The Globalizing State, Public Services and the New Governance of Urban Local Communities in India: A Colloquium

Ghanshyam Shah, Arpita Joshi, Purendra Prasad N, Angelique Chettiparamb, Madhushree Sekher, Manoj Kumar, Lakhan Singh, Gopa Samanta and Navdeep Mathur (Coordinator)

INTRODUCTION

Navdeep Mathur and Ghanshyam Shah

This colloquium brings together field research from six Indian states in order to examine the impact of globalization-related governance reform on public service delivery in the areas of health, education, and sanitation in Indian cities. Globalization-led governance reforms have been experienced by both advanced industrialized states as well as developing or industrializing states. They pose challenges to established institutions of policymaking as well as to the public policy scholarship about governance mechanisms and processes. Governance debates have become the locus of policy dilemmas in the advanced states. In developing nations, these take on the additional complex character of providing solutions to socio-economic problems faced by large populations that experience debilitating levels of poverty.

Reforms in urban governance have been a major characteristic of the post-liberalization period in India, marking a shift in focus from rural development to strategies based on developing urban spaces. Several assumptions about the reforms instituted are explored in the research presented here. The assumptions are that governance reforms will produce more efficiency in terms of cost effectiveness, delivery systems, and greater inclusion in the delivery of the objectives of urban development policy, and urban governance will be more transparent and accountable to the stakeholders, and more participatory in decision-making and implementation of programmes.

The brunt of inefficient and inappropriate governance systems and processes are mainly borne by the poor, women, and children. As a consequence, the reform of governance systems aims to reorient the delivery of public services to serve the larger ends of equity and justice.

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The performance of governance systems in coping with rising as well as changing demands for public services has been dysfunctional and slow in pace. The brunt of inefficient and inappropriate governance systems and processes are mainly borne by the poor, women, and children. As a consequence, the reform of governance systems aims to reorient the delivery of public services to serve the larger ends of equity and justice. This research aims to explore the specific transformation in the governance landscape in Indian cities due to reforms in governance, including devolution and decentralization of power to the localities.

The papers in the Colloquium identify the background of urban governance in the states of Gujarat, Rajasthan, Andhra Pradesh, Kerala, Orissa, and West Bengal, and then identify the key changes that have taken place at the level of each of these states, relationships between the state governments and the locality and reconfiguration, if at all in the service delivery systems in each of the two cities selected in each state for the study. Given the interdisciplinary nature of the arena of governance research, the contributors are from different fields of study – for Gujarat, the research is conducted by Ghanshyam Shah, a political scientist and sociologist, Rajasthan by Arpita Joshi, a social worker by training and urban environmental action researcher by practice, Navdeep Mathur from the field of public policy and management. Purendra Prasad, who contributed on Andhra Pradesh is a sociologist, from Kerala, C R Angelique’s field is planning, while Madhushree Sekhar, Manoj Kumar, and Lakhan Singh, the contributors of the Orissa case study are political scientists, and Gopa Samanta from West Bengal is a geographer by training.

Good Governance: For Whom and for What? A Study of Urban Governance in Gujarat

Ghanshyam Shah

Globalization and privatization have induced a paradigm shift in governance—in its notion, approach, modus operandi, and priorities in the tasks. This paper traces the changes seen in urban governance in the Indian State of Gujarat from 1992 onwards, with special reference to urban service delivery in health, education, and sanitation.

Gujarat has historically been an entrepreneurial society, and even during the socialist phase of the Indian political economy from 1947 to 1991, it keenly promoted private enterprise. Hence, the advent of neo-liberal economic and political ideology from the early 1990s onwards was well-received in Gujarat, possibly more so than any other State. The common perception among politicians and bureaucrats in Gujarat has traditionally been that the government and public sector are “inefficient” in public service delivery, and that “privatization” leads to the “development” of society.

It is widely believed that urban reforms came after the structural-adjustment policies in 1991, which is not true. The Gujarat government initiated in the 1980s some administrative reforms in urban governance, including user charges, outsourcing of work, PPP in the sphere of education, health, and sanitation. The process was accelerated with a different nuance in the 1990s. Some of the reforms like e-governance, accounting procedures, property tax structure, and abolition of octori system have been implemented in all towns and cities.

I first attempt to outline the urban reforms undertaken in Gujarat from the 1980s onwards. 1983 saw the first major attempt at reform, with the creation of the Urban Development and Urban Housing Department (UDUHD), the apex body of urban governance in the State. This was followed up in the 1990s with the establishment of the Gujarat Urban Development Company Ltd (GUDCL), a public-sector company, managed by a Board of Governors consisting of senior bureaucrats. GUDCL came to be responsible for the preparation of the policy and strategy for urban development infrastructure for providing basic amenities such as roads, solid waste management, potable water, drainage, and electricity supply.
2005 was another important year, as the Gujarat Urban Renewal Mission was launched under the UDUHD, headed by the Chief Minister, with the Minister of Urban Development as its Vice Chairperson, and 15 other members on the Board, including the Chief Secretary and the secretaries of the key government departments. The key objective of the mission was to mobilize resources through market for financing investments in infrastructure development. Municipalities and the Corporations are governed by the Gujarat Municipalities (Nagarpalika) Act, 1963 and the Bombay Provincial Municipal Corporations (BPMC) Act, 1949, respectively. They cover almost all the functions of the urban local bodies (ULBs) prescribed in the ‘Twelfth Schedule,’ Article 243 of the 74th Constitutional amendment. However, the Government of Gujarat made certain amendments in Sections 63 and 66 of the Acts in 1993 to meet the requirements of the Constitution amendment. Most of these amendments are not substantial in terms of assigned functions. The major amendment is related to added reservation of seats for women and backward classes. The amended Act also provides reservation for SC, ST, backward classes, and women for the office of the Mayor. A new section was added making provision for the “Constitution of Ward committees” in the cities with population of three lakhs or more.

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The urban population of Gujarat is quite substantial, at 26 per cent of the State’s population in 1961, and growing to 38 per cent in 2001. This study is based on data from two major cities in Gujarat, namely, Surat and Junagadh.

Surat

Surat, located in Southern Gujarat, on the Arabian Sea coast, is Gujarat’s second-largest city as well as an important commercial and industrial hub. It is one of India’s fastest growing cities, with the population growing from 317,000 in 1961 to 2.8 million in 2001. Surat became a Municipal Corporation in 1964, and today, has the highest per capita revenue of all the 7 Municipal Corporations in the state, at Rs.1,901. Surat has a Citizens’ Charter and has also received an award for the country’s best grievance redressal system. However, the system is pre-structured in a way that complaints related to policy decisions remain outside its scope.

Junagadh

A city in the Saurashtra peninsula of Western Gujarat with a population of around 250,000, Junagadh is home to Gujarat’s smallest and newest Municipal Corporation, established in 2004. The city of Junagadh has had a historically low rate of growth, rising from 74,000 in 1961 to 180,000 in 2001, and has the lowest per capita revenue in the state, at Rs.107. E-governance in Junagadh is more or less on paper and the complaint redressal system is at a rudimentary stage.

Both the cities differ significantly in the provision of primary amenities to their residents. Both had ‘elected’ municipal bodies for over six decades. These cities, however, differ in their tradition in public culture. Surat was a part of British rule and an important nerve centre of social reform as well as freedom movement; Junagadh was ruled by small princely rulers where political freedom movement had a short life span of a decade. They differ in their size – area and population density. Municipal Corporation was formed in Surat way back in 1964, whereas Junagadh gained that status only in 2004.

The following analysis is placed within the socio-economic background of Surat and Junagadh, to locally contextualize Gujarat’s urban governance reforms.
Sanitation

In terms of sanitation, Surat saw a great deal of action in the aftermath of the plague outbreak in the city during the early 1990s and the floods experienced in the mid-2000s. This led to the construction of water treatment plants, sewage treatment plants, bunds and embankments, and new systems for solid waste management. The private sector came to be involved in the day-to-day management, maintenance, and repair of the city’s new sewage treatment plant as well as in solid waste collection. Micro-level plans were drawn up for each ward by the municipal authorities, with great attention to detail, even down to the design of footpaths and garbage bins. The number of sweepers was increased from 3,085 in 1994 to 4,886 in 2008, with an average of 50 sweepers per ward, private agencies being hired wherever there were shortfalls. Private contractors hired for collection, transportation, and disposal of solid waste, and special biomedical waste and hazardous waste treatment plants have been set up through collaboration between the Surat Municipal Corporation (SMC) and private corporations and associations. Public toilets were another problem area in the early- to mid-1990s, with only 20 per cent of the slum-dwellers in Surat having access to public toilets in 1991, and only 2 per cent with toilets in their own homes. This shortfall led to a huge health hazard due to defecation in the open. However, through collaboration with NGOs as well as public sector corporations such as HUDCO, by 2006, access to toilets among Surat’s slum population was close to 97 per cent. Overall, Surat has seen a remarkable positive change in urban governance, and SMC has even received the Dubai International Award for Urban Governance in Environment and Public Health Management. However, SMC has been effective in monitoring biomedical waste and industrial effluent.

The story of Junagadh is just the opposite of Surat, with very little investment in sanitation infrastructure and a lack of public water supply, which has led to reliance on wells and tube-wells, a falling groundwater reservoir, and a drainage system that is virtually non-existent. In fact, the drainage and sewage infrastructure in Junagadh has not been upgraded since the 1930s, which means that the system is confined to the old city limits, with newer areas simply draining their waste into the city’s three rivers. As late as 2001, the District Collector observed that the municipal authorities had failed in every aspect to provide “primary facilities” to the people, whether it was drinking water or maintaining street lights, or regarding payments, or workers’ salaries, a shocking indictment of the inefficiency of the local government. Plus, in contrast with Surat’s innovative approaches to urban sanitation, Junagadh continues to function as per the traditional, pre-reform model, with just 519 sweepers for the whole city, reflecting a shortfall of 356 sweepers as per the ideal ratio. 2008 saw the first signs of change, with a Memorandum of Understanding signed with a private company to process and dispose off solid waste in accordance with environmental guidelines, and manufacture Refused Derived Fuel as an end product.

Healthcare

In terms of healthcare, Surat has two major SMC-run hospitals which together treat 300,000 patients per year. Below these are Urban Health Centres (UHCs), which have increased from 6 in 1991 to 28 in 2006-07, and now treat over 500,000 patients per year. However, these centres are understaffed, and doctors have to treat up to 100 patients per day, which leads to a compromise in the quality of treatment. SMC-run maternity homes have increased from 5 in 1980-81 to 11 in 2006-07, yet cannot keep up with the rise in population. The deficit thus caused is filled by private healthcare units, with which the SMC have started to collaborate for the surveillance of diseases. As part of this programme, the SMC has identified 250 private clinics and 8 major hospitals from which data about diseases is collected on a
daily basis.

The Junagadh Municipal Corporation, on the other hand, set up its first two UCHs in 2007, which sought to build upon the city’s 510-bed District Hospital under the State Government. 2008 saw the government upgrade the management of this hospital and expand infrastructure facilities, but like in Surat, private healthcare units play an important role in the delivery of healthcare services. The establishment of Public-Private Partnerships in healthcare has been notable, particularly the recently-launched Chiranjeevi Yojana, wherein private practitioners have been roped in to bridge the healthcare deficit as part of a government-run programme.

Education

In Surat, municipal schools have increased from 204 in 1991 to 274 in 2005, which is creditable, but during this period, the city’s population has doubled, which has negated many of the gains thus made, and resulted in a student-teacher ratio of 44:1. In addition, 30 per cent of the teaching staff are “Vidya Sahayaks,” appointed for 10 months a year, on a five-year contract rather than on a permanent basis. They are not paid even minimum wages. Like in the field of healthcare, the private sector has filled the gap created by the shortage of government-run service delivery, and private recognized schools have increased four times as compared to 1991 levels. Fees in such schools range from Rs.500 per year to Rs.115,000 per year. In response, the SMC has attempted to involve NGOs and private individuals as donors to the municipal school system. The SMC has also recently invested a great deal of funds into the construction of a Medical College, which created controversy, as this was not a field traditionally associated with the ULBs. The controversy thus caused led to the start of a new programme aimed more directly at poor school children called the Suman High School Programme. During 2007-2008, SMC’s revenue expenditure per student was Rs.1,900 for primary schools, Rs.2,252 for middle (Suman) schools, and Rs.97,473 for the Medical College.

In Junagadh, since the Municipal Corporation is relatively new, primary schools are run by the district panchayat, as per the old system, and not by the JMC. Before the creation of the JMC, primary education was the responsibility of the District School Board. Government-run schools have actually decreased with time, from 37 in 1994-95 to 32 in 2007-08, whereas private schools have gone up from only one in 1995, to nine by 2000 and close to 20 today.

Conclusions

That the government administration per se is inefficient and callous was proved to be a mere myth by the governance of SMC since 1995. In a short span of time, it improved its performance in providing potable water, drainage, and sanitation.

Surat made a remarkable change in its governance in the post-plague period. The system of decentralized decision making, accountability, and transparency was evolved by the City Commissioner in 1995-96. A larger allocation of funds, meticulous planning with enhanced infrastructure and human power, coupled with leadership which motivated the staff for commitment and involvement in the work, boosted up the morale of the staff in developing a better work culture. Support of the vocal middle class at large and civil society in particular, who were more than eager to see their city clean and healthy, facilitated the change. An added factor was a change in paradigm of governance at the national and international level. Consequently, support at the grassroot and political backing of the
state made the task of the Commissioner to implement the new administrative system easy. The system has continued since then. Besides the above factors, another factor that enabled the Commissioner to do what he did was the availability of finances, thanks to the economic growth of the city. SMC used its own resources and also borrowed from other sources to implement the various projects related to water, SWM, and roads.

Junagadh is on the other end of the spectrum of governance. It still has a long way to go in providing ‘good’ urban governance in the form of provision of potable water, and drainage and sanitation facilities. Economically, it is stagnant and does not have the potential for growth in the foreseeable future. Besides, the city is under debt. JMC’s projects on water, drainage, and SWM have reached the initial stage, thanks to the financial support from the central and state governments. A major part of this assistance is in the form of loans which have to be repaid. This calls for raising local resources which are extremely limited. Local people would resist any efforts to raise taxes and charges. And there are no possibilities of improving the economic condition of majority of the population in the immediate future, so as to raise their buying capacity and ability to pay more taxes.

This is the condition of most of the cities in Gujarat. Their resources are meagre. The average per capita income of ULBs was merely Rs. 226 between 2000 and 2004, which has further declined over time. On the other hand, their avenues for raising new revenues are very limited. Financial liabilities towards electricity and water charges, loan to the state and central government, and also the amount to be paid to the employees and contractors are ‘much higher than their own revenue efforts (GOG 2006: 106). SMC and JMC failed to implement even the new property tax which, on the whole, does not raise the burden on tax payers. Though SMC introduced the meter system for water as early as in 1983, it has been for new connections only. It has introduced charges for garbage collection and healthcare services at UHCs for non-BPL families.

Both the cities have a number of non-government organizations. They are involved occasionally by the local governments in healthcare awareness, cleanliness, and environmental awareness campaigns and celebration of festivals. A few of them run hospitals and clinics and also distribute medicines during epidemics. The character of charitable hospitals has changed. They have almost become corporate hospitals, accumulating profit albeit for the organization than individual. Very few poor patients get the advantage of concession in these institutions. None of the NGOs in these cities has capital, human-power, or the capability to take up larger responsibilities to deliver services. They are dependent on government or private sectors for funds. Their participation in the city governance is marginal.

Both the city governments have outsourced and/or contracted some of the functions/tasks related to collection of garbage and SWM; construction and maintenance of roads; and day-to-day maintenance and repair of sewage and water plants. There is as such, no partnership between public and private organizations, except in sponsoring garbage containers or maintaining some of the gardens. What we find is the use of either outsourcing or scaling down of municipal social sector services to facilitate the growth of private sector without supervision and monitoring.

The major focus of the local governments in the last two decades has been on developing physical infrastructure – roads and bridges – rather than social development, covering a larger section of the society. Local governance thus works for the upper strata of the society, reinforcing the rising gap between the ‘haves’ and the ‘have-nots.’ The social sectors which are the core of human development, are neglected.

The major focus of the local governments in the last two decades has been on developing physical infrastructure – roads and bridges – rather than social development, covering a larger section of the society. Its priority for social infrastructure, as the City Development Plan (2006-2012) indicates, includes auditoriums, swimming pools, diving pools, lake development, sport complex, etc. Thus, instead of using public resources for meeting the obligatory re-
Globalization-Related Urban Governance Reforms in Rajasthan

Arpita Joshi and Navdeep Mathur

Following India’s attempts at globalization and liberalization in the early-1990s, there came about a radical change in the perception of cities and their role in the economy. Cities came to be used as tools to attract foreign investment and produce economic growth.

This paper explores the nature of globalization-related reforms in urban governance in Rajasthan, and their impact on public service delivery. There has been a shift from “government” to “governance” brought about by these reforms, illustrated by the new models of public-private partnership, market forces, and civil society involvement in the urban sphere. This exploration is based on field studies in Rajasthan’s two largest cities – Jaipur and Jodhpur – which bring out an analysis of the changes in urban governance reforms in Rajasthan in the sectors of education, healthcare, and sanitation.

Pre-reform attempts at providing access to education, healthcare, and sanitation in urban centres had met with only limited success.

Education

Modern education was introduced in Rajasthan during the 19th century, and most English-medium schools in the region were financed either by royal families, religious trusts, or wealthy philanthropists. The year 1959 saw the state take the lead in decentralizing its educational system, according to the provisions of the Balwantrai Mehta Committee. However, by the early 1990s, the literacy rate in the State, at 38.55 per cent, was among the lowest in the country. The reforms seen after the early 1990s saw a rapid increase in the number of private schools, and the active involvement of NGOs in running city schools. Innovative programmes such as Lok Jumbish and Shiksha Karmi were put into place, and the World Bank-sponsored District Primary Education Project was also set in motion, leading to an increase in the State’s literacy rate to 61.03 per cent by 2001. In 2002, the Sarva Shiksha Abhiyan was launched at the national level by the Central Government, and in 2005, following discussions at the World Economic Forum in Davos, the State Government set up the Rajasthan Education Initiative, based on the Jordan Education Initiative, and supported by the World Economic Forum, the Confederation of Indian Industry, and GeSCI – the Global e-Schools and Communities Initiative.

Health

In terms of Health, Rajasthan again ranks among the poorest performing states in India. Primary healthcare leaves out many marginalized communities and the private healthcare sector caters to only half of the state’s curative needs. The decline in the quality of public health system in the 1980s, combined with rapid population growth, saw a manifold increase in the role of private health operators. Urban local bodies play only a limited role in healthcare. In terms of decentralization of power, only preventive healthcare has been devolved to ULBs, and most healthcare programmes are run directly by the State Health Department. One such major project is the World Bank-supported Rajasthan Health System Development Project (RHSDP), which started in 2004, and is scheduled to go on till 2011. The National Urban Health Mission is currently being planned at the State-level in...
Rajasthan, which envisages a greater role of private healthcare players through the public-private partnership model.

Sanitation

The provision of sanitation services has been defined as a primary duty of urban local bodies in Rajasthan right from the time the Rajasthan Municipality Act, 1959, came into being. This was reiterated in the Twelfth Schedule of the 74th Constitutional Amendment Act in the early 1990s, which stated that all decision-making powers with regard to water supply and sanitation were to be transferred to ULBs. The period from then onwards, however, has seen little progress, since these functions are yet to be transferred to ULBs in Rajasthan, with the administration giving a timeframe of further three years for the completion of these reforms. On the ground, the State Development Report paints a bleak picture, pointing out that out of 156 towns and cities surveyed, 88 per cent lacked door-to-door solid waste collection. However, following the publication of this data, the State government came up with a new policy towards solid waste management, with a large role planned for private companies and NGOs.

The Reforms

It was only in 2000 though that Rajasthan launched its first reform and renewal mandate for the cities through the Rajasthan Urban Infrastructure Development Project (RUIDP). With loan assistance from the ADB, the total cost of the project (Phase 1) was 1,610 crore (the share of ADB and state government being Rs.1,112 crore and Rs.499 crore respectively). The project states that it ‘supports the Government’s priority investment in the urban sector, based on an urban development strategy that focuses on improving the welfare of the urban poor and the devolution of municipal management responsibility from states to cities’.

Phase One of the project, which extends from the year 2000 to March 2009, covers the six divisional headquarters - Jaipur, Ajmer, Jodhpur, Bikaner, Udaipur, and Kota - chosen in terms of population and level of development. Phase Two of the project covers 15 more towns, namely, Alwar, Baran-Chabra, Barmer, Bharatpur, Jhalawar-Jhalrapatan, Karauli, Nagaur, Rajsamand, Sawai Madhopur, and Sikar. The website clearly states that the assistance is directed at the cities with the greatest development potential to “readdress immediate infrastructure and service deficiencies as well as meet future demands for fulfilment of basic human needs; act as a vehicle through which the policy reforms can progress and be effectively executed, and have the maximum demonstration effect for replication in other cities in Rajasthan and in other states.”

RUIDP has several sub-projects including infrastructure development within slums and rain water harvesting in the cities of Jaipur, Jodhpur, and Bikaner funded by the Japanese Fund for Poverty Reduction (JFPR). Phase Two of the project is expected to cover 15 more towns, namely, Alwar, Baran-Chabra, Barmer, Bharatpur, Jhalawar-Jhalrapatan, Karauli, Nagaur, Rajsamand, Sawai Madhopur, and Sikar. The planning of the projects was undertaken through the creation of City Investment Plans (CIPs), which were drawn up for all the cities through a series of consultation with stakeholders. Primarily a physical infrastructure creation project, RUIDP also has a few

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2 Asian Development Bank gives loan to the Govt. of India at London Inter Banking Offer Rate (LIBOR) which is flexible and presently about 4% per annum. 70% of the total amount is given to the Govt. of Rajasthan at 9% rate of interest (changeable) and remaining 30% of the amount is given as grant to the State Govt. by the Govt. of India. Thus effectively the amount is available to the Govt. of Rajasthan at about 5.50% rate of interest. Repayment of loan is within 25 years which includes relaxation of 5 years. (Source: RUIDP website).

3 RUIDP Website: http://www.ruidp.gov.in/ last viewed 24th October 2009; also Navakar, RUIDP Annual Report 2007


5 Interview with Project Director, RUIDP dated 3rd November 2008.
components of governance reform and capacity building. In an interview, the Project Director mentioned that for implementation of infrastructure projects, the services have been contracted out to the private sector.

Created as a Special Purpose Vehicle (SPV) of the Government of Rajasthan, RUIDP falls under the direct jurisdiction of the Executing Agency (at the Urban Development Department), Empowered Committee (Headed by the Urban Development Housing and Local Self Government Minister, and has members of other prominent departments). The RUIDP organizes itself into two basic components. Project Management Unit (PMU) is supported by the Project Management Consultants (PMCs). For city level planning, there are Project Implementation Units (PIUs), headed by the Superintendent Engineer and supported by the Design and Construction Supervision Consultants. Parallel to these is the City Level Committee (CLC) for removing bottlenecks and providing city level support.

In 2003, the centrally financed mission mode urban development projects such as the Urban Reforms Incentive Fund (URIF), which looked at reforms at ULB level of cities above 5 lakh population, were brought to Rajasthan. This was the beginning of a more definitive reform process in urban governance with issues of improving financial capacity, accounting systems, undertaking public-private partnership approaches, repealing land ceiling and regulation acts, reforms in rent control, computerization, capacity building and others, being brought in. With the launch of Jawaharlal Nehru National Urban Renewal Mission (JNNURM) in late 2005, which encompassed these aspects and more, the work relating to reforms under the previous projects was shifted to the single flagship programme of JNNURM. The two cities considered for JNNURM in Rajasthan were Jaipur and Ajmer-Pushkar.

The JNNURM also defines the process of planning to be undertaken in each city. A City Development Plan (CDP) is the pre-requisite to the consideration of any finances. Integrated within the CDP is a process defined centrally to ensure public participation and consultation. Following the approval of the CDP, Detailed Project Reports (DPRs) have to be created by the nodal-agencies for undertaking specific projects. An important aspect of JNNURM is the clear statement of the need to ‘incorporate private sector efficiencies’ in order to optimize the life-cycle costs over the planning horizon, thus making Public Private Partnership (PPP) the favourerd approach.

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6 One of the functions it has undertaken is the computerization of the tasks of municipalities in the project cities. The idea of ‘Total Solution Provider’ was put forth for developing, installing, operationalizing, testing, and commissioning the systems that cover the functions related to tasks such as double entry accounts system, house tax assessment, survey data management for house tax, urban lease, issue of licenses, issue of certificates, slum data management, hoardings, etc.

7 Headed by the Project Director, has Additional PD and other members

8 Consultants are appointed through the ADB for both the PMC and the DSC.

9 Headed by the District Collector, it has line agencies, counsellors, NGOs, etc. as members.

10 It indicates the policies, programmes and strategies and financing plans for the city in the coming years.
Specifically, the Quarterly Report of JNNURM (July-September 2008) informs about the mandatory reforms in the sector of urban planning. The Master Plan is prepared by Jaipur Development Authority (JDA) and the Mayor and CEO, Jaipur Municipal Corporation (JMC) are members of the Authority. Water supply for the Jaipur, Ajmer, Pushkar, Kota, and Baran cities are proposed to be shifted to the local bodies. In a conversation with the Secretary LSG, we were informed that this meant the creation of a special purpose vehicle (SPV) at the local level which would look at the management and distribution of water supply. Amendments have been made to the Rent Control legislation along with the rationalization of Stamp Duty. The Urban Land Ceiling Regulations Act was repealed in 1999. One of the major developments was the creation of the new Municipal Ordinance in 2008 (See Box1 for the details), which had various aspects of the reform mandate built into it. An important administrative and structural reform (under optional reforms) has been the intake of 60 Municipal Services Officers (Rajasthan State Municipal Services revived after a gap of almost 20 years) to meet the staffing demands of the Municipalities across the State. They undertook a four month capacity building course organized by HCM Rajasthan State Institute of Public Administration (HCMRIPA) called ‘Creating City Managers’ before their appointments.

Simultaneous to the JNNURM are the Urban Infrastructure Development Scheme for Small and Medium Towns (UIDSSMT) and the Integrated Housing & Slum Development Programme (IHSDP) central schemes. UIDSSMT works on the same processes as JNNURM but is primarily for the smaller cities in the states. The scheme will apply to all the cities/towns as per 2001 census except those covered under JNNURM. The sharing of funds will be in the ratio of 80:10 between the Central and the State governments and the balance 10 per cent could be raised by Nodal/Implementing Agencies from the financial institutions. The cities/towns will be sanctioned project-based grants/loans. Till date, 38 projects worth Rs. 629.55 crore have been sanctioned under this scheme. For IHSDP, the basic objective is to strive for a holistic slum development by providing shelter and basic infrastructure facilities to the slum dwellers. All the cities (except those covered under JNNURM) are covered under IHSDP. The components for assistance will include slum improvement/upgradation/relocation projects/new constructions of houses and infrastructure facilities like water supply and sewerage. Till date 30 projects worth Rs. 335.45 crore have been sanctioned, out of which an expenditure of Rs. 22.83 crore has been incurred.

Rajasthan Urban Infrastructure Finance and Development Corporation (RUIFDC) was formed in 2004 with the multiple intentions of ‘overtaking the entire functions of RUIDP, to act as the nodal agency of JNNURM and UIDSSMT, BSUP, and IHDSDP, along with providing financial assistance and other facilities to ULBs/ Government agencies/Non-government agencies, to arrange or raise funds from public, institutional investor, banks or financial institutions, to plan and monitor all types of projects related to development of Urban Areas in Rajasthan’. As the shift of tasks from RUIDP has not taken place till date and Phase 2 of RUIDP proceeds in the same manner as before, RUIFDCO’s main task is to act as the nodal agency for the other Central government urban reforms projects.

Other than those mentioned above, several other para-statal bodies or associations of various kinds have emerged during the last decade. In the year 2002-03, the

The post-reform period in Rajasthan has seen an explosion in the number of special purpose vehicles, para-state bodies and quasi-autonomous government organizations, the rise of a range of contracting regimes under the term ‘Public-Private Partnership,’ and a series of attempts to directly involve for-profit corporate bodies in the provision of public services.

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Rajasthan State Real Estate Development Council\textsuperscript{14} (RAJREDCO) was established as ‘the First and the only ISO Certified 9001-2000, apex state level self-regulatory body, affiliated by NAREDCO, to represent all spheres of enterprises, engaged in various aspects of real estate and infrastructure development’.\textsuperscript{15} An aspect of its work is to ‘have a proper dialogue, between private sector and the State Government, for solving the practical problems and to make government policies more effective and useful and result oriented’.\textsuperscript{16}

With this background to urban governance reform in Rajasthan, we present an initial study of the two cities of Jaipur and Jodhpur, and the changes brought about in these two cities in the period after the initiation of the reform process.

**Jaipur** is the capital city of Rajasthan and is home to a population of 2.3 million, over three times that of the State’s second-largest city, Jodhpur. Both Jaipur and Jodhpur have two major institutions of governance each, namely the Jaipur Municipal Corporation and Jaipur Development Authority, and the Jodhpur Municipal Corporation and Jodhpur Development Authority. We would briefly discuss the structure and functioning of these institutions, and the various reforms and changes seen within these institutions over the years, particularly the spawning of a range of new special-purpose vehicles, para-state bodies, quasi-autonomous government organizations, and the involvement of profit-driven private entities as well as NGOs in the delivery of essential services. Some of the reforms discussed include the Jaipur Agenda Action Group (JAAG), which is a partnership between the government and the citizens through Resident Welfare Associations on the model of Delhi’s “Bhagidari” initiative, as well as large government-funded programmes such as the Rajasthan Urban Infrastructure Development Project and JNNURM, and their respective impacts on both infrastructure development as well as institutional reform.

RUIDP has had more of a thrust towards infrastructure development than governance reforms, focusing on major infrastructure projects, whereas JNNURM has had a dual or two-pronged approach, emphasizing both infrastructure as well as governance reform, with projects such as the Jaipur Bus Rapid Transport Project, sewage system upgradation, and E-governance projects. While discussing changes related to transparency and accountability, the article reviews RUIDP’s City-level Committee, as well as JNNURM’s City-level Technical Advisory Group (CTAG), and City Volunteers Technical Corps (CVTAC). The Jaipur Municipal Corporation’s efforts in this regard are quite innovative, with two projects, Jaipur Sampark and E-Nagar Mitra, attempting to simplify public interaction with the JMC and provide a streamlined mechanism for grievance redressal through call centres and computerization of procedures. JMC’s attempts at financial reform also come in for review, as the JMC continues to explore new ways of raising funds, including floating municipal bonds, raising loans, and opening up major projects to public-private partnership. In Jodhpur, on the other hand, there have been very few attempts at reforming or streamlining either the Jodhpur Municipal Corporation or the Jodhpur Development Authority. Although on the surface there appears to be a strong thrust towards private-public partnership in Jodhpur, the system is comparatively opaque with unclear lines of implementation existing in service delivery. Much depends on the individuals who hold key governmental positions. In fact during the research, a newer team of key administrators were found taking issues of reforms and accountability much more seriously and enforcing more transparency in the governance system.

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\textsuperscript{14} The Chief Minister of Rajasthan is its Chief Patron & Hon’ble Minister, UDH is its Patron and Secretary, LSG, is the Chairman. While Government of Rajasthan is an active participant, Jaipur Development Authority, RSRDCC, RSRTC, RSAMB, RIICO, RFC, RTDC, IGNB, PHED, Rajasthan Housing Board, SBBJ, The Bank of Rajasthan Ltd., HDFC, PNB Housing & Finance Ltd., Raj. State Co-operative Bank Ltd., All Municipal Corporations, Urban Improvement Trusts and Co-operative Banks of the State from the Public Sector and amongst RAJREDCO’s Founder Members.

\textsuperscript{15} RAJREDCO website: www.rajredco.org/ last viewed 24th October 2009

\textsuperscript{16} Ibid.
The data on sanitation for Jodhpur tells us that ULBs had been transferring government funds to private corporations and individuals for minimal public service in return, due to inadequate reforms in the area of monitoring and accountability in the past. Having discussed the major attempts at reform in these two cities, we try to see the impact these reforms have had on essential services such as education, healthcare, and sanitation, and the lessons that can be drawn from Rajasthan’s experiences with reform.

It was observed that the post-reform period in Rajasthan has seen an explosion in the number of special purpose vehicles, para-state bodies, and quasi-autonomous government organizations, the rise of a range of contracting regimes under the term ‘Public-Private Partnership,’ and a series of attempts to directly involve for-profit corporate bodies in the provision of public services. The new multi-sectoral dimensions of urban governance, such as those represented by RUIDP, have shaped policies and legislations and instituted new rules, regimes, and reforms. In addition, the multi-scalar nature of many of the massive new infrastructure projects that have been initiated over the last 20 years has meant that traditional boundaries between different levels of government institutions and bodies have been transgressed, and rather than attempting to coordinate the functions of these different bodies, a solution has been found in the shape of new forms of government, independent from local authorities, that act as a bridge between planners in the State or Central government and the actual development sites. These new forms of governance are generally staffed by government officials and bureaucrats, with local government and their elected representatives being reduced to junior partners. As government grants have been gradually decreasing, there has been a resultant pressure upon urban local bodies to generate their own revenues. The new models of Municipal Corporations marketize their assets and embrace outsourcing and PPP and, thus, transform the role of ULBs from service providers to that of a broker for certain private goods and services such as real-estate development. Hence, to conclude, urban reforms tend to create new processes whereby governmental and non-governmental agents are to compete for funds, and these new regimes of finance and administration through alternative governance institutions are becoming the primary mode of governance of cities.

A Study of New Governance Mechanisms in Two Non-metropolitan Cities in Andhra Pradesh

Purendra Prasad N

India’s urban population has grown phenomenally over the past five decades with about 7-8 million people being added each year. The level of urbanization increased from 17.3 per cent in 1951 to 25.7 per cent in 1991 and is currently 29 per cent (Planning Commission, 2000; 2001). This has put tremendous pressure on urban basic services, more so for the urban poor. Globalization has brought forward new modes of governance and technological options into urban local bodies in India, particularly in the post-1990s, supposedly to resolve urban chaos and crisis. The neo-liberal ideology of global capitalism-inspired new governance mechanisms claimed that it would make cities function better, substantially improve basic infrastructure and public services, and also contribute towards increased participation of local communities in decision-making process, etc.

This study primarily examines the intricacies of new governance mechanisms in the non-metropolitan cities. The two second-rung cities have been deliberately chosen as sites of investigation to determine to what extent new governance mechanisms have had their impact on public services; particularly health, education and sanitation sectors in the Indian State of Andhra Pradesh. Focusing on the towns of Visakhapatnam and Tirupati, the article presents the post-reform thrust for privatization and corporatization among urban local bodies in Andhra Pradesh, with particular attention to outsourcing, “contractorization,” and the public-private partnership model, and the impact these new policies have had on the urban economy and society, as well as on the delivery of public services such as healthcare, sanitation, and education.
Although in general urban reforms are considered to have positive effects on cities and their populations in India, we feel that policies such as outsourcing and public-private partnership have widened class disparities, emphasized the role of the market over that of the state, and rather than democratizing urban governance, have essentially served private business interests. Behind these reforms and policies lay an entirely new conception of the potential of cities, with terms such as “world-class city” entering the political and administrative rhetoric, in order to attract foreign investment to urban centres, as well as terms such as “slum-free cities,” which are used to mobilize support among the lower and middle classes, and hence win them over into the neoliberal camp, and use this support to further the privatization of urban governance. The methodology used in compiling this study has been an analysis of data from official sources, published and unpublished documents in both English and Telugu, and interviews with government officials, political leaders, and members of civil society organizations.

The major urban governance reforms, programmes, and projects initiated in Andhra Pradesh since the early 1990s includes urban poverty Programmes such as the Urban Basic Services programme, Swarna Jayanti Shahari Rojgar Yojana, and Andhra Pradesh Urban Services for Poor as well as more radical attempts at urban reform and restructuring such as the Jawaharlal Nehru National Urban Renewal Mission (JNNURM), Mission for Elimination of Poverty in Municipal Areas (MEPMA), and the World Bank-sponsored AP Urban Reforms and Municipal Services Project (APURMSP). The JNNURM and APURMSP Programmes come into particular scrutiny, the former being referred to as the “official carrier of neo-liberal urbanism,” which conceptualizes cities primarily in economic terms, as engines of economic growth, while also creating a “modern,” homogenized society. The latter also comes in for a great deal of criticism for the manner in which it advocates the aggressive pursuit of outsourcing, privatization, and public-private partnership, reducing the state to the status of a mere facilitator rather than an actual delivery agency when it comes to social necessities and essential urban services.

The two cities that form the focus of this study are Visakhapatnam and Tirupati. Visakhapatnam is a major port and industrial hub on the Eastern Coast of the Indian peninsula. It is the second-largest city in Andhra Pradesh, with a population of 1.6 million and a total area of 533 sq. km, and over 45 per cent of the city’s population living in more than 600 slums scattered around the city.

Tirupati is about half the size of Visakhapatnam, home to a population of 0.7 million spread over 270 sq. km. Like Visakhapatnam, Tirupati has a large slum-dwelling population of about 320,000, around 44 per cent of the total city population living in over 50 recognized slum areas. Administration within these two cities is carried out by the Greater Visakhapatnam Municipal Corporation and Tirupati Municipal Corporation respectively.

We embarked on a sector-by-sector analysis of the impact of globalization-related neo-liberal urban reform in the field of healthcare, sanitation, and education in Andhra Pradesh.
Healthcare

Urban public healthcare systems in pre-reform days were woefully inadequate both in Visakhapatnam and Tirupati so much so that up to the late 1980s, most government health programmes in Visakhapatnam had to be channelled through maternity centres due to the absence of municipal dispensaries or primary healthcare centres. There was little support from the State government back then, and even today, Visakhapatnam has only nine municipal dispensaries run by GVMC, and five maternity centres run by DMHO, whereas Tirupati has five urban health centres (UHCs), all of which are run by NGOs. What has exacerbated the problem has been the fact that financial support for urban healthcare programmes from Overseas Development Agencies have generally sought to reduce the government’s role in upgrading and expanding healthcare infrastructure, and giving GVMC and TMC new roles as co-ordinating agencies, with actual service delivery being outsourced to the private sector. This has meant that since the 1990s, service delivery has been given away to NGOs and profit-driven private entities, supposedly to deliver the services more effectively. This can be illustrated by the fact that out of GVMC’s Rs.260 million budget for the financial year 2009-2010, only Rs. 2 million was earmarked for healthcare. Officials in the TMC have pointed out the supposed success of public-private partnership in sanitation delivery, as ULBs came to recognize RWAs as middlemen between the government and sanitation workers. For example, in Visakhapatnam, GVMC provides funds from its sanitation budget to RWAs, who then hire sanitation workers and pay them using these funds. However, due to the lack of monitoring of RWA’s spending, what one sees is that funds are embezzled and misused by RWA office-holders, with little effect on sanitation conditions within neighbourhoods, and sanitation workers being overworked and underpaid compared to the pre-reform period, when they were hired directly by ULBs and government agencies.

Education

Moving on to education, Andhra Pradesh is home to one of the largest Anganwadi systems, wherein children from poor, working-class households were brought into the fold of the educational system. The Balyam programme, spearheaded by the erstwhile Commissioner of the GVMC, is another new initiative to increase school enrolment by providing clothes, food, and books to students. However, since the State government and ULBs have been unable to match the resultant rise in enrolment with a commensurate expansion of the school system, the public-private partnership model has been brought to the fore again, through schemes such as Sreekaram, which invites private donors to finance the construction, expansion, and maintenance of forms from the 1990s onwards have seen a new emphasis on the outsourcing of such services to private agencies. My interviews with sanitation officials within ULBs shed light on the fact that as a matter of policy, ‘outsourcing’ and ‘contractorization’ have been the key terms used in their official meetings and training programmes. Resident Welfare Associations came to play an active role in sanitation delivery, as ULBs came to recognize RWAs as middlemen between the government and sanitation workers. For example, in Visakhapatnam, GVMC provides funds from its sanitation budget to RWAs, who then hire sanitation workers and pay them using these funds. However, due to the lack of monitoring of RWA’s spending, what one sees is that funds are embezzled and misused by RWA office-holders, with little effect on sanitation conditions within neighbourhoods, and sanitation workers being overworked and underpaid compared to the pre-reform period, when they were hired directly by ULBs and government agencies.

Sanitation

As for sanitation, new governance mechanisms established after reforms from the 1990s onwards have seen a new emphasis on the outsourcing of such services to private agencies. My interviews with sanitation officials within ULBs shed light on the fact that as a matter of policy, ‘outsourcing’ and ‘contractorization’ have been the key terms used in their official meetings and training programmes. Resident Welfare Associations came to play an active role in sanitation delivery, as ULBs came to recognize RWAs as middlemen between the government and sanitation workers. For example, in Visakhapatnam, GVMC provides funds from its sanitation budget to RWAs, who then hire sanitation workers and pay them using these funds. However, due to the lack of monitoring of RWA’s spending, what one sees is that funds are embezzled and misused by RWA office-holders, with little effect on sanitation conditions within neighbourhoods, and sanitation workers being overworked and underpaid compared to the pre-reform period, when they were hired directly by ULBs and government agencies.
classrooms, libraries, and laboratories in exchange for naming rights for new school buildings, tax concessions, and the ability to use school premises for private functions and even commercial enterprises. Out of 94 GVMC-run schools in Visakhapatnam, 44 have been brought under this programme. In addition, in order to cope with the rise in the number of students, GVMC has hired Vidya Volunteers rather than full-time teachers, which represents considerable financial savings since volunteers need only to be paid honoraria rather than State or Central government-approved monthly salaries. This practice has been encouraged by overseas agencies such as the World Bank and DFID, and has resulted in a rapid increase in the proportion of volunteers among teaching staff in the State.

Implications of Reforms

Tracing the social impact of these reforms on the urban population of Andhra Pradesh, the new systems appear to discriminate against the poor and focus more on the richer parts of cities. Whereas diseases continue to rise in poorer areas, upper middle class colonies enjoy far higher quality civic amenities from ULBs in comparison. In addition, the emphasis on contract-based hiring and the rise of volunteer positions instead of full-time salaried posts among teachers, sanitation workers, and healthcare workers has also come in for criticism. Urban governance provisions are increasingly shifting from public good to private property, and marketization and privatization of public services have been justified on grounds of “efficiency,” “world-class cities,” “slum-free cities,” and “reaching out” to marginalized social groups. In addition, we also critique the shift from “class” towards “community” through the involvement of entities such as RWAs, since such entities are generally controlled by dominant social groups. Plus, the rise of “contractorization” and public-private partnership has seen the rise of a “contractor class,” which has gained a strong foothold in the political arena, with over 60 per cent of the elected representatives in both Visakhapatnam and Tirupati being contractors. This has also led to an intensification of caste and kinship patronage, with elected representatives giving away contracts to their own family members and caste brethren. All these changes have increased the scope for corruption, nepotism, and embezzlement to a great degree as compared to the pre-reform era. Through this article, we question the success of globalization-related urban governance reforms in India over the last 20 years, and examine who have gained and who have lost out through the neo-liberal agenda behind these reforms.

The findings indicate that state action has been towards public-private partnership, outsourcing, and ‘contractorization,’ in order to effectively serve private interests rather than social ones. The disparities between poor and non-poor residents appear to have increased considerably. What has been undermined by earlier studies is the increased role of caste and its nexus with power structures in decision-making bodies through the so-called inclusive participatory approaches. This study asserts that this whole process, instead of democratizing governance mechanism itself, has only been used as an instrument to facilitate privatization and ‘corporatization’ of public utilities. It offers a critique of state policy and practice in this regard.
Impact of Globalization on Urban Governance in the Service Sector in Kerala

Angelique Chettiparamb

Even when globalization is conceived of as a pan-national economic force that nations today are subjected to, the forms in which it takes shape in particular localities are often shaped by the very local socio-cultural, political, and economic specificities. This paper traces the forces of globalization and their impact on urban governance arrangements in the service sector in the Indian state of Kerala, and examines qualitative transitions such as cost-effectiveness, social inclusion, transparency, accountability, and participation in the decision-making process.

The methodology used involves secondary data published by the Government of Kerala and the Kerala State Planning Board, reports, websites and official publications, and is based on the cities of Kozhikode and Alappuzha. We chose these two cities in particular for a variety of reasons. One is governed by a Corporation and the other by a Municipality (to accommodate different levels of complexity); one city has a reputation for general good governance and the other is not particularly known for the same (to compare and contrast); and both are located in broadly comparable settings in terms of development at district level (to partially control for contextual differences). Within the case studies chosen, we employed a mixed methods approach employing qualitative tools; and we chose at least one important project for documentation in each sector, in both cases. We also interviewed stakeholders for their views on globalization, the reasons for success and the challenges they faced in the light of neo-liberal reforms.

Kozhikode

The city of Kozhikode, formerly known as Calicut, covers an area of 84.23 sq. kms and is home to a population of 436,400 as per the 2001 census. This means a population density of 5,279 persons/sq km. Politically, the city is quite left-wing, and in the post-liberalization period, the local council has always been led by the Communist Party of India – Marxist (CPM), with 46 out of 55 seats controlled by the CPM-led Left Democratic Front coalition.

Alappuzha

Alappuzha, formerly known as Alleppey, is far smaller, with a total area of 46.71 sq. kms, and a population of 177,079. Overall, Alappuzha has a population density of 3,735 persons/sq km. In contrast to Kozhikode, Alappuzha is far more unstable politically, oscillating between centrist and leftist governments. At the time of the study though, 27 out of 50 seats in the local council were controlled by the LDF.

The study begins with an analysis of the People’s Planning Campaign, a State-wide effort at local governance reform initiated in 1996. In doing so, we discuss the various stages of planning within this system as well as structure and functioning of institutions created under the campaign.

Health

Kerala has historically been well-known for its achievements in the area of health. Nevertheless, Kerala also reports the highest levels of morbidity in India. However, high morbidity rates are generally associated with high development indices, mainly because of greater awareness and access to curative healthcare. Immunization coverage is almost universal in Kerala, and life expectancy rates are at the top of the scale in the country. Contrary to the general perception after years of Communist rule in Kerala, the private sector plays an important part in healthcare, and makes up a greater share in healthcare than government-run hospitals and clinics. The last few years has seen the consolidation of
private health facilities into larger conglomerations, as the private healthcare system expands. As for the government-level reforms, the Panchayat Raj Act/Nagarapalika Act of 1994 mandated that health institutions up to and including District Hospitals in Kerala be transferred to Local Governments and that all public healthcare institutions in urban areas (except medical colleges and regional speciality hospitals) be transferred to the Corporations and Municipalities.

It is in the above context that our study discusses Kozhikode’s Reproductive and Child Health (RCH) project, launched in collaboration with the World Bank and the Government of Kerala. This seeks to extend to urban areas the same public healthcare model as has been applied to rural Kerala. The total project cost was close to 10 crores and the project period was five years. It has been particularly helpful and effective in creating public health awareness and providing micro-level preventive health information in the wake of epidemics such as chikungunya, leptospirosis, etc., which have swept through the state recently. Achievements in immunization coverage in Kozhikode, therefore, are also claimed to be impressive when compared to other cities in Kerala. There are at present 27 RCH centres in the Corporation with sub-centres (where initially none existed). This amounts to one for every 16,000 of the population. Each centre is manned by a doctor and a Junior Public Health Nurse (JPHN). JPHNs visit the houses in their areas, identify any illnesses, and urge people to visit the centre for medical examination, prescription and medicines. Doctors attend to patients in the RCH clinics and also dispense medicines. Although the project worked very well initially, towards the end of the five year period, with the change in political power at the state level, there was an attempt to change the constitution of the local implementing committee that was in charge of the RCH centres; the system has revived again and has been handed over completely to the Corporation, with the Mayor currently being the chair of the local implementing committee.

Kerala has historically been well-known for its achievements in the area of health. Nevertheless, Kerala also reports the highest levels of morbidity in India.

Kozhikode Corporation is otherwise blessed with very high levels of curative care with around eight hospitals and eight dispensaries (including two dispensing ayurvedic medicines) in the public sector, within the city limits, and around eighteen small and large hospitals in the private sector. The RCH centres, established and now revived through its focus on preventive care and primary care at decentralized locations near home, aim to reduce the opportunity costs of health, by either preventing illness or bringing timely primary health service to the door step. These centres therefore constitute an effective complement to the management of health care in Kozhikode Corporation.

In Alappuzha, the project we have chosen to focus on is called ‘Kazhcha,’ targeted at those with eye-related problems, and run by the Municipality in conjunction with the Rotary Club and other NGOs. The core of this programme consists of regular medical camps in all of the city’s wards. Another similar programme is the ‘Jeevan Jyothi’ scheme, which organizes ward-level camps for cancer patients in conjunction with doctors from the Alappuzha Medical College.

Education

In the education sector, Kerala tops almost all the major national indices in India, with a literacy rate in excess of 91 per cent, drop-out rates of 0.81 per cent, and a ratio of 49:51 girls to boys in schools. The reasons for this are partly attributed to a historic public sector emphasis on primary education, private sector, and NGO involvement in primary education, and years of communist party rule. There are three categories of schools in Kerala: government, aided, and unaided. Government schools are managed and funded by the public sector and unaided schools are managed and funded by the private sector though loosely regulated by the government. Aided schools are managed by the private sector, but largely funded through grant-in-aids from the public sector. Following governance re-
forms, the administration of all government schools up to Class 12 has been devolved to local bodies, and this has had a marked impact on the quality of educational infrastructure, such as school buildings and facilities as well as academic performance.

In our study of Kozhikode, we found a strong sense of accountability and commitment to universal education among government officials and representatives, and went through a number of government school programmes initiated by local authorities such as theatre groups, school lab modernization, and a revamp of classrooms with a greater emphasis on a pleasant and safe atmosphere within the school environment. In addition, a number of cross-sectoral initiatives have been seen, such as swimming lessons in schools, cycling programmes for girl students, and “green campus” initiatives, which seek to combine educational objectives with health and environmental concerns. Micro-planning at the point of delivery has also been possible through decentralization and the devolution of powers to not just local governments but further down to people and civil society. Overall, a fairly productive integration of political interests, voluntary action, and state and city level bureaucracy has been achieved in this sector.

Decentralization of education has led to radical initiatives in Alappuzha, similar to those in Kozhikode, such as upgradation of classroom facilities, motivation and counselling initiatives, remedial teaching programmes, distribution of free uniforms and school meals, sports, and creation of a databank of teachers.

As regards sanitation, until recently, the functions of solid waste management, sewage management, and storm water drainage were all under different wings of the State government or local authorities. However, urban governance reforms and decentralization have led to all three being vested in the hands of urban local bodies. State-level institutional bodies have been set up to assist urban local bodies. The Suchitwa Mission was created in 2008, by integrating the then existing Clean Kerala Mission and the Kerala Total Sanitation and Health Mission. This acts as a nodal agency created at state level to oversee, advise, and support local governments in their efforts in sanitation. The solid waste management project in Kerala has won many accolades and is going through a transition at the moment.

Kozhikode has major problems with drainage, and most efforts have been rather piece-meal in approach. In Kozhikode, our study examines the efforts at sanitation reform under the Kerala Sustainable Urban Development Project (KSUDP). This includes upgradation of the drainage system, source segregation, and door-to-door collection of solid waste, and construction of treatment infrastructure for sewage. Like Kozhikode, Alappuzha’s sanitation systems are not up to par either, since the city is criss-crossed with canals, and situated among the backwaters, leading to the dumping of both solid and liquid waste into lagoons, canals, and other water bodies. The Central Government recently funded a programme to clean up the main canals. This was executed very well but before long, they fell again into disrepair, due to the lack of a sustained effort. Local authorities have
now launched a total sanitation programme. This effort seeks to ensure that all households (and families below poverty line in particular) have access to adequate latrine facilities. The project is being implemented with help from the Socio-Economic Unit Foundation, an NGO associated with the State government’s Clean Kerala Mission. We also examine the difficulties faced by local authorities in the case of solid waste management and regulation of animal slaughter.

Conclusion

Through this study of urban governance in Kerala, we have sought to examine the changed attitudes towards governance in the post-liberalization Indian economy. Governance changes globally have in general been described as fulfilling a neo-liberal agenda, pushing for the withdrawal of the state from direct provision of public services to more of an enabling and facilitating role. The emphasis on efficiency, performance, construction of responsibility at the local level (thereby absolving the central state), and the promulgation of an entrepreneurial culture to the detriment of the principles of equity, redistribution, and citizen rights, are some of the major tools through which de-politicization is shown to have occurred.

In our study, we did find an increasing sense of accountability, but these were tied in more to the logic of responsibility to citizens, rather than a universal notion of efficiency that is symptomatic of neo-liberalism. Local governance thus seemed to actively offer resistance in some sectors such as education to the extension of global capitalism. However, this is not to mean that the private sector is not active. In fact it is very active both in health and education. Governance spaces in Kerala, nevertheless, seem to function in a distinctly separate manner, mindful of rights-based notions of citizenship and consequent redistribution responsibilities, in favour of marginalized sections. Having said this, local governments did not seem to be ideologically closed to private sector partnership completely.

Governance and Service Delivery in Urban Local Communities: The Case of Urban Governance in Orissa

Madhushree Sekher, Manoj Kumar and Lakhan Singh

In recent years, with industries and services concentrated in cities, urban centres are becoming the hubs of economic networks. Cities have to compete more with each other in attracting companies across national boundaries, and the traditional powers of national government and governance in cities is getting increasingly bounded by a number of private and official agencies, supranational and sub-national governments, non-government organizations (NGOs), and so on, that jostle for influence. In this institutional landscape, participatory partnerships have formed the core of a set of ‘new democratic politics’. The question today is how cities balance out between the demands of the international networks of which they are becoming a part and the need to improve the quality of life of the citizens within their borders.

India has witnessed an upsurge of interest in institutional reforms for urban governance since the early 1990s, and the present paper discusses institutional re-
forms and shifts in governance of urban local communities in India, with a focus on service provisioning. It seeks to examine the experiences of post-liberalization India with market-oriented economic reforms and reduced government interventions aimed at optimizing public service provision. Not only does this paper look at how public services are reached to the people, it also studies how the reforms have facilitated in amplifying and structuring governance agenda around community needs and demands. This paper is based on fieldwork in two major cities in Orissa, namely, Bhubaneswar and Berhampur.

The Indian State of Orissa provides an interesting canvas upon which to study urban reforms. It is a laggard among states so far as urban development is concerned, the slow pace of industrialization and relatively low urbanization being the possible reasons. Orissa’s Human Development Index of 0.404 is amongst the lowest in the country, and the State’s rate of urbanization has always been very slow. Even today, the State only has three Municipal Corporations, in Bhubaneswar, Cuttack, and Berhampur. Bhubaneswar and Berhampur are the two urban centres chosen for this study, since they present two cases of interesting contrasts in city governance. We study how the municipalities in these cities are providing for integrated governance and delivery of basic service to urban local communities.

**Bhubaneswar** is the State capital of Orissa, a modern city established in 1948, with a population of 648,000. It was declared a Notified Area Committee in 1948, then a Notified Area Council in 1952, a Municipality in 1979, and finally, a Municipal Corporation in 1994.

**Berhampur**, on the other hand, with a population of 289,000, is the oldest Municipality in the State, established in 1867, reflecting the city’s traditional image as an important commercial and cultural centre for South Orissa.

Following the reforms since the 1990s, the Bhubaneswar Municipal Corporation has become not only a provider of services, but also a key player and facilitator, initiating a number of innovative programmes. Civic groups like City Managers’ Association and Centre of Youth for Social Development (CYSD) play an active role in urban governance in Bhubaneswar. On the other hand, Berhampur, though an important municipality and the commercial trade centre of South Orissa, is constrained by weak finances and constant pressure to provide basic amenities to a rising population, with little or no civic engagement.

The empirical focus of the paper is on three urban service sectors – health, education, and sanitation, and is based on interviews with officials and elected representatives, and a household survey in slum areas of both cities, with a sample size of 50 households. Slum areas were chosen in particular on the premise that citizen-perceptions about services in poorer localities can be an indicator of the functioning of ULBs in the cities as a whole, and since both cities come under JNNURM, which has a great emphasis on service provision to the urban poor, the article focuses on slum households.

**Review and History of Urban Governance in Orissa**

In Orissa, the Urban Local Bodies (ULBs) are functioning under the Orissa Municipal Corporation Act 2003 and Orissa Municipal Act 1950, and Orissa Municipal (Amendment) Act, 1994. Development Authorities function under the Orissa Development Authority Act and the Directorate of Town Planning under the Orissa Town Planning Act. Until the 74th CAA (1992) was passed, the ULBs in the State were frequently dissolved at the will of the Government and elections were not held in time,
but the centralized reforms of the Act brought stability to ULBs as an institution. The launch of the Jawaharlal Nehru National Urban Renewal Mission (JNNURM) in December 2005 has also marked an important step in the state-driven initiative to link reforms with developing urban localities. Before launching JNNURM in 2006, the state repealed the Urban Land Ceiling Act of 1976, and committed to complete reforms in the area of Public Disclosure, Community Participation, and Stamp Duty by the third year of JNNURM.

A key change is the institutionalization of people’s participation in urban governance through neighbourhood eco-clubs, youth clubs, and resident welfare associations as well as the involvement of NGOs in various areas related to urban service delivery, and the introduction of public-private partnerships (PPPs). The study then moves on to examine the specific service delivery mechanisms, institutions, and structures in the fields of sanitation, education, and healthcare, with particular attention paid to Multi-Stakeholder Arrangements in Service Delivery. It is here that the new trends in urban governance, such as private-public partnerships and the involvement of NGOs in service delivery, are reviewed in detail.

**Service Delivery in Sanitation, Health, and Education**

**Sanitation**

The sanitation sector has been placed in charge of urban local bodies in the two cities, and in the period between 2003 and 2008, there came to be a marked change in this sector following privatization of service delivery. Bhubaneswar has undergone a remarkable change in terms of cleanliness and sanitation, yet a lot remains to be done. Privatization has led to an improvement in the responsiveness of authorities in clearing solid waste; however, it has also led to a fall in working conditions of staff, as the private operators granted them work on a contract basis, with little job security as compared to earlier, and a meagre monthly salary of Rs.2,500. Payment of staff wages also became irregular following privatization.

In Behrampur, various committees have been formed by the Municipal Corporation to look after public services. Water tanks were renovated and drainages were repaired in a phased manner.

**Health**

Bhubaneshwar’s healthcare system is under a government official called the City Health Officer, whose responsibilities include planning and implementation of various healthcare programmes and initiatives in the city. The main healthcare hub of the city is at the government-run Capital Hospital, which provides free healthcare. Berhampur, on the other hand, is served by four government dispensaries, which are close to being non-functional due to lack of trained staff. All four dispensaries were found to have their doctor’s posts lying vacant. Vaccination and inoculation campaigns are run by volunteers instead of permanent staff.

**Education**

The education service has been taken over by the State Government from the urban local bodies in these two towns, and various programmes have been initiated, both independently as well as in partnership with civil society, NGOs, and private enterprises. For example, the formation of mother-teacher associations and parent-teacher associations have been two innovative schemes set up by the Orissa government. PPP has also been implemented, with around 20 non-state or private agencies, mainly for assessment, evaluation, research, training, teaching and management of schools, particularly in
areas which lack government-run educational facilities. In addition, the ‘Alternative Innovative Education’ (AIE) scheme was launched in 2006, to replace the earlier Education Guarantee Scheme. Under the AIE, schools are run by non-governmental agencies under the supervision and monitoring by the state government, and with government funding. The partnership strategy has been effective in spreading education among a wider population.

**Conclusion**

While the process of people voicing their needs (demand side) and the process of making available public services to citizens (supply side) are important focus of governance of local communities, in the governance of cities in India, the agenda in terms of ‘what’ and ‘how’ specific services are demanded and provided are instances of applied phenomenology; that is, a response which is based on some generally perceived experience about what is workable or what will yield a result.

In terms of provision of services to urban households, the State falls much short of the national average in providing services like safe drinking water, sanitation, health facility, housing, and education. The effectiveness of the services could be enhanced by increasing and improving the state regulatory supervision and control, including developing better ties with local civil society institutions, regular meetings with the stakeholder concerned, launching awareness campaigns, and imparting training to enhance capacity building.

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**Institutional Reforms and Changes in Governance Process: A Case Study of West Bengal**

**Gopa Samanta**

The history of urban governance in the state of West Bengal dates back to early 18th century, the Calcutta Municipal Corporation (now Kolkata Municipal Corporation) being one of the oldest municipal bodies in the country. The political advent of the Left Front coalition of communist parties within the State led to an overhaul of the system from the 1980s onwards, with a reorientation in the approach to urban development and a special focus on diffusion of urbanization to the non-Kolkata Metropolitan Area with the development of growth centres. West Bengal practised many facets of the 74th CAA before it got passed by Parliament, such as decentralization of development programmes, especially preparation and implementation of development programmes directly by ULBs.

The aim of this paper is to identify the pattern of changes in the governance process due to the institutional reforms and their impact on the nature of and access to the urban basic services especially in education, health, and sanitation. The study is based on two medium-sized cities of West Bengal—Durgapur and Burdwan. Samples were selected from different slums located in both the cities, covering 19 slum areas, out of which 8 are located in Durgapur, and 11 in Burdwan.

**Urban Governance Reforms in West Bengal**

The Government of West Bengal has had a tradition of reforms initiatives and has been much ahead of most other states in India. The state started the decentralized planning experiment in 1978, following the recommendations of the Urban Development Strategy Committee. The new governance processes such as the creation...
of twin planning committees for district and metropolitan areas, the cabinet form of city governance through the Mayor/Chairman-in-Council model, and the Kolkata Urban Services for the Poor (KUSP) Programme put more emphasis on the devolution of power to the people and therefore, has demanded accountability, transparency, and participation of the community in the decision-making processes of ULBs. New institutions in the form of development authorities, and partnerships with NGOs, civil society organizations, and private enterprises through the model of Public-Private Partnership (PPP) have grown in order to meet the increasing gap between the growing demand for infrastructure and services.

The Cities: Burdwan and Durgapur

Burdwan, one of the old urban centres of West Bengal, started its journey as a modern urban centre in May 1865 with the establishment of Municipality for urban governance. It is located in the midst of a rich agricultural region on the bank of the river Damodar and is the headquarters of Burdwan district. The municipal town occupies an area of 23.20 sq. km and is spread over 35 wards. Being an old and unplanned city, Burdwan has very high density both of household and of population, i.e., 2,583 and 12,396 per sq. km. respectively. According to the 2001 census, 20.89 per cent of the city’s population lives in slums; 30 per cent of the population lives below the poverty line in Burdwan.

Durgapur was developed as a planned industrial town in the post-independence period, and today has a population of 4,93,405, covering a total area of 154.20 sq. km spread over 43 wards. Being a newer city developed for industries, Durgapur has relatively less density both of household (713 per sq. km) and of population (3,200 per sq. km) in comparison to other cities of West Bengal, and with 30.31 per cent of the population living in slums, and 21.26 per cent living below the poverty line.

While Burdwan is an old city and developed along with the agricultural development of the surrounding rural hinterland, with trade and commerce as its economic base, Durgapur is a relatively new city, developed as an industrial centre with a strong economic base. Nevertheless, the two cities also have much in common, when it comes to the governance process and reform initiatives. Both the cities are run by the Mayor-in-Council/Chairman-in-Council form of city government which indicates effective decentralization of governance.

Impact of Reforms

In spite of financial reforms such as increase in property tax, introduction of water tax, etc., the ULBs of West Bengal are still highly dependent on government grants. Gopalkrishnan (2007) has identified several factors responsible for the imbalances in revenue and expenditure of ULBs. A few important factors among them are defective pricing policy, limited revenue sources, lack of revenue efforts, obsolete norms governing price fixation, cost hike due to inflation, and increasing marginal costs. In Durgapur and Burdwan, a number of initiatives have been taken, such as enhancement of property tax, property tax collection of current demand, arrear and outsourcing of collection, advertisement tax through hoarding, establishment of parking zone and introduction of parking fees, implementation of water charges, enhancement of administrative fees, and user charges for different services, and leveraging idle assets.

Education

West Bengal joined the National Literacy Mission which was conducted as a mass campaign in India, in 1990. This programme achieved much success in Burdwan District which was declared a totally literate district in West Bengal. The awareness campaign, opening of literacy centres, motivating students from college and university levels and also teachers to volunteer to teach illiterates how to read and write, etc., formed the modus

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operandi of the literacy campaign, and gave a boost to the literacy rate of the state between 1991 and 2001 by 11.52 per cent in general and 6.36 per cent in urban areas. Burdwan district received a boost in its urban literacy rate which was 7.19 per cent higher than the state average. Durgapur and Burdwan had literacy levels of 74 per cent and 76.40 per cent respectively in 2001.

The public delivery of primary education in both rural and urban areas of West Bengal has a number of deficiencies including low educational achievement, high rate of absenteeism of pupils, dissatisfaction of parents with the school performance, non-functioning of parent-teacher committees, high dependence on private tuitions, and failure of inspection system (Kumar, et al., 2006b18 and Chattopadhyay, 200119). These two studies have found that in spite of lack of proper infrastructure and low salary structure for teachers (which was Rs. 2,000 per month and has recently been increased to Rs. 4,000), the SSK centres are doing well in comparison to the government-run primary schools (in which starting salary is Rs.12,000 for a trained teacher and Rs. 10,500 for teachers without training).

Reforms in primary education in West Bengal started with the formation of the Primary Education Board in 1993. To bring about decentralization of educational services, District Primary School Councils were established in each district to monitor, supervise, and control primary education. At present, the government primary schools are run by the Department of School Education, Government of West Bengal, in co-ordination with the District Primary School Council (DPSC). The primary schools located within the cities are also under the District Primary Education Board except a few which are directly controlled by the ULBs. Their funding and monitoring services are done by DPSC. The SSK centres developed under newly emerged educational services of the ULBs are under the control of the local government.

Despite the introduction of continuous and comprehensive evaluation process, no-detention policy, taken up to reduce school dropouts, led to deterioration in the quality of learning achievement (Ray, 200120) and there are students at fourth level who cannot do the work of the first level. The Primary Board has also introduced books in seven local languages such as Bengali, Hindi, Urdu, Nepali, Alchiki, etc., to fulfill the needs of ‘primary education in own language’ for different language groups in the state.

The scheme of Sarva Shiksha Abhiyan (SSA), the national flagship programme, is being implemented in the district since 2001 to provide useful and relevant elementary education for all children in the 6-14 age group by 2010. Since 2001, the District SSA cell is providing all sorts of support services to the primary schools in the form of teaching learning material, teacher’s training, and development of infrastructure. The Education Guarantee Scheme (EGS) and Alternative and Innovative Education (AIE) are important components of SSA aimed at bringing out-of-school children in the fold of Elementary Education. During 2002-06, this programme was started in

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the cities under district SSA unit. Alternative and Innovative Education targets very Deprived Urban Children such as child labourers, street children, migrating children, working children, and children living in difficult circumstances. This initiative has been taken in these two cities with the involvement of NGOs. The nodal NGO in this educational service is Bangiya Saksharata Prasar Samity (BPSC) which is working in both the cities. In Durgapur, it is working with two other NGOs — Durgapur Children’s Academy of Culture and Pragati, and has nine centres of teaching. In Burdwan, there is one NGO along with BPSC to run three centres.

SSA assigns the greatest importance to systematic mobilization of the community and creation of an effective system of decentralized decision-making through constituting School Education Management Committee (SEMC) (Rao, 200921). In both the cities of our study, Ward Education and Health Committee were formulated for community participation in 2002-03. In 2008, these committees were replaced by Ward Education Committee and School Level Monitoring Committee in each ward for decentralized decision making and supervision of education services. Because of this decentralization process, the scope for parents’ participation in the process of governance in the schooling system in urban areas of West Bengal was found to be much higher in the government schools (Kumar, et al, 2006a22). However, majority of the children in government schools are from poor families and these committees are controlled mostly by relatively well-off people whose children do not go to the local government schools. Therefore, people in influential positions have little interest in ensuring that government schools function well and provide good quality education.

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planning which is part of the reforms process. On the basis of overall situational analysis, the plan for educational improvement is done and has been incorporated as a section in the Draft Development Plan of the ULBs.

In Durgapur and Burdwan, there are six categories of schools providing primary education to the citizens. These are Government primary schools under DPSC, Schools under ULBs, Sishu Siksha Kendras (SSK), Child labour school, and Non-formal open schools for Deprived Urban Children (DUC) run by NGOs and private schools. There are also a few Church-run mission and convent schools, and Madarsas in the cities. The first three categories of schools are provided mid-day meals under Sarva Siksha Mission (SSM). Considerable improvements of infrastructure and services such as extension work for classrooms, repair and maintenance of buildings, construction of toilets, hostels for SC/ST students, Teaching Learning Equipments (TLE), free text books, special grant provision for disabled children, additional teaching staff called para-teachers, teacher grant, and teacher training, etc., in government schools have taken place under the SSM grants. In Durgapur, the service is entirely voluntary and therefore, the number has decreased to eight. However, in case of Burdwan, each literacy centre has one Prerak and one Saha-Prerak, who get a sum of Rs. 700 and Rs. 500 per month respectively.

The SSK centres are run by the ULBs under Municipal Affairs Department’s Sishu Siksha Prakalpa. In most cases, these SSK centres use the buildings of local clubs, ICDS centres, and sometimes government primary schools. The timing is, therefore, variable starting from early morning to evening depending on the availability of the buildings. The three hours of school time very often get reduced to two hours due to the serving of mid-day meals. In a comparative study, it has been found that SSKs are much better run in Durgapur with own buildings and scheduled school timing from 11 am to 2 pm.

Economic liberalization emphasizes ‘public choice’ and this opens avenues for non-state funding of education, resulting in a ‘decentralized’ mode of functioning benefiting the middle classes, and in the process, widening caste and class disparities (Raina, 2002). Private education has significantly flourished in the last 10 years in both the cities to meet the emerging needs of the newly growing urban middle class.

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The enrolment in private schools is significantly higher in the urban areas in comparison to the rural areas of West Bengal. Private schools are better equipped in terms of number of teachers and pupil-teacher ratio. However, in terms of teacher’s training and monthly salary, school hours per day, and number of working days, the government primary schools are much ahead of private schools (Kumar, et al, 2006). Durgapur experienced a faster growth in private education. One of the reasons might be the city’s economic and socio-cultural set-up. Durgapur is an industrial town and has a cosmopolitan population. There are a large number of renowned schools for private and English medium education in the city. A large number of good educational institutions exist in the city under private and missionary groups. The upper and middle class people have almost left the government-aided primary schools for the poor section to survive on that. The household level survey revealed that parents from slum areas in Durgapur sometimes send their children to private schools if they have the capacity to avail that.

In Burdwan, a good number of government-aided primary schools still have a good image; the children from upper and middle class get admission there as these institutions conduct entrance examinations before admission. Another reason might be the non-availability of

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25 Ibid
26 Ibid
good private and English medium schools in the city. However, the situation has started to change in the last two-three years, as more and more renowned primary and secondary schools are coming up in the cities. The children from upper and upper middle class have started to leave state-run schools to the children from lower middle and poor class.

The challenge of achieving the education goals is both central and strongly influenced by the social and economic context. The concept of providing every child with good-quality education is not simply a function of having enough schools, textbooks, and teachers. It is very much a result of the social context in which education is seen as a right for all (UNMP, 2005b). Success in improving education requires tremendous political leadership and commitment by citizens, civil society leaders, bureaucrats, politicians, parents, and many others outside the education system which the cities are still lacking.

**Health**

The West Bengal Municipal Act, 1993 recommended an entire gamut of health services, in addition to Government Health Programmes which the municipalities should provide. At present, Municipalities in West Bengal are implementing three types of health programmes — vector control, RCH, and national programmes for healthcare. Since 1993, ULBs in West Bengal have started providing outreach curative health services to the poor and vulnerable population of the urban areas through IPP VIII in ULBs of Kolkata Metropolitan Area and IPP VII extension in 1998 for ULBs of outside KMA. Burdwan and Durgapur, being located in the non-KMA area, have received the fund of IPP extension in 1998 and have started to provide healthcare services under this project since 2000. The project was initiated with the assistance of World Bank and received funds for infrastructural development for five years. After that, the ULBs with the grant from the State Government, have taken the responsibility of operation and maintenance of the service in the cities.

Our primary survey on the access of ULB’s health facilities by the poor people finds that 30 per cent of the poor households in Durgapur and 20 per cent in Burdwan do not know about the Municipality’s OPD and maternity home. Around 52 per cent of the households in Durgapur and 81 per cent in Burdwan have never visited these health centres. Rather, they visited the State Government hospital for their healthcare services, the reason, in most cases being non-availability of medicines from these centres, their distant location, and irregular visits by doctors in the Sub-Health Posts.

Both in Burdwan and Durgapur, Honorary Health Worker Scheme has been in operation since 2004. These health workers are supposed to help the poor women get money for pregnancy and child birth under Janani Suraksha Yojana. However, our study reveals that 36 per cent of the poor women in Durgapur and 86 per cent in Burdwan did not get the money.

Besides this, a multitude of healthcare providers (public, other government departments like railway and industrial houses, private, NGOs, and charitable institutions) exist in the cities with different jurisdictional areas and varying statutory responsibilities. The cities have tertiary healthcare institutions under the Health and Family Welfare Department of the State Government.

There is a broad range of private health service providers, including private hospitals, modern solo private practitioners, qualified providers of Indian System of Medicine (ISM), operators of small nursing homes (poly-clinics) and medical diagnostic centres, pathological laboratories, etc., in both the cities. In Burdwan, about 98 per cent of the private medical infrastructure is located in the central area of the city along a single road (Khosbagan Road), with its lanes and by-lanes covering a stretch of 1.5 km of length and few yards of width. The agglomeration economies and competitive market are playing a big role to have a more or less similar fee.

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structure for all private health services including doctors’ consultancy fees, and the fees for pathological and diagnostic tests. There are also a few polyclinic departments of national level private health delivery chains like Apollo in these cities.

Although private healthcare services are mushrooming in both the cities, there is an absolute lack of information in the ULBs on the health services provided by the private clinics and nursing homes and therefore, these services remain unaccounted for. The only relation these institutions of healthcare services have with the ULBs concerns the issue and renewal of trade licence. There is absolutely no control of the ULB over the fee structure and quality of such private health services. There are a number of NGOs in both the cities that provide mostly preventive healthcare services to the citizens, the notable being *Shaheed Shib Shankar Seba Samiti* in Burdwan, Red Cross Society, Lions Club, and Rotary Club in Burdwan and Durgapur.

It is during the last two decades that the concept of PPP has been introduced into the health programmes in almost all states of India. These PPPs conceptualize both the partners as equal and are arbitrated through a formal memorandum of understanding (Baru and Nundy, 2008). Although the PPPs might take partners from different sectors starting from NGO to private sector, in West Bengal, all PPPs are with private sectors. Recently, Burdwan Development Authority (BDA) has started to develop a Rs 1,000-crore Burdwan Health City, the first health city in the state, under the public-private partnership.

BDA’s main role in the health city project is the acquisition of land, monitoring of the entire project by step-wise sanctioning of working draft, controlling the fee structure to a limited extent, ensuring the special welfare schemes for the land giver and BPL people of Burdwan Planning Area, and monitoring of the subsidized healthcare facility in the anchor hospital (as mentioned in MOA). The Health city project of Burdwan envisages a few welfare schemes such as providing health insurance coverage to the EWS/BPL families and subsidized health treatment facility in the anchor hospital and allied services.

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To bring about decentralization of service delivery, the Department of Health and Family Welfare of the Government of West Bengal has passed an order (dated 25th October, 2002) to set up a Health and Family Welfare (HFW) Committee in each Municipality and was entrusted to carry out the health function of the ULBs, which is yet to come up in both the cities of Burdwan and Durgapur.

**Sanitation**

Urban sanitation facilities are precarious and are deteriorating with the increasing rate of urbanization in West Bengal. Integrated Low Cost Sanitation Scheme (ILCS) is running in all the ULBs under the joint venture of the Central and State Government since 1991. Although this programme has helped to abolish the system of carrying night soil by head loads in the cities to make the cities scavenger-free, it could not have much impact in the overall sanitation scenario in the cities, especially in the slum areas.

Underground sewerage facility is found in few municipal areas of the state; in most others, the major drainage system is an open drain. The industrial township areas of Durgapur covering 17.5 per cent of the total area have sewerage systems, but there is no sewerage treatment plant under DMC. Therefore, the untreated and highly polluted sewage/liquid waste containing high organic load is directly drained into the River Damodar. In general, 34 per cent of the households...

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use closed drains, 36 per cent use open drains, and the rest 30 per cent do not have any drainage facility (ADDA, 2006[29]).

In Burdwan, there is an absolute lack of sewerage lines and most of the drains are open. Recently, initiatives were taken by the ULB under JNNURM to cover a few big drains to make roads. There is also no sewerage treatment plant in Burdwan city and most of the drains pour the sludge into the Banka river flowing through the city.

The West Bengal Municipal Act, 1993 (Article 260-273) clearly states that solid waste management is an obligatory function of ULBs in the state. However, with the rapid pace of urbanization, lack of financial resources, institutional weakness, improper technology, and public apathy towards solid waste management, the situation of solid waste management has only worsened in the ULBs of West Bengal (GOWB, 2003[30]).

Following the Municipal Waste Handling and Disposal Rules 2004 of the Government of India, an action plan for solid waste management was prepared by the Government of West Bengal in 2006. In this action plan, it is stated that “Disposal of waste by uncontrolled open dumping which is a general practice of almost all the municipalities, is no more permissible now, rather than a punishable offence. There is no way other than going for recycling and reusing, processing the waste and sanitary landfill of the residue.”

In Burdwan, solid waste is presently disposed off by open dumping method, having exhausted almost 50 per cent capacity of the dumping ground. The city generates 147.6 MT of waste per day, out of which 1.8 MT is bio-medical waste. The SWM of the city is totally the responsibility of ULB. One SWM project is coming up under PPP model for vermin composting.

Solid waste is relatively better managed in Durgapur, which stood 2nd in 2007-08 among non-KMA area ULBs for Clean and Attractive City in West Bengal. In the same year, it received the certificate for Best Performing City under JNNURM for Improvement of Solid Waste from the Ministry of Urban Development and the Ministry of Housing and Poverty Alleviation of the Government of India.

Following the Bio-medical Waste Management and Handling rule of the Central Government (1998 and 2003), initiatives have been taken by the West Bengal government to manage bio-medical waste under PPP model. The Pollution Control Board of the State Government has made an agreement with one private partner for all the ULBs in West Bengal. As private companies always look for profit maximization, they are not collecting bio-medical waste from small and medium-sized cities, but they are working well in Durgapur and Burdwan.

With the rapid pace of urbanization, lack of financial resources, institutional weakness, improper technology, and public apathy towards solid waste management, the situation of solid waste management has only worsened in the ULBs of West Bengal.

**Conclusion**

West Bengal pioneered urban governance reforms in India, in the late 1970s, long before the 74th Constitutional Amendment Act at the national level. Since then, a number of steps have been taken to decentralize the process of urban governance and ensure the participation of citizens in the local governance. Since the 1990s, especially after the West Bengal Municipal Act 1993, the urban reform process has been speeded up with the help of external funds and a new institutional setup has been created under KUSP. Urban basic services now have high priority, particularly in relation to the urban poor and enhancing their access to basic services, and this study reviews the achievements made through these reforms in the fields of education, healthcare, and sanitation. However, in spite of all the institutional reforms taken up by the state and the local governments, the medium-sized cities of West Bengal have a long way to go in making considerable improvement in the provision of basic services.

CONCLUSION

Navdeep Mathur

The evidence from the current data presented in these papers gives us considerable cause for concern and reflection regarding the nature of urban governance reforms in the past two decades. Given that the focus of inquiry was to delineate changes in the governance of service delivery in the areas of health, sanitation, and education, the research from the states has complementarily highlighted major shifts by identifying the actual priorities of urban governance in the post-reform period. The data shows that the emphasis of government has shifted from basic broadly targeted services to services for specific economic sectors and in support of consumption orientation of the economically stronger sections of society. Public resources are being predominantly expended on physical beautification of urban spaces, rather than on improving the quality of life for the vast majority of urban residents through meeting obligatory responsibilities of providing education and healthcare. This finding is more salient in early reformer states like Gujarat, Andhra Pradesh, and to some extent in Rajasthan, a later reformer in comparison.

The tasks of policy-making and governance are now being negotiated by institutional forms that have considerable autonomy from government. These special purpose vehicles, para-state bodies and quasi-autonomous government organizations have an arms’ length relationship with democratically elected governmental bodies, with unclear lines of legitimacy and accountability. The strategy of public-private partnerships as a default strategy in service delivery has sought to depoliticize the tasks of policy-making and governance are now being negotiated by institutional forms that have considerable autonomy from government. These special purpose vehicles, para-state bodies and quasi-autonomous government organizations have an arms’ length relationship with democratically elected governmental bodies, with unclear lines of legitimacy and accountability. Some of these new institutional forms are part of a top-down process of administering the outcomes of agreements between national government and international lending agencies. The role of local government in the creation or regulation of these bodies is negligible. And the involvement of other local actors such as citizens, elected representatives, and community organizations is entirely missing in the governance of services that are sought to be administered by these bodies. This is a significant departure from the pre-reform period, in terms of the role quasi-autonomous institutions have in shaping policies and legislations and the establishment of new rules, governance regimes, and reforms. This finding is fairly uniform across all the states under study. Kerala, however, resonates somewhat less with this trend, as much of its earlier reforms have established participatory institutions that play a genuinely key role in most aspects of the governance process, which makes it quite unique in comparison to the other case studies.

While governmental attention is focused on upgradation of physical infrastructure, social sectors have become subjects to be dealt with through public-private partnerships, but which are mainly contracts granted by governmental bodies for public goods to be produced and delivered by private organizations for a fee. Due to weak regulatory and accountability mechanisms instituted to maintain compliance and responsibility in the implementation, the research data shows a lack of take-up or failures in delivery. Such a trend highlights that private interests have been privileged over social goals and the impact is seen in the rising disparities between the poor and the non-poor residents. Moreover, the pathologies associated with social hierarchies such as caste have been reinforced in emergent power structures, in the name of participatory governance. These findings resonate across the states especially in the sector of sanitation services.

The strategy of public-private partnerships as a default strategy in service delivery has sought to depoliticize
governance processes to the detriment of citizenship rights and equitable social development goals. In both Gujarat and Rajasthan, the research shows that urban policy seeks a gentrified population to be fruitful, and excludes the vast majority of the urban poor from being legitimate beneficiaries. They are also excluded from expressing voice both due to the lack of channels of interaction with semi-private governance process, and the disengagement of elected officials by design of governance institutions. On the other hand, accountability has been constructed as an attribute of responsibility exercised by individual citizens and administrators.

The case studies highlight that in order to be effective, urban governance reforms need to be reconfigured in empowering local democratic institutions in all levels of decision-making, and this requires a broader kind of capacity building approach. Capacity needs to be built at all levels of government to engage in a transparent process of designing programmes for social development, in which social and physical infrastructure are vital components. Decentralization has so far been a paper tiger, and the current hierarchical-administrative system of governmental decision-making is inimical to devolution of power, as well as to implementing genuine reform of local institutions, preventing efficient and effective service delivery outcomes.

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It is time for the world, the hemisphere and the region to make sure that relevant institutions of civil society and relevant laws are embedded in the mechanisms of governance.

Baldwin Spencer