the first phase. Gujarat Water Supply and Sanitation Board was unable to re-orient its working to incorporate the software activities that had been mandated in the project. In particular, the organisation had not been geared to treat the village communities as active partners and was not often able to respond with necessary flexibility while working with them. The focus of the Gujarat Water Supply and Sanitation Board was on regional schemes, rather than individual, village level ones. Moreover, the other components of the project, such as water resource management, environmental sanitation and hygiene promotion were beyond its scope.

The best international level expertise was brought into the project and a small separate unit was also



established for implementation. Even so, the project struggled for four years from 1999 to 2002. Ultimately, the conclusion was drawn that Gujarat Water Supply and Sanitation Board would not be the appropriate agency to carry out the reforms. Water and Sanitation Management Organisation (WASMO), an independent and autonomous institution was then established, with a view to institutionalise the reform process in water sector within the State. The mandate for implementation and management of the Gogha project was transferred from Gujarat Water Supply and Sanitation Board to WASMO. Community Management and Support Unit became an integral part of WASMO with direct responsibility for the execution of grassroots level activities. The role of WASMO was only that of water management and not of water supply. The responsibility of water supply still remained with Gujarat Water Supply and Sanitation Board.

Nature of Partnership

The NGOs were called into these projects not as contractors of the Government, neither were they asked to execute only specific tasks with restricted scope. Instead, they were invited as agencies in partnership. The Government recognised the specialised and professional role of the NGOs and created the required space for effective Government-NGO collaboration. Further, both the Project Monitoring Cell (in the case of Apani Yojana) and WASMO (in the case of Gogha project), also recognised that working with community needs patient and persuasive approach and that the Government staff is not used to work in this manner.

The main attributes of the effective nature of the relationship between the Government and NGOs in these projects were:

- (a) The Government-NGOs were on equal footing, and there was no feeling of superiority or inferiority in the relationship.
- (b) The NGOs were given adequate space and power in the decision making process regarding the project.
- (c) There was clarity on roles and responsibilities.
- (d) The flow of funds was smooth.

Top Level Co-ordination between Government and NGOs

In both the projects, a steering committee was created which provided overall governance to the project. The

heads of the participating NGOs were members of the steering committee and had powers equal to their counterparts from the engineering department of the Government in this committee.

In the case of Apani Yojana, a steering committee for governance of the project was set up consisting of the heads of the five NGOs, the Programme Director from the Government agency and external consultants. The Chief Engineer, Public Health Engineering Department was a special invitee. The Chairman of the Steering Committee was the Trustee of an NGO.

In the case of Gogha project, a steering committee of professionals was formed and was involved in decision making right from the beginning. It consisted of the heads of the partner NGOs as well as top level management of the WASMO and other professional members.

Thus, in both projects, the NGOs were able to directly work with top level management in the implementing agencies and easily communicate with them, and also participate in the decision making process regarding all aspects of the project, including the technical design and implementation process.

Consortium Approach (Apani Yojana)

In the case of Apani Yojana, the partnership was with a consortium of five NGOs, in which a leading NGO was selected as the nodal agency. The most important aspect of this partnership was that a single united front of all five NGOs in the form of a Community Participation Unit was presented to all the communities. The NGOs deputed their skilled staff to this project in the similar way that the Government did. All of them reported to the Project Director of the Community Participation Unit. The individual identities of the NGOs were diluted because the staff members represented a single entity, namely, the Community Participation Unit. Though a separate establishment was created for the project, the salaries of the deputed staff were paid by the parent organisations. The same existing salary structures were maintained in the project. This was based on the premise that after completion of the project, the Community Participation Unit staff could be absorbed back into their respective parent organisations.

How Good Practices Helped

The adoption of the Good Practices helped to overcome many of the limitations of the conventional practices mentioned above. The core strategy was to identify competent agencies to work with the community. Once this was done, issues of social appropriateness and economic viability of the techno-economic design of the scheme, which were of central concern to the community, were brought in the centre-stage. The NGOs also had competence and employed specialised methods and techniques to seek from the community members their views on these issues.

Acceptance of NGOs as equal partners as well as top level co-ordination between the Government and NGOs, gave the NGOs power and opportunity to influence the design of the scheme or the implementation process. As a result, they could ensure that the concerns of the community were communicated to the engineering department and appropriate actions were taken to address these concerns.

In case of Apani Yojana, since no NGO worked separately and no specific geographical areas were allotted to them, there were no rivalries among the NGOs. The individual identities of the NGOs were diluted because of this, and communities also looked up to the Community Participation Unit as part of the entire machinery implementing the scheme, and were able to freely associate with them without any bias. Merging the organisation identities also allowed synergies to be developed among NGOs, overcoming deficiencies or weakness of individual NGOs.

The adoption of these Good Practices led to smooth execution of the collaboration for the entire period of the project in both the projects. None of the NGOs either dropped out of the project or quit with bitterness and regret over the collaboration. In the case of Apani Yojana, the collaboration was executed smoothly for over a period of seven years. In the case of Gogha project, the collaboration was successfully executed

without any NGO dropping out and without having any major complaints about the Government.

Replicability and Limitations

This practice can be replicated in many other sectors and States. In spite of many inherent limitations of the practices (discussed below), which may pose some constraints to its replication, many aspects of the Good Practices can be adopted in designing arrangements for collaboration between Government and NGOs.

These Good Practices also have certain limitations. One of the most important components of the above discussed set of Good Practices was selection of the NGOs. Though the NGOs were selected with due regard to subjective judgement in these cases, subjective judgement in itself had certain limitations. Such a process of judgement and/or assessment can be easily influenced by non-merit considerations and this can be easily done in covert ways when the indicators for the assessment are not clearly articulated. This especially happens when the Good Practices are upscaled, and no efforts are made to build safeguards for ensuring that the flexibility embedded in the process of subjective judgement is not misused. Another limitation is the availability of good NGOs, that is, those who have the necessary professional skills, knowledge, experience and expertise. Such NGOs may not be available in all States and regions.

Another major limitation is lack of awareness, understanding or willingness on the part of top level officials to treat NGOs as equal partners (for whatever reasons). Unless this equality in relationship is established in Government-NGO collaboration, the rest of the Good Practices cannot be replicated.

Probably, these limitations restricted the replication of the Good Practices in many of the similar schemes in water sector that were designed and implemented in later years.



Additional Information

Sector	Water and Sanitation
Scheme/Initiative	Gogha Project, Gujarat Apani Yojana, Rajasthan
States	Gujarat and Rajasthan
Concerned Agency or Department	Water and Sanitation Management Organisation (WASMO) Government of Gujarat Public Health Engineering Department Government of Rajasthan
Year	Gogha Project (2002) Apani Yojana (1994)
Contact Details	<p>Project Director Water and Sanitation Management Organisation (WASMO) 3rd Floor, Jalsewa Bhavan Sector 10-A, Gandhinagar Gujarat – 382 010 E-mail: wasmo@wasmo.org Website: www.wasmo.org</p> <p>Programme Director Community Participation Unit (CPU) District Churu, Rajasthan E-mail: iihmrcpu@sancharnet.in</p> <p>Director Indian Institute of Health Management Research (IIHMR) 1, Prabhu Dayal Marg Sanganer Airport, Jaipur – 302 011 E-mail: iihmr@iihmr.org Website: http://www.iihmr.org</p>

2.27 Kanya Kelavani Mahotsav: Breaking the Traditional Norms by Sanctifying the New Socio-Cultural Norms

Good Practices in Nutshell

In the event of limited efficiency of economic incentive and usual IEC techniques to overcome socio-cultural barriers, the legitimacy, acceptance, credibility and respect commended by high level leaders and officials is utilised to overcome these barriers to education of girl children.

Low Enrolment and Retention of Girls

Gujarat is one of the economically developed States in India, with per capita income of Rs. 12,975 in the year 2000-01 (about 27 percent higher than the national average), and ranks fourth among the major States in the country. It has also made considerable gains in different dimensions of human development, such as literacy and education, health and nutrition, and welfare and social security. The literacy rates in Gujarat have shown a marked improvement since independence (again higher than the national average). However, it was lagging behind in female literacy. In the year 2001, the total literacy rate in Gujarat was 69.97 percent, but the female literacy rate was only 58.6 percent.¹³³

In this context, low enrolment and retention of children, especially girl children, in primary schools has been the concern of the Gujarat Government. A matter of particular concern for the State Government has been the fact that the net enrolment ratios in Class I, both for boys and girls, dropped during the nineties.

Government's Earlier Efforts

The State Government has made various efforts to improve the state of education, including increasing budgetary allocation. The Gujarat Government implemented programmes such as Kasturba Gandhi Shiksha Yojana, Operation Black Board, District Primary Education Programme and National Programme of

Nutritional Support to Primary Education. It was also recognised that there is low enrolment and retention of girls in schools, particularly of girls from socially and economically disadvantaged groups. Hence, the Government tried to reduce the gender disparities in education through these programmes.

The other measures by the Government to promote girl child education include:

- (a) The Chief Minister's *Kanya Kelavani Nidhi* (Girl Education Fund): It has been set up to help girls who wish to go for higher education (to prepare them for competitive exams), and to provide support to girls of poor families in the economically backward blocs.
- (b) Offering free education, mid-day meal schemes, and financial incentives to girls.
- (c) Building hostels for girls, who don't have easy access to schools.

The latest data shows that 100 percent population in Gujarat has access to primary schools, with 97.83 percent having it within the village. This indicates that access to education or availability of schools is not a problem. But there are other factors at work and the Government needs to specifically focus on these factors to improve enrolment and retention of children—especially that of girls. These other factors primarily include lack of awareness and different socio-cultural barriers working against sending the girl child to school.

To overcome these factors, the Government tried reaching out to parents and improving awareness amongst the parents about importance of girl education through campaigning. For this purpose, efforts were made using different IEC techniques. The most common IEC techniques that were used include

¹³³ Government of Gujarat, Education Department (Undated) *Literacy Rate of Gujarat Since Year 1951 to Year 2001* <http://gujarat-education.gov.in/Literacy/aboutus.htm> (viewed on 26th March, 2008)



written messages on the walls of the Government buildings or on the back of buses, posters, banners, along with radio and TV advertisements, and documentary films.

Limitations of Economic Incentives and IEC Techniques

The economic and financial incentives are necessary to improve the female enrolment. However, more often than not, they fail to make a positive impact on female education beyond a certain point.

In most of the States in India, the girl child is the victim of socio-cultural norms and mores, evolved by a male dominated society. Looking after the household is considered to be her prime responsibility. She is, thus, burdened with domestic work and family responsibilities from a very young age, and is denied an equal access to education, among other things.

The existing socio-cultural mores, mentioned above, have become hardened as they are continuously re-emphasised and further strengthened, primarily through their legitimisation by the village elders. Breaking these norms and making education accessible to the girl child is thus not an easy task even for the parents. It could mean getting alienated within the family or within the community and a stigma for the girl and the family, which could create problems at the time of marriage of the girl. In addition, perceived threats to the security of the girl child, while going to the school, further dissuade the parents from sending their daughters to school.

One of the ways to break through these barriers created by socio-cultural norms is awareness and education as well as use of the media. Though the Government tries to use the mainstream media, it has limited penetration and impact in rural areas. Also, the other tools and models used for IEC are often clichéd and run-of-the-mill, and not powerful enough to change the mindset of the people. Even other media efforts (for example, painted messages on walls or street shows) that are focused on rural dissemination do not carry the impact, necessary to break down the age old, well entrenched, continuously reiterated socio-cultural barriers mentioned before.

The economic incentives offered to promote girl child education fail to make the parents realise the importance of girl child education and gender disparities continue to dominate. The parents continue to hold a view that girls need not be provided education on par with the boys. As a result, the dropout rate of girl children is high and they are removed from school either to help their parents in agriculture and associated activities or take care of other small children in the family. As a result, many girl children, particularly in rural areas, remain deprived of their right to education, and despite various initiatives to promote girl child education, there is a wide gender gap in literacy rate. As per the 2001 Census, only 58 percent females are literate as against 80 percent literacy among males.¹³⁴

Kanya Kelavani Mahotsav

Kanya Kelavani Mahotsav is part of a series of efforts by the Gujarat Government aimed at improving overall enrolment of girl children in schools. A similar but small scale initiative, called *Kanya Kelavani Rath Yatra* was initiated by the State Education Department in 1998-99. However, *Kanya Kelavani Rath Yatra* was an in-house initiative of the State Education Department. The Government later thought that turning it into a mass movement would be much more effective in achieving better female literacy ratio. Hence, *Kanya Kelavani Mahotsav* has become a big event since 2004 and is held in every village of the State.

Here, the *Kanya Kelavani Mahotsav* scheme is seen as containing a bouquet of Good Practices that are described in detail in the following paragraphs.

Personal Visits of Ministers and Top Officials

This Good Practice involves personal visits by top politicians and bureaucrats in a campaign mode to villages and direct interaction with villagers to propagate the message of educating girl child.

Under *Kanya Kelavani Mahotsav*, every year, three days in the month of June are earmarked for the visits of the Chief Minister, other ministers, and IAS and IPS officers to villages to create awareness about education (especially about girl children) and thereby to improve the enrolment and retention in schools.

¹³⁴ Government of Gujarat, Education Department (Undated) *Literacy Rate of Gujarat Since Year 1951 to Year 2001* <http://gujarat-education.gov.in/Literacy/aboutus.htm> (viewed on 26th March, 2008)

Initially, *Kanya Kelavani Mahotsav* covered only areas with low literacy rates. However, low school enrolment or low female literacy is not the criteria anymore for coverage of area under this scheme. Now, *Kanya Kelavani Mahotsav* is held in every village in the State (there are 18,113 villages with about 33,000 schools in Gujarat). In fact, now the event is celebrated even in urban areas.

Different dates are earmarked for seven municipal corporation areas and municipal towns in the State. The educationally difficult areas with low literacy are assigned to ministers and the State level officers occupying high level posts (for example secretaries). The ministers visit areas which have less than 35 percent literacy. Sometimes, four or five schools in the nearby area are combined and one event is held.

All ministers, principal secretaries, secretaries and Class I officers visit villages during these three days of the *Kanya Kelavani Mahotsav*. Officers at the State as well as district level visit at least five villages every day. Thus, during the three-day drive, each one of them visits at least 15 villages. The ministers and officers talk to the village people, motivate the parents of children who have never been to school to enrol their children, and take part in the celebrations that are held for enrolment in the primary schools. In this way, they try to ensure 100 percent enrolment of children.

Table 2.27.1: Visits to the Villages for *Kanya Kelavani Mahotsav*

Year	No. of ministers on visit	No. of officers on visit	No. of villages visited
2004	14	182	7765
2005	19	291	5750
2006	27	537	18113

If need be, the officers even walk to the villages in remote locations. Participation in this drive is mandatory for all ministers and officers. (Please refer to Table 2.27.1 for visits by ministers to villages). Local MLAs and MPs are also requested to join. The families with girl children eligible for enrolment are identified and given special cards so that they would remember to enrol them. Lectures are also arranged

for such families. A slogan, '*Pahela Vidyadan Pachhi Kanyadan*' (Education first, Marriage later), has been developed and is publicised on a large scale.

Meetings are held at the State and district level for planning of *Kanya Kelavani Mahotsav*. The chief secretary, education secretary and secretaries from other departments attend the meeting. At the district level, meetings are held by district collectors and district development officers. District level meetings deal with logistics whereas State level meetings focus more on instructional and policy related issues.

Routes are assigned to various officers during the district level meeting. Officers can ask for the routes of their own choice. The officers making these visits submit their reports and suggestions to the Education Department. There is no particular procedure for selection of officers for the event and neither is there any special training for them.

Before the entire Government machinery gets involved in the awareness drive, the Cluster Resource Centres and Block Resource Centres (formed under the District Poverty Elimination Programme and *Sarva Shiksha Abhiyan*) do a lot of groundwork required for this drive. The Cluster Resource Centres meet with the teachers and discuss the planning of the processions with them. They hold meetings of the members of Mothers-Teachers Associations, Parents-Teachers Associations and Village Education Committees, and discuss the ideas for mass participation, and how to go about the publicity of the programme.

In the year 2006, a message from Minister of Education was read out in every school, and the members of Village Education Committees, Mothers-Teachers Association, and Parents-Teachers Associations signed the Letter of Oath, pledging their total support and commitment for 100 percent enrolment and retention of children, especially girls, in primary schools.

Turning the School Enrolment Event into a Village Festival

Another Good Practice viz. *Shala Praveshotsav*, meaning School Enrolment Festival, is a major component of *Kanya Kelavani Mahotsav*, wherein celebrations are held to mark the occasion of enrolment of children in the primary schools. These celebrations are held to create a



festive spirit and joyous atmosphere in not only primary schools but also in villages. Children dress up for the occasion, and come to school in decorated bullock-carts or other vehicles (*Rath Yatras*) accompanied by parents, and are greeted with warm welcome by teachers and other villagers.

The newly enrolled children are presented with colourful enrolment caps, and a *Tilak* (auspicious dot) is applied on their foreheads. They are also offered sweets and confectionary. The efforts are made to make them feel that a school is a place for fun and enjoyment. Gifts and educational material are distributed by the Chief Guest to the children during the celebration event. Elaborate arrangements such as band, tents, stage, flowers, and garlands are made to make celebrations more colourful and full of festivities.

Contribution of the Community to the Festival

The next Good Practice involves contribution of local community in the form of gifts to the newly enrolled children, thus, creating a stake of the community as a whole in children's education.

The local community participates in the festivities by donating school bags, slates, pens, pencils, textbooks, notebooks or uniform to the newly enrolled children. These contributions could be individual or collective, and are given to the local schools. Such material or gifts are, however, distributed to all students, not only to a chosen few or to any particular class.

An assessment of the people who would be able to contribute to the event is made before the *Kanya Kelavani Mahotsav*. If there are any cash contributions, they are deposited into the school fund. In-kind gifts are distributed to the children directly during the celebration. Arrangements for band, tent, stage, flowers, and garlands are made, mostly with the support from local sponsors. At times, teachers also contribute. The Government provides financial support of only Rs. 200/- (This has been raised to Rs. 500/- in the year 2007). The rest of the expenditure is made up from local contributions. Well-off people from the respective villages make these contributions. Nothing is collected centrally; all efforts are made at the school level and most contributions are spontaneous.

Data of the contribution received in kind is collected from every district. Each school compiles this data and sends it to the block level office. The block level data is sent to the district level office. At the district level, the monetary value of all in-kind contributions is calculated and reported to the central office.

Materials equivalent to the value of approximately Rs. 4.63 crore were collected as donations in the year 2006 as compared to Rs. 2.15 crore in 2003-04, which shows growing involvement of the community in the endeavour.

Prior Preparations and Co-ordination

The three Good Practices in *Kanya Kelavani Mahotsav* described before are further strengthened by other supporting Good Practices. The first such supporting practice involves pre-survey before summer vacation to know the exact number of students to be enrolled in the coming academic year.

A survey is conducted by the teachers before the summer holidays to assess the number of children who would be eligible for enrolment in the next year. A specific area is allotted to each teacher for survey. The teacher has to certify that no child in her/his area has been left out of the survey. The school principal has also to certify that no child in the village is left out of the survey. The teachers make visits to each house in their assigned areas and persuade parents that they should send the children for enrolment on such and such date. This is a much advertised event and the people of the village know about it beforehand. Apart from making people ready for the survey, this prior information also ensures accountability of teachers to principal. Further, as a result of this survey, each school knows beforehand the number of children that should be enrolled in the forthcoming year.

The teachers talk to their students to find out whether any girl child from her/his family does not come to school. The teachers and community members contact families having a girl child that is eligible for admission and convince them to enrol their daughters in the school. There is an added attraction for these families to participate in *Kanya Kelavani Mahotsav*, as their daughters would be enrolled in the school with all the fanfare.

Before the actual *Kanya Kelavani Mahotsav*, the teachers again visit all houses in the village and inform the parents about the event and enrolment. They also check with the parents whether they have birth certificate and if they do not, teachers explain how to get it and advice them to bring the certificates of the children to be enrolled in the school. However, even if the birth certificate is not available, the child's age is determined, based on the information given by parents. That date is entered as the child's birth date and admission is given. The focus is on not allowing any child to remain out of the school for any reasons.

The other supporting Good Practice involves co-ordination and convergence with other Government departments and programmes such as ICDS. As all the officers are involved in the drive irrespective of functional departments, the platform can be used to give other messages too.

In the year 2007, Education Department converged with the ICDS, and enrolment in Anganwadi was also combined with *Kanya Kelavani Mahotsav*. Nutri Candy (with vitamin A) and fortified wheat flour was made available for the enrolment drive. Similarly, *Kanya Kelavani Mahotsav* is also used to give messages on sanitation and cleanliness under Nirmal Gujarat scheme. *Kanya Kelavani Mahotsav* is also used for mainstreaming of disabled children.

Kanya Kelavani Mahotsav: Overcoming the Socio-Cultural Barriers

The visits of high level political leaders and bureaucrats to villages, and their endorsement especially of female education help to break down the traditional socio-cultural norms and mores that are continuously reinforced by village elders and that act as barriers to female child education. It needs to be noted that the traditional norms are also continuously strengthened by frequently held religious or cultural functions.

The status of these high level officials as well as the respect and recognition they command are helpful in breaking down the barriers created by socio-cultural norms based on the legitimacy provided by the traditions and village elders. In other words, the status of these high level officials and politicians is used to provide

new socio-cultural legitimacy to the new practice of girl child education.

The concern and seriousness of the Government towards promoting girl child education is demonstrated to villagers through whole-hearted participation of officers in the three-day enrolment drive. The officers go from one village to another in the scorching heat of the summer to propagate the message of educating the girl child.

The newly created norms and values are given wider socio-cultural sanctity through celebrations and festivities, and thus, rigid social barriers and stigma towards girl child education are broken. In other words, through celebrations and festivities, the community in collective manner accepts and endorses the new norms.

As a local teacher, Nayanben Rawal says, *"Looking at the efforts made by the Government, people have started feeling that when the Government walks 100 steps for education of their daughters, why can't they walk one step towards it."* She further adds, *"We have changed traditions now. Children come all dressed up, in their fancy hats. They are seated in the chariot for rath yatra. Rathes are decorated so beautifully that they enjoy the ride. A real celebration takes place with drumbeats and fervour. People feel happy about the surcharged atmosphere. This is the way they are being convinced to enrol their daughters in the school."*¹³⁵

Further, since the entire community participates in the enrolment activity, the sanction of village elders is automatically obtained. This helps parents to deal with their resistance from within the family. Further, as a result the family as a whole does not experience apprehension of getting alienated from the community because its girl child is going to school.

By asking the community to contribute towards the school expenses—in the form of books, school bags, and other things—the stake and ownership of community as a whole is built in the girl child education. This helps to address the concerns related to the security of girls going to the village school. Further, because of the involvement of the entire village community, different messages reach to all members of the community.

¹³⁵ Source: Material provided by Mr. B. B. Swain, Secretary, Primary Education, Government of Gujarat



As per the State Government’s statistics, this initiative has contributed a great deal to the success in achieving higher enrolment and retention rates. Before this mass mobilisation took place, the net enrolment ratio in Gujarat was roughly 74 to 75 percent. Today, the net enrolment ratio of the State is 97 percent. The dropout rate which was around 30 percent plus prior to *Kanya Kelavani Mahotsav* for classes 1-5, has come down to 5.13 percent.¹³⁶

Apart from positive effect on enrolment and retention, many other spin-off benefits of *Kanya Kelavani Mahotsav* are also reported. Since all departments are involved in the event, there is a good connectivity among officers across departments. Seeing the enthusiasm of the community and sensing the importance of cause, officials from different departments develop affinity and involvement in the programme and towards villages. Some officers also prefer the same routes in subsequent years so that they could see the difference. The officers develop good rapport with the community and try to solve their problems in other areas as well. In this manner, the outcome of event, as a whole, goes much beyond education.

After their visits to the villages, officers make three types of suggestions to the Education Department: relating to *Kanya Kelavani Mahotsav* itself, relating to education and others. These suggestions are divided subject wise by the department for action. Efforts are made to address infrastructure related issues in the next year. Issues related to human resources and

education methods are long term in nature. Efforts are made to address them gradually. For example, many officials have suggested that the student-teacher ratio needs to be more pragmatic. This matter is being looked into.¹³⁷

Replicability and Limitations

The Good Practices under *Kanya Kelavani Mahotsav* are replicable in the education sector and other sectors also, especially where traditions, socio-cultural values and mindsets, or other behaviour aspects create barriers or impose limitations on positive change. It may be worthwhile to explore the utility of this approach not only in social sectors like health and education but also in sectors like urban transport where behaviour and socio-cultural aspect of drivers or road users are big stumbling blocks.

It is natural that these Good Practices would not be effective in cases where economic poverty compels the girls to remain out of school, in order to either help the parents in earning daily wages or to look after the household chores and siblings. In other words, the efforts involved in the Good Practices would not be effective in addressing the economic concerns underlying the problem.

Similarly, these Good Practices would have limited impact if the access to school is not good in the given areas. Most importantly, consistent and emphatic support from top level leaders and officials is necessary to make this approach successful.

Additional Information

Sector	Education
Scheme/Initiative	<i>Kanya Kelavani Mahotsav</i>
State	Gujarat
Concerned Agency or Department	Department of Education Government of Gujarat
Year	2004
Contact Details	Secretary Primary Education Government of Gujarat Block No. 5, 9 th Floor New Sachivalaya, Gandhinagar–382 010

¹³⁶ Swain, B (2006) Secretary, Primary Education, Government of Gujarat *Interview on Kanya Kelavani Mahotsav*. Conducted by Walimbe V. on 29th December, 2006 at Gandhinagar, Gujarat.

¹³⁷ Refer Footnote No. 4

2.28 Model Fair Price Shops with High Economic Viability

Good Practices in Nutshell

The Model FPS scheme allows FPS operators to sell goods and services other than items in the PDS. In fact, the scheme actively helps the FPS owners to upgrade and expand their business in non-PDS items on the basis of the Village Mall concept. This is expected to increase the income of the FPS owners and stop the malpractices in the PDS.

The Real Challenge Before the Public Distribution System

The Public Distribution System has been set up with an intention to provide food security to the poor and vulnerable sections of the population. Initially, a large number of essential commodities used to be sold through PDS at heavily subsidised prices to the consumers. A certain quota of these items for a given time period was decided by the Government and the items were made available to all those who wanted to purchase them through PDS. However, many of these items were gradually de-regulated and were put out of the ambit of PDS. Later, distinction was also made between BPL ration card holders and other ration card holders while deciding the distribution of benefits of PDS. With this in mind, the Targeted Public Distribution System was introduced to replace the original PDS in 1997 in order to improve the outreach to the real poor. Under the Targeted PDS, only BPL ration card holders and beneficiaries of the AAY¹³⁸ can get benefit of subsidised quota of rationed items.¹³⁹

The commodities under PDS are made available to BPL customers through a network of FPS established all over the country. Thus, FPS is the interface between the PDS and BPL community and FPS operations have a critical role in the success of the system. The real challenge is to provide certain quota of foodgrains to population which has very limited purchasing power and which is

located often in remote areas, in small groups, spread across the country, through a system of FPS that works in an efficient, timely and effective manner.

Fair Price Shop Owners: Low Income Breeds Malpractices

The Fair Price Shops are licensed shops which are allowed to sell only those commodities covered under the PDS that are to be sold only to BPL/Antyodaya families. These commodities include items such as foodgrains that are a part of the staple diet along with essential items like kerosene and edible oil.

The FPS owner receives commission from the Government on the value of PDS items sold. Since the FPS owner is not allowed to sell anything else, this her/his sole income. It was reported that this income ranges between Rs. 1500/- and Rs. 2000/- per month.

As mentioned before, the FPS owners could not sell items other than PDS items in FPS. Further, after the de-regulation of certain commodities out of the ambit of the PDS, the number of items being distributed through the PDS and sold through the FPS has drastically reduced. Moreover, since the introduction of the Targeted PDS, a large number of customers have been pushed out of the system, reducing the customer base of the FPS. The FPS owner's income has been affected due to three major factors:

- (a) Restrictions on selling items other than those included in the PDS.
- (b) Reduction in the number of items being sold through PDS.
- (c) Reduction in the number of customers. Thus, the commission which was adequate a few years ago is not at the satisfactory level any more, especially in the changing economic conditions in a large part of the country.

¹³⁸ *Antyodaya Anna Yojana* was introduced to target the poorest of the poor families for provision of food security.

¹³⁹ Government of India, Planning Commission, Programme Evaluation Organisation (March 2005) *Performance Evaluation of Targeted Public Distribution System (TPDS)*, PEO Report No. 189



In these circumstances, the economic viability and sustainability of the FPS is under threat. Further, in the absence of possibility of any change in the three above mentioned factors, the FPS owner is left with no possibility to improve business and to increase her/his income. Naturally, this adversely affects the motivation of the FPS owners and the quality of service they provide to the beneficiaries of the PDS who come from poor and vulnerable sections. This sub-standard service coupled with other problems such as lack of assured supply also results in low satisfaction for the PDS customers.

On the other hand, due to the remoteness of the area, limited purchasing power and dispersed habitations, many essential goods and services other than the items under the PDS are not available to people including beneficiaries of the PDS in rural areas. In small villages, often, FPS is the only major shop. But since it is not allowed to stock items other than the PDS commodities, the villagers have to go to nearby towns or market places to purchase other items that are necessary but not included in the PDS list. It involves expenditure of time, energy and cost of travelling, which many rural people can hardly afford. It creates a situation wherein one of the main shop owners in the village who faces an income crunch is not able to sell items for which there is significant unmet demand in the area of operations.

The threats to the economic viability and sustainability of FPS and hence, to the livelihood of FPS owners create strong incentive for malpractices by the owners; for instance, the leakages and diversions of commodities under the PDS (meant for the vulnerable sections) to open market. The unmet demand from local people, who are not eligible for PDS, further intensifies this incentive for malpractices.

Creating Model Fair Price Shops

The Department of Food and Civil Supplies of the Government of Gujarat wanted to stop the malpractices and leakages of the items under PDS. After an internal review of the situation, it was thought that, if the FPS owners are permitted to sell other items, it would increase her/his income which would give her/him a chance to be honest.

It was estimated that, on an average, FPS does not earn more than Rs. 1500 to 2000 per month from the commissions. Considering the fact that this was a licensed

shop given to an owner with certain level of financial capabilities, the amount was found to be too meagre in this situation in rural Gujarat. It was, therefore, obvious that the FPS owner—trapped in this situation—would see an incentive and a need to resort to unfair practices. To correct the situation, a significant increase in the income of the FPS owners was thought to be necessary. This led to the decision by the Government of Gujarat to de-regulate the scope of services that the FPS owners could offer as the license holders, and allow them to deal in all kinds of goods and services.

The decision to allow FPS owners to sell goods and services other than those under the PDS was conceptualised in the form of a scheme called Model FPS by the State Government.

The objectives of Model FPS scheme were:

- To ensure that the income of the FPS is satisfactory and sustainable.
- To ensure continuous supplies of goods and services at the village level itself.
- To cope with the rural retail needs of the people on the lines of modern market.
- To control the practice of diversion of essential food items meant for BPL population.

There is a bouquet of Good Practices in the Model FPS scheme, which are described below in brief.

Permission for Selling Goods Not Covered by the Public Distribution System

The Model FPS are allowed by the Government to sell even those items that are not covered under the PDS. Further, the Model FPS are permitted to hold distributorships or agencies of different manufacturers so that they can earn commission by selling a variety of goods and services, in addition to the commission on commodities under the PDS. The Model FPS are run on the concept of village mall (like a one stop shop, where everything one needs is available). The Model FPS, thus, stocks and sells different commodities such as packaged food, cosmetics, mobile recharge coupons, non-subsidised LPG cylinders, fertilisers, certified seeds, toiletries and detergents. Their product range also include issuing postal life insurance policies, doing ST bus bookings, running an STD telephone booth. Even the banks are trying to tap these Model FPS for spreading their credit net and use them as links for

selling their financial products. Some Model FPS now make available these services and commodities to the customers on 24x7 basis.

Making Fair Price Shop and Public Distribution System Consumer Friendly

To increase the clientele and attract more customers, the Model FPS are going through a facelift in looks as well as in attitude (of owners/operators), which is making them more consumer friendly. The Model FPS owners have been asked to improve layouts of their shops, acquire some more space for mobility, make cosmetic changes in their display systems, provide water and toilet facilities, and adopt electronic gadgets and services like ISD/STD facilities and electronic scales for weighing. They are also encouraged to use computers gradually to take care of the VAT calculations, especially in view of the increased number of the items they sell.

Increasing Viability of Model Fair Price Shop: Diverse Measures

- **Linkages with financial institutions:** Financial linkages have been provided to the FPS for upgradation. The State Government has tied up with the State Bank of India to advance loans to FPS owners, without any collateral security, for upgradation of the FPS. As an incentive for renovation, the Government is paying the margin money of Rs. 15,000 for procuring loan from the State Bank of India. The State Bank, in fact, is holding Loan *Melas* in all districts to promote renovation of Model FPS. Such linkage has also been provided with Dena Bank.
- **Training:** The Civil Supply Department has developed a schedule of training programmes for FPS owners and operators in accounts keeping, shop management and public relations. All FPS owners were called for training at Dakor in April 2007. They were convinced to change their approach and behaviour to attract customers. It was explained to them that future policies may change the type of subsidies and then the monopoly (of the FPS owners) would end. They were asked to be ready to face market competition.
- **Support in obtaining local distributorship/agency of leading brands:** The Government is trying to tie up with various companies, so that

better profit margin could be negotiated for Model FPS. The Handbook of Model FPS has been prepared and given to different service providers so that those wanting to capture rural markets can tie up with the Model FPS independently. Similarly, the list of service providers has been prepared and given to all district offices. The District Supply Officers too can take proactive action and facilitate tie ups with these service providers. Amul has already reduced its requirement of deposit from Rs. 50,000 to Rs. 25,000 to give out franchisee to the Model FPS. The State Government has approached various private sector manufacturers and MNCs to secure distributorship or agency to the Model FPS. Similarly, it is proposed to link Model FPS with the Agricultural Department and ask for a special concession package, reducing security deposit to sell seeds and fertilisers. Selling all these items through Model FPS would curtail the frivolous agencies selling low quality items resulting into losses for farmers.

How Model Fair Price Shops Helped

Benefiting from these measures, the Model FPS can widen the customer base as well as increase the volume of business by selling other goods and services. At the same time, they can continue with their business of provisions of PDS items. Though it gives them limited income, FPS dealership would still be attractive for them as it provides assured and captive business. For FPS dealers, this combination results in significant increase in income levels with not only enhanced sustainability but also some assured basic income. All these positive developments would lead to significant reduction in incentives for indulging in malpractices and increase in motivation of Model FPS owners.

Because of improved income and improved motivation, there would also be change in the attitude of FPS dealers, leading to the possibility of provision of good service even to BPL customers who come for Targeted PDS commodities.

Till the end of August 2007, out of 16,271 FPS in Gujarat, 3,381 have been converted into Model FPS and the Government had plans to convert 3,000 more till the end of the year 2007.¹⁴⁰ The owners of Model

¹⁴⁰ Resource material provided by Department of Food and Civil Supplies, Government of Gujarat



FPS have recorded more than 100 percent increase in their income since they converted into Model FPS.¹⁴¹ The consumers have begun to get a variety of goods at their local Model FPS. Competition is becoming a practice and in a bid to attract customers, these newly converted Model FPS have slashed rates of some of their goods, thus making them cheaper for the people.¹⁴²

Replicability and Limitations

The Good Practices can be replicated in States where the incentive to FPS owners has become unattractive. But replication will be successful only where there is true business culture as well as adequate opportunity to expand business in other commodities, which would prompt positive response to such incentives. However, in circumstances different from Gujarat, this may act as a limitation.

The Good Practices are based on the premise that there is inherent honesty in every person, and given a chance, the person would prefer to be honest. The starting point of all corruption and malpractices has

to be taken care of by understanding the complexity of FPS operations and the reasons underlying malpractices by the FPS operator. Thus, the premise here is that, if the private service provider is given an opportunity to increase her/his income legally, she/he would give up illegal practices.

With the same logic, with ground conditions changing fast, the incentives offered by the Model FPS scheme might not remain attractive. In such circumstances, if Government wishes to keep private service providers involved in the PDS, the Government may have to play an active role in modifying the model and evolving a new model in order to maintain the attractiveness of incentives provided.

On the other hand, there is a danger that due to very attractive business in non-PDS commodities, the Model FPS owner would tend to neglect or give secondary preference to PDS customers who have very limited purchasing capacity.

Additional Information

Sector	Public Distribution System
Scheme/Initiative	Model Fair Price Shops
State	Gujarat
Concerned Agency or Department	Department of Food and Civil Supplies Government of Gujarat
Year	2006
Contact Details	Principal Secretary Department of Food and Civil Supplies Government of Gujarat Block No 14, 6th Floor Sachivalaya, Gandhinagar – 382 010

¹⁴¹ Sanguine Management Services Pvt. Ltd. (2007) *Impact Assessment Study on the Model Fair Price Shop Initiative in Gujarat*

¹⁴² Syed Khaliq Ahmed (2006), Mall Gaon: Fair Price Shops in Gujarat Turn Malls, for a New Shopping Experience, *The Indian Express*, 3rd December, 2006.

2.29 Roaming Ration Cards for Migratory Poor Population

Good Practices in Nutshell

Extending validity of ration cards to any FPS in the State allows migratory families to avail benefit of the PDS even during the period of their stay away from home base.

Challenge for the Public Distribution System: Reaching Out to Migrating Population

The Public Distribution System is a major mechanism created to ensure food security especially of poor and vulnerable sections of society. It is a major instrument to provide a safety net to these sections. Typically, these vulnerable sections include people from socially excluded sections as well as landless and other economically disadvantages families. One of the major social groupings among these is of migrant workers who undertake seasonal or temporary migration from their native places or their places of permanent residence in search of employment and livelihood. The patterns of their migration including the number, destinations, timing and duration of their migration have large variations. It is really a challenge before the PDS to reach out to these migrant workers with or without their entire families.

Inflexible Ration Card

Any person desiring to obtain essential food items from the PDS has to obtain a ration card from the *Mamlatdar* at the block office in rural area, or Zonal Officer at zonal offices in the urban area, as the case may be. A ration card is a physical document in the form of a booklet issued to a family with details about family members (names and age), designated FPS, and entitlement of quota of items for which the family is eligible. This ration card entitles them to a fixed quota of essential food items at subsidised rates.

However, the ration card is honoured only at FPS designated at the time of issue. In other words, other FPS cannot supply the quota to the ration card holder. It is also not possible to break the family quota into two cards on a temporary basis.

Adverse Implications of Inflexibilities in the Ration Card

As a result of the inflexible nature of the ration card entitlement, poor families which migrate in search of work cannot draw benefits of the PDS when they move to other places.

As a result, the migrating families are forced to purchase essential food items from the open market at expensive rates. At times, this situation even makes the essential items of food unaffordable for the migratory families. Thus, it exposes them to adverse impact of food insecurity.

With the given procedures, it is very tedious and time consuming to obtain a ration card at the new place. This makes it impossible for the migrating families to obtain new ration card for the period of their migration.

Further, since there is no in-built system within the PDS to keep a track of the number of migrating families, the individual ration shops continue to draw upon their quota of food items from the block warehouses. As there are no claimants for this quota, there is likelihood of it being diverted to the open market to gain some extra profit by the fair price shopkeeper. In this way, the inflexibility of the ration card entitlement also provides an opportunity for malpractices in the PDS.

Roaming Ration Cards

The plight of the migrating families could be addressed only if these families could avail benefits of the PDS at FPS near their temporary residence. This gave rise to the idea of having the Roaming Ration Cards (RRCs) for these families, which would be honoured by any FPS in the State. In Gujarat, computerisation of the PDS data—including all the information of ration card holders and the FPS—created a possibility of providing access to migratory population to any FPS in the State. The Department of Food and Civil Supplies, Government of Gujarat introduced the scheme of RRC from 6th August, 2004.



The Government of Gujarat provided a solution to overcome the problem of poor and migrating families by permitting temporary extension of the validity of the ration cards to any FPS in the destination block of choice of migrating families. The RRC is provided in the form of a yellow sticker called Roaming Ration Slip. The slip has to be honoured by any FPS in the destination block and entitles the users to procure subsidised supplies under the PDS.

The Roaming Ration Slip stickers are numbered serially and printed by the office of the Director, Food and Civil Supplies, Gandhinagar and supplied to all the District Supply Officers. These are further distributed to the *Mamlatdars* and FPS owners in each block through *Mamlatdars*. The details of the serial numbers of the stickers are thus, maintained at each level.

Process of Obtaining Roaming Ration Slip Benefits

The procedure of issuing Roaming Ration Slip has been made easy so that the migrating ration card holders do not have to go through a lengthy process to obtain it. The procedure to obtain Roaming Ration Slip involves following steps:

1. The migrating families carry their ration card to their place of migration and go to any FPS to demand their quota of grains.
2. When any beneficiary comes to a FPS with her/his ration card, the FPS operator puts the Roaming Ration Slip sticker on the inside cover of the ration card. (These stickers are issued by the *Mamlatdar* office). After sticking the Roaming Ration Slip, the FPS owner has to fill in the details such as date of issue, name of the shop with license number, last date of validity of the slip, date of issue of grains and signature in the sticker. If the ration card already has a yellow sticker and the other details, it means that the beneficiary has come from another place of work. The present FPS owner then enters her/his own details below the first one.
3. The records of the grains issued are entered in the regular columns of the ration card and the FPS owner puts the number of his shop, the name of the town and signs it.

This sticker is valid for four months. The date is entered at the time of issue of the sticker. If the card holder stays for work beyond this period, another sticker is added. All migrating beneficiaries coming to the FPS before the 14th of the month are eligible for full monthly quota and the ones arriving 15th onwards, are eligible to get the full quota from the next month onwards.

If only a limited number of family members migrate, the migrating members can carry a photocopy of the original ration card to the place of migration and get the Roaming Ration Slip sticker.¹⁴³ The other members continue to take benefit of the PDS quota on the original ration card.

The FPS owner maintains a separate RRC Register. After giving the beneficiary his quota of items, the FPS owner has to fill in the details in the RRC Register and maintain it in up-to-date manner. Additionally, she/he has to maintain the monthly data on a separate sheet and submit it to the *Mamlatdar* of the block every month.

After receiving this monthly data, the *Mamlatdar* has to visit the RRC web portal. The *Mamlatdar* enters the original ration card number details as the one taking benefit under the RRC scheme and also the details of the FPS owner who has distributed the PDS items. The *Mamlatdar* also has to prepare a monthly report about the number of RRC beneficiaries and the quantities issued under this scheme, and sends it to the District Supply Officer.

Thus, after the issue of Roaming Ration Slip, the registers are updated on monthly basis with the details of the prorated quota of the families taking benefit under RRC scheme.

If the family is migrating in part, the system also allows breaking down of the quota by prorating it and thus continuing benefit for the migrating as well as non-migrating members. In such cases, the original ration card can be divided into multiple Roaming Ration Slips but each slip has to be for different groups of family members.

¹⁴³ Personal Communication with Dr. S. K. Nanda, Principal Secretary, Department of Food and Civil Supplies, Government of Gujarat India on 12th December, 2007 at New Delhi

How Good Practices Helped

Thus, the Roaming Ration Slip issued to a migrating family or a part of the migrating family allows it to avail PDS benefits from the FPS in the area to which they migrated. At the same time, the remaining contingent of the family which stays back at the original place can avail themselves the prorated quota from the original FPS. Thus, despite migration, food security of all the members of the family is ensured.

It is reported that until now, the RRCs have been issued only to about 1600-1900 people, which is a negligible number. As reported, the reason for such low performance is that many of the targeted beneficiaries are still not aware that such a provision has been made for them. Amongst many others, there exists a misunderstanding that issuing Roaming Ration Slips, especially when the family is migrating in part, will lead to loss of their quota. Thus, if there is a proper awareness building exercise, this initiative will help in improving the effectiveness of the PDS.

Replicability and Limitations

The major pre-requisite of the Good Practice is computerisation of the PDS database. Without having this laying foundation in place, the Good Practice cannot be replicated in practice.

There are many administrative limitations and practical difficulties which would limit the benefits of the scheme. If the Rules and Regulations governing this scheme are studied, it becomes clear that the rules are designed more for administrative convenience and less for the convenience of migrating families. The rules need to be re-looked at to bring in more flexibility to suit the needs of the migrating families. Another aspect of this scheme—that places some limitations—could be that the scheme is based on the opportunities generated by computerisation done for administrative purposes. The computerisation process and administrative procedures could be re-designed to respond to the specific needs and concerns of migrating families.

Apart from these administrative and technical limitations, there are some practical limitations. The contractor of migrant workers often is a keeper and user of ration cards of the workers in exchange of the advances and ration provided by the contractor to the workers. Therefore, though the record may show that migrating RRC holder is benefiting from the facility, in practice, the benefit might be taken away by the contractor.

Additional Information

Sector	Public Distribution System
Scheme/Initiative	Model Fair Price Shops
State	Gujarat
Concerned Agency or Department	Department of Food and Civil Supplies Government of Gujarat
Year	2006
Contact Details	Principal Secretary Department of Food and Civil Supplies Government of Gujarat Block No 14. 6 th Floor Sachivalaya, Gandhinagar – 382 010

2.30 *Swantah Sukhaya*: Autonomy to Government Employees to Design and Implement their Own Projects

Good Practices in Nutshell

Autonomy is given to Government employees at district and lower levels to design and implement projects or schemes of their choice, which would give them a sense of self satisfaction and achievement.

The Core Problem

India has an elaborate bureaucratic structure consisting of national, State, district and local level tiers, each having different levels of responsibilities and autonomy. The Government is trying to stand up to the challenge of fulfilling diverse needs and expectations of a large number of people from different sections of society spread over a large geographical area through an equally large and hierarchically structured workforce. Normally, the levels of capabilities, commitments and understanding are not uniform among Government staff working at different levels of structure and different locations in the large machinery. The Government has to work with the lowest levels of capabilities, commitments and understanding in mind. This is the ground reality compelled by the structure. However, it needs to be noted that the staff of the middle and lower levels of this structure normally implements the programmes and schemes.

Further, the Government machinery is expected to be accountable to people through a variety of internal and external mechanisms. These diverse mechanisms have powers to interpret the laws and rules, review decisions and actions of the Government staff and even take punitive actions. This is the environment in which the bureaucracy works.

It is within such a structure and environment that various Government schemes and programmes are designed and implemented in order to address the problems faced in the different sectors. As a combination of the particular structure, ground reality and environment, the Government has to make efforts to avoid risks of

malpractices and bad governance. This is often done by restricting flexibility, encouraging uniformity, and top-down approach in designing programmes and schemes.

This naturally encourages adoption of minimalist or safe approach by employees from lower or middle levels, causing adverse impact on the efficiency, efficacy and timeliness of Government schemes. Thus, the core challenge is to motivate and involve Government staff especially the middle and lower level officials, to provide efficient and effective services to people.

Development Administration: Conventional Practices

In the existing structure, the top level officers design the schemes with all the specifics and details of procedures, norms and rules which are expected to be implemented by Government staff at the district or lower levels.

As for implementation, the State departments are branched out in districts and talukas lower down the order. Generally, all the staff in the particular district is answerable to the respective District Collector or District Development Officer, who in turn, reports to State level officials such as the departmental secretaries, creating a vertical column of command.

If district or other lower level Government officers/ functionaries wish to undertake a project of their own choice, they are required to give an application and get a legal sanction. This is considered as an extraordinary initiative and hardly any officer attempts to undertake this. Also, there is no reward system to recognise the innovative work by these officers, except routine promotions based largely on time scale.

Limitations of Conventional Practices

The implementing staff, particularly the district or lower level Government officers, is more closely associated

with the local situation. They have direct contact with the local people, ground situation, and social-political reality. Hence, often, they have a better understanding of needs, capabilities and expectations of different sections of society. Furthermore, being close to the ground reality, they also have better understanding of local conditions and local specificities. As a result, they are better aware of the kind of projects or initiatives that may be needed in the local area, as well as of the details of ways and manners in which actually the projects need to be implemented in the given area.

However, the current practice of the Government machinery almost completely neglects this reality. As mentioned before, the schemes or programmes are designed at the State or Central level, down to the last detail of procedure or norm. This hardly leaves any flexibility or room for the district or lower level employee to adopt the given scheme or adjust the details to suit the local conditions.

Further, all the budgeted schemes and programmes come from State or Central Government. The existing bureaucratic structure offers the district or lower level Government officers limited freedom to initiate programmes or projects based on their own ideas, concepts and capabilities. The procedure for sanctioning such non-budgetary schemes is complex and time consuming, making it almost impossible to fund from budgetary allocation.

Thus, there is no mechanism to take benefit of the initiative; creativity and enthusiasm of the many good officers and the staff does only routine work in the 'do as directed' situation.

In the process, the motivation/enthusiasm of the staff is gradually eroded. As a result, the implementation of top-driven schemes often fails to reach the targets and on the other hand, needs and expectations of local people remain unfulfilled.

Encouraging and Recognising Initiative and Innovation

In June 2003, in a brainstorming meeting (*Chintan Shibir*) of the Chief Minister, Council of Ministers and all the senior level bureaucrats, performance of the Government vis-à-vis private sector was weighed. There were a lot of deliberations on why the corporate

sector was showing exemplary performance and why the Government was not able to do it despite having eminent persons at the helm of its administration. From these deliberations it was concluded that there was no recognition of the work the officials were doing and hence, there was no motivation.

During this thought churning process, officers expressed the need for a scheme that would give space to the initiative and innovativeness of the district level officials. They felt that many of the officers were doing very good work which was beyond the conventional framework of their assigned tasks. Such initiatives needed to be recognised. In consequence, *Swantah Sukhaya* was conceived as an initiative which would motivate the officers to go beyond Government schemes and office duties to do something which would benefit the community and would give a sense of achievement as well as recognition to the initiator. However, projects under *Swantah Sukhaya* had to be different from regular work under the Government schemes. The Good Practices under this initiative are discussed here in brief.

Autonomy: Designing Your Own Scheme or Project

Any Government officer in the district can design and implement a *Swantah Sukhaya* scheme without taking prior permission or approval from the State Government. She/He is free to collaborate with other Government departments, outside agencies or individuals for implementation of these schemes. The projects thus undertaken could be of any size. The officers are encouraged to make full use of their creativity to design and implement their dream projects in their respective regions. The rationale behind this scheme is that since these officers have a better knowledge of the issues in their respective areas, they are better placed to design projects addressing specific local needs.

The financial outlay and funds spent differ from project to project. Different institutional arrangements have been made for these projects depending upon the stakeholders involved. Thus, different regions are benefited from different projects, depending upon the initiative of the local officers. As the projects vary in nature, so do the beneficiaries. For example, in Surendranagar district, because of the efforts made by the District Collector, the women SHG in Navalgad village set up a *gobar* (cow dung) bank. The group



collected dung from all villagers who owned cattle. They set up two biogas plants by pooling in 10 percent of the required funds from the local people, and 90 percent from Gujarat Energy Development Agency. Thus, the beneficiaries in this project were mainly the women in the village. In another project in Surendranagar district where land was re-distributed to the landless, the beneficiaries were the so-called low caste, landless poor, who benefited from the scheme. On the other hand, because of the Jan Sewa Kendra Project, which initially started in Ahmedabad district and was later replicated in others districts, the public at large benefited.

The autonomy to design schemes under *Swantah Sukhaya* initiative is supported by many other complementary Good Practices. Some of the key supporting Good Practices are describe here.

Freedom to Collaborate with Non-Government Agencies or Individuals

The Government officers are permitted to collaborate with local citizens, general public, NGOs, corporate sector or private institutions or agencies for the schemes initiated by them under *Swantah Sukhaya*. Such collaborations could be for facilitating implementation and financing of these projects.

Convergence with the Existing Government Departments or Programmes

A Government employee can take benefit of existing programmes to support her/his scheme under *Swantah Sukhaya*.

Though there are no separate budgets for these schemes, one can, however, take the support of funds from other schemes whenever work needs to be carried out to enable implementation of these projects (for example, funds for constructing roads).

Motivating the Employees through Awards

No budgetary allocation is made for the projects implemented through *Swantah Sukhaya*. However, to recognise the enthusiasm shown by the Government employees who undertake initiatives through *Swantah Sukhaya*, the Gujarat Government has started an annual competition of the projects implemented under *Swantah Sukhaya*. The competition provides recognition to the projects, and incentives or reward money to best initiatives.

The concerned officers can fill up the nomination forms and send their projects to the District Collector. The District Collector, Resident District Collector and District Development Officer then select the three best projects from their district and send them to State level. A three-day conference of District Collectors/ District Development Officers (on the lines of *Chintan Shibir*) is held annually wherein they are provided with a platform to present their work. This work is evaluated by a high level committee, which consists of senior secretaries (Principal Secretary Revenue, Principal Secretary Panchayat and Rural Housing, Administrative Reforms and Training Division Secretary) and is chaired by the senior one between Principal Secretary Panchayat and Principal Secretary Revenue. Every year, all District Collectors and District Development Officers submit applications to this committee. After scrutiny, they are asked to make presentations in the conference.

The best project from each district merits cash award of Rs. 25,000. The award money is not however, a personal gain, and has to be spent on the betterment of the department or office where the officer works. There is no cap on the duration, amount or outreach of project. However, only the completed projects are entered for competition.

Advantages of Good Practices from Swantah Sukhaya

On account of autonomy, employees can make use of their initiative, enthusiasm, energy and innovation as well as their knowledge, understanding and insights of ground level reality for designing locally relevant schemes.

As the employees themselves design the projects, it creates their own stake in the implementation and thus motivates them to excel.

Freedom to collaborate with agencies facilitates direct interaction of the Government staff with local people and stakeholders, and also facilitates faster implementation of the project.

The award system, though not for a personal gain, is considered prestigious and motivates the staff to undertake such projects.

In all, 417 schemes of different types were implemented under *Swantah Sukhaya* in the year 2004-05.

Replicability and Limitations

As the nature of Government's functioning is largely similar across the States, the Good Practice is replicable everywhere. However, systematic efforts and strong political support will be essential to undertake such initiative.

There is also a possibility that projects or schemes which would give more popularity but having less utility would be undertaken by the staff. Further, this type of scheme might need some corrections to suit the local conditions in different States.

Additional Information

Sector	Administrative Reforms
Scheme/Initiative	<i>Swantah Sukhaya</i>
State	Gujarat
Concerned Agency or Department	Department of General Administration Government of Gujarat
Year	2003
Contact Details	Secretary Department of General Administration Government of Gujarat Block No. 7, First Floor, Sachivalaya Gandhinagar – 382 010 E-mail: secartd@gujarat.gov.in

2.31 Administrative and Management Reforms through Increased Transparency and Participation

Good Practices in Nutshell

Employing different strategies to bring in transparency, participation and value based approach in functioning of the organisation is aimed at increasing ownership and motivation of the staff.

The Problems and Challenges

Mahila Arthik Vikas Mahamandal (MAVIM) was founded on 24th February, 1975. As the name suggests, its focus is on encouraging women to be economically independent and self reliant. MAVIM is owned by Government of Maharashtra and is registered under the Companies Act 1956, Section 25 as a not-for-profit company.¹⁴⁴

Though the basic aim of MAVIM has been women's empowerment, there was no clear cut strategy as such for women's empowerment. Initially, empowerment was seen just in terms of income generation. In the political arena too, issues of women development had no priority. An independent Department of Women and Child Development was formed in the State only in year 1993 and following this, a comprehensive policy for women was formulated first time in 1994.¹⁴⁵

Capacity building was never given any consideration in programmes of MAVIM. In those days, MAVIM had no professionals in the area of women empowerment. A few people were recruited from Tata Institute of Social Sciences (TISS), but they left because, instead of working for women empowerment, MAVIM was engaged largely in trading activity of ICDS schemes.

In this background, MAVIM found itself in the situation of financial crunch and gradually fell into a neglected state. The lack of a link between its mission and

actual operations resulted in de-motivating the staff, and the employees felt no pride in working for the organisation.

During the period from 1994 to 2002, MAVIM implemented the Maharashtra Rural Credit Programme (MRCP).¹⁴⁶ The MRCP was the first major programme with clear focus on women empowerment undertaken by MAVIM. Gradually, the MRCP brought women empowerment to the fore. However, the enormity of the work was not realised. There was a separate cell for MRCP within MAVIM, and staff was recruited independently from social work institutions for implementation of the programme.

In 2001, as MRCP was coming to an end, there was a crisis of survival at MAVIM and a lot of thinking and analysis was done about future policies. Documentation of MRCP experience undertaken during the last phase of the programme revealed the relevance and importance of SHGs as the medium for women's development. It also made the policymakers realise the impact that the SHGs had on women's empowerment. A sharing workshop was arranged in August 2001 and leading experts from the SHG movement in the State were invited to attend the workshop. This sharing brought the realisation among board members of the MAVIM that drastic policy changes were needed to re-vitalise the organisation.

The board members visited Andhra Pradesh (a State leading in the SHG movement in the country). After some further thinking, the board members were convinced and a bold decision was made to stop the trading activities, and instead, to focus on women's empowerment. It was a

¹⁴⁴ Source: <http://www.mavimindia.org/A%20Glimpse%20of%20MAVIM%20Activities.html> (viewed on 13th March, 2008)

¹⁴⁵ Source: Maharashtra State Commission for Women, *State Women's Policy* <http://mahilaayog.maharashtra.gov.in/new/policy.php> (viewed on 13th March, 2008)

¹⁴⁶ MRCP was funded by the International Fund for Agricultural Development, and was the first programme focusing on women's Self Help Groups for productive loans.

bold decision because, at that time, MAVIM had no other programmes except ICDS trading activities, which was the only money earning activity. The decision opened a pathway for MAVIM to develop.

The Chief Secretary of the State Government supported the re-organisation of MAVIM and a cabinet meeting held in November 2002 approved the re-organisation proposal. A managerial subsidy of Rs. 1 crore was also approved to affect these changes. Finally, MAVIM's restructuring and expansion was ordered vide a GR in January 2003. As the GR states, MAVIM was expected to stop trading type of activities and concentrate on activities of women development. Further, MAVIM was declared as the apex institution for SHG formation, capacity building of women, and marketing of products manufactured by women carried out for women development.

In contrast to its limited role of trading of ICDS activities, MAVIM thus donned the mantle of the apex organisation for women's development and also became an implementing agency for various Government programmes. This transition demanded a complete change in the approach and attitude of the staff. The new role brought the community at the centre-stage of all activities of MAVIM.

As a result of all this, a more proactive approach was expected from MAVIM. All the administrative practices as well as the bureaucratic mindset of staff needed drastic change, in order to perform the new role effectively. As a result, restructuring of the entire administrative set up and management practices was undertaken.

Conventional Management and Administrative Practices

The officers and employees of an organisation play a significant role in its day-to-day functioning. Recruitment of suitable candidates, building capacities of the staff members, allocation of tasks and responsibilities, performance evaluation are routine operations in any organisation.

In Government organisations such as MAVIM, as a practice, each officer in an organisation is assigned specific responsibilities and she/he performs only in that given framework. However, generally, the larger picture

of the objectives and goals of the organisation, and the rationale behind the actions and programmes are not discussed with the officers or employees. Also, the relation or significance of work of individual employee, with the achievement of the larger goals and objectives of the programme or of organisation are not discussed.

Often, there is a top-down approach in managing the organisation right from target setting stage to implementing activities. This is also true for capacity building and performance evaluation of the employees. The targets are set by the superiors and are handed down to the field level functionaries. While allocating the available resources and equipment to the officers and employees, conventionally the hierarchy is given more importance than the actual need.

The training programmes are also decided in a top-down manner. Many a times, the same officers are sent for a training again and again. At the same time, since the programmes are decided in a top-down manner, the training needs of the field functionaries are not responded to. Also, there is no established system or platform for sharing experiences from learning point of view.

The performance of the employees is evaluated (performance appraisal) by writing of the confidential report. These reports, as the terminology suggests, are kept secret. There is no transparency in the entire process of writing the confidential report. The confidential reports are written by the immediate superiors and are subjective. The review of performance of employees is based on inspection and the reviews are mostly done to assess completion of targets. Failure to show satisfactory outputs or to achieve the set targets results mostly in punitive actions.

On the contrary, there is no system of giving awards to recognise efficiency and good performance in administrative and accounting practices. Recognition of work is done only by the superiors. Good work done by the staff other than project staff such as staff from administrative and accounting sections is easily overlooked and does not receive due recognition.

Coming to recruitment, it is well known that, while recruiting the staff, there is severe interference especially in form of political pressures and the recruitment process is affected by nepotism.



Limitations of Conventional Management Practices

These conventional management and administrative practices have several limitations.

First, as the whole picture of objectives and goals of organisation is not presented to the officers and the employees, they generally lack clarity about significance of their work, affecting their involvement and ownership of their work. Second, as the officer or staff only knows about her/his own work (and not the larger picture), it results in a very narrow minded approach towards one's own work.

The top-down approach in planning and implementation results in de-motivating the staff, and the staff does not feel involved and responsible towards achievement of targets. Further, due to hierarchy based allocation of equipment and resources, staff members (especially at lower levels) with real need for equipment and resources do not always get their fair share of resources and equipment. This results, on one hand, in wastage of resources and on the other hand, in lower productivity of staff who were denied resources.

In addition, the staff develops a casual 'I give, you take' approach towards community. The community is generally seen only as beneficiary by the Government staff and is rarely seen in action at the centre-stage of the activities of the organisation. Due to the casual approach, there is lack of empathy towards the community.

Coming to the training activities, the top-down approach in deciding the nature and schedule of training programmes may result in ignoring the genuine needs of some, especially the lower level staff. This makes the entire training activity irrelevant for the staff. In contrast, as some officers end up getting excessive training, capacity of only the selected few is built. The limited documentation of Good Practices and lack of platform for sharing any such practices (during the training programmes or otherwise) denies the opportunity to learn from each other's experiences and reflect on conventional approaches. The conventional practice is to allow only senior officers to use latest equipment. Among other things, this also leads to limited documentation of Good Practices and case studies.

Lack of transparency in the process of appraisal and the fact that appraisal is done only by the immediate superior brings in excessive subjectivity in performance evaluation. This puts fear in the minds of persons being evaluated. As performance is often equated with target achievement, it creates a narrow target driven attitude without any ownership of the programme. In effect, this opens up the possibility of malpractice such as manipulation of target figures by the staff. Further, the 'one-size-fits-all' approach taken in from target setting to evaluation does not take into consideration different situations of different districts, which affects the outputs and outcomes of the activities.

The political and other pressures and enticement on recruitment force the interviewing panellists or the concerned officers to recruit unsuitable candidates. This leads to employment of incapable, inefficient staff.

All these limitations of the conventional practices affect performance of the organisation. The staff develops narrow mindedness and apathy towards the community or the real beneficiaries. Due to lack of motivation, the staff and entire organisation become lethargic and show poor efficiency and effectiveness.

Administrative and Management Reforms in MAVIM

During the process of restructuring and reforms, MAVIM adopted several Good Practices. The key Good Practices are discussed here.

Good Practices in Staff Motivation *Inculcation of Work Ethos and Value Based Approach*

It is ensured that all officers and most staff members are presented with the entire picture along with the goals, objectives, the relationship between the goals and their own individual responsibilities. Hence, for these officers and staff, the work is not just for the sake of work but their own work acquires a definite objective. Such explanation is a part of the orientation programme itself and it is reiterated during all other meetings.

The value based approach and the emphasis on admission that 'we are using public resources and hence are responsible and accountable to optimally utilise them' is promoted. This approach is incorporated right from the planning stage where some thought is given

to how every unit of time and money can be utilised in most efficient and effective manner. The focus is also on the community and insistence that the officers should realise that they have to be in touch with the ground realities and empathise with the community for whom they are actually working. The focus that 'we are working for the community' is never diluted. Each officer in the head office is allotted certain districts which she/he is encouraged to visit at least once in a month.

All meetings of MAVIM start with inspirational songs. This practice has cultivated solidarity and led to bonding of the team toward its mission. There is a direct involvement of the Managing Director in most of these programmes. She and the staff's value system and hard work reinforce each others' commitment and capabilities. This culture has percolated right to the level of *Sahyogini*.¹⁴⁷

Decentralisation Planning and Implementation of Activities

Autonomy in designing, planning and implementing programme activities is given to the district team. The district teams present their plans and budgets which are approved and released by the head office. This acts not only as a motivational factor, but also builds the capacity of the District Coordination Officers to carry out this exercise.

Participatory Planning and Evaluation of Programme

The team working on a particular project is involved as a whole in the planning as well as review meetings. Target setting is left to these teams. Hence, the teams take into consideration ground realities, before setting target for themselves. These targets are also discussed during the meeting. The review meetings are more like a reflection on achievements and failures. The reasons for failures are deliberated upon more from the point of learning. Instances of very high to very low levels of achievements and perfect scores, both are carefully looked into.

Efficiency in Administrative Procedure

Intensive efforts were made to improve efficiency in work system by introducing innovative tools. For example, MAVIM has NGO partners in one of their important projects (NORAD project). Under this project,

NGOs were supposed to prepare proposals which are given to District Coordination Officer, who forwards them to the Head Office. This process took a long time because the proposals were not checked at district level and did not always contain all the required information as well as documents. Much time was lost in sending the proposals back and forth to complete them. In the new practice, a checklist has been prepared which is kept at the district level. The District Coordination Officer checks the proposal as per the list and obtains the missing documents, and only then forwards the proposal. If any document is not found in order, the District Coordination Officer is made responsible for that. As a result of this process, the period for passing the proposals has been reduced considerably.

Similarly, planning methodology gives clear cut guidelines as to how planning is to be done. This methodology is refined and revised through brainstorming with each planning process and becomes more focused every time. Many other systems and procedures have been designed, which brings clarity about different tasks.

Participatory Performance Appraisal System

The performance appraisal is done in the participatory manner and through open discussion. All the officers come to the headquarters. Each one is given a chance to present his case, that is, to share her/his achievements and failures and what grade she/he should get and why. There are discussions on disagreements and the final decision is immediately indicated.

Recognition of Performance

As recognition of performance, an annual award is given to best *sahyogini* in the district. The districts have developed the indicators for selection of the awardees in a participatory manner with all the *sahyoginis* in the district. The best among them is decided as per these norms by consensus and in a participatory manner. The districts are also given awards for high achievements which could be in the area of administration, accounts or any other category.

Transparent Recruitment Process

For recruitment, there is an independent panel consisting of MAVIM's Managing Director and outside professionals who interview the candidates as per the

¹⁴⁷ A vernacular word, meaning 'fellow worker' is specially assigned to the community level worker.



pre-decided criteria. The panel ensures that political interference would not affect the selection process. Along with the interview, the selection process also includes practical tests. The candidates know the selection criteria before appearing for the test. The results of the tests and candidates' scores against each criterion are given to them so that they know their performance on each criterion. In short, the candidates know why they were rejected or selected. The results of the interview are announced on the same evening so as not to leave scope for any manipulation later on.

Good Practices in Capacity Building Needs Based Trainings

In order to ensure that all officers and staff receive training, a record of each individual's trainings is kept. This record also helps in finding out gaps and arrangement of training accordingly. A format to assess the demand for training from the staff has been developed and is used to arrange demand based training programmes. If the staff members feel that they need specific types of training to carry out their duties efficiently, such trainings are arranged. There is emphasis on an ongoing training to build the capacities of the entire team.

Encouraging Documentation

Understanding the need of documentation for sharing, emphasis is given on documentation at various levels. Separate funds for documentation have been procured from the State Government for the first time. Equipment necessary for documentation, such as handycams, have been provided to the districts and the staff members are encouraged to document events, case studies and Good Practices at the district level.

Promoting Use of Technology

All staff of MAVIM underwent the MSCIT training. To reduce paperwork, more computers were purchased. The criterion for distribution of computers to staff was not hierarchical position but utility. Computers were provided to those who actually used them. This encouraged other staff to use computers. In some cases, a subordinate was given a computer before the boss. This encouraged the senior officers to use computers.

Good Practices in Monitoring Supportive Supervision

Each District Coordination Officer was allotted 4-5 districts. The main responsibilities of the District

Coordination Officers were problem solving as well as coordination and supervision of district activities. Though the approach guiding this supervision emphasised on learning, malpractice of any kind was not tolerated and that, if any, resulted in strict disciplinary action. The District Coordination Officer is expected to rely more on supportive and not inspecting approach. These officers also look into accounting matters and train the district level staff in the accounting procedures.

District Level Sharing

Presentations were arranged at the district level for sharing experiences and lessons across districts. These presentations also helped the District Coordination Officers to analyse the achievements and failures, and find solutions to difficulties through sharing. Another benefit was that Good Practices in districts were identified and could be replicated elsewhere. In addition to capacity building, this practice facilitated immediate recognition of Good Practices and motivated the officers.

Review Meetings

Earlier, only the District Coordination Officers and Assistant Officers used to participate in the review meetings. In the new practice, the entire team was called for the meeting, so that even the lowest level officer is involved in the process and the entire team was held responsible for achievements or failures. This practice helps in building team spirit.

Getting Feedback from the Field

The Managing Director directly reviewed a written feedback. A format for such feedback had been developed which the field level officers filled in. This format helped to highlight pending issues with the officers in the Head Office. The field functionaries were required to mention the officer-in-charge of the pending issue. This system automatically put the officers in the Head Office on their toes.

How Good Practices Helped

Adoption of these various Good Practices helped in reviving MAVIM in different ways. First, linking the mission of the organisation with the work plan of each individual clarified the role each individual is expected to perform in the organisation. Such clarity of role proved as an advantage for the decentralised planning process.

Second, participation in planning, monitoring and evaluation functions allowed the staff members to make effective use of their creative abilities while implementing the programmes. Further, such participation of the ground level staff forced to take cognisance of the ground realities before setting the targets. As a result, the targets became more realistic and achievable. The staff also felt motivated to achieve the self decided targets. The need based distribution of facilities and equipment resulted in utilisation of resources at all levels.

The participatory performance appraisals left little scope for disagreements and also motivated the appraisee. In the process of self evaluation, the officers have to justify why they think they deserve a particular grade. This prompts them to be performance oriented. Replacement of earlier 'stick' (on punitive) system with 'carrot' system (positive incentives and awards) and immediate recognition of resulted in high level of motivation among the staff members.

Approach of supportive supervision takes the sting out of monitoring and puts the staff in a positive mind frame, which helps them to learn.

Participation of the entire district team in the review meetings ensured ownership and shared or joint responsibility of the programme. Further, the sharing of experiences in the meetings led to adoption of Good Practices across districts.

Need-based and demand-based training ensured that training would be relevant to the requirements of concerned staff and ensured capacity building of all members of the team and not of few members only.

Transparent recruitment as per the selection criteria by independent panel resulted in recruiting capable and skilled personnel.

This revival and re-organisation of MAVIM led to the recognition of MAVIM as the apex organisation for women empowerment from Maharashtra State Government. It now works with about seven lakh women in the State, and 54,502 SHGs spread over 13,036 villages.

Replicability and Limitations

Good Practices discovered in this case study are in different sections and functions of Government, where true involvement of Government level beneficiaries and other actors is essential for success. In fact, in some new schemes and programmes, effort has already been made to take this approach. However, the real challenge is to allow sufficient time and exercise adequate patience before the organisation settles in this new mould. Often, the pressure from above to complete the targets in very short time results in a pre-mature end of such efforts.

Additional Information

Sector	Administrative Reforms
Scheme/Initiative	Mahila Arthik Vikas Mahamandal Reforms
State	Maharashtra
Concerned Agency or Department	Mahila Arthik Vikas Mahamandal, Government of Maharashtra
Year	2003
Contact Details	Managing Director Mahila Arthik Vikas Mahamandal (MAVIM) (State Women Development Corporation of Maharashtra) Mezzanine Floor, MHADA Building, Kalanagar Bandra (East), Mumbai – 400051 E-mail: mavim.mis@gmail.com Webpage: www.mavimindia.org

2.32 Combining Community Involvement and Administrative Innovations for Managing Disaster

Good Practices in Nutshell

The demand for rapid and quick response to deal with extraordinary and critical circumstances required trained and specialised manpower, innovations in administrative procedures, and measures to involve community leaders and local inhabitants.

Containing Bird Flu

Bird flu or avian influenza is a disease caused by Influenza-A virus which is also called H5N1 virus. The virus is found in wild birds. Avian influenza is very contagious among birds and can infect domesticated birds.

Domesticated birds such as poultry or ducks may become infected with avian influenza virus through direct contact or through contact with infected surfaces such as cages or materials such as water or feed. The virus can rapidly spread to poultries in adjoining geographical areas and become a widespread disaster in a short period.

The highly pathogenic form of disease spreads more rapidly through poultry flocks. This form may cause a disease that affects multiple internal organs and has a mortality rate that can reach 90-100 percent, often within 48 hours.

All influenza viruses have the ability to mutate. The virus usually does not infect humans but such cases have been reported. Most of these cases have resulted from people having direct or close contact with poultry or surfaces infected with H5N1.¹⁴⁸ There is little or no immune protection against them in the human population. If H5N1 virus were to gain the capacity

to spread easily from person to person, an influenza pandemic could begin.

The H5N1 virus has been causing great mortality among domestic poultry in different parts of the world and South-East Asia since 2003. In particular, bird flu outbreak threatens to become a recurrent problem in India and demands close and serious attention.

Containing the outbreak of bird flu in a small area and not allowing it to turn into a pandemic, especially involves the challenge of collecting and killing in large number of infected poultry birds in a very short time period, and then disposing them of in a safe manner.

Conventional Practices

After January 2004, the H5N1 virus has caused unprecedented outbreaks of influenza in poultry and humans in several South-East Asian countries.¹⁴⁹ Considering the threat of global spread and the possibility of future outbreak in India, Government of India prepared a draft action plan and circulated to all States in November 2005.¹⁵⁰

The draft action plan laid certain operational guidelines to contain the bird flu. However, as the outbreak in Maharashtra was first of such kind in India, there were no established practices and practical experience to collect infected commercial and backyard poultry and destroy them on such a large scale and within short time span.

However, conventional Government practices that are related to key operations involved in efforts to contain

¹⁴⁸ Centre for Disease Control and Prevention, Department of Health and Human Services, *Key Facts About Avian Influenza (Bird Flu) and Avian Influenza A (H5N1) Virus*, Atlanta USA <http://www.cdc.gov/flu/avian/gen-info/facts.htm> (viewed on 26th March, 2008)

¹⁴⁹ Mudur, G. S. (2005), India on Alert After Bird Flu Hits Europe, *The Telegraph*, Calcutta, India, 15th October, 2005 http://www.telegraphindia.com/1051015/asp/frontpage/story_5357302.asp# (viewed on 26th March, 2008)

¹⁵⁰ Government of India, Ministry of Agriculture, Department of Animal Husbandry, Dairying and Fisheries (2005), *Action Plan in Respect of Bird Flu, November 2005* <http://www.dahd.nic.in/birdflue.htm> (viewed on 26th March, 2008)

the bird flu can be identified. These operations would include procurement of different goods required on large scale and in short time, hiring and paying large number of casual labourers and paying compensation to bird owners. The conventional Government practices related to these operations are:

- Procurement of goods and services which is done through an elaborate process, involving lots of checks, balances and sanctions from head offices, in order to avoid malpractices.
- Casual labourers are hired for the work and are paid for the period of actual work.
- No compensation is given for the damages due to epidemic among animals/birds. Compensation is given only during natural calamities like flood, drought or earthquakes.
- Process to settle claims of compensation also involves many checks and counter check in order to reduce/eliminate malpractices. After verification of the compensation claims, the district authorities submit the bill to Government treasury to draw amount of compensation. The claimant would have to collect the compensation amount from taluka office.

Limitations of Conventional Practices

In normal processes, there are procedural delays in procurement of stores and services due to the elaborate process of lot of paper work. Usual Government procedures for procuring the stores and services take at least a few weeks, if not months. However, at time of emergency, the available time is very short and there is no cushion for any delays.

The conventional process of settling claims of compensation which is designed to reduce or eliminate malpractices, is convenient more to the administrative machinery. As per the conventional practice, the cullers would report the owner-wise number of birds collected, to the district authorities. The owners would have to visit the taluka level office to make the compensation claims, get clearance of their payment and again to collect the compensation amount from the accounts clerk. Often, there are inordinate delays at all the steps of the process of getting compensation. Due to this, bird owners would have to spend time and money that is significantly disproportionate to the amount of compensation. This would act as a very deterrent for the bird owners to hand over their poultry for culling.

For bio-safety reasons, the prescribed protocol to control bird flu requires quarantine operations. Casual labourers would be unwilling to work on culling operations, as they would have to remain in quarantine for seven days after the work. For the quarantine period, as per the conventional Government practices, they would not be paid any wages. Thus, there would be loss of wages for these casual labourers during the quarantine period. Hence, it would become difficult to get casual labourers for culling operation.

As per prescribed protocol, disposal site for culled infected birds should not be re-opened for the next five years, it should not get waterlogged, and should not come in contact with ground water table. As per the guidelines, the land for burial is to be selected by Rapid Response Team in consultation with the local revenue officers so that only community land is taken for this purpose. However, since the community has user rights on the common land, disputes could arise in acquiring it for disposal.

Apart from these impediments, directly created by the conventional Government practices, there are other barriers to efforts for speedy containment.

Bird owners resist the culling operations for two reasons. First, they consider the culling operation unnecessary, as the birds look apparently healthy. Since handing over healthy birds for culling means economic loss for the family, bird owners are unwilling to cooperate with the Rapid Response Teams. Second, they are also not sure about getting full amount of the compensation in a timely manner and without hassles.

Birds from small poultry owners such as owners of small backyard poultry cannot be captured and collected without cooperation from the owners.

The limitations of conventional practices affect rapid response operations. In effect, the Rapid Response Teams face difficulties in undertaking culling operations, on a desired scale and at desired pace leading to difficulty in taking prompt action against the disease. This, in turn, would result in danger of pandemic among poultry and other birds, which might spill over to human population.



Containing Bird Flu in Maharashtra

The first outbreak of bird flu in India was reported from Maharashtra.¹⁵¹ In February 2006, heavy mortality among layer-birds in commercial poultry farm was reported from Navapur town of Maharashtra. Over 50,000 birds from 52 poultries were reported to be dead in the area within two weeks. District Animal Husbandry officials made investigations and collected samples for further diagnosis. The Government of India notified the outbreak of avian flu on 18th February, 2006 in Nandurbar district. The High Security Animal Disease Laboratory (HSADL), Bhopal confirmed the presence of H5N1 virus.

This case study discusses the key Good Practices adopted by the Government of Maharashtra in effort to contain the disaster effectively.

Rapid Response Measures

After the reporting of an outbreak, the State Government immediately swung into action. Demarcation of infected and surveillance areas was carried out in accordance with the action plan. An area with the radius of 3 km was designated as the infected zone and a further area of 7 km radius was designated as surveillance zone. The area was isolated to prevent any further spread of disease.

Decision was taken to cull the birds—both commercial and backyard—in the radius of 10 km. Rapid Response Teams were formed for culling activity. Newly formed teams were trained for two days.

Efforts to Convince Bird Owners for Culling Operations

Collection of the backyard poultry for culling was a difficult task as it involved convincing people. Since the time was short, quick action was needed. *Davandis* (public announcement) were proclaimed in the villages. Community leaders like *Sarpanch*, Gram Panchayat members, police patil, and other key persons from village were involved in the process. Community meetings were organised. Subjects such as bird flu outbreak, threat to human life, and importance of culling backyard poultry were discussed.

Involvement of Community in Selection of Burial Site

Birds from commercial poultry units were buried inside the poultry premises. But those from backyard poultry had to be buried at some common place owned by the community. Large space was needed to bury the culled birds and the bird feed. This land needed to be away from the water source, and should not be dug up for any reason for at least five years.

Panchayati Raj Institutions such as Gram Panchayats and municipal bodies were involved in selection of disposal sites. Generally, the sites were selected near the crematorium of the community. By involving representatives of PRIs, it became possible to get suitable sites for disposal without any administrative problems. It helped to prevent the disputes over the common land, and also ensured that no encroachment and/or digging would take place at the disposal site for the next five years.

Rapid Procurement of Stores and Services

A committee comprising the District Collector, Chief Executive Officer of Zilla Parishad, and District Head of the Veterinary Department was formed to procure goods and services. Since the District Collector was involved in the process, it became easier to move the resources rapidly. Goods/materials were procured as per the technical specifications prescribed by the guidelines of the Government of India. Setting up the committee helped in pooling the resources within short time, which led to timely and effective containment of the bird flu.

Collection of Poultry

Collection of backyard poultry for culling was an important factor in preventing the spread of the disease. Birds from all the households needed to be collected. A people friendly strategy was used for collecting birds. Collection centres were opened in villages and collection was carried out at timings convenient to the bird owners.

Wage Compensation to Casual Labourers

It was necessary to quarantine the team of cullers to maintain health safety. The facility of boarding and

¹⁵¹ Nagraj, A., Rashid, T. & Patil, R. (2006) Bird Flu Hits India, 8 Lakh Birds to be Culled Today, *The Indian Express, Online Edition*, February 21, 2006 <http://www.expressindia.com/news/print.php?newsid=63075> (viewed on 26th March, 2008)

lodging was provided to all the team members for seven days' quarantine period, after the last exposure to such infection. To compensate the casual labourers for loss of wages, a decision was made at the local level to pay minimum statutory wages for the duration of the quarantine period. The decision motivated labourers to work for the culling activities.

Immediate Compensation to Poultry Owners

Backyard poultry was collected for culling by the Rapid Response Teams in the village centres. *Panchanamas* were done by the team in presence of the owners and on the spot compensation was paid in cash. For this, the teams were provided with sufficient cash advances on daily basis by the State Animal Husbandry Department. Daily records of the compensation paid to the poultry owners were maintained. At the end of the day, each team settled its advance.

How Good Practices Helped

All these Good Practices helped to achieve the objectives of timely and effective containment in diverse ways. Some of these are mentioned here briefly.

Demarcation of infected and surveillance areas helped to block any transport of poultry in and out of infected areas, to quarantine the infected area, and to minimise the spread of disease due to human interference. This helped to limit the spread of the disease to newer areas in the surrounding.

The formation of Rapid Response Teams helped to undertake large scale culling operation at faster speed, while quick and adequate training of these teams ensured that the culling operations followed the guidelines that are critical for containment and avoidance of recurrence of disease.

Involvement of community leaders in the generation of awareness helped to reach a large number of people with message in a short time. It also helped to highlight the gravity of situation and subsequently overcome the apathy and resistance of local poultry owners to culling operations.

As per the prescribed protocol, the burial site for culled birds was not to be re-opened for five years and should not get water-logged. Consultation with PRIs in the selection of burial site helped to select sites that are

dispute free and suitable to the norms. This resolved the issue in technically sound and administratively trouble free manner.

Establishment of district level purchase committee hastened the process for procurement of essential goods and services to control the disaster, without compromising/breaching the accountability related norms as well as technical specifications prescribed by the Government of India. This allowed pooling of resources in a short time.

Establishment of bird collection centres at common places in the villages made the centres easily accessible to bird owners. Similarly, convenient timings of the centres ensured that the backyard poultry owners don't have to sacrifice their daily duties to hand over the birds at the collection centres.

Payment of minimal wages to the casual labourers even for the quarantine period ensured that the labourers do not lose income for the quarantine period. This assurance of wages helped to overcome difficulties in hiring casual labourers required for cleaning and sanitation work.

There are no systematic checks to hold Government agencies accountable for failure to make payments to people in a timely manner and without any hassles. This coupled with excessive emphasis on checks and balances results into inordinate delays and hassles for payees. As a result, poultry owners were reluctant to take the economic loss arising from culling their birds. Immediate and on-the-spot compensation to the poultry owners saved the poultry owners from the delays and hassles to visit taluka office for claiming compensation and wasting their time and money in the process.

Birds from the commercial poultry and backyard were culled rapidly to curb the spread of infection to other areas. Compensation was paid immediately to backyard poultry owners.

Bird flu control and containment operations were completed within three months from the onset, and without procedural delays. The area was declared free from the bird flu within six months from the reported outbreak.



Further, due to precautionary measures and active surveillance, no human case of bird flu was reported from the infected area and no human death occurred due to bird flu.

Thus, in final analysis, the Good Practices appear to be based on two main strategies, namely, ensuring community involvement even in the emergency situation and coming up with administrative innovations to deal with extraordinary situation. The outcome is combined impact of both the above strategies which increased cooperation of poultry owners on one hand and made it easier for Government teams to work at designed scale and pace on the other hand.

Replicability and Limitations

The practices and principles adopted for containing the bird flu could be replicated in containing bird flu in future. Further, the management practices can be used in controlling emergency situations arising from other disasters, especially communicable diseases.

The decision to set up District Level Procurement and Purchase Committee and procure material bypassing normal procedure was not endorsed by State Finance Department. But the Administrative Department later ratified the decision.

Additional Information

Sector	Disaster Management
Scheme/Initiative	Bird Flu Disaster Management
State	Maharashtra
Concerned Agency or Department	Department of Animal Husbandry Government of Maharashtra
Year	2006
Contact Details	Commissioner Department of Animal Husbandry Government of Maharashtra Central Building, Pune – 411 001 E-mail: cahpune@giapn01.vsnl.net.in

2.33 Competition and Award to Communities for Adopting Good Sanitation and Hygiene Practices

Good Practices in Nutshell

The Sant Gadgebaba Village Sanitation Campaign effectively involved communities in the State-wide cleanliness campaign and competitions for Gram Panchayats to bring out rapid change in the sanitation and hygiene at the village level.

Improving Sanitation in Rural Areas: A Challenge

There is a direct relationship between water, sanitation and health. Poor personal hygiene including food hygiene habits, open defecation with no system for treatment of human excreta and contaminated drinking water are some of the major factors contributing to the spread of communicable diseases. Poor sanitation and hygiene is also one of the major factors contributing to infant and child mortality.

Earlier, the concept of sanitation was limited to disposal of human excreta by cesspools, open ditches, pit latrines or bucket system. Today, the concept has been expanded to a more comprehensive understanding. The modified and improved concept includes liquid and solid waste disposal, food hygiene, personal and domestic as well as environmental hygiene. Proper sanitation is not only important from the general health point of view but is also vital for leading good quality life at individual and social level. Good sanitation practices prevent contamination of water and food thereby preventing diseases. Hence, sanitation, as a broader concept includes personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal.

Improvement in sanitation and hygiene is one of the biggest challenges facing the developing world and

India is also no exception to this. At the village level, sanitation and hygiene is the most neglected issue. No proper efforts are made to keep the village environment clean. No proper arrangements are made in the villages for the disposal of waste water or solid waste. In addition, open defecation is widespread, especially in the rural areas of the country.

Improving Rural Sanitation: Conventional Measures

Government of India, as part of its efforts to improve the sanitation and hygienic conditions, initiated the Central Rural Sanitation Programme in the year 1986. Under the programme, interventions were mainly focused on the development of individual household level sanitation facilities. However, very less importance was given to the village level sanitation through community participation.

The approach was mainly supply driven and target oriented. The programme had high subsidy component in which emphasis was given on construction of latrines, which used just one of the model technologies.¹⁵²

Most of the States could not provide adequate priority to the sanitation programme. The Central Rural Sanitation Programme also failed to have linkages with various local institutions like ICDS, *Mahila Samakhyas*, PRIs, SHGs, NGOs or research institutions.

Limitations of Conventional Measures

The conventional measures had several limitations. First, aspects of good sanitation practices that are related to behaviour change were totally neglected in the Central Rural Sanitation Programme. Second, low priority was given to IEC activities, which resulted in low usage of toilets.

¹⁵² Government of Maharashtra, Water Supply and Sanitation Department (Undated) 'Prosperity through Cleanliness' through Sant Gadge Baba Campaign <http://mahawssd.gov.in/innovations/files/sant%20gadge%20baba%20more4292006124600pm.pdf> (viewed on 29th April, 2006)



Moreover, there were no concentrated efforts to involve the community into the programme and the community was not taken into confidence. As a result, the community did not have a stake in the programme. It was largely perceived as a Government's programme.

As a result, while some households participated, in most cases, the entire community did not participate in the programme.

Second, other aspects of sanitation such as solid and liquid waste management were ignored. Though, the programme did have other components of sanitation improvement, the main focus was given only to the construction of latrines and other aspects were ignored. Household level change is not adequate for achieving full benefits of good sanitation. The entire community needs to adopt good sanitation and hygiene practices; otherwise the threat of ill effects such as contagious diseases continues to exist. This aspect was neglected in the conventional approach.

Use of IEC was minimal. People were not sensitised about the programme through effective communication channels, which resulted in under utilisation of the latrines.

Due to all the above mentioned factors, despite high financial expenditure, Central Rural Sanitation Programme contributed very little to improve the sanitation and hygienic condition in villages. As a result, due to various different reasons, there was poor utilisation of whatever number of toilets that were constructed under the programme. Some of the common reasons included lack of awareness, poor construction standards, emphasis on high cost designs and absence of participation of beneficiaries. The toilets instead were used for other purposes such as storage house. Thus, large scale open defecation continued in the villages.

Total Sanitation Campaign of Maharashtra

Despite efforts by the Government, Central Rural Sanitation Programme could not achieve significant success in improving sanitation and hygiene in rural areas of the country. Hence, at the national level, the earlier sanitation and hygiene approach was changed with a comprehensive and demand driven approach

called Total Sanitation Campaign. Under this campaign, Government of Maharashtra used innovative ways and strategies to improve sanitation through community participation. Experiences from the Rajshahi district of Bangladesh also helped the State in formulating the strategy.¹⁵³ Through this campaign, the Government of Maharashtra used various innovative ways to address the issue of sanitation in rural areas of the State.

As part of the Total Sanitation Campaign, the Government of Maharashtra introduced and sponsored the Sant Gadgebaba Village Sanitation Campaign, also known as Clean Village Campaign in the year 2000. The campaign is implemented in all villages (around 40,000) of the 33 rural districts of the State. The Sant Gadgebaba Village Sanitation Campaign concentrates on three aspects of sanitation, namely, freedom from open defecation, management of waste water and management of solid waste. All Gram Panchayats from the State can participate in the Sant Gadgebaba Village Sanitation Campaign.

Some of the key Good Practices under the campaign are described here.

Campaign in the Form of Competition **Multi Level Competition**

The State Government introduced an annual Rashtra Sant Tukdoji Maharaj Clean Village Competition as part of Sant Gadgebaba Village Sanitation Campaign. The main objective behind the introduction of the competition and cash prizes as incentives was to sustain the awareness for cleanliness generated amongst rural masses through the campaign and to create a culture of cleanliness in villages.

The campaign is observed every year on 2nd October. In the first year of the campaign, a GR was issued which had details of the criteria for assessment and weightages for each criterion on sanitation and hygiene. The GR suggested a fortnightly programme for the participating villages by designating days for each activity necessary for the village sanitation. Each day of the campaign is assigned to specific activities related to creating cleanliness awareness generation among masses.

¹⁵³ UNICEF (2007) *The State of the World's Children 2008*, pp. 75, New York

The competition and its other salient features are widely and repeatedly advertised through the mass media, and every Gram Panchayat in the State is informed about the campaign. On the first day of the campaign, Gram Sabha is organised in all Panchayats of the State to trigger the campaign. Following this, on 31st October of every year, a Resolution Day is observed in each village, when a mass oath is taken to continue cleanliness activities as a part of the daily life.

The assessment is carried out in an innovative way. Eleven parameters and 105 sub-parameters were identified to ensure objective and impartial assessment of the cleanliness status of the villages. The villages participating in the Sant Gadgebaba Village Sanitation Campaign have to be 50 percent open defecation free at the time of entry into the competition. The villages are evaluated through a selection procedure, which comprises five rounds at five levels namely, Zilla Parishad Councillors' Constituency level, Panchayat Samiti level, District level, Revenue Division level and State level.

To recognise and honour the work done by the villagers, the State Government gives awards in the form of cash prizes to the winners of the competition at four different levels:

- (a) First three ranked Gram Panchayats in each Panchayat Samiti.
- (b) First three ranked Gram Panchayats in each district at district level.
- (c) One Gram Panchayat ranked first in each division.
- (d) First three ranked Gram Panchayats at the State level. Some new prizes have also been introduced for clean Primary Schools and Anganwadis.

At the Panchayat Samiti level, a team comprising elected representatives, NGO representatives, representatives from print media, experts from concerned line departments of the Government visit the participating villages. Objectivity in the assessment is ensured by appointing the team members who represented the other blocks in the district. The overall coordination is provided by the district level administration. Similar procedures are followed for assessment of villages at the district and divisional level. The competition is undertaken using

available manpower and with effective participation of elected representatives at all levels.¹⁵⁴

Involvement of Social and Political Leaders and Community in the Competition

The Gram Panchayats and the Gram Sabhas of all villages are given detailed information regarding the competition. The Gram Sevaks play a key role in providing publicity to the competition within the villages. The GR regarding the competition is circulated to all the Gram Panchayats, which is subsequently circulated to all the villagers during the Gram Sabha, held on 2nd October. Thus, transparency about the procedures and norms of the competition is maintained.

Existing institutions and traditions are used in the programme to encourage participation without incurring any extra costs. Elected PRI members including *Sarpanch* and *Upasarpanch* are actively involved in the process. Community based organisations such as Youth Groups, *Mahila Mandals* (Women's Groups), SHGs, NGOs and women from the village actively contribute to the campaign. They voluntarily take part in the village cleanliness campaign.

Publicity and Awareness Generation

Publicity to the campaign is given through the mass media, which helps sensitise the community. The campaign provides opportunity for people to discuss the neglected issues of rural sanitation. It motivates the villagers to undertake various activities required for the village sanitation. Not only men, but women who suffer more due to non-availability of latrines, also participate in the discussion with great enthusiasm. They form pressure groups and demand to construct a latrine for every household. The Government officials act as effective knowledge links, providing information regarding available technologies for sanitation and facilitating the appropriate choice of technologies and activities.

There are several complementary Good Practices which support the above mentioned Good Practices. These practices are discussed below.

¹⁵⁴ Government of Maharashtra, Water Supply and Sanitation Department (Undated) '*Prosperity through Cleanliness*' through Sant Gadge Baba Campaign <http://mahawssd.gov.in/innovations/files/sant%20gadge%20baba%20more4292006124600pm.pdf> (viewed on 29th April, 2006)



Comprehensive Approach for Sanitation

In the Sant Gadgebaba Village Sanitation Campaign, a comprehensive approach for sanitation is used with focus on open defecation free villages. Emphasis is given not only on personal sanitation and household hygiene, but also on community sanitation, safe drinking water supply, waste water management and solid waste management. School and Anganwadi sanitation is also taken into consideration. Thus, the campaign focuses on all aspects of village sanitation. People are encouraged to mobilise their own resources to find the solution to the problems of village sanitation.

Government as Facilitator

Over the years, the Government acted as a provider, by way of giving subsidies to individual households for toilet construction. In the Sant Gadgebaba Village Sanitation Campaign, the State Government plays the role of the facilitator and leads by setting the guidelines for competition among villages. Government staff sensitise people about the neglected issue of sanitation. They provide technical guidance about the different models of sanitation and support to achieve the goal of total sanitation. This encourages Gram Panchayats to participate in the competition. Information about the campaign is given through the Gram Sabhas.

Focus on Behaviour Change

The Total Sanitation Campaign is based on the understanding that total sanitation in communities requires behavioural change at both individual and community levels. Behaviour changes are matters of individual and social psychology and are closely associated with everyday culture. Hence, it is difficult to bring about, and almost impossible to sustain such changes only through economic or financial incentive. Instead, community spirit, competitive feelings and solidarity at community level, community festivities, and internal confidence building are some of the factors that influence the behaviour. Total Sanitation Campaign involves many Good Practices that utilise and build on such factors.

Showcasing Villages

The villages that were successful in eradicating open defecation are turned into model villages and are brought to the forefront of the Sant Gadgebaba Village Sanitation Campaign. The showcasing of these

successful villages through different media and IEC material provides the campaign a touch of reality.

Exposure Visits for Sharing

Exposure visits to these model villages are arranged and a lot of sharing takes place during these visits. It gives confidence to the visiting villagers that they too can do it. It also helps the community in understanding how the total sanitation was achieved, how many stages it went through, what difficulties they had to overcome. In short, the entire process of evolution can be explained by those who had actually done it. Such exposure visits motivated other villagers and then, they themselves became change agents for transforming their own villages.

Effective Use of IEC Material

The emphasis is given on preparation of good IEC material. The Water Supply and Sanitation Department prepared about eight films on sanitation. These films are shown in the villages to generate awareness. Advertisements are prepared and aired on television and radio regularly. Films on the Nirmal Gram Puraskar (given by the Central Government) are also aired through the mass media. These measures prove to be a very big motivator for the participating villages.

Programme Aimed at Community

In the Total Sanitation Campaign programme, focus is shifted from individual household to the community. It was realised that community, as a whole, could only tackle the issues of rural sanitation collectively. Involvement of community also plays a major role in making the village open defecation free. Due to social pressure, people are forced to use toilets, which otherwise seemed impossible. Some villages started to fine villagers for defecating in open. Thus, focusing on community helped in spreading the awareness among all the villagers and in improving the sanitary conditions of the village.

Mobilisation of Community Resources

Since no Government subsidy is involved in the campaign, community collected its own resources to clean the villages. Some villagers who were employed in jobs contributed in cash. This money was used to procure material for construction of latrines, gutters, repairing of old facilities, purchase of dustbins and hiring vehicles for garbage collection. Some people contributed in kind. They provided their tractor and trolleys for transportation. Others, especially poor families, contributed by way of

shramdaan (voluntary labour). Thus, people in the village came together and each family made contribution to the campaign as per its capacity.

Participation of Local Institutions and Community Organisations

The Total Sanitation Campaign focuses on involvement of different civil society groups to mobilise the community and resources at the village level. Community based organisations such as *Mahila Mandals*, SHGs, Youth Clubs, Farmer's Clubs are encouraged to actively participate in the campaign. These groups are supported by local NGOs which provide knowledge and information about sanitation technology and different initiatives. By involving civil society groups, the campaign achieved the goals within a short duration. It has also helped in sustaining the efforts.

Use of Low Cost Technologies with Different Models

Since community was involved in the campaign, different ideas were generated. Exposure visits made people aware about the different technologies for toilet construction and other sanitary measures. People are given freedom to select the model suitable to their needs.

How Good Practices Helped

The Good Practices helped in several ways. Some of the important aspects are mentioned here.

First, the campaign did not focus only on households, latrine construction and provision of subsidies, but rather on the adoption of good sanitation practices by the community as a whole. Instead of offering financial incentive to the households, competition mode built an incentive for the community, which, in turn, created peer pressure on individual households (as well as threat of group or community sanctions).

Second, involvement of local leaders also helped the purpose of motivating and creating peer pressure. It also ensured ownership by the community as a whole.

By instituting awards at each level of the three tiers of Panchayati Raj system, and by involving the elected representatives, the Government was able to ensure good and sustained participation of the people in this competition. Further, wider and massive publicity campaign created awareness among all villagers resulting in very wide scale participation. Use of Gram Sabha as a platform for disseminating information about the campaign and the competition proved very useful. It sensitised the community and also brought transparency in the procedures of assessment, thus clarifying what is expected.

The competition was able to create a ripple effect and the non-participating villages also joined the competition in subsequent years. Moreover, those villages that performed well but failed to get the awards, competed with a high spirit and determination to bag the award in subsequent years. The award money was used for the development of the village. It also motivated other villages. A positive impression was created that if the community worked in a united manner, winning an award was not difficult.

The Sant Gadgebaba Village Sanitation Campaign of Maharashtra is reported to have received tremendous response and was a phenomenal success. Due to the overwhelming response to the sanitation campaign, the campaign has been made an annual feature.¹⁵⁵ The cleanliness campaign has created State-wide awareness about importance of sanitation and hygiene. Every year, almost all the Gram Panchayats in the State are participating in the competition.

The campaign and competition have brought about behaviour changes among the people, which led to the culture of cleanliness. Several villages in the State have become open defecation free.

At the national level, PRIs from the State have bagged highest number of Nirmal Gram Puraskar for three consecutive years (from 2005 to 2007) and the State is ranked third in the country in achieving rural cleanliness.¹⁵⁶

¹⁵⁵ Government of Maharashtra, Water Supply and Sanitation Department (Undated) 'Prosperity through Cleanliness' through Sant Gadge Baba Campaign <http://mahawssd.gov.in/innovations/files/sant%20gadge%20baba%20more4292006124600pm.pdf> (viewed on 29th April, 2006)

¹⁵⁶ Government of India, Ministry of Rural Development, Department of Drinking Water and Sanitation, Rajiv Gandhi National Drinking Water Mission (2007) *Total Sanitation Campaign, Sanitation for All:2012, Nirmal Gram Puraskar State Wise Achievements over the Years*, pp. 14-15 <http://ddws.gov.in/popups/Total%20Sanitation%20Campaign%20Sanitation%20for%20All%20-%202012.pdf> (viewed on 26th March, 2008)



Replicability and Limitations

Since the Government invested a limited amount of money (only for awards and awareness generation), the practice can be replicated anywhere in the country.

The core principle of inducing a spirit of positive competition to promote soft (behavioural) changes can be adopted in many other situations—regions and sectors.

Without strong political commitment and active participation of Government machinery, it is not, however, possible to replicate the practice. Further, changes in the attitude and behaviour of people and

motivating the community to actively participate in the campaign are the biggest challenges without which it will not be possible to replicate the Good Practices.

Promoting behavioural change through a campaign approach has certain limitations. The main issue is of sustainability. It has been observed that often, changes induced by a campaign may remain superficial and temporary and the target group may lapse into the old behaviour pattern. Hence, certain complementary measures have to be pursued to ensure the institutionalisation of the changes affected.

Additional Information

Sector	Water and Sanitation
Scheme	Sant Gadgebaba Village Sanitation Campaign
State	Maharashtra
Concerned Agency or Department	Water Supply and Sanitation Department, Government of Maharashtra
Year	2000
Contact Details	<p>Secretary Water Supply and Sanitation Department Government of Maharashtra Mantralaya, Mumbai – 400 032 Website: www.mahawssd.gov.in</p> <p>The State Coordinator Total Sanitation Campaign Reforms Support and Project Management Unit Water Supply and Sanitation Department Government of Maharashtra 1st Floor, CIDCO Bhavan CBD Belapur, Navi Mumbai</p>

2.34 Campaign for Panchayati Raj Institution Training with Participatory Methods and Relevant Content

Good Practices in Nutshell

Motivating and training a huge number of PRI functionaries (elected representatives) and Government officers in a short period of time and through a systematic campaign of participatory programmes, with the content relevant to the participants needs.

The Core Challenges in Training Panchayati Raj Institution Representatives¹⁵⁷

In order to make the PRIs effective as envisaged in the 73rd Amendment, it is necessary that the members elected to the various offices in the Panchayat system (in all the three tiers) should be capable and be able to act as effective representatives of their constituency. The ability to perform better on the part of PRI functionaries depends, among other factors, on their knowledge about schemes and procedures, and skills as a representative. The number of elected representatives in the Panchayat system is considerably large. Further, due to the system of rotation of reserved constituencies, each election brings up a large number of first time elected representatives. Many representatives may even be semi-literate, with a large percentage of women stepping out of their homes and entering public life for the first time. In this situation, importance of training and orientation of PRI functionaries, at the beginning of their tenure cannot be over emphasised.

Conventional Practices in Panchayati Raj Institution Training¹⁵⁸

Conventionally, the training of Government functionaries and elected representatives is conducted in the campuses of select institutions of the State Government. Majority of the training programmes conducted by the State Institute of Rural Development (SIRD) are undertaken in its campus or in other Panchayat Training Centres. Most of these training programmes conducted by the

SIRD or Administrative Training Institutes are based on the demands of the 'line' departments. Hence, they are driven by the needs and financial support of the respective departments. Often, trainees for training programmes in SIRD or Administrative Training Institute are nominated by their seniors. The trainees have little discretion in deciding the training programmes they would attend.

Limitations of Conventional Practices¹⁵⁹

The State Institute of Rural Development entrusted with the task of training PRI representatives and functionaries, faces various problems in delivering quality training to a large number of persons involved in grassroots level governance and development. First, since the SIRD campuses and the extension centres have limited infrastructure, training can be conducted only in small batches. Hence, a large number of persons (in the order of thousands) cannot be trained on these campuses in a short period of time. The number of PRI functionaries who need training is very large, running into more than a hundred thousand in Rajasthan alone. Hence, conducting training in small batches lengthens the training cycle and it becomes difficult to impart training within the limited timeframe to all elected representatives and Government functionaries from the village level upwards.

When the trainings are organised at central locations (where generally, SIRD or Administrative Training Institute campuses are located), the PRI representatives have to travel long distances and have to spend time away from their villages. For the grassroots representatives engaged in farming and cattle rearing activities as well as for women representatives, it becomes difficult to stay away from their home for long durations. This affects the attendance in the training

^{157,158,159} The sections on 'Core Challenge', 'Conventional Practices' and 'Limitations of Conventional Practices' are same in both Panchayati Raj Institution Training, Karnataka and Panchayati Raj Institution Training, Rajasthan case studies.



conducted in distant locations.

Third, it is observed that the budget given to the SIRD for training is very low. Further, they have to depend on the departmental budgets earmarked for training. As a result, the training content and methods are dominated by the agenda of the line departments and the training institute has little say in deciding the content and scope of the training. With the content and scope pre-decided, the faculty members/trainers get dissuaded from attempting any innovations in the content or methodology.

The content of the programme dictated by departmental agenda or by the heads of departments is of little practical relevance to the trainees. It is purely based on the assessment of the departmental head of what the trainee needs. Fourth, the pedagogy adopted is non-participatory. The lecture method of teaching dominates the entire training programme. And a large dose of lectures obviously leads to very poor learning and retention.

This gives rise to a vicious cycle involving poor quality training, which, in turn, leads to poor participation, leading to poor outcome. Any poor outcome further dissuades both the participation of good quality participants, and also pre-empt possibilities of innovation in the teaching and learning process.

Fifth, full time faculty members of the institutes are few. The trainers for such training programmes are conventionally drawn from three pools—Government officers, academicians (which includes the staff of SIRD), and practitioners from NGOs. Since most of these trainers are not affiliated to SIRD and come into the training only as temporary resource persons for conducting select sessions, their involvement in the training programmes is limited and at times superficial. Many faculty members who work in SIRD or Administrative Training Institute are also on deputation from the Government and work in the training institute for a short period of time. They are frequently transferred. Posting to a training institute is generally not considered as prestigious among Government officers. Thus, most SIRD do not have a team of full time, dedicated faculty for training, which is necessary for developing focused, relevant and comprehensive training programme.

Due to these various problems, the training delivered by SIRD and Administrative Training Institute has not been effective, relevant, and timely. In the absence of any other effort for training on the scale required, PRI functionaries assume the responsibilities of office without becoming fully proficient in their functions. Consequently, they are not able to discharge their duties competently. This is one of the main reasons for PRIs not becoming effective institutions for self-governance and service delivery, as envisaged in the 73rd Constitutional Amendment.

Towards the Training Campaign for Panchayati Raj Institution Members

The Indira Gandhi Panchayati Raj and Gramin Vikas Sansthan (IGPR-GVS, Jaipur) is an organisation promoted by the Government of Rajasthan since 1989, as an apex institute for development of human resources in PRIs and the Rural Development Sector. From July 1999, it has become SIRD under the Ministry of Rural Development, Government of India.

In the year 2000, the Institute became the nodal agency for spearheading a systematic approach to training of PRI members. The systematic approach was based upon training needs assessment, development of needs based modules and reference material, and module based training of District Training Teams, with the purpose of institutionalising a Decentralised Training System of PRI. As a result, about 1200 District Training Team members (drawn from all 237 blocks of the State) have been trained. This initiative established a team of strong Training Resource Persons in each district and block of the State. Since 2001, the Institute has also been made umbrella organisation for guiding Panchayati Raj trainings in Rajasthan by way of providing technical backstopping and supportive supervision to the three regional training centres, namely, the Panchayat Training Centres located at Ajmer, Dungarpur and Mandore (Jodhpur).

The State Institute of Rural Development conducted training needs assessment in the year 2000, and this was repeated in 2004. Training Module development had also been done in 2000, and these modules were updated and revised in 2002 and 2005. The institute kept up the momentum of conducting ToT to develop a cadre of trained trainers. The Training of Trainers was conducted in 2000, 2002, 2003 and 2005. The

highlight of the institute's efforts was the training campaigns of 2002, 2003 and 2005. In 2002, due to limited funds, only women PRI members were trained, whereas in 2003 and 2005, all members of the PRI system were trained. The institute conducted a training impact assessment in 2004. It was found, as one of the limitations of the 2003 campaign, that the training was provided about three years after the representatives had assumed office. To overcome this drawback, the institute initiated the decentralised campaign in the first quarter after PRI elections in January 2005 (that is, during April to June 2005).

Learning from the previous experiences, the SIRD (IGPR-GVS) launched a campaign in the year 2005 to train all PRI representatives along with key official counterparts at all three levels. This exemplary effort of the institute to conduct training for a large number of people at dispersed locations, in a campaign mode has been documented in this case study as a bouquet of Good Practices.

Some important practices are described in the subsequent paragraphs.

Training Needs Assessment

Prior to this campaign, the SIRD had conducted two rounds of needs assessment with a large representative sample of the trainees in a systematic manner. Based on this, a focused and relevant content for training of functionaries from each tier in the PRI system was developed. The SIRD conducted multi-stakeholder brainstorming workshops for identifying the training related needs of the potential participants targeted in the training campaign. These three-day long workshops were held at six divisional headquarters in the State. Intensive interactions were held with PRI representatives from all the three tiers drawn from the constituent districts of each division. The Zilla Parishads, Panchayat Training Centres and NGOs located at Divisional Headquarters helped in organising these workshops. The SIRD prepared the design of the workshop, as well as the tools for brainstorming, focus group discussions and interviews. The facilitating training needs assessment team was oriented in use of these tools to conduct workshops in each divisional headquarter. Inclusion of PRI leaders from all three levels and all categories—General, SC, ST and women—who had almost completed their five-year tenure yielded results

that made the need assessment exercise meaningful. Moreover, inclusion of their official counterparts helped corroborate the findings of PRI training needs. Public expectations and performance appraisal of PRIs at Gram Panchayat level in a mock Gram Sabha also added value to the training needs assessment exercise.

Systematic Efforts to Build a Cadre of Trainers

A separate cadre of master trainers and trainer teams at district and block level was prepared. They were provided intensive training prior to launching the campaign for training PRI functionaries. The trainers needed to be well equipped with knowledge and also adequate in numbers to fulfill the vast requirement of trainings at different levels. The master trainers were drawn from NGOs, Panchayat Training Centres, IGPR-GVS faculty, and from among the network of research and training institutes. In this manner, around 70 master trainers were developed. These master trainers were allocated certain districts and grouped into designated District Training Team. These master trainers, in turn, trained identified resource persons from Government and NGOs at the district level to form the Block Training Teams. In this way, over 1,000 PRI trainers were trained in the State, on the basis of four to five trainers per block.

In this campaign, 19 NGOs having proven track record were invited by SIRD to contribute to the campaign in various manners. NGOs contributed resource persons to the team of trainer team (at State, district and block level), helped in dissemination of training material, in supervision of camps and mobilisation of participants. Their contribution was very important in making the campaign a success.

Dispersed Location and Campaign Mode of Training

The process of PRI training was decentralised and conducted at multiple locations. The SIRD designed and implemented a decentralised programme of training, in the form of training camps to be conducted simultaneously at different locations, rather than conducting all training programmes in selected designated campuses. The training workshops were conducted over a span of two and a half months in a campaign mode. The entire training calendar was organised during this period.



The campaign mode involved conducting the training programmes at selected dispersed locations. The decentralised training mode achieved two objectives: to impart training within the stipulated timeframe and to reach maximum number of participants. Very few workshops were conducted at SIRD. Training workshops were conducted at different levels such as division headquarters (for training of block chiefs), district towns (for training of District Training Teams), block headquarters (for training of *Sarpanch* and Secretaries) and sub-block level (for training of ward members).

Joint training of District Elected Chiefs (that is, Zilla Pramukhs) and CEOs was organised in two batches of 16 districts each at SIRD. Divisional level orientations were held at six Divisional Headquarters for Block Chiefs (that is, *Pradhans* and Block Development Officers). In all, 97 percent attendance was recorded in these workshops. About 250 Training Camps for training of Panchayat Heads (that is, *Sarpanch*) and Panchayat Secretaries were held simultaneously in all blocks. An overwhelming 99 percent attendance was witnessed in these camps. Further, 750 camps for training of ward members were organised. Three to five such camps were held in each block for a cluster of 15 Gram Panchayats. The average attendance in these camps was 75-85 percent. The lower turnout at this level was attributed to the acute famine situation at the time and pre-occupation of ward members for wage employment on relief works.

Systematic Organisation of Training Campaign

This campaign for training of PRI functionaries in Rajasthan was initiated by SIRD as its own programme, and separate financial resources were mobilised for this programme from different agencies, including Government of India (Ministry of Panchayati Raj), Government of Rajasthan, and the Swiss Agency for Development and Cooperation (SDC).

The institutional arrangements for the implementation of the campaign were as follows:

- (a) At the State level, a working committee headed by Principal Secretary, Rural Development and Panchayati Raj; Secretary, Panchayati Raj; Director, SIRD; Coordinator-PRI Training, and Professor (Panchayati Raj), SIRD was formed. This committee was responsible for conducting the campaign, resource mobilisation and monitoring.
- (b) At the district level, a working committee headed by CEO or the Zilla Panchayat Official Head, ACEO and CSO representatives was formed. This committee was responsible for implementation of the campaign activities (mainly training workshops) and monitoring.
- (c) At the block level, a working committee headed by the Block Development Officer or the Official Head of Block Panchayat with CSO representatives was formed. It was also responsible for implementation and monitoring of the block level training camps.

The State level officers were appointed as observers and officers-in-charge of districts to oversee and closely supervise the conduct of simultaneous trainings in all blocks. A briefing workshop was conducted to orient these officers towards their responsibilities and to share the checklist of observation points. Twenty-eight officers-in-charge were thus appointed and stationed at assigned districts for the entire duration of the training week, that is, 30th May, 2004 to 4th June, 2005. They were expected to visit two blocks per day and provide feedback in the prescribed format prepared by the SIRD.

Efforts for Securing Motivated and Broader Participation

In this training campaign, the participants were motivated to voluntarily participate rather than being forced through some Government order. The participants in the training workshops included not only elected representatives but also Government functionaries working at block and district level. The highlight of the campaign was that the *Sarpanches* did not see this purely as a learning event, but as their initiation into office. An atmosphere in which there was a celebration of learning was created in all the camps. The campaign attempted to generate interest and motivate a large number of participants to effectively participate in a peer learning activity such as training, for maximising role clarity, build team synergy and update know-how for effective functioning of the PRIs at all levels.

Specially Created Training Methods and Materials

In the training workshops under this campaign, a participatory approach to the pedagogy was adopted. This implied that participants were actively involved in the learning process and different methods of

facilitation of learning were used. The training modules developed earlier were updated for use in the campaign. It was realised that, unless the training material was standardised, the inputs would remain subjective depending upon the capacity of the trainer to impart training. It was also necessary to ensure that the programme addressed all the high priority needs that came up in the training needs assessment.

Exercises to develop training modules were undertaken by IGPR-GVS in consultation with experts and with assistance from NGOs. A training manual was thus prepared and published for the training programmes. The development of training module took place in three months from January to March 2005.

The five sets of training modules were created for the different groups of target audiences: (a) district level elected representatives and officers; (b) block level elected representatives and officials; (c) Gram Panchayat level office bearers and officials; (d) Gram Panchayat members and ward representatives; and (e) women members and chairpersons of different standing committees.

In each of these training modules, the core set of basic reading material forms part of that module. However, a comprehensive accompanying volume of reference materials relevant for any PRI trainer has also been developed separately. Based on the training needs assessment, the modules had been prepared and pre-tested and published with support from UNICEF. Integrating the needs identified in the year 2004, these earlier modules were re-designed, and a training manual was published for PRI training campaign in 2005 comprising a compendium of four types of Basic Orientation Modules for Zilla Parishad, block, Gram Panchayat and ward levels, and a Core Reference Material Book published with SDC support.

How Good Practices Helped

The adoption of these Good Practices helped in overcoming some of the limitations of the conventional practices. By conducting the training workshops in a dispersed manner, the limitations imposed by institutional space and prolonged training cycle were overcome. The existing infrastructure such as PS halls at Block Office, Government schools and other public spaces were used for training.

The campaign mode of organising training helped the participants to focus their attention, concentrate their resources and energies during the given short time period. The campaign also helped create momentum and tempo-generating interest, motivation and willingness among such a large number of participants.

Conducting systematic exercises for assessment of needs of trainees by directly involving current PRI functionaries helped to ensure that the content of the training was responsive to the needs and demands of the potential trainees, and relevant to the ground conditions. This, in turn, made the programme interesting to trainees and ensured their meaningful participation and involvement.

Active participation and involvement of trainees ensured that there is demand-pull for training inputs, which in turn ensured that quality of training is maintained though the training is going on simultaneously at so many places.

Since the institutional staff and even resource persons from the Government were not well versed with participatory approaches and methods, the help of NGOs, social activists and academicians facilitated the participatory approach and methods that were woven into the entire programme of the training campaign.

Availability of non-developmental scheme tied funds ensures autonomy to designers and organisers of the training programmes, especially, in selection of trainers and designing the content and methodology.

Systematic efforts to build a multi level cadre of trainers in significant numbers made it possible to run the training campaign to train more than one lakh trainees. The trained cadre also helped to ensure quality of training.

Training was organised for around 120,000 elected representatives and Government functionaries, from all the tiers of PRIs across Rajasthan in this campaign held soon after PRI elections in the first quarter—as part of the Chief Minister's 100 day action plan for Panchayati Raj Department. Thus, the 'Training for All' goal of National Training Policy was achieved for Panchayati Raj sector in Rajasthan in a record time of 75 days campaign.



Replicability and Limitations

This campaign mode of training can be replicated in many other States and sectors.

However, the campaign cannot be successful unless many of these Good Practices are adopted. For example, without a cadre of trainers, and relevant content based on trainees’ needs, the campaign cannot achieve the objectives.

One of the primary limitations of this mode of training is the limited duration in which training is imparted to every trainee. In this mode, the lowest level of functionary, that is, the Gram Panchayat member (or ward representative) was given only one day of training, which is inadequate to cover

the entire range of subjects identified in the needs assessment.

A strong support from the political establishment and bureaucracy is a pre-requisite for these Good Practices to succeed since they depend on availability of Governmental resources (financial and human resources).

Another important limitation of these Good Practices is sustainability. Since the grants provided by the Government and external donor agency were given as a one time grant and the process of financing has not been institutionalised, there is a question mark whether this effort can be repeated or sustained in the future as a regular ongoing exercise to meet the PRI demand of yearly refreshers.

Additional Information

Sector	Panchayati Raj Institutions (Training)
Scheme/Initiative	Panchayati Raj Training
State	Rajasthan
Concerned Agency or Department	Department of Panchayati Raj and Rural Development Government of Rajasthan Indira Gandhi Panchayati Raj and Gramin Vikas Sansthan, Jaipur
Year	2005
Contact Details	Coordinator, PRI Trainings C/o Director Indira Gandhi Panchayati Raj and Gramin Vikas Sansthan (SIRD-Rajasthan) Jawahar Lal Nehru Marg Jaipur – 302 004 Rajasthan

Part 3
Lessons and
Insights

Part III: Learning More from the Good Practices

This concluding part of the Good Practices Resource Book is primarily aimed at furthering the objective that guided the preparation of the Good Practices Resource Book, namely, helping the practitioners and researchers to gain better understanding of new and innovative practices adopted by officials of different State Governments. The discussion in this part presents the lessons and insights that emerge from the analysis of the Good Practices presented in the second part of this book. The discussion also engages additional analysis by undertaking comparisons among different Good Practices to cull out deeper understanding and more insights.

These lessons and insights are presented in this concluding part through three sections. The first section presents the lessons and insights that pertain to the substantive sectors and themes from which the particular Good Practices are extracted. These include sectors such as Health or Disaster Management as well as substantive themes such as management of FPS. This,

however, does not mean that the lessons pertaining to one substantive theme have no value to readers interested in other sectors. In fact, readers interested in one sector can gain a lot by reflecting on utility or relevance of the insights drawn from other sectors for their own sectors.

The second section presents insights and lessons pertaining to main functional or operational themes that the particular Good Practices are related to. These include, for example, participation of civil society and NGOs, and community involvement and empowerment. As in the case of the lessons pertaining to substantive themes, there could be significant possibilities of cross-learning across the functional themes too. The third section brings together some more insights and lessons that deserve special mention. These include lessons that fit with themes from both the categories mentioned above. Hence, these are presented in a separate section in order to ensure adequate attention by the reader.

Section 3.1

Lessons for Substantive Sectors or Themes

This section presents insights and lessons for some of the substantive themes and sectors covered by the Good Practices in the Resource Book. These sectors and themes include conventional sectors such as Health as well as the newly emerging sectors such as Disaster Management. These also include substantive themes such as Training of Panchayati Raj Functionaries and Management of FPS, which are components of sectors such as Rural Development, and Food and Civil Supply respectively. But the section also covers some themes such as Use of Satellite Communication Technology that have relevance across many substantive sectors. Considering their relevance and possible wider use, these are included in this section. Further, the section presents some additional analysis in order to bring out some deeper insights.

The case studies in the Resource Book include three very distinctive pairs of case studies that are directly comparable. Such comparison would provide a wealth of lessons and insights. The first such pair is made of two case studies involving use of the Information and Communication Technologies (ICT) for redressal of grievances of citizens. The Online Grievance Redressal Tracking Scheme (OGRTS) from Andhra Pradesh is mainly for municipal areas, while the *Lokvani* model is from the district of Sitapur, which is a typical rural district from North India. It is interesting to see the similarities and differences in these two schemes.

The other two pairs are interesting as they demonstrate two significantly different responses of two State Governments to the same problem. These responses are very much appropriate to the ground realities in the two States. One of these pairs is of two case studies from Rajasthan and Karnataka of Training of Panchayati Raj Functionaries. The other pair comprises the Model FPS scheme from Gujarat and the scheme involving handing over of FPS to organisations of beneficiaries in Chhattisgarh.

The first three sub-sections in this section present the outcome of comparison between these three pairs. These three sub-sections are followed by sub-sections devoted to discussion of lessons pertaining to other substantive themes and sectors.

3.1.1 Comparing the *Lokvani* and OGRT Schemes

As mentioned before, OGRT scheme (Case Study No. 20) and *Lokvani* scheme (Case Study No. 10) are focused on redressal of grievances and make use of ICT. But their geographic contexts are quite different. While OGRTS is from the urban areas of Andhra Pradesh, *Lokvani* is from the rural North India. However, there are interesting similarities and obvious but equally educative differences.

Main User Interface

Coming to access, both the schemes strive to provide users access to the system by adopting different interfaces to communicate with users. These include: the internet, a call centre, SMS, and written complaints. However, the main interfaces relied on by these two schemes are different. In *Lokvani*, the interface that is predominantly used seems to be the internet accessed through the special internet kiosks called *Lokvani Kendra*. This is more appropriate for the targeted users, namely, the large number of poor and semi-literate rural citizens spread across the district with poor infrastructure.

In OGRTS, the interface that is primarily relied upon seems to be the call centre, which is appropriate for urban areas in Andhra Pradesh that would have good telecommunication connectivity through landline or mobile network.

Input Formats

Another major point for comparison is format for input in the system. In *Lokvani*, the format for input

of grievances from the complainant into the system seems to be the written complaint. For most of the complainants, the point of first contact is the *Lokvani Kendra*. The written complaint is translated into the soft form and uploaded onto the internet by the operator at the *Lokvani Kendra*. The complaint which is still in the open narrative format is then processed manually.

As against this, in OGRTS, the input format is highly structured in the form of drop-down menu. The inputs entered into this drop-down menu are then processed automatically by computers.

The *Lokvani* approach seems to be appropriate, considering the fact that it caters to grievances related to a broad range of Government services and departments. It is also suitable for the large number of poor and illiterate citizens to whom the *Lokvani* system is primarily catering. It is very difficult to develop a set of structured formats covering all the possibilities of grievances related to such a wide range of services and departments. The OGRTS covers a comparatively narrow range of municipal services and caters to urban citizenry which would be comfortable with very structured input format. Thus, in both the cases, the input formats are suited for both the nature as well as the range of grievances and the target population.

Access to Databases

The major point of difference in the two schemes is the extent of access to the database. In OGRTS, the access to the central database is restricted as far as citizens and other third parties are concerned. The citizen can only know the status of his or her complaint, while the third party has no access to the database. As against this, in *Lokvani*, access to database is unrestricted. Any citizen or even the third party has access to all the data through the internet. This is very crucial to achieving full transparency.

As discussed in the case study, such full transparency opens up new avenues for extraction of accountability by civil society groups, researchers, elected representatives or media playing the role of watch dog. This third party extraction of accountability—made possible because of the full transparency—is of very high utility in the country such as India. This is because the official machinery in the country is yet to imbibe the culture of responsiveness and the citizens face severe barriers

to extracting accountability of officials including unaffordable transaction costs.

The full transparency also has implications for the quality of grievance redressal achieved through the system. There are limitations (due to the design of the scheme) on assessing and ensuring quality of the official's responses to grievances. At the same time, the *Lokvani* initiative seems to be successful in reaching out to a large number of citizens, considering the number of grievances registered on the website. Thus, the system has achieved significant quantitative coverage, though it has some deficiencies on the quality front. However, the possibility of third party extraction of accountability created by full transparency in the *Lokvani* scheme (and which has been discussed before) could ameliorate the adverse implications of the deficiencies on the quality front.

3.1.2 Comparing the PRI Training Campaigns

The comparison involves the initiatives for training elected members of PRIs in the States of Karnataka and Rajasthan (Nos. 24 and 34, respectively). There are many interesting similarities and differences in these two cases, which could be of practical relevance.

Both initiatives are responses to the same core challenge—the challenge of training a large number of less educated people, dispersed across the State, in a very short period of time. The usual systems and methods of training of Government officials were grossly inadequate to take up this challenge.

Campaign Approach and Strategies

Both the initiatives essentially adopted the campaign approach which involved simultaneously conducting a large number of training programmes at dispersed locations in a short span of time.

However, the campaigns in the two initiatives were built on two different strategies. The Rajasthan SIRD relied primarily on trained human resources—an army of trained facilitators who were trained previously over a period of three to four years. These trainers spread across the State and conducted the campaign. As against this, the Karnataka SIRD relied primarily on the satellite communication technology to reach out to different parts of the State. Though the Karnataka SIRD



relied on this technology, equal emphasis was given on sending trained facilitators to all training locations in the State.

Ensuring Quality of Training

Both the initiatives realised that the weakness of the campaign approach lies in the possible neglect of quality under the pressure of timely completion, and tried to ensure quality of training through different measures. One way to ensure quality of training was to ensure high quality of the content of the training. This was achieved through different measures in both the initiatives. For example, the Rajasthan SIRD conducted systematic exercises for assessment of training needs of the potential participants, before developing the content of the training.

Both the initiatives also tried to secure voluntary and motivated participation of trainees. Motivated trainees who demand best possible effort by trainers and other officials, thus, create pressure for ensuring high quality of the training. Animated atmosphere or the tempo that gets generated in most campaigns was used in both the cases to enhance the levels of interests, involvement and participation of trainees.

Coverage and Location of Training

The Rajasthan experience also demonstrates that it is not sufficient to train only the elected representatives in PRI trainings. The village level Government functionaries should also be included in training programmes. This is because, in actual practice, the two sets of actors have to work in close coordination, and hence, they should share the same perspective and also have good rapport.

In the Karnataka PRI training initiative, the location of training was strategically chosen. The block headquarters was seen as the ideal location. This is because, first, it gave the women PRI representatives a chance to come out of their villages. Yet, it was not very distant from their villages, and in most cases, they could return to their homes on the same day. Also, it was easy for them to travel to block headquarters on their own.

3.1.3 Management of Fair Price Shops: Comparing the New Pathways

The State Governments of Gujarat and Chhattisgarh faced similar problems related to viability of the

FPS and the malpractices resorted to by private FPS operators in the PDS. The two Governments adopted completely different approaches to respond to these problems through two schemes: Model FPS Scheme (No. 28) and the scheme involving handing over of FPS to organisations of beneficiaries (No. 2).

The Liberalisation Approach

The approach taken by Government of Gujarat seems to facilitate the liberalisation approach. First, it simply removed the restriction on FPS to sell only the PDS items. This measure has been resorted to by some other State Governments, including the Chhattisgarh State Government. However, the Gujarat Government seems to have gone a step ahead in facilitating liberalisation. The Gujarat Government made many and diverse efforts and took different measures to help the private Model FPS owners to increase their business in goods and services outside the PDS. These included active support to secure distributorship and franchise as stockists for different leading private brands.

It is assumed that these measures to facilitate liberalisation would provide the private Model FPS owner adequate help and support to increase business and incomes. The increased and sustained business would eliminate the perverse incentive to get into malpractices. At the same time, it is expected that the FPS license would still remain an attractive proposition for Model FPS owners despite the increased business in other items. This is because the FPS license would provide a minimum level of assured business.

The Communitisation Approach

As against this, the Government of Chhattisgarh took an entirely different approach—which, in short, could be called communitisation. The Government of Chhattisgarh cancelled all FPS licenses given to private parties and handed them over to organisations representing the beneficiaries or members of the local communities. It even fought a legal battle in the high court to defend its decision to oust the private FPS operators.

Supportive Actions by State Government

Once the main reform measures were implemented, both the Governments took elaborate measures to strengthen and especially to shore up the dwindling financial conditions of FPS.

As mentioned before, the Government of Gujarat went further to support the Model FPS operators by helping them to become the stockists or distributors of private companies, in order to enhance their financial viability. At the same time, Government of Chhattisgarh also took a number of measures to strengthen the new licenses financially and to protect them from sabotage.

It is noteworthy that, though following the communitisation approach, the Government of Chhattisgarh also allowed the FPS operating organisations to sell the non-PDS items, in order to increase their financial viability, possibly as a supportive measure.

Other Insights on the Public Distribution System

The Gujarat initiative also provides another insight related to PDS. It indicates that, apart from their different weaknesses, the FPS do have certain strengths. In fact, the Model FPS scheme attempts to build on the strengths of the old FPS. The strength lies in the fact that the FPS is perhaps the only shop in a village, which has stable and assured (though low levels) of business through the FPS license. Hence, it can serve as a good platform to build commercial activity in the rural areas to satisfy the demand in the village for goods and services other than the PDS items. The Model FPS scheme attempts to build on this opportunity.

Another insight that can be gleaned from the Model FPS scheme is that, with changing ground reality, the incentive structure for private service providers (in this scheme, the private FPS operator) has to be changed in order to make their enterprise adequately attractive so that they would engage in honest business practices.

3.1.4 Use of ICT by State Government: Some Lessons

As mentioned before, for various reasons, the State Governments have been laying significant emphasis on increasing the use of ICT. The lessons and insights generated from the analysis of Good Practices in this regard would certainly be useful for the State Government officials.

Various Good Practices from different initiatives including *Lokvani* and OGRTS (Nos. 10 and 20 respectively) show that measures such as digitisation of data as well as combination of communication technology with information technology increase

the speed and mobility of data, and also bring ease in processing, transfer and accessing of data. Hence, these measures would certainly help the Government functionaries in decision making, implementation, monitoring and grievance redressal.

Structured Input Formats

As mentioned before, the OGRT scheme provides an important lesson for the data input procedures. Keeping in view the nature of complaints that could arise against municipalities, a set of structured formats has been developed to receive the incoming data. In other words, the system receives data in digitised form at the input point itself. This illustrates that when a large volume of input data of similar nature is expected, structured formats could be used to make input, and storage and transmission of data become easier.

There are many situations wherein routine services are delivered to a large number of citizens. These situations occur across the States and in different sectors where the Government directly provides public services or development benefits. Data related to such routine services is generally voluminous and with many similarities. In these situations, this approach of using standard structured input format could be adopted to facilitate the use of ICT. However, it needs to be noted that adoption of structured format also restricts the scope and flexibility in the inputs which the system can entertain. Structured formats also have implications for accessibility of the system, especially for users from poor and vulnerable sections.

Restructuring Processes and Procedures

One of the major barriers to the effective use of IT in administration is the inadequate time and resources (including human resources) available for or devoted to restructuring of the administrative processes and procedures in order to make them suitable for digitisation and computerisation. Such restructuring is called process re-engineering.

The *Lokvani* initiative involved significant efforts to restructure the procedures, that is, to carry out process re-engineering, in order to suit the new computerised system. This is very important as, often, the effort is made to digitise the conventional administrative processes and procedures as they are. This severely limits the utility of IT.



The OGRS shows that even limited restructuring (or re-engineering) of governance procedures (such as the computer friendly standard structured format of complaints) facilitates use of ICT in governance, leading to better governance.

Similarly, the BMTC case study of Recruitment of Drivers (No. 22) shows that designing of procedures that involve concrete steps, well defined, specific tasks, and objective methods would make use of techniques of automation and computerisation.

Another important lesson from OGRS is making effective use of all the possible modes of communication available, and, especially, the electronic means of communication. This is especially true for urban and semi-urban areas. This helps to increase the speed and ease of communication, facilitating better governance.

Monitoring and Decision Making

Experience of various Good Practices indicates that when data is digitised and stored in an electronic form, its movement both horizontally and vertically within an organisation becomes more convenient, faster and less expensive. This should be effectively used for management reporting and decision making. The OGRS shows that the full potential of e-governance can be harnessed only when data is used for decision making. This is possible only when the raw data is processed and various analytical reports are generated and used as inputs by the management for decision making. This can lead to improvement in transparency, accountability and participation, and hence, to improvement in performance of the State agencies.

Further, the case study of the BMTC's Automated Tracking System (No. 21) shows that ICT can be of great help in tracking and monitoring of operations involving physical movements. Often, a large part of such operations (involving physical movements) are carried out of the office premises and hence, are generally more susceptible to malpractices and controversies. As the case shows, combined use of ICT can help provide an objective and automatically created database about such operations, which could be protected from tampering and hence, less disputable. Similarly, efforts should be made to use the data generated from computerised procedures for supporting managerial decisions and taking corrective actions.

Smart Combination of ICT with Manual Procedures

Another key lesson could be extracted from the *Lokvani* model. It demonstrates that a smart combination of processes and procedures could be adopted to make optimum use of the inherent strengths of IT, while not allowing the weaknesses of IT to affect the benefits of the e-governance initiative. In *Lokvani*, such a combination is employed to make optimum use of IT. In this case, different elements of IT (such as digitised database, the internet) are used to increase transparency and thus, increase possibilities for extraction of accountability. At the same time, by providing the interface (in the form of *Lokvani Kendras*) with many manual processes, the system is made accessible even to the poor and illiterate. Thus, due to such combination with manual procedures, the weaknesses of IT (for example, its elite friendliness) are not allowed to affect accessibility of the system.

3.1.5 Lessons for Using Satellite Communication Technology

The two case studies in the Resource Book elaborate Good Practices related to the use of satellite communication technology for reaching out to a large number of beneficiaries (Nos. 9, 24). The Good Practices come from two different States, namely, Karnataka and Haryana. Both the initiatives attempt to make best use of enormous possibilities—created by modern Satellite Communication (SATCOM) technology—to enhance outreach to distant beneficiaries and transferring information and knowledge to them. The case studies provide some important lessons which could be helpful in making use of technical capacity of SATCOM systems.

Widespread Use of SATCOM Technology: Pre-requisites

There are four basic pre-requisites for wide spread use of SATCOM. First, a minimum threshold level of geographic coverage by the SATCOM network is necessary, in order to make the system attractive for those who want to reach out to a large number of beneficiaries. Second, in the geographic area covered by SATCOM, it is necessary to have adequate equipment and infrastructure, evenly spread in this geographic area, especially for receiving and displaying the satellite signals. This also requires considerable financial investment.

Third, along with such well spread out infrastructure, there should be adequate programming content to ensure maximum use of technical capacity over the entire available time period. In other words, for its widespread, sustained and effective use, SATCOM technology needs to be supported by strong, rich and tailor-made content. Such content requires significant financial support and time investment.

Fourth, the quality of content, which is crucial for improving quality of education as well as for motivating users, is critically dependent on the quality and commitment of content providers, which could be improved through capacity building and generating motivation.

Combining with Non-Technical Interventions

Complementary non-technological interventions that go simultaneously with interventions using SATCOM are also equally important and have to be carefully designed to ensure that the full benefits of the SATCOM technology are harnessed. In both the initiatives, the different limitations of using mass scale communication technology were overcome by supplementing it with simultaneous, strategic and judicious human interventions. Apart from increasing efficiency and efficacy of delivery of message, these non-technological or human interventions could be helpful in ensuring quality and regularity in reception of the beamed communications or programmes, which also is crucial. In Karnataka initiative, a separate cadre of trained facilitators was developed to manage the human interventions while in Haryana, some of these tasks were handled by the teachers.

3.1.6 Lessons for the Health Sector

The Good Practices Resource Book has the highest number of Good Practices (seven in all) from the health sector. As mentioned before, this high proportion is not claimed to be representative in any sense; neither is it by design of any sort. The *Yeshasvini* initiative (No. 23) from Karnataka relates to the novel, State-wide rural health insurance programme. Out of the remaining six initiatives, four case studies, namely, *Mitanin* (No. 1), *Stree Shakti* (No. 6), Maternal Audit (No. 25) and Delivery Hut (No. 7) have gender as the primary focus. The last two cases, namely, Positive Deviance (No. 4) and Hub and Spoke Approach (No. 5) are focused on child healthcare.

Gender Focus

One common theme in these cases from the health sector is focus on health delivery to women. The *Mitanin* scheme, which is a community health workers scheme, is completely focused on local women. The *Stree Shakti* scheme is primarily focused on poor women from urban, low income communities. The Delivery Hut scheme from Haryana, and Maternal Audit scheme from Tamil Nadu, both are focused on making deliveries more safe. The efforts involved in the Positive Deviance initiative could also be seen as efforts for women empowerment, by making mothers aware and confident that they can also affect the change, even without outside help.

Lessons for Community Health Workers Programme

The *Mitanin* initiative provides many important and interesting insights related to the community health workers programmes. First, it clearly demonstrates that one of the core requirements of any community health workers programme is that the community health workers should have mandate and acceptance from the local community. The hamlet level selection of a *Mitanin* in a truly participatory manner ensured that this requirement is actually fulfilled.

Second, the initiative also points out that, for effective implementation of the community health workers programme, the area and population covered by the community health workers should be geographically small and socially homogenous. Bigger size of the target area would overload the community health workers and dilute the effectiveness of the programme.

Third, the initiative also indicates that, if community health workers are properly motivated and trained, they can work without any salary or honorarium from the Government or community.

Other Lessons and Insights

Apart from these, some other important lessons—related to the health sector—emerge from these case studies. These lessons are discussed in brief here.

The *Mitanin* and Positive Deviance initiatives also demonstrate that women are the key players in improving maternal and child health. Therefore, active involvement of women at all levels of the health programmes is a



key to success. If a chance is given, women can work at the grassroots level more effectively and can help to improve the community health scenario.

The Delivery Hut initiative of the Haryana State Government attempts to increase the proportion of deliveries in healthcare institutions. The experience indicates that one of the major reasons behind high percentage of home deliveries is the lack of confidence among people about reliability and quality of public health system. However, if round-the-clock and quality healthcare services are provided at the village level, then peoples' confidence in the public healthcare system would increase, and as a result, utilisation of institutional facilities would increase. The rapid increase in percentage of institutional deliveries as a response to the programme, even in the so called conservative society in Haryana, clearly demonstrates this lesson.

The case study of the Positive Deviance approach demonstrates that, in order to tackle the problem of malnutrition, focus should also be on practices of child rearing and feeding. Similarly, it also indicates that locally available food and proper cooking practices could help in improving the nutritional status of the children.

3.1.7 Lessons for Disaster Management

Disaster management is becoming one of the major areas for Government intervention. The Governments have now accepted the need to make fundamental and comprehensive changes in the ways they deal with disasters. This is reflected in the new laws and policies that are formulated at the State as well as Central level. The case study from Maharashtra describing the Government's efforts (No. 32) to deal with the outbreak of bird flu provides many key lessons.

First, in the case of extraordinary and critical situations—such as disasters—which require rapid and

effective responses, the concerned agencies cannot rely on regular machinery and human resources trained for routine tasks. In such situations, efforts such as formation of special teams and training them in the special response measures are required to effectively deal with these extraordinary situations.

Second, when a new type of disaster is to strike in an area for the first time, its consequences are unknown to the local communities. Hence, in the initial stages of such a disaster, the local communities tend to overlook and ignore suggested measures, resulting into further deterioration of the situation. In this case from Maharashtra, the decision to sacrifice thousands of poultry birds, though essential, to control the disaster of bird flu, was seen as harsh and unwarranted by the local communities.

In such a situation, the Government machinery has to take extra efforts to generate awareness among local people about the seriousness of the situation, without causing panic. Conscious efforts to involve local governance bodies and community leaders can play a significant role in awareness generation and help diffuse the potential resistance by local communities.

While preparing for emergency situations that demand effective and quick response, routine administrative procedures have to be changed considerably, in order to make them smooth and less time consuming. This often involves devolution of powers and authority to the local level functionaries who are nearer to the point of delivery. The changes in administrative procedures and norms should also involve changes in scope and re-definition of various terms and concepts in response to the extraordinary and critical nature of situation at hand (for example, expanding definitions of compensation or wages, in this case from Maharashtra).

Section 3.2

Lessons Related to Different Functional Themes

The second section of this concluding part involves articulation of lessons and insights that pertain to different key functional or operational themes underlying the Good Practices described in the Resource Book. These lessons are presented in this section theme wise to increase their utility for the users of the Resource Book.

3.2.1 Four Pre-requisites for Good Governance

The four key pre-requisites for good governance is one of the dominant themes underlying many Good Practices in the Resource Book. These key pre-requisites include enhancing transparency, participation and accountability as well as devolving autonomy to lower level officials and community institutions. There are some important lessons related to these four pre-requisites.

Transparency and Participation for Empowerment

An important principle can be discerned from the case study of the initiative involving participatory identification of poor (No. 19). The principle suggests that maximising avenues and opportunities for transparency, participation and autonomy is the most effective way in the hands of the formal agencies to empower poor people. In the highly stratified Indian society, such empowerment can help the poor overcome the barriers created by lack of political and economic power.

In more specific terms, the case study shows that the following are the pre-requisites for making effective the process for identification of poor in a country which has immense diversity and disparity: (a) maximising flexibility in the poverty criteria and also in the method of identification of poor; and (b) devolving powers and authority to decide the criteria and methods for selection of poor.

Ways to Enhance Transparency

As the case study of the good practice of handing over of FPS by Chhattisgarh Government (No. 2) indicates,

devolving responsibilities to the small organisations of stakeholders operating at lower levels (nearer to the stakeholder's everyday life) would increase transparency of operations and accountability of their office bearers. This, in turn, would empower the poor benefiting from these services.

It is noteworthy that the Good Practices in the case study involving leakage proof delivery system (No. 3) attempt to increase transparency in the system (that is, the PDS operations) in two ways: (a) by increasing visibility of operations to the public eye; and (b) by sharing information with public that can be used for keeping a tab on the system.

Enhancing Accountability

The same case study involving leakage proof delivery system (No. 3) also indicates that, instead of relying entirely on Government machinery for monitoring private contractors and Government officials, the relevant information could be made open to public which is, thus, encouraged to work to extract accountability.

The case study of the initiative of Nagaland Government involving communitisation of public services (No. 13) shows that decentralisation and devolution of authority (to the local community to monitor and manage Government services) do help significantly. If done in a gradual, definite and determined manner, such devolution ushers in concrete spaces for effective extraction of accountability, which then helps to improve the quality of public service delivery.

In the initiative involving auditing of maternal mortality (No. 25), the effort essentially is to increase the level of accountability through a combination of Good Practices. These include: (a) bringing in practices from other sectors; and (b) effectively using some of the innate characteristics of Government system, for example, the respect and authority commanded by the higher level officials. The initiative attempts to

increase the accountability of care givers by increasing the level of officers made responsible to monitor the maternal deaths. In other words, higher the level of monitoring officials, higher would be the efficacy of the accountability mechanism.

Mode of Devolution of Autonomy

The communitisation initiative from Nagaland (No. 13) also demonstrates that the devolution of power or autonomy to the local institutions or communities should not be forced or thrust upon through legal and bureaucratic fiat. This is because, along with power also comes responsibility, which communities without motivation would not be ready to take up. Hence, communities must be motivated to take up new responsibilities—that come with devolution of power and authority—based on the realisation that it is beneficial to them.

3.2.2 Community Involvement or Empowerment

Community involvement or empowerment through different measures is a major theme—cutting across sectors—in the case studies included in the Resource Book. The ways adopted for involvement or empowerment of local communities are diverse. These include devolution of powers and authority to local community, which is called here as communitisation (as in privatisation). Some of the lessons of these efforts are discussed here briefly.

Advantages of Communitisation

The main lesson from the case study of enhancing food security through SHGs (No. 18) is relevant for the vexed or complex issues such as food security. The case would indicate that a complex issue such as food security of poor, which involves many dynamic factors, is best handled at the community level and by the beneficiaries themselves. The challenge is further complicated by a host of location specific problems involved in this issue. The State machinery with its inherent limitations rooted in the lack of flexibility and need for uniformity would always find it difficult to handle these location specificities and dynamics of the local factors. Such limitations of State agencies are often responded with calls for privatisation. However, the vulnerable sections of society would always find it difficult to deal with and control the profit motive of private actors, especially the local private actors. In this context, the initiative

suggests that community involvement would be a more sure and safe approach for dealing with complex issues like food security.

The Good Practices from the initiative involving communitisation of procurement (No. 12) show that devolution of functions such as purchase and procurement to community level organisations can be attempted at a large scale. This function is often treated as too sacrosanct or risky to devolve to local actors. As the Good Practices in this case suggest, community based procurement—with due supporting measures—could provide many benefits while the costs could be minimised or controlled to a large extent.

Importance of Supportive Measures

The initiative of handing over FPS to community level organisations by the Chhattisgarh Government (No. 2) is a similar initiative. It suggests that the operations of the scheme (or a function) meant for or aimed primarily at poor should be best left to organisations of poor. However, based on the experience, a strong recommendation could be made for timely (preferably simultaneous) and effective supporting and precautionary measures. Such measures should be aimed at: (a) eliminating the possibilities of capture by elite (elite from same or different social strata); and (b) strengthening capabilities (including financial) of the organisations of the poor and enhancing viability (if necessary, even at the increased cost to the Government) of their operations.

Importance of Cultural Connections

The *Mitanin* initiative (No. 1) brings in the focus another important point in this regard. It makes effective use of the concept of *Mitanin* (which means a female friend of the woman), that is a cultural tradition in many tribal communities in Chhattisgarh. The use of culturally accepted concepts and practices (provided they are not socially regressive) can more easily establish a connection of the programme with the communities and, thereby ensure participation and involvement of the local communities. As an extension of the above mentioned principle, use of traditional art forms, such as *kalajathas*, is an effective measure for community mobilisation which has been tried successfully in this initiative and also at other places.

Similarly, the *Jhum* related initiative of the Nagaland Government (No. 16) shows that acknowledging the



significance of cultural traditions of communities that depend on natural resources as well as acknowledging their indigenous traditional knowledge encourage community participation—especially of poorer sub sections within the community—in Government interventions.

Financial Involvement of Local Community

The Good Practices from the case study of giving financial autonomy to Village Development Boards (No. 15) illustrate many advantages of the principle of obtaining matching contribution from the community. This measure is said to help significantly in increasing the ownership of the initiative by the community, which, in turn, creates demand for accountability of managers and officials and thus, enhances effectiveness, efficiency and sustainability of the schemes.

However, the crucial pre-requisite for success of such efforts lies in the confidence of and acceptance by people of the scheme for which money is being collected. Another crucial pre-requisite is the legitimacy among people of the institutions and individuals who are advising people or collecting money. This has been amply demonstrated by the failure of many large scale schemes claiming to follow the communitisation approach and trying to collect contribution from local people.

Voluntarism and Community Ownership

The case study of Mitadin scheme (No. 1) avoids any payment to Community Health Worker from the community or from the Government. This is seen as a way to increase ownership by the community. The absence of any honorarium, on one hand, protects the programme from becoming a prey to battle of vested interests. And, on the other hand, this voluntary element ensures that the local community owns the programme as its own, instead of viewing it as a Government programme and distancing from the responsibility to keep it running.

3.2.3 Participation of Civil Society and NGOs

In many of the case studies in the Resource Book, participation of CSOs or NGOs has been a functional theme. However, it appears to be a major functional theme in about four case studies (viz., Nos. 1, 6, 26, and 34). Some of the important lessons about the participation of CSOs or NGOs that could be derived from these case studies are discussed here in brief.

Rationale for NGO Involvement

The current thinking in public administration, especially at the policy level envisages a shift in the role of Government in many arenas—from being a ‘doer’ to being a ‘facilitator’ (and a monitor). When the role of the Government changes in this manner, the decision making and other procedures in Government operations have to be decentralised. This, in turn, requires shifts in attitudes and in work culture as well as real and meaningful devolution of powers and authority. The Government agencies are generally not attuned to this mode of functioning. Hence, working with NGOs—which are attuned to this mode of decentralised working—would help Government agencies to better manage this shift.

Selection of NGO Partner for Government Programmes

Selection of NGOs for participation in Government programmes, especially for taking up community mobilisation work, is a tricky task. Assessing previous performance of the candidate NGOs in mobilisation, organisation and empowerment of local communities is very difficult as the possible indicators are very subjective and difficult to measure. This makes it very difficult to make selection of NGOs through bureaucratic processes such as tendering or technical validation.

Further, the genuine NGOs, due to certain innate characteristics, shun away from the efforts to make objective judgements of their capabilities, especially by mainstream organisations. Hence, identification and selection of a good NGO requires a more nuanced and flexible approach to assess the NGOs and involve them in collaboration with the Government.

Mode of Collaboration for GO-NGO Partnership

The collaboration between a Government Organisation (GO) and an NGO could well be built on the principle of synergetic combination of strengths of two types of agencies. Any agency, Government or non-Government, must honestly evaluate its core strengths and weakness, and concentrate on the work that is appropriate only to its core strengths. If it is possible to overcome the weaknesses by associating or collaborating with other organisations, then this option must be tried. However, after the strengths of the other collaborating organisation(s) are recognised, successful partnerships can be built only on the basis

of mutual respect, autonomy, transparency and trust. This is true for any partnerships, even the GO-NGO collaborations.

There is an increasing trend on the part of the Government and other mainstream agencies to hire NGOs as contractors. This mode of GO-NGO collaboration is found to be problematic. Usually, a spirit of voluntarism and certain concern driven objectives underlie formation and organisation building of most NGOs, which also translate in flexibility and spontaneity in their functioning. Most NGOs thrive on spontaneity and innovations and draw strength from being relevant to the ground reality.

At the same time, as a practical necessity, there has to be some level of certainty and regularity in operations of Government programmes, which, as a result, cannot easily accommodate flexibility or innovations. In the GO-NGO collaborations, this practical necessity leads to attempts to bind the NGOs into usual type of rigid contracts based on narrowly defined Terms of Reference (ToRs) that have very limited scope for innovation and flexibility. Turning NGOs, thus, into contractors, without any flexibility, spontaneity or opportunity for innovation makes NGOs ineffective even in their spheres of competence. In fact, there is significant mismatch between their nature and capacities, on one hand and the role of and expectations from a contractor on the other. As a result of this mismatch, NGOs turn into less efficient and less effective contractors as compared to commercial contractors. Hence, it could be argued that, NGOs should not be turned into contractors neither should contractors' jobs be given to NGOs.

NGO Consortium Approach

The case study of *Apani Yojana* initiative (No. 26) involved the consortium approach in NGO collaboration, wherein a set of NGOs were drawn into collaboration with Government agencies as a group or consortium, not as individual NGOs. The core principle underlying the consortium approach was that the synergies and combined strengths can be achieved only when individual identities of actors are relegated to the background. However, such relegation might lead to organisational disruption.

Thus, to harness the full potential of the synergies and, at the same time, to maintain organisational effectiveness

in the consortium approach, an effective coordination mechanism is needed and this was what was achieved through the mechanism of the Community Participation Unit in *Apani Yojana*. Once this mechanism was in place, once its roles and responsibilities were clear, and once its relationship with the parent bodies was clear, all the NGOs was able to function in a coordinated and effective manner.

3.2.4 Socio-Cultural Factors and Behavioural Aspects

Three case studies (Nos. 4, 27, 33) in the Resource Book involve behavioural aspects which are seen as rooted in socio-cultural factors such as traditions, norms, customs and mores. In the case of some sectors (such as health, hygiene and education), these socio-cultural factors and hence, behavioural aspects play a key role.

It is often said that, for Government agencies coming from outside, it is very difficult to affect changes in socio-cultural factors and hence, in behavioural patterns of individuals and communities. Three case studies throw up some interesting observations and lessons in this regard.

Creating and Strengthening New Norms

There are some important similarities in two cases, namely, the *Kanya Kelavani Mahotsav* (No. 27) and the Total Sanitation Campaign (No. 33). Both the initiatives are built on the acceptance of limitations of efficacy of economic or financial incentives offered to individuals or families in changing their behavioural patterns. At the same time, both the initiatives accept the principle that behavioural changes could be affected through efforts to change the socio-cultural norms and traditions governing the respective behavioural patterns.

The initiatives indicate that changes in the socio-cultural norms could be, to some extent, affected by providing relevant information as well as increasing awareness among people on the issue concerned. The next step is to make efforts to replace old socio-cultural norms by new socio-cultural norms to prompt changes in behaviour patterns. The new socio-cultural norms could be integrated into society and culture through festivities and celebrations.

The new norms could be strengthened further by utilising acceptance, legitimacy and credibility enjoyed



by high level social and political leadership through their endorsement of these new norms. In other words, in this approach, the legitimacy and credibility of high level leadership among people are to be pitted against the factors that provide legitimacy to the old socio-cultural norms.

As discussed in the case study, the *Kanya Kelavani Mahotsav* initiative takes this approach in its attempts to create and strengthen new socio-cultural norms replacing the traditional norms related to girl child education. The Total Sanitation Campaign initiative uses—apart from the legitimacy of local leadership—the positive publicity given by media as a force in support of the new norms.

Fragile Process of Behavioural Changes

The third case study involving behaviour changes, namely, the Positive Deviance (No. 4) brings out two important lessons. First, it indicates that behavioural changes involve a process that takes longer time and that the process is very vulnerable to the neglect, with a strong possibility that such neglect would cause relapse. Therefore, concerted and continuous efforts, over a period of time, are required to ensure that the new behaviour has taken roots and that it would remain sustained.

Second, the initiative indicates that, for the same reasons, involvement of other members of family and community is necessary in order to provide positive, proactive support to the actor undergoing the process of behavioural change.

Behavioural Changes at Community Level

The Total Sanitation Campaign initiative adds another dimension. It points out that many behavioural patterns operate at the community level and not at the individual levels. Thus, while dealing with such patterns, it is not adequate to focus on either individual or family level. Efforts have to focus at the level of entire community. In such situations, the consensus and consent from the community is expected to create peer pressure on the delinquent families and individuals. Further, the initiative also suggests that the festive spirit around the efforts for cleanliness (generated through different means of festivities) as well as competitiveness—with positive tone—among the village communities could facilitate

the change in community's behaviour within a short time span. The behavioural changes at the community level are further aided by creating enthusiastic support from the social and political leadership. As the subsequent experiences in some cases suggest, the community level behavioural changes are equally difficult to sustain.

3.2.5 Participation of Private Parties

The public-private partnership is a new buzzword in policy circles. Three case studies in the Resource Book pertain to some kind of participation of private parties in Government affairs. The initiative of *Lokvani Kendras* (No. 11) and *Yeshasvini* model from Karnataka (No. 23) could be directly seen as examples of PPP, while the initiative of Model FPS from Gujarat (No. 28) is essentially an effort to strengthen the old private agents through participation of new private parties.

Balanced Revenue Model

The main objection against the public-private partnership model is that it mostly ends up with skew distribution of costs, risks and benefits among the public-owned and private partners, with public-owned partners always getting a raw deal and the private partners cornering most benefits. For example, the private parties involved in public-private partnership are often accused of obtaining capital, cost and other kinds of direct and indirect subsidies from public sources. It is also observed that the public-owned partner in public-private partnership are often forced to absorb losses, with a threat of political fallout of the increasing service charges or prices of commodities.

The *Lokvani Kendra* case study (No. 11) seems to have avoided all these pitfalls. It effectively channelised private capital to provide a new type of public service. Further, it created a well designed and well regulated revenue mechanism which makes the private kiosks profitable and sustainable over a period of time, without affecting the public interest. The adverse impact on public interest is avoided by ensuring affordability of services even for the poor and also by not putting any burden on the State's exchequer in any form. To bolster the revenues of kiosks, the operators are allowed to offer other services at market driven prices. The success of the revenue model of kiosks also lies in giving licenses to an appropriate number of kiosks. There is a danger that excessive

number of licenses would reduce the profit margin of the individual kiosk operator while less than adequate number of kiosks would reduce the accessibility of the *Lokvani* system.

Role of Public Partner in Public-Private Partnership

The *Yeshasvini* initiative (No. 23) brings out two critical modes of involvement of the public owned partner in the public-private partnership model. First, the strengths (especially financial reliability) of the Government organisations as publicly accountable organisations, as well as their immense outreach, especially in rural areas, were tapped to support an innovative effort to provide services to poor through private operators. The Government also subsidised the part payment of insurance premium in the initial year. Second, it was reported that the Government's authority was used to regulate the work of the private players and ensure that they do not misuse the power and opportunities provided to them.

Incentives to Private Provider of Public Service

The Model FPS scheme (No. 28) of the Gujarat Government takes a different approach to the issue of participation of private operator in providing Government services. The PDS started using a private agent (FPS operator) to render a Government service. Once a private agent is accepted, then it is essential that this agent should be given a proper and adequate incentive to engage in fair and clean business. In earlier days, prestige of operating the FPS itself was a strong incentive in addition to the economic incentive. Moreover, the economic incentive was also strong as the income levels for FPS operators were attractive enough. Gradually, with changing circumstances, both the economic and non-economic incentives lost their attractiveness.

This is because, in the recent years, the income levels of FPS operators dropped down to such a level that the drop started acting as a dis-incentive for providing good service. Then the low level of income from the FPS commission, especially in the economic conditions in Gujarat, started becoming a perverse but a strong incentive for indulging in malpractices. The Good Practices under Model FPS scheme essentially involve efforts to offer a new set of incentives to the FPS dealers that are more appropriate to the current

ground conditions so that they would provide a public service with necessary efficiency and quality.

3.2.6 Administrative Innovations

All Good Practices in the Resource Book essentially involve innovations in Government practices. However, some Good Practices are purely administrative innovations. In the case of two case studies, namely, *Swantah Sukhaya* (No. 30) and MAVIM (No. 31), administrative reforms are the main functional themes. The lessons from the *Swantah Sukhaya* scheme are discussed elsewhere.

Various management principles underlying the restructuring and reform in MAVIM case study are not new (No. 31). However, the core lesson here is that such corporate style structural overhaul is possible even in a Government organisation. In fact, as recognised by the MAVIM officials, in order to work successfully with women at the grassroots level, there is no alternative but to turn the organisation into a value based, transparent one with participatory mode of functioning.

Apart from these two case studies, even other case studies throw up examples of administrative innovations. For example, in the case of the Delivery Hut initiative (No. 7), administrative flexibility shown in providing untied funds in the hands of lower level staff (such as ANM) involves financial risk but it helps in a very critical manner. This measure contributed to empowerment of the staff at the level of sub centres located in villages. This was instrumental in increasing the reliability of Government system and hence, in increasing the number of institutional deliveries, and thus, in lowering mortality and morbidity among infants and mothers.

The BMTC case study on recruitment of drivers (No. 22) provides a simple but important lesson. In the recruitment process for drivers, the procedure of personal interviews created subjectivity in methods, which was utilised by vested interests, leading to malpractices. The Good Practice essentially abandoned the personal interviews altogether, without any adverse impact on the outcome of the process of recruitment. This experience indicates that procedures which are well entrenched but are creating problems should be dispensed with, if they are found to be of less significance in the process.



The case study describing the initiative of providing financial autonomy to Village Development Boards (No. 15) shows another opportunity to increase the efficacy of Local Government. It indicates that, in the absence of cooperative or self help movement or banking institutions, the local Self Government agencies—that have more direct contact with local people—can play a crucial role in credit provision in rural areas. Local bodies could be better institutions than banks (which are essentially external agencies) in both, credit assessments (including need assessment) as well as ensuring timely and full repayment. Thus, involving local bodies in credit related activities would lead to more effective delivery of credit services. Experience of successful SHG initiatives does support this observation.

The Good Practices described in the case study of auditing of maternal deaths (No. 25) bring in ideas, practices and themes that are used in other sectors into the health sector in order to increase efficacy and efficiency of the sector. These new concepts and terms are integrated into the language of the host sector, in order to make them amenable to actors in this sector. Auditing, stakeholder participation, public hearings are some of the concepts and practices which are used in other sectors and are brought into the health sector through these Good Practices. These are integrated with the concepts and terminology of health sector; a good example in this case would be the concept of verbal autopsy.

The case study on *Jhum* cultivation (No. 16) involves lessons on how the team spirit could be developed and maintained. Multi-disciplinary teams were formed to plan and implement the programme, where team members came from different Government departments. While each member's knowledge and experience in her or his own field was utilised, the members also supported one another in work. The team planed together. Since there was no hierarchy within the team, a spirit of camaraderie and openness was reported to be quite pronounced. Continuous dialogue among team members was maintained, wherein each member shared her or his experiences as well as learning, which were also documented. Periodic self assessment kept each member on alert.

3.2.7 Campaign Approach

The campaign mode of implementation is helpful in a situation where a large number of beneficiaries or

recipients have to be reached out to in a short period of time. The major challenge in running a campaign is of maintaining quality and timeliness. The challenge is rooted in the fact that a campaign involves participation of a large number of actors—from both sides of the table—in a large number of programmes organised simultaneously in a short span of time and at dispersed locations. In general, quality and timeliness can be ensured by systematic and prior preparations for the campaigns.

As the two initiatives in PRI training demonstrate (Nos. 24, 34), in training campaigns such prior preparations, need to be done especially in the areas of training personnel, training methods and content of training. The training material has to be of very high relevance and high quality, trainers have to possess high level of capabilities and trainees need to have high level of motivation. Further, for ensuring timelines, proper planning and monitoring are the pre-requisites.

The campaign mode also helps create momentum and tempo among all stakeholders. These case studies show that, for any training programme, participation of trainees coming with own motivation is critical to its success. Sending participants forcibly through bureaucratic orders, or attracting them by offering extraneous enticements would not lead to good learning achievements.

The Rajasthan PRI training initiative indicates that the problem of availability of human resources for large scale campaigns can be overcome by creating, in advance, a corps of trained volunteers who can be called up whenever required.

3.2.8 Institutional Strengthening

Many case studies in the Resource Book involve measures for strengthening of existing or newly created institutions or organisations. One of the major ways in which this strengthening is done is through capability enhancement of actors who would build, run or monitor these institutions or organisations. Different Good Practices in the Resource Book provide valuable insights in this area of institutional strengthening. For example, the initiative for communitisation of public services (No. 13) and some other initiatives indicate that the process of devolution of power and authority to community level organisations has to be

accompanied with an equally intensive and serious process of capability building of local institutions.

Financial Strengthening

The initiative for giving financial autonomy to Village Development Boards (No. 15) shows that efficacy, autonomy, and ability of local agencies to respond to local needs could be improved by helping them to be financially independent.

The same initiative also indicates the advantages of raising corpus fund from Governments and then

supplementing it with community's contributions. Such a corpus fund creates a steady stream of financial resources (which is independent of the State Government). The local community can plan to spend the fund prudently. As against this, large Government funds are often given for direct expenses allocated to heads specified in the programmes. Further, there is every chance that these large funds coming from outside would not be used in efficient and prudent manner, as the local community has no control over these funds or cannot hold accountable the people who spend or use these funds.

Section 3.3

Lessons Meriting Special Mention

The Resource Book contains some Good Practices that merit special mention. This could be because these lessons bring in an entirely new element that has significant potential for application across the sector. It could also be because the particular lesson brings in paradigm shift in current thinking in the respective sectors or functional themes. Such ideas and lessons are mentioned here in brief.

3.3.1 Unconventional Approach and Bold Decisions

The Chhattisgarh initiative involving handing over of FPS to beneficiaries' organisation (No. 2) indicates the need for unconventional or bold decisions. It indicates that, if the disparity in economic, political or social power possessed by two sets of stakeholders (especially between one right-holder and one responsibility-holder) is too large (or cannot be removed through procedural means), bold decisions will have to be made in order to avoid negative implications of the disparity on the vulnerable, right-holding group.

The Chhattisgarh initiative also shows that, if the ground reality is very different from the reality assumed or implicit in the current political, administrative discourse (in this case the discourse of market oriented reform), the decisions that go against the grain of the discourse-in-vogue are unavoidable and necessary.

The initiative on participatory identification of poor (No. 19) shows that an approach which is drastically different from the standard Government approaches can be undertaken and implemented through Government machinery. It can give confidence to Government agencies that such an unconventional exercise—which Government officials have hardly ever attempted—can be implemented at a massive scale and in a short time.

The Roaming Ration Slip scheme (No. 29) involves change in one of the very basic provisions in the PDS, that is, assignment of the family's quota to a designated FPS. This indicates that flexibility and boldness need to be shown to change even the very basic provision of the scheme, if it helps to extend the benefits of the scheme to the most deserving beneficiaries.

3.3.2 Matching the Design of the Programme with People's Needs

The analysis of the Good Practices in the *Stree Shakti* programme (No. 6) brings out two types of mismatches between the needs of people and Government services. The lives of the people and mainly the needs and demands of the people—which the Government services are expected to satisfy—are structured along their livelihood patterns. However, the Government services and functions are structured along different ministries, departments and agencies, for administrative convenience. This creates a somewhat unnatural fragmentation in Government services as well as one type of mismatch between needs of people and services provided by the Government.

Similarly, Government programmes are—again for administrative convenience—organised in an episodic manner such as monthly or weekly visits or annual camps. But needs of people are often continuous and not episodic. Moreover, people need services even during the period between the successive episodes of programmes. This creates another type of mismatch. Both types of mismatches make Government services less relevant, less utilisable, and less useful especially for the poor and vulnerable.

Further, the poor and vulnerable sections face different types of barriers in accessing Government services. This makes the transaction and opportunity costs as well as the risks in accessing Government services for the poor

significantly high. This, in turn, makes free services an expensive and risky proposition for the poor. For example, for a family which survives on daily earnings, the loss of daily wages for accessing these free services is something that it cannot afford. In practice, despite suffering this loss, the family is not assured of proper access to and quality of services.

The combination of the fragmented and episodic nature of Government services with the high transaction and opportunity costs that the poor face makes Government services unattractive, inaccessible and unaffordable for most poor.

In the *Stree Shakti initiative*, the Good Practices made the services of different departments converge under one roof to overcome the problem of fragmentation. The initiative also assured effective post-camp follow-up in institutions to reduce impact of episodic nature of Government services. Further, through assured access to registered participants in the camps, the risks associated with access are reduced. Similarly, through other measures described in the case study, the costs involved in accessing Government services are mitigated.

3.3.3 Devolution to Encourage Creativity

In any type of organisation, it is important to give freedom to members to think creatively, express and discuss their ideas, and to act upon them. Even a simple idea has a potential to provide dramatic and effective solutions. This is equally true for Government agencies and employees.

Further, the Government machinery is gigantic in size and deals with a large number of diverse social issues. Most of the issues involve local specificities as well as local or sectoral nuances, and hence, cannot be addressed effectively by routine, universally applied schemes designed at the State level. Local level Government employees are better aware of these local specificities and sectoral nuances. Hence, if they are given a chance, they would be better placed to take due cognisance of the local specificities and nuances.

The Good Practices involved in the *Swantah Sukhaya* (No. 30) initiative recognise these issues and act upon them in a constructive manner. This leads to encouragement of creativity and innovativeness of

Government staff, especially of those working at middle or lower levels. These qualities are further encouraged by creating the opportunity for peer recognition and peer learning.

3.3.4 Using Technology: An Eye on Side Benefits

The Central and State Governments have embarked on many schemes and programmes for digitisation of data and information as well as computerisation of processes and procedures, mainly for administrative needs and concerns. These administrative concerns include increasing efficiency or efficacy and reducing malpractices.

However, apart from serving the administrative needs, these efforts also create opportunities for other positive side benefits. It is necessary to give special attention to ensure that such efforts—prompted by administrative concerns—would also be helpful in achieving two other broad objectives before Government agencies, namely, good governance and serving the poor. In other words, we need to see how the data digitisation and computerisation of procedures would help: (a) enhance transparency, accountability, and participation that would lead to good governance and (b) reduce the different costs and barriers faced by poor and vulnerable in accessing Government services.

The Good Practices adopted under the roaming ration slip scheme (No. 20) provide a very good example in this regard. In Gujarat, computerisation of the PDS data was done primarily for administrative reasons. However, the Good Practices under this initiative made best use of the possibilities created by these administrative measures to increase access of migrant labour families to benefits of the PDS. This essentially involves making creative use of the possibilities generated by use of technology (in this case, digitisation and computerisation) in order to improve access to benefits of deserving beneficiaries.

3.3.5 Gradation and Differentiated Use of Facilities and Resources

The Hub and Spoke Approach initiative (No. 5) provides two very important lessons, which could be relevant for sectors where there is paucity of infrastructure or human resources. First, it points at the need to differentiate and grade the facilities and equipment according to levels of their sophistication and the human resources according



to different levels of capabilities. The approach then involves structuring of facilities and human resources along this gradation. The facilities and human resources at lower levels of sophistication and capabilities which can be created in a larger number are to be spread over a larger geographic area, and used as a point of first contact. As against this, higher level facilities and human resources are to be located at limited number of strategically appropriate locations.

In this situation, the lower level facilities and human resources could be used to filter out beneficiaries requiring services of higher level facilities and human resources. The higher level of facilities and human resources are then exclusively devoted to such needy cases. The lower level facilities and human resources which often come first in contact with beneficiaries provide initial level of care to beneficiaries requiring higher level of care and stabilise their conditions, until the higher level services are made available. The rest of the beneficiaries are then served by the lower level facilities and human resources. This is, in a way, step-wise escalation of required service quality as per the needs of the beneficiaries, which is also an accepted practice in governance.

3.3.6 Paradigm Shift

In the Resource Book, there are at least two case studies wherein the Good Practices mark clear paradigm shift. Though transitions that involve these shifts have been discussed in the respective case studies, it would be useful to reiterate these shifts here. The objective is to emphasise the need to think outside the box and try to find solutions for vexed problems by transcending the limitations of reigning paradigms. It needs to be noted that this is not to claim that these schemes are the first to make this paradigm shift.

The key innovation underlying the initiative related to *Jhum* cultivation (No. 16) involves looking at the old,

traditional practice in a new light. The initiative did not reject the traditional practice of *Jhum*, and did not follow the then reigning paradigm. Rather, the initiative focused on the diagnosis of the problem. The diagnosis was analysed further to find a remedy (in the form of the agro-forestry model) that is suitable to local conditions. The remedy was focused on reducing negative effects of the practice and building on the positive aspects of the practice (namely, local knowledge and cultural connection), rather than blaming and rejecting the practice in its totality.

In the case of the Positive Deviance approach (No. 4), the initiative rejects the then prevailing paradigm that was focused on providing nutritional supplements and other solutions from outside to address the problem of malnutrition. The thinking underlying the shift from this old paradigm accepts that, at least a part of solution to the problem of malnutrition exists within the community, which needs to be discovered. The solution that emerged from out of the box thinking in this case relies heavily on finding the new role models from among peers and showcasing them. This is expected to prompt ownership by the community of the efforts to bring in change and also to create confidence in the members of community that they can affect the change.

Conclusion

This concluding part of the Good Practices Resource Book, thus, attempted to present more detailed analysis of some of the Good Practices presented in the second part of the Book. As the Resource Book is mainly pitched at the level of practice, the third and concluding part was structured to increase the utility and relevance of the Good Practices for application and implementation. Further, it is hoped that the readers would use this discussion also as basis for deeper reflection and draw more lessons and insights that are relevant to substantive and geographic areas of their interest.

Annexures

Annexure I

Project Advisory Committee

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