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Contents

Uncertain times, testing times

The Corona Virus Pandemic has turned out to be a crucial event in the history of the world. When on March 11 this year, the World Health Organization declared it a 'Pandemic', the virus had by then infected about 118,000 people in 110 countries and territories around the world (By 30th April, the figure of world infections crossed 3 million with over 210,000 deaths. The corresponding figures for India were about 33000 infections and 1000 deaths).

"This is not just a public health crisis, it is a crisis that will touch every sector," said Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, during a press briefing. "So every sector and every individual must be involved in the fights."

The virus believed to have moved from an animal host to humans in Wuhan, China, quickly infected people in other countries. Health officials across the globe have swung into action with attempts to screen incoming travelers, and quarantining those suspected to be infected. Additional test laboratories and quarantine facilities have been set up to accommodate new cases of those suspected to be infected.

Lockdown and its fallout

India has implemented a nationwide 'lockdown' since the last week of March in order to strictly regulate and restrict movement of citizens and thereby control the spread of the disease. Congregation/assembly of persons is prohibited, and movement of people on roads by vehicles is near zero; only persons involved in essential services are allowed to do so. Though there have been unfortunate deaths, the situation would have been much grimmer in absence of a strict lockdown. India's efforts have received global recognition.

Such a lockdown is unprecedented in recent history and most Indians cannot think of another such event in their lifetimes.

The outbreak of COVID-19 and the resulting measures are testing the resilience of humankind and by now all classes of people are impacted, many in severe ways. Among those feeling the impact adversely are daily wage earners and those running small businesses in our cities. Businesses big and small except for medical shops, grocery sellers and vegetable/fruit vendors have been completely shut down and this is impacting livelihoods of millions. Daily wage earners, although being supported by governments and society are experiencing very difficult times.

Among the most badly affected are the migrant workers. Recent visuals of such labourers making their way back on foot to their native towns and villages presented a very disturbingsight. However, local government authorities across the country swung into action and made extensive arrangements for these migrants for shelter and food. They were encouraged to stay put wherever they were and not to undertake further journey. This has been a very challenging task and local government authorities deserve all praise.

Local government authorities are at the forefront of this battle in many other ways. They are undertaking a wide range of special tasks to address the Corona pandemic and to protect our cities and citizens. From surveillance and detecting new cases, to setting up quarantine facilities, beefing up public health infrastructure, supporting doctors and paramedics, and tending for the homeless and other vulnerable sections, their tasks are diverse and they have been performing these admirably. Then there are their routine city management tasks such as water supply and waste management which must happen with added efficiency and precision in such times.

Life after Covid 19

Among the fallouts of the pandemic and the resulting measures, the effect on the environment is perceivable. Given the near curfew situation, most cities are reporting much cleaner and breathable air. The dramatically reduced pollution is natural given the greatly reduced presence of motor vehicles on our roads and zero construction activity. With near zero tourist activity, our beaches and shorelines would be presenting a vastly improved experience – as and when we are able to go and see it.

Elevated sense of personal and community hygiene is a likely outcome for times to come. Messages are already being circulated which while highlighting the ill effects of tobacco chewing are also warning such persons not to spit in public spaces since it is a public health hazard. Frequent and proper washing of hands will become an integral part of citizens' daily life. Among the most impactful of measures could be the social distancing norms being implemented in public spaces which will affect our lives and the business landscape in several ways. What happens, for example, to malls, cinema halls, multiplexes, and restaurants is difficult to envisage. These businesses will likely see reorientation and new practices and business models.

Given that an effective vaccine or a proven cure seems some time away at this stage, many of the practices during these lockdown times will be necessary for an extended period.

Such events– public health emergencies and climate uncertainties (including extreme events) which test the resilience of communities and systems have significant learnings and can help build robust and sturdy response in times of emergencies; in other words create effective disaster relief systems in order to minimize fatalities, economic losses, and human suffering.

Among the primary efforts towards this end could be the building of human capacities. Currently such capacities are largely housed within our local government bodies and rightly so. There is need to constantly support, upskill, and upgrade these capacities particularly of medical and paramedical personnel with respect to disease surveillance and response. These will prove useful also in the aftermath of natural calamities such as floods and earthquakes which leave a trail of disease in their aftermath. The current situation has shown that appropriate citizen response is vital in managing epidemic outbreaks; sadly citizen behaviour has been less than praiseworthy in many cases. Therefore awareness building needsattention. Good hygiene and sanitation will be a part of such campaigns. A good deal has been achieved with the Swachh Bharat Mission; we need to now raise the bar.

We are confident that with the strengthened continuing cooperation and collaboration among governments and others all over the globe, the pandemic will soon be controlled and overpowered. And in the process we will build a robust mechanism at the national level and a framework for international collaboration for effective response and recovery.

Participation for whom? A study of Anudan Scheme for Solid Waste Management in Surat

Anurima Mukherjee Basu, Kanishka Khanna

Abstract:

The Solid Waste Management (SWM) component of the Swachh Bharat Mission (SBM) envisages a very active role for community and civic groups in maintaining cleanliness of cities. Surat, the second most populous city of Gujarat is a celebrated case for SWM. The city has a dramatic history in waste management; transforming itself into the second 'cleanest city' of the country, after the plague outbreak in 1994. Also, recently it has been achieving impressive ranking in the annual survey of Swachh Survekshan. Surat Municipal Corporation (SMC) had taken various measures for administrative restructuring and decentralization for waste management to engage citizens of Surat in different ways in SWM services, even before SBM started. This study evaluates the efforts of SMC in mobilizing citizens/ citizens groups under the SWM component of the mission. In doing so, it analyses the spatial spread, degree and forms of participatory initiatives in Surat. The 'Anudan scheme for societies' which allows direct participation of citizens and resident societies with the SMC has been studied in detail with case studies to assess its implications on participatory governance.

Keywords: *Solid waste management, Participatory governance, Surat, Participation, Residents Association, SMC*

1. Introduction

Solid Waste Management (SWM) is an obligatory function of urban local bodies in India. However, since the 1990s, private and community organizations are increasingly being involved in SWM services in various

capacities. The Municipal Solid Waste Management and Handling Rules, 2000, also emphasized the need to involve different actors in SWM – community-based organizations, private contractors and NGOs as partners of municipal governments; to ensure better coverage and efficiency of SWM services (Singh 2012). The national flagship programme, Swachh Bharat Mission (SBM) has also given significant importance on involvement of individual citizens and citizens-groups in SWM along with private and community based organizations (GoI 2017a). On the occasion of the third anniversary of the SBM in 2017, the government announced guidelines on 'Swachh Neighbourhood', which further emphasize the need for citizen engagement for making neighbourhoods 'swachh' and garbage free (GoI 2017b). However, such attempts to develop partnerships between local government and citizens/citizens groups are not new in the Indian context; such partnerships have existed in different cities across the country much before the SBM was launched (Basu & Punjabi, 2019).

Surat is the 2nd largest city of Gujarat with a population of 4.5 million in 2011, spread across an area of 326.5 sq.km. The economic base of the city is diverse consisting of textile manufacturing, trade, diamond cutting and polishing industries, intricate zari works, chemical, petrochemical and natural gas-based industries (SUDA, 2017). It attracts large number of migrants from neighbouring states like Maharashtra, Madhya Pradesh, as well as states like Orissa and West Bengal. Majority of the migrant population in Surat are settled in slums often posing a challenge for authorities to maintain a clean urban environment. The city is known to have undergone unbelievable transformation in solid waste management, general cleanliness, health and hygiene within two years (1994-1996). Surat was hit by plague in September 1994. Although the epidemic lasted for merely a month, it had drastic impacts not only on the city's image and economy but also on the country's economic progress and urban development as a whole (Ghosh & Ahmad, 1996). The incident was reported as a peculiar case of 'urban decay' by national as well as foreign media (Swamy et al 1997). It attracted global attention as it showcased deteriorating civic conditions and inefficiency of urban local bodies in meeting the basic needs of citizens. The incident triggered action on providing legal guidelines and rules for solid waste management in Indian cities. The Surat Municipal Corporation (SMC) initiated drastic reforms for decentralizing SWM services and involving local communities in maintaining cleanliness of their areas after the incident. Recently under Swachh Survekshan, the city was ranked 4th in

2017 and 14th in the next two rounds (2018 and 2019). This research critically analyses the citizen-government partnership for SWM, which was initiated in Surat city in 1999 and is still continuing under SBM and its implications for participatory governance.

The research uses mixed methods of fieldwork and was carried out between January and April 2018. A detailed review of existing policies and acts for SWM at the national and city level was undertaken. An evaluation of the involvement of external actors and their roles in SWM services under the SBM mission was undertaken by conducting stakeholder interviews with SMC officials, NGOs and other important stakeholders. Data about meetings, campaigns conducted by SMC under SBM was collected and analysed to understand the spatial spread and role of different actors. A participatory scheme called 'Anudan Scheme for Societies' was studied in detail taking six societies as case studies, to assess its implications on participatory governance. Data on coverage of the scheme, in terms of the number of societies, population, payments made, and roles of society members and SMC staff was collected from zonal offices of SMC and housing society members. Consequently, three zones of the city (east, south and south-east zone) were shortlisted, which had greater coverage of societies under the

scheme, and greater participation in SWM related events. Two societies from each of these zones were selected based on recommendation by respective zonal officials. The office bearers of the selected societies were interviewed for the purpose of the study.

2   Surat City - An introduction

Surat is Gujarat's second most populous city after Ahmedabad. Surat's population experienced a phenomenal rise from 2.8 million in 2001 to 4.5 million in 2011. This is largely due to the expansion of the administrative boundary of the city in 2006; when the city area increased by almost three times (SUDA 2017). The city is divided into seven zones viz. Varachcha (East), Rander (West), Katargam (North), Udhna (South), Limbayat (South-East), Athwa Lines (South-West) and Muglisara (Central). Each zone has a zonal office headed by a zonal officer who is the executive head of that zone. Function of the zonal office is to build, maintain and operate the basic amenities of the area. The city is further divided into 33 electoral wards with three councillors each.

Comparing densities zone wise across the city, Central, South-East and East zones presently accommodate the highest population densities (Table 1). This can be attributed to the concentration of economic

opportunities and industries in these zones (SUDA 2017). These zones also happen to have maximum concentration of slums and are witnessing highest population growth. The concentration of slum population is highest in South-east zone, followed by Central, South, and South-west (Table 1). This is largely because migrant labourers tend to locate themselves near industries in slums and low income dense settlements (Das 2007).

Table 1: Zone wise area, population and slum population in Surat

Zone name	Area (sq.km.)	Population	Density	% slum population
Central	8.18	408760	49971	12
East	37.52	1138809	30352	8
North	36.36	703494	19348	8
South	61.76	694768	11249	11
South-east	19.49	748295	38394	20
South-west	111.91	347714	3107	10
West	51.27	424986	8289	6
Total	**326.49**	**4466826**	**13681**	**11**

Source: SMC

3 Public participation in SWM - Initiatives in Surat city

3.1 Plague in Surat: An extreme case of urban decay

Unhealthy living conditions and gaps in service delivery were among major causes of the plague outbreak in Surat in 1994 (Shah, 1997). Data records of the provision of basic service delivery for the year 1994 reveal that only 30-35% of the city was covered by sewerage disposal system and daily garbage collection system (Ghosh & Ahmad, 1996). Inefficiency in the management of solid waste was identified as the primary reason which had caused people to reside in dirty environments resulting in hazardous health problems (Shah, 1997). Issues in urban governance and management had further worsened the situation (Ghosh & Ahmad, 1996). Other issues were related to the working of the administrative system and communication gaps between the local government and civil society. The highlight of the incident as quoted by media was "Wealth accumulates but the city decays" (Ghosh 1996) as Surat clearly sets an example of the importance of sociological aspects of waste management which are often as important as other materialistic aspects but still neglected in most cities.

3.2 Surat post-reforms: Declared as the 2nd cleanest city of India

The SMC under the leadership of a new commissioner launched two major initiatives in 1995 - 'Operation Cleanup' and 'Administrative reforms' that helped in transforming the city's image (Swamy et al, 1997). Administrative revamping for improved management and micro level planning was done wherein the city was divided into 52 sanitary wards for equal distribution of manpower and resources. Public-private partnership for waste collection was initiated to achieve greater efficiency levels. An elaborate monitoring system was developed for recording daily activities related to solid waste management and public health. In addition to these, new charges/fines were introduced for littering in public places. Such charges can now be officially levied as per MSWM rules 2016. Following the success of Operation Cleanup, a series of administrative reforms were implemented. The city was divided into six zones to bring about greater efficiency in the delivery of civic services. Two major reforms which gained popularity were the 'Six by six by six' and 'A.C. to D.C.' reform (Swamy et al 1997). 'Six by six by six' referred to decentralization of decision-making powers to the lower administrative levels under which administrative and financial powers equivalent to the Municipal Commissioner were decentralised to the Department Heads. 'A.C. to D.C.' reform was introduced to involve top officials in daily monitoring of activities. A project known as the Anudan Scheme was introduced by SMC in 1999, which is a partnership between the local government and residents of housing societies for maintaining cleanliness of society areas. This programme was launched long before the Swachh Bharat Mission and other programmes that encouraged participation of citizens in SWM.

3.3 Initiatives after the Swachh Bharat Mission

Solid waste management in Surat at present is largely managed by Surat Municipal Corporation. Participation of private actors is observed only at the primary collection and treatment stage. For maintenance of general cleanliness within societies, the 'Anudan scheme' is continuing since 1999; and has received renewed focus. At the treatment stage, a scheme called 'Swarnim Surat' has been launched in October 2017 encouraging citizens to organize on-site waste composting facility within society premises by providing financial incentives (SMC 2016). Efforts at increasing public participation have been made by SMC following the guidelines of the mission. After the launch of the

competition "Swachh Survekshan", SMC has taken additional efforts to improve the city's performance, which is clear from the high rank it secured. The competition covers six broad components; and public participation is mainly stressed upon under the IEC (information, education and communication) defining roles of citizen groups (NGOs, SHGs) and individual volunteers (Swachhagrahis, religious leaders) in public events to be organized under SBM. The guidelines emphasize a prime role for citizen groups and individual volunteers in conducting campaigns and participating in zonal/ward level meetings to discuss issues and initiatives related to waste management. Quarterly meetings at the zonal level are held with involvement of representatives from Resident Welfare Associations (RWAs), SHGs and religious leaders. Additionally, for awareness related initiatives, campaigns are organized periodically by SMC zone offices to inform people regarding good practices and reforms. They are organized by Swachhagrahis (individual volunteers) registered in each zone. Similarly, promotional campaigns are organized at the initiative of respective zone offices generally on occasions or festivals. A spatial assessment of the initiatives taken within the city as well as the number of registered volunteer groups involved in each zone has been summarized in Table 2.

Table 2: Zone wise comparison of the number of events organized under SBM

Zone name	Events organised			Participants/Organisations			
	Meetings	Campaigns	Promotional campaigns	NGOs	SHGs	Religious leaders	Swachhagrahis
Central	1	5	1	0	0	17	5
East	116	50	16	47	206	134	50
North	1	10	0	7	5	6	10
South	2	36	16	0	2	6	36
South-east	3	12	1	12	9	2	10
South-west	12	30	0	23	0	32	30
West	27	3	0	10	0	34	3

Source: Surat Municipal Corporation

Spatial spread of events suggests that east zone is most active in organising such events, followed by south, south-west and west zones. Central zone, which has the highest density and 12 percent slum population, has very less meetings and campaigns. Also involvement of NGOs and SHGs is not present in the zone. In comparison, South-east zone ,

which is also one of the densest zones with a high percentage of slum population (20 percent) has prominent presence of NGOs and volunteer groups. The East zone has the highest numbers of meetings, campaigns and also involvement of NGOs and SHGs in large numbers. During interviews with SMC zonal officials they stated that the numbers are a reflection of the initiatives taken by zonal offices and also the prior presence of active NGOs and SHGs. While various volunteers and NGOs came forward to join the initiative, representation from SHGs has largely remained limited, except for east zone. Involvement of citizens is only observed through their participation in meetings and volunteering for campaigns. It is only through schemes such as Anudan that citizens have been involved directly in SWM. In the next section a detailed study of Anudan scheme has been undertaken and its implications on participatory governance analysed.

4 Anudan scheme – A citizen-government partnership

The Anudan Scheme was introduced by SMC in 1999, long before the launch of Swachh Bharat Mission that identified the role of resident welfare associations (RWAs) in maintaining cleanliness of city areas. The scheme is a partnership of SMC with RWAs for maintaining cleanliness of society areas. Primary role of the society is to nominate a leader who is ready to take responsibility for organizing cleanliness tasks in the society (primary collection; segregation at source and maintaining cleanliness of common society areas) and purchasing necessary equipment. SMC's role is mainly to inform and encourage societies about the scheme. This is done by ward officials who are better aware of the cleanliness condition in societies within their ward. Additionally, they are also required to conduct monthly inspection to check cleanliness levels and approve for payment to the societies. Societies registered under Anudan scheme receive payment for cleaning expenses equivalent to 25% of their layout area from SMC. It assumes 25 percent as the average proportion of common layout area consumed by roads and open spaces which needs to be kept clean. Payment at the rate of 80 paise per sq.m., with an assurance of minimum payment of Rs 1600 per month for cleaning is made to the society by SMC.

A residential society willing to join Anudan scheme has to approach the SMC with their layout plan and enter into an agreement giving assurance to follow the conditions stated in the resolution. Activities carried out by the society are then supervised by SMC officials monthly. Payment is directly deposited in the society bank account

after inspection. As of 2017, there are 865 societies registered under the Anudan Scheme in Surat. The spatial spread of registered societies show that majority of them are concentrated in the East zone (323 societies) which is also one of the densest zones in the city, followed by North and West zones (Table 3). In terms of area and population covered under the scheme, the calculations show a dismal picture (Table 3). East zone has the highest number of registered societies followed by North and West zones. In terms of population coverage and area; he highest population coverage is in North zone (30%) and area covered is only 2% in East and North zones. The zones that have high slum population (South-east- 20%, Central-12% and South – 11%) have less numbers of societies registered under Anudan. The scheme at present is covering only 19 percent of the city's population and its spatial coverage is even less at 1 percent of the total city area (Table 3).

Table 3: Anudan scheme coverage in Surat city (2016)

Zone name	Area (sq.km.)	Population	Anudan Scheme			Area under Anudan Scheme (sq km)	% of zone population covered under Anudan scheme	% of zone area covered under Anudan scheme
			No. of societies	No. of houses	Population covered			
Central	8.18	408760	**0**	0	0	0	0%	0%
East	37.52	1138809	323	64174	288783	0.88	25%	2%
North	36.36	703494	199	47004	211518	0.55	30%	2%
South	61.76	694768	56	22123	99553	0.43	14%	1%
South-east	19.49	748295	68	36919	166135	0.35	22%	2%
South-west	111.91	347714	87	8605	38722	0.27	11%	0%
West	51.27	424986	132	11657	52456	0.52	12%	1%
Total	**326.49**	**4466826**	**865**	**190482**	**857167**	**3.01**	**19%**	**1%**

Source: Calculations done by authors based on information provided by SMC

In order to understand the functioning of the scheme and performance of registered societies, East, South and South-west zones were selected and two societies from each of these zones were taken for in-depth case studies for a better understanding of the scheme (Table 4).

Table 4: Detail of selected Anudan society case studies

Zone	Ward	Society Name	Key Persons
East	Navagaam-A	Shantivan Co-op Housing society	Society President
		Umiyanagar Co-op housing society	Society President
South	Pandesara	Aakash Row houses	Society President
		Chikuwadi Row houses	Society President
South-West	Piplod	Tirupatinagar housing society	Society President
		Balajinagar society	Society Treasurer

4.1 Compliance with roles assigned under the scheme:

Registered societies are assigned mainly three roles – (i) collection of waste from each house (ii) segregation of waste at source and (iii) maintaining cleanliness of common society areas. All the six societies were found to be collecting waste from each household in the society and ensuring general cleanliness of the society premises. Two societies one each in East zone and South zone reported that segregation at source is not being done (Figure 1). As required by the scheme, basic equipment such as trolleys and brooms are required to be purchased by societies at their expense. Since the main agenda of the scheme is to provide financial aid, comparison of Anudan amount against expenses incurred revealed that approximately 40% of the monthly expenses of societies are covered by it. Society office bearers stated that financial benefits received under the scheme helped them to cover part of their monthly expenditure on SWM. However, they were more satisfied with the intangible benefits and results derived from the scheme, rather than the financial benefit.

Figure 1: Comparison based on compliance with scheme objectives

Responsibilities of housing societies	East Zone		South Zone		South-West Zone	
	Shantivan Co-op Housing society	Umiyanagar Co-op housing society	Aakash Row houses	Chikuwadi Row houses	Tirupatinagar housing society	Balajinagar society
Collection of waste from each house	▓	▓	▓	▓	▓	▓
Segregation of waste at source	▓			▓	▓	▓
Cleanliness of common areas	▓	▓	▓	▓	▓	▓

One of the intangible benefits of the scheme as reported by society members is that it helped society members in building good relations with SMC officials since the scheme requires ward officers to be in constant touch for inspection. Such interactions have strengthened the participation of registered societies in meetings at zone/ward level. All societies surveyed were found to be actively interacting with the ward and zone officials. Additionally, issues and initiatives were also discussed at neighbourhood level at the initiative of group of societies in certain cases. This has improved access to ward officials for other civic issues as well. The other major benefit of the scheme was the regular inspection of society premises carried out by SMC, as it had helped in ensuring cleanliness of common areas.

However, the coverage of the scheme was found to be extremely less in terms of population (19%) as well as

the typology of societies covered. Surveys and discussions with SMC officials revealed that only societies comprising bungalows/ tenements/ row houses which tend to have a relatively larger layout area have been participating in the scheme. While the scheme policy states that the scheme is open for all kinds of societies and seeks to assist societies lacking resources in maintaining cleanliness, on-ground situation reveals a different picture. Currently, the scheme is found to be mostly benefitting societies that are large, and are capable of covering their expenses on waste management. This can also be inferred from the responses of presidents of Anudan societies who gave less importance to financial assistance as a benefit derived from the scheme. Residential areas and societies who might actually be requiring financial assistance such as low-income settlements are not being covered under the scheme. This is also evident in the low numbers of Anudan societies in zones with high slum population (Table 3).

5 Discussion and conclusion

The meaning of public participation in governance has assumed various forms over the years (Basu 2016, Muller et al 2002). The way in which participation gets reflected in practice through program implementation is very different from the intentions stated in program guidelines. The SWM services in Surat is a case that illustrates this in detail. The SBM guidelines and also the Anudan scheme guidelines envisage a very active role for citizens, voluntary and resident groups. But SWM services in Surat has very limited role for involvement of voluntary groups such as NGOs, SHGs, or citizens; only attending meetings and awareness campaigns. The Anudan scheme, which allows a higher degree of participation, has very limited reach, catering to only 19% of the population. Decentralization of waste management and unburdening of responsibility was the most important objective and outcome of the scheme. SMC benefits by saving on expenditure incurred for deploying workers by shifting responsibility to societies; while societies benefit since a part of their expenditure is recovered. However, as per the SWM rules of 2016, maintenance of cleanliness within private premise is not the responsibility of local governments, it is to be done by societies themselves. Also the study reveals that financial benefits were of least importance to the scheme users. Though the scheme's coverage is very limited, it has helped in improving relations between citizens and the urban local body. It has enhanced community awareness and sensitivity on SWM issues, and has facilitated direct involvement of citizens in other related initiatives. Anudan society

residents were found to be actively participating in SBM campaigns as well as zone level meetings.

In order to make Anudan scheme more participatory in nature and help achieve its objectives, the conditions for enrolment of societies can be modified to make the scheme inclusive of all kinds of societies. Since financial benefits would prove to be an attractive incentive for societies struggling to meet their expenses, societies where more middle-income and low-income groups reside can be included. Better awareness regarding such an initiative needs to be generated among societies who might be requiring such support. Voluntary organizations such as NGOs should be encouraged for better waste management in slums through incentivizing their tasks via similar schemes. The Anudan Scheme has been in operation for a long time and it has the potential to evolve as a more participatory and inclusive project if the local government widens the scope of the project to include smaller and less privileged societies.

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Urban Development and Health Care Planning in South Asian Countries

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Abstract

The aim of this paper is to explore the extent of health inequalities and convergence of health outcomes as represented by life expectancy and infant mortality rates among the South Asian countries. The present analyses highlights that the relative positions of countries among their South Asian peers have changed little and the trend of large inequalities among the countries continues. Further research to identify economic and social policy measures which define the large inequalities among the countries can be rewarding for all the stakeholders. People in poorer countries tend to have less access to health services than those in better off countries, and within countries, the poor have less access to health services. This paper documents disparities in access to health services in low and middle income countries (LMICs) using a framework incorporating quality, geographic accessibility, availability, financial accessibility, and acceptability of services. Whereas the poor in LMICs are consistently at a disadvantage in each of the dimensions of access and their determinants, this need not be the case. There are also new innovations in financing, delivery, and regulation of health services that hold promise for improving access to the poor, such as the use of health equity funds, conditional cash transfers, and coproduction and regulation of health services. The challenge remains to find ways to ensure that vulnerable populations have a say in how strategies are developed, implemented, and accounted for in ways that demonstrate improvements in access by the poor.

Keywords: Inequality; Infant mortality; Life expectancy; Convergence; South Asia

Introduction:

Today's world has achieved incredible strides forward in combating hunger, ensuring good

health, providing access to drinking water and sanitation, offering education, and establishing human rights and dignity. Immense progress has been made in communication technology and scientific innovations. The world has become smaller and at the same time has grown in ways unimaginable even in the recent past. All this progress has not been without defficiences however. Progress has not been even for all. Deprivation, discrimination, subordination, marginalization, disparity, and unequal social, political and economic relations among and within countries and regions, cutting across gender, class, ethnicity, race, religion, disability, age and sexuality, persist. In this paper, we focus on the recent proliferation of policy initiatives in South Asia aimed at making access to healthcare more equitable. These initiatives typically involve insurance schemes and contracting of private sector services. Insurance schemes partially or fully subsidized by the government are thought to improve access through risk pooling and reducing point of service payments (Aguilar AM, Alvarado R, Cordero D, Kelly P, Zamora A, Salgado R, 1998). The unpredictability of healthcare needs, rising costs of treatment and underlying poverty, have given impetus to the growth of insurance. Strategic contracting of services through formal agreements between health ministries and the private sector, funded by government budgets, is increasingly being used to fill coverage gaps in disadvantaged areas.

Following may be noted:

i)   Illness and treatment leads to lost income and higher health care costs, both of which contribute to poverty.

ii) Deprivations that lead to ill health are common in developing countries, and the poor in developing countries are particularly at risk.

iii) The relationship between poverty and access to health care can be seen as part of a larger cycle where poverty leads to ill health and ill health exacerbates poverty.

iv) Here we review factors that affect access to health services in developing countries, focusing on the role of poverty. We then explore some ways that innovations in the delivery and financing of health care in developing countries could improve health care access for the poor. The relationship between poverty and health care is a common subject of research and policy, often using different definitions of poverty and health care access. Although a detailed discussion of the meaning of poverty is beyond the scope of

this paper, poverty is recognized as extending beyond the concept of deprivation of income or material assets. It can also be understood as the lack of freedom to lead the life people have reason to value,

v) With people and communities empowered to lead healthy lives seen as both a means to overcoming poverty and an end in itself.

vi) In this context, public health and clinical health services, along with food, water, sanitation and other human assets, such as knowledge and education, can be considered necessary material conditions for good health.

vii) Empowerment at the individual level affects individual choices over healthy lifestyles and choice of health services, whereas at the community level, empowerment involves the securing of resources for health and health services. Absolute levels of income and material deprivation influence people's risk of disease and ability to purchase health services, though relative socioeconomic position also matters.

viii) By either approach to defining poverty inequalities, there is a general consensus that they are associated with unjust differences in both constraints and

opportunities to make choices over health care and lost income; and health care payments further result in shocks that adversely affect income and asset inequalities, as well as other dimensions of poverty. We will consider both absolute and relative assessments of poverty, noting that the ethical perspective or specific question being asked will inform which way of examining poverty is more appropriate. There are also many definitions of access to health services, with most researchers recognizing that access is related to the timely use of services according to need. Although some researchers distinguish between the supply and opportunity for use of services and the actual using of health services, most view access to health services as including realized services.

Conceptual Framework for Assessing Access to Health Services

Geographic accessibility: the physical distance or travel time from service delivery point to the user.

Availability: having the right type of care available to those who need it, such as hours of operation and waiting times that meet demands of those who would use care, as well as having the appropriate type of service providers and materials.

Financial accessibility: the relationship between the price of services and the willingness and ability of users to pay for those services, as well as be protected from the economic consequences of health costs.

Acceptability: the match between how responsive health service providers are to the social and cultural expectations of individual users and communities.

Meaning of Health Outcomes:

The term refers to the impact healthcare activities have on people on their symptoms, ability to do what they want to do, and ultimately on whether they live or die. Health outcomes include whether a given disease gets better or worse, what the costs of care are and how satisfied patients are with the care they receive. It focuses not on what is done for patients but what results from what is done (Penchansky R, Thomas J W, 1981).

Objectives of the Study

(a) To argue health outcomes with economic evaluation;

(b) To discuss about major types of health outcomes with economic evaluation and

(c) To analyze implication of health outcomes with economic evaluation.

Methodology

This paper consists of secondary data based on journals, articles, annual reports, web sites and other published and unpublished materials.

There are five major types of health outcomes in economic evaluation; they are:

(1) Cost Minimization Analysis: Cost minimization analysis (CMA) compares the costs of different interventions that are assumed to provide equivalent benefits. A good example would be a comparison between a generic drug and its branded equivalent. If the assumption of equal effectiveness is substantiated the decision hinges on finding the least expensive way of obtaining that health benefit where only the costs are compared and not the benefits. The decision rule is therefore simple because the cheapest intervention will provide the best value for money. However in practice, there are relatively few CMAs because it is rare for two health care interventions to provide exactly the same benefit (Shengelia B, Murray CJL, Adams O, 2003

(2) Cost Effectiveness Analysis: It is a technique where unit cost is compared with measurable effect. It is similar to cost benefit analysis except the benefit instead of being expressed in monetary terms is expressed in terms

of result achieved, e.g. number of lives saved or number of days free from disease or the number of years by which life is extended as a result of the intervention. Quality of life scores are also used. These can be obtained from Health Related Quality of Life (HRQL) that measure the quality of life of patient with respect to physical, emotional and social perspectives and provide scores for each. CEA is concerned with technical efficiency issues as regards to the best way of achieving a given goal or the best way of spending a given budget. Comparisons can be made between different health programmes in terms of their cost dimensional ratios: cost per unit of effect. Under CEA effects are measured in terms of the most appropriate unit-dimensional natural unit.

Table: 1 Method of Health Outcomes in Economic Evaluation

S. No	Programme	Per Capita expenditure (in Rs)	Reduction of mortality (IMR) in %
1	Immunization[full coverage]	25	10
2	Oral Rehydration Therapy	35	10
3	Nutrition Supplement	65	10
4	Safe water and sanitation	145	10

Sources: Computed

In the table, we can see that the mortality can be reduced by immunization, ORT, nutrition supplement and Safe water & sanitation. Each of these programs can reduce IMR by 10 percent. In a country like India where money is the main constraint, Immunization should be considered based on per capita expenditure analysis; it has least cost for the same effect. Therefore, we can measure effect by controlling cost. But safe water and sanitation program though it is of high cost is permanent. Immunization is very much cost effective but on short term basis, but safe water program is cost effective on long term basis.

(3) Cost Utility Analysis: CUA is concerned with technical efficiency and allocate efficiency. It can be thought of as a sophisticated form of CEA, since it also makes comparisons between health programs in terms of cost effect ratios. In cost utility analysis the benefits are measured in healthy years, to which a value has been attached. Unlike CEA, CUA is multidimensional and incorporates considerations gained as a result of a health program using a common unit. The most widely used measure of benefit in CUA is the quality adjusted life years and healthy year equivalents (HYEs).

The results of cost effectiveness and cost utility analyses can be expressed in several ways. If benefits are shown to be equivalent, then the analysis is really a CMA and the intervention with the lowest cost should be chosen. If one intervention is both cheaper and more effective than its comparative option, the intervention is said to be dominant and should be chosen, since it will provide larger benefits at a lower cost. However, most commonly an intervention will be found to be more effective but will also be more costly than the comparative option. In order to make a decision on which treatment to select, the incremental cost effectiveness ratio (ICER) should be calculated.

(4) Cost Benefit Analysis: In CBA, the decision rule on whether to fund an intervention is simple; if the benefits of implementing the program are greater than the costs, the program should be funded. Theoretically, CBAs can provide information on whether a health program is worthwhile funding from the point of view of society in comparison with other health programs, but also in comparison with other areas of social policy such as the environment and transport. However in practice, CBAs are rarely used in health care because of the difficulties of expressing health benefits directly in monetary terms. In this method the economic benefits of any program are compared with the total cost of that program. The benefits are expressed in monetary terms to determine whether a given program is economically sound and to select the best out of several alternate programs. The final result is expressed as a net monetary gain or loss or as a cost benefit ratio. But the main problem with the CBA approach in health care is to convert benefits from health programs into monetary values.

Table: 2 Cost Benefit Ratio (CBR) Willingness to Pay Approach Method

S.No	Programmes	Expected Cost (Rs)	Expected Benefit (Rs)	Cost Benefit Ratio (CBR)
1	Small Pox Vaccination	10,000	1,10,000	1:11
2	Mother & Child Health (MCH)	35,000	2,10,000	1:6
3	Primary Schooling	12,000	50,000	1:4
4	Antismoking	10,000	60,000	1:6

Sources: Computed

(5) Input – Output Analysis: Another way of economic evaluation is input and output analysis. Any program basically has two indicators, input and output. In the health field input refers to all health service activities which consume resources i.e., manpower, money, material and time. Output refers to useful outcomes such as cases treated, lives saved or recovered. When input is greater than output the program is not beneficial and vice-versa.

Procedure

➢ Aim or objective
➢ Consideration of various alternatives
➢ Various activities
➢ Directing and controlling for implementation
➢ Assessing the results
➢ Adjusting of results (if any)

Significance of Health Outcomes in Economic Evaluation:

Health Technology Assessment: Every new technology that is supposed to be implemented in society usually goes through predefined phases of assessment to prove its worth. For health care evaluation, HTA bodies have been established to provide guidance on which technologies should be used in societies with given resource constraints. It has emerged as a national level formed process that does influence priority setting and is now considered to be a successful mechanism to deal with health care priority issues.

Techniques of Economic Evaluation: Health care can be seen as an immediate product in the sense of being a means to the end of improved health. To prioritize and allocate scarce resources in an efficient way an analytical tool is required which is able to put into perspective the costs and benefits of implementing one project instead of another thereby creating a basis for decision making. Economic evaluation is such an analytical tool for decision making because it involves both a cost side and a benefit side, which are being evaluated against each other.

Health Outcomes: In general it is suggested that an effectiveness measure could be a final health output. Multidimensional health outcomes are reduced to a single index using health utilities.

Cost: Cost is a function of resource quantities and their unit price. Economic evaluations estimate costs related to any given health technology such as health care costs, patient costs, and production losses.

or clinicians to quality expected risks benefits and utilities associated with alternative treatment options for individual patients. It was later adopted for structuring and analyzing.

Analytic Models: Modelling or clinical decision analysis was initially developed as a tool fcollective

decisions in health care. The use of decision analytic models is also a practical approach to economic evaluation and efficiency improvement.

Health Economics and HTA in India:

In developed countries, health economics has typically been the domain of micro economists, who apply the tools of economic theory to resource allocation in the health sector. However in developing countries such as India, there are many hurdles in the development of effective HTA. The reasons include lack of professional experts, no effective reporting system and low budget allocation. In India there is no national health service, hence payment for medical care is mainly from out-of-pocket spending for most of the population.

Although it is generally accepted that national policies and conditions influence economic growth, poverty, and other determinants of health status, there is relatively little systematic evidence about how national policies and conditions affect the divergent patterns of health services. An important exception is the studies of "good health at low cost" cited for China, Costa Rica, Cuba, and Sri Lanka. These studies demonstrated that long term political commitment to equitable coverage both of education and health services and of high levels of social participation led to high rates of

health service use and better health status, even though these countries had different political and economic policies. Evans et al. argue that increased health spending produces more efficient levels of health attainment, particularly in LMICs with up to about $80 per capita annually on health, and that these countries do much better if they did not suffer from civil conflict or have a high prevalence of human immunodeficiency virus infection.

Geographic Accessibility:

Geographic access is an important part of accessing health care in LMICs. An inverse relationship between distance or travel time to health facilities and use of health services has been demonstrated as an important barrier to access. Good roads, often a rarity in the poor areas of developing countries, are required not only for people to go to health facilities but also for the easy distribution of drugs and other supplies to health facilities, for timely referrals in emergencies, and for better supervision of health workers. Lack of adequate communication services also limits access to health care.

A common strategy of governments seeking to improve access to health services is to build more public clinics and hospitals. Although such strategies can be undermined by problems of staffing, equipping, and supplying

facilities with drugs and medical supplies, they can be frustrated by a private market that may be even closer, as well as have the advantages of having more convenient opening hours and being more culturally acceptable or responsive to their demands.

Availability:

Availability can be measured in terms of the opportunity to access the health care as and when needed. Although the common problems of limited hours, long waiting times, absentee health workers, and lack of drug stocks at public clinics are well documented in many parts of the developing world, their different effects on the poor has not been well studied. These are some of the reasons why poor people in particular so readily use informally trained health providers and shopkeepers or bypass nearby clinics in favour of farther clinics in Sri Lanka. Another important reason for high use of shopkeepers is that they are more likely to sell an incomplete dose of drugs, which may be appreciated when money is not available to buy a full treatment course. Wealthier families will be able to use resources to travel to higher quality clinics and private providers to overcome obstacles of availability.

Financial Accessibility:

Questions concerning the mechanisms of financing health services and their affordability for the poor have been one of the most controversial topics concerning access to health services in developing countries. User fees, in particular, have been a contentious source of financing public services in low income country settings. Usually they have occurred as a result of the scarcity of public financing, the prominence of the public system in the supply of essential health care, the government's inability to allocate adequate financing to its health system, the low salaries of health workers, the limited public control over pricing practices by public providers, and the lack of key medical supplies such as drugs. Several international non governmental organizations (NGOs) and Western governments are calling for the abolition of user fees for health care, whereas other organizations, such as the World Bank, have recently avoided taking a "blanket policy" against them in the absence of compelling arguments for a given country, particularly because governments in many developing countries continue to use them.

Acceptability:

Although the Declaration of Alma Ata proposed that primary health care needed to be in line with prevailing cultural norms, there has been relatively little research on the concept of acceptability in health services in LMICs or on how acceptability of

health services is related to the poor or vulnerable groups. Studies in Bangladesh, Burkina Faso, and India have been used to demonstrate that patients' perceptions of quality can be more important determinants of utilization than prices or other dimensions of access. In most pluralistic medical systems, it is expected that patients will consult different types of providers, some of whom are formally trained in Western medicine, others who practice traditional medicine; and others who are shopkeepers or informally trained providers. Gender inequities in health services are also common, particularly for poor women, and manifest as health services that are not available or acceptable to women. The concept of satisfaction with health services has also been examined more explicitly with respect to equity. A quasi experimental study in India to improve the quality of health services demonstrated that gains in utilization and satisfaction with health services were greater for wealthier patients than poor patients.

Future Directions:

Notwithstanding Hart's "inverse care law" which says that health care resources are distributed inversely to their need, it is clear from the available evidence that there is no natural law governing the determinants of access to health services in LMICs. The framework of quality, geographic accessibility, availability, financial accessibility, and acceptability identifies important places to look for barriers to access to health care, any of which may be the most important factor in a given time and place. Many of the factors affecting access are related to specific contexts, or the way policies are implemented locally, and are likely to change over time. Whereas the poor are consistently at a disadvantage in many of the dimensions of access to health care and their determinants, this need not be the case. The outcomes of health reforms depend largely on the degree to which their success is a political priority. One important illustration is China, where for many years the government prioritized economic growth over other considerations and the health system experienced several serious problems.

The wide variety of successful strategies did not produce a magic bullet that would simply inform policy makers on how health services can reach the poor, nor did they produce findings that can simply be replicated in another country and be expected to produce the same results. However, they did demonstrate that concerted efforts to reach the poor with health services can yield positive results and that local adaptation and experimentation is critical. Specific monitoring of how well the program was working in reaching the poor was

always an integral part of the strategy. Unfortunately, monitoring the effects on the poor often gets lost in the interest of promoting new or recycled innovations in health services. Just as user fees for public services was a popular health financing innovation in LMICs in the 1980s and early 1990s, supported by the World Bank, UNICEF, and the World Health Organization, there are now many analogous innovations that are being promoted to improve health services in LMICs (World Bank, 2004).

Because of the consequences of out of pocket payments on the poor, developing countries must improve risk pooling to improve financial protection, so that large unpredictable individual financial risks become predictable and are distributed among all members in the pool. The challenge for LMICs is to somehow direct the high levels of out of pocket spending into either public or private pooling arrangements, so that individuals will have real financial protection and access to needed services. However, user fees are likely to remain in place until governments are ready and able to mobilize greater funding for health care. Until that time, the global community should focus on helping countries design policies that can foster access by the poor to health enhancing services and protect the poor and near poor from catastrophic health spending.

Access to Effective Health Care in South Asian Countries:

Access to health care can be defined in a variety of ways. In its most narrow sense, it refers to geographic availability. A far broader definition identifies four dimensions of access: availability, accessibility, affordability, and acceptability. Some define access as the opportunity to use health care; others draw no distinction between access and use. This paper circumvents such discussions and proposes that the central concern is whether individuals that can potentially benefit from effective health care do in fact receive it. Health programs and systems should be evaluated against this objective through examination of the rate of utilization of effective health care among the population in need, which has been referred to as effective coverage. In practice, it is often difficult to identify both the population in need and the effectiveness of the care on offer. Much of the evidence reviewed below refers simply to the rate of utilization of health care in the population.

Effective Interventions are not fully exploited:

There is ample evidence confirming that access to effective health care is a major problem in the developing world. Many millions of people suffer and die from conditions

for which there exist effective interventions. Three diseases i.e., diarrhea, pneumonia, and malaria are responsible for 52 percent of child deaths worldwide; for each disease there is at least an effective prevention and one effective treatment. The gap between the potential and actual benefits of health care is also large in the area of reproductive health. For example, in South Asia, less than half of pregnant women get an antenatal check-up, and only one-fifth of births are supervised by someone with medical training. Coverage rates for antiretroviral therapy for AIDS do not exceed 5 percent in low and middle-income countries. Because of this gross underutilization of effective health care, there exist large unrealized health gains in developing countries. Child deaths could be cut by 63 percent worldwide if coverage rates of effective prevention and treatment interventions were to increase from current levels to 99 percent.

A multitude of factors is responsible for these missed opportunities to realize major gains in public health. On the demand side, cultural and educational factors may obscure the recognition of illness and the potential benefits from health care, while economic constraints may suppress utilization, even if benefits are recognized. It is estimated that deficient care seeking is a factor in 60-70 percent of child deaths. On the supply side, appropriate interventions may not be provided at all, perhaps due to a lack of resources. The substantial gaps that exist between the actual health spending of many poor countries and the spending required providing a package of essential health services suggest that lack of availability is the root of the problem in many instances. It is important to recognize, however, that many effective interventions are not prohibitively expensive, even for very poor countries (Hill Z, Kirkwood B, Edmond K, 2003)

The Poor Make Least Use of Effective Interventions:

The first stylized fact about access to health care in the developing world is the underutilization of effective interventions. The second stylized fact is that utilization is lowest among the least well off. This is of concern from both efficiency and equity perspectives. The poor also tend to be the least healthy and most probably have the most to benefit from health care. The greatest health gains could be realized through concentrating marginal resources on treatment of the poor. The fact that those most in need make least use of health care is widely considered inequitable. Such concerns motivate the prioritization of programs that target the health care needs of the poor primary care and child and maternal health interventions.

Socioeconomic disparities in the utilization of reproductive health services are still greater. On average (55 countries), women in the richest quintile are 5.2 times more likely to give birth under the supervision of a doctor, nurse, or midwife than the poorest fifth of women 13. Average coverage is lowest in South Asia and parts of sub-Saharan Africa, while inequalities are very strong in most regions with the exception of Eastern Europe and Central Asia. Inequalities in the use of contraceptives are of a similar magnitude.

Constraints on the Demand for Health Care:

(A) Income: Income shows a strong positive relationship between living standards and the utilization of health care. The relationship is not spurious. It holds after controlling for a multitude of other determinants of health care demand; similarly, the positive association between income and child immunization holds in multivariate analyses. In a market setting, a positive impact of income on consumption is expected. Prices are less of a barrier to use for those with greater purchasing power. It is a little more surprising to find the relationship emerging for public care. This is understandable once it is recognized that charges are normally made for public care in the developing world. In addition, with long distances to travel to reach health services, the non-price costs can be substantial.

The nature of health financing in the developing world, with heavy reliance on out-of-pocket payments, strengthens the relationship between health care utilization and income. Risk pooling and cross-subsidization, possible with pre-payments systems, break the dependency of health care utilization on current income. With out-of-pocket financing and limited access to credit, which is the norm in many poor countries, current household income is the binding constraint on health care use.

(B) Prices: Financing health care through out-of-pocket payments makes prices an important determinant of demand. In relative terms, the payments can be substantial. It would be surprising if such charges did not deter demand. The evidence confirms that they do. There is some difference in the estimated strength of the relationship. Most studies of developing countries find health care to be price inelastic; demand falls less than proportionately to price. A few obtain estimates of price elastic demand.

There is strong empirical support for the proposition that the poor are more price sensitive than the better off. Increases in user charges will raise the share of health care consumed by the better off, less effective mechanisms are implemented to shield the poor from these charges.

(C) Costs other than charges: In addition to charges made by the health care providers, travel costs and foregone earnings are important costs of consuming health care in the developing world. In rural areas, the distances to health care facilities and the poor condition of roads mean that time, effort, and cost required to arrive at the point of delivery can be substantial. The evidence confirms the expected negative impact on health care utilization. Halving the distance to public health facilities in Ghana was estimated to almost double their utilization rate.

Determinants of Preferences for Health Care:

(i) Culture and Gender Issues: Low demand for modern health interventions often derives from deep-rooted attitudes that reflect culture and social norms. Gender attitudes and roles are particularly important determinants of health seeking behavior. Raising access to maternal, re-productive, and child health interventions is a major challenge within societies that restrict the public lives of women. Again, the social is not completely divorced from the economic. There is evidence from Indonesia that the utilization of prenatal care increases with the control a woman exercises over household finances.

(ii) Knowledge and Education: Recognition of illness and the potential benefits of treatment are prerequisites for health care demand. Where a large proportion of the population is in poor health, this becomes the norm and illness is not easily recognized. If treatment coverage is low, there is less opportunity to learn of its benefit. The unfortunate outcome can be the continued toleration of illness and disease. In India, 2 in 5 children are not fully immunized, despite the fact that immunization, at least in principle, is free. Almost a third of mothers said that they had not immunized their children because they were not aware of the benefits, and a further 30 percent claimed not to know where to go to get their child vaccinated. A detailed study of a North Indian village demonstrates the importance of poor knowledge in diminishing demand for effective interventions. Households are typically passive users of vaccines, accepting them when presented with them at doorstep but with little or no active demand. There is very poor knowledge of the link between vaccine and disease and the pace of learning of the relationship is slow. To raise utilization, it is important for the community to develop trust in the provider. Given that the link between immunization and health is not immediately observable, trust can be developed through observation of the effectiveness of other services provided. The poor quality of many of the services

provided impedes the development of trust (Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS; Bellagio, 2003).

(iii) Demand Responses to Poor Quality: Poor quality of health services is a major problem in many, but not all, developing countries. Facilities open and close irregularly; absenteeism rates of doctors and nurses can be very high; staff can be hostile, even violent to patients; misdiagnosis is not uncommon; medicines are all too often unavailable, sometimes due to staff pilfering for use in private practice; and there is inappropriate prescribing and treatment. Deficiencies in quality have direct implications for access to effective health care. Further, one expects that demand will diminish in response to the poor quality of the care offered (Aguilar AM, Alvarado R, Cordero D, Kelly P, Zamora A, Salgado R).

(iv) Strategies to Raise Utilization of Effective Interventions: Raising the utilization of effective health care in the developing world requires more money for health care. It requires that spending is directed to the most effective programs and interventions and that the geographic distribution of these programs does not grossly mismatch that of the population. It requires reforms to management, regulatory, and political mechanisms such that providers face strong incentives to deliver quality health care. These measures are necessary conditions for solving the access problem. They will ensure that truly effective health care is available. This is not sufficient. Individuals must be willing to use effective preventive and treatment interventions and they must have the purchasing power to realize this desire.

(v) Extending Health Insurance Coverage: Financing health care through out-of-pocket payments strengthens the constraining effects of current income and price on utilization. The constraint is further tightened by the lack of borrowing opportunities. Pre-payment mechanisms, which pool risks across individuals, and credit schemes, which allow risks to be smoothed across time, weaken the household budget constraints on health care demand. There have been repeated calls for a reduction in the reliance on out of pocket financing in developing countries. According to Organization for Economic Cooperation and Development/World Health Organization (OECD/WHO) DAC guidelines, employment based social insurance is limited to the formal sector, which can be relatively small and excludes the less well off. Tax finance is limited by the narrowness of the tax base. Insurance cover raised the service contact rate and shifted utilization toward care in hospitals and health centers that are covered by the scheme. Recently, provinces have been mandated to enroll the poor in the health insurance scheme (Filmer D, Hammer J, Pritchett L, 2000).

Rather than extend insurance cover to the poor directly, this might be achieved indirectly by granting cover based on some characteristic, such as age, that is correlated with poverty. This has the advantage of being administratively easier to implement than a means test, while respecting financial constraints that rule out full population coverage. Amongst the poor, ill health is concentrated on children. In the poorest 20 percent of countries, children (< 15 years) account for 50 percent of all deaths, compared to 4 percent in the richest 20 percent of countries. Rich-poor disparities in health are greatest among the young. This suggests that an age-targeted poor oriented health policy should focus on the young. They can be integrated with existing community credit or micro-finance schemes. Households pay premiums or these are taken from cooperatives sales. Payment can be timed to coincide with periods of cash flow/harvest. In a few cases, the government contributes a subsidy. Besides administrative capacity, the existence and development of community solidarity is an essential ingredient of success.

The Commission on Macroeconomics and Health recommends that out-of-pocket payments be channeled into community financing schemes to cover community-based delivery of basic curative care, not essential services that are to be universally available and financed centrally. This is to be promoted through co-financing from the national government, backed by donors. Examples of successful community financing schemes suggest these ideas should be given serious consideration. However, experience of application is still rather limited. Evaluations need to be conducted to better identify the ingredients of success, the consequences for health care use and household living standards, and the long-term viability of the schemes (Alderman H, Lavvy V, 1996).

(vi) Pro-Poor Price Subsides: The extension of health insurance cover is a long-term goal. At low levels of development, a more feasible policy is to maintain reliance on out-of-pocket payments but to grant exemptions to groups, principally the poor, for which price is a major deterrent to use. Interventions that generate external benefits, such as immunization against infectious disease, should also be exempted. In principle, this approach allows the public expenditure subsidy to be concentrated on those most in need financially, but also medically to the extent that poverty and ill health coincide, rather than being dissipated across the whole population, or even concentrated on the better off as is indicated by the evidence reviewed; the challenges lie in the identification of the poor and the provision of appropriate incentives to providers.

(vii) Using Cash Rewards to Raise Utilization: Insurance and price subsidies weaken financial deterrents to health care use. The potency of this strategy is dependent upon the importance of price in determining health care utilization. If poor knowledge, education, or cultural factors are mainly responsible for low utilization, removing price barriers will have little impact on use. But economic incentives may still be a potent means of overcoming non-economic barriers to utilization. These cash transfers are typically targeted at the poor, either directly through a means test and/or indirectly through geographic targeting of regions with high concentrations of poverty.

(viii) Lowering the Barrier of Distance: Lowering the barrier of distance requires either taking people to services or services to people. Improved transport systems reduce the cost of reaching health care and raise the ratio of facilities to catchment area population. Road building is expensive and is not under the control of health sector policymakers. More feasible are schemes that lower the price of travel for health care or provide credit to cover travel expenses.

Conclusion

Literature convincingly demonstrates the existence of an access problem. Effective health care interventions are underutilized in the developing world, and income-related disparities in use are large. Causes of the problem are also identified: insufficient system resources; inappropriate allocation of resources across levels of care, programs, and regions; inadequate quality; insufficient household incomes; lack of access to credit; prohibitive charges (formal and informal); travel costs; cultural barriers to the acceptability of services; and misperceptions of illness and the effectiveness of care. Solutions, at a very general level, must address one or more of these causes. The difficulty lies in the design of detailed policy initiatives that tackle root problems within usually severe economic, institutional, and political constraints.

Solutions to the access problem need to be further developed at a general strategic level, but more crucially at the level of detailed policy measures. These are really recommendations of policy goals rather than policy instruments. While there is some consensus on the general lines of a strategy for improving access to health care, details of the precise policy measures required to implement such a strategy are more difficult to identify. This is understandable. A general strategy can be defined at the global level, while policy measures should be heterogeneous, varying with the local conditions in which they are implemented. This said, there is scope

for more precision in the advocacy of policies to raise health care utilization and to narrow disparities in its distribution. This precision requires strengthening of the evidence base.

Recent initiatives in health financing, price subsidies, and poverty alleviation programs are promising. Community financing, micro-credit schemes, entitlement cards, vouchers, and conditional cash transfers have all been demonstrated to raise health care utilization. But their application is still very limited, both geographically and with respect to the services covered. The common characteristic of these initiatives is that they work through demand side economic incentives. Community financing and fee waivers implemented through health cards remove, or at least reduce, the constraints of income and price.

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Participation, Institution-building and Social Development

Pawan Kumar Banta

Community participation is integral to sustainable development, irrespective of the domain, ranging from socio-economic upliftment to environmental conservation. Globally, this is now being integrated with initiatives with special focus on Sustainable Development Goals and Human Rights.

However, it is observed that this angle is missed in several initiatives, driven more by quantitative project goals. As a result, the community participation is compromised. The loss of community reality and participation jeopardizes many values of the democratic traditions. The generous impulses that stem from awareness of a local common good are weakened. There is an increasing convection for welfare for all, but the norms and stands for life style and behavior are set by people themselves. This is beyond the control of large-scale organisations stressing conformity to standards set by their respective head-quarters, as in originations or even in political parties. Or one is merely lost in the amalgamation of a huge population.

As consequence, the ordinary citizen becomes less and less articulate and makes fewer contributions to the decisions that shape his / her own destiny or the collective destiny. The democratic experience, whereby the voice of the ordinary citizens at the grass roots has been heard in higher-level decision, is lost. Hence a method of functioning that assures enhancement of the responsibility of the citizens is pertinent to the treatment of some of the malaise of our time. Significant literature on community development is more expressive of the writer's enthusiasm to do good than of any discipline are necessary if this field of work with people is even to approach the fulfillment of its promise.

With regard to community development and people's participation,

the emerging consensus clusters around a concept of the improvement of people, the haves and have-nots. This is evaluated in terms of democratic skills, responsibility to serve in terms of democracy, responsibility to serve a growing awareness of a common good ethical sensitivity, and willingness to cooperate. All other improvements are judged good or bad by reference to what is happening to the people involved.

In the light of the above mentioned thematic discussions, the paper focuses on important aspects of development administration, toward which no serious attempt is not explicitly evident. The paper is full-length study of participation, institution-building and social development. It attempts to provide theoretical framework, which may help in achieving development targets with the active co-operation, and effective participation of masses. Creating infrastructure and building institution of masses are the sine qua non of any development strategy. As such this paper deals with in detail institution building for social development. Unless community course forward and is ready to solve its own problems through community efforts.

The most significant challenge before India of achieving social, political and economic development along with social justice. With regard to active participation, involvement

and control (PIC) of people in the development process, an attempt is made to provide a theoretical framework of achieving social political development.

At this stage a hypothesis may be developed that participation, involvement and control of people can give rise to a soci0-political system more conducive to the attainment of economic development along with a great degree of social justice. An attempt is also being made to made conceptual framework of institution building, which we believe facilitates the process of people's participation involvement and control. It is generally felt that the existing socio-economic and political order does not proceed a proper opportunity for active participation to general masses for participation due to their elitist bias. An attempt is also being made to define social development, which is last analysis should be the goal of all economic growth.

Most of the past war nations have professed belief in a democratic system of government. Michden states "definition of democracy and tinning are different, but the ideologies of almost all countries proclaim some sort of democratic system as the ultimate goal[1]. Attempts of other developing nations of Asia, Africa and Latin America to achieve a parliamentary or presidential system of democracy have met with similar scant success.

The reason is that many countries after gaining their independence from colonial power tried to introduce an electoral system based on universal adult franchise the provision of parties and so on. To put it differently, they tried to made provision for the formal trappings of a representative democratic system similar that obtaining in the forms of government. It entails: (1) certain attitudes, (2) some degree of political loyalty and belief in the worth and dignity of all people ; 3) tolerance and a genuine effort at understanding the other point of view; (4) respect for the view of the opposition and an understanding of its role in providing certain checks and balances.

The manner in which the representative system of the West operates also requires an educated and well informed electorate, and unbiased media to reflect and mould public opinion. Briefly speaking democracy besides being way of life, requires institutional reforms where such variables as the degree of popular participation in the political process the degree of freedom of the political opposition and press, the degree of competitiveness among political parties and the degree of which the individual citizen regards it possible to have his input on public policy are observed and roughly measured [2].

Obviously, in most of the developing countries there pre-requisites did not exist but those at the hellion of affairs were keen to thrust on their countries a foreign system of government and alien political institutions. If we look into the fifty of sixty years history of developing countries, we find that in country after country, the same story is repeated and the same drama is enacted, particularly in countries that were under colonial rule, simply speaking the drama presented in three, depending on the stage of development of a particular country.

First, it is a commonplace knowledge that a colonial power subjugates a country and replaces the indigenous socio-political economic system with its own which deprives the people at almost all forms of self-government. The entire and all activities therein are controlled either by the colonial power itself or by indigenous officers carefully prepared to play the time of the piper. The educational system is not geared to produce people with initiative and creativity but men who can carry on the day-to-day tasks of the government in power H. Halsvey comments as follows: -

In India, before independence 12,00 British administered a country of 400 million people. This necessitated the British educational policy which was stated by Macaulay in 1835 thus, we must do out best to form a class who may be interpreters between us an the

millions we govern, a class of people, Indian in blind and color, but English in taste in opinion in morals and in intellect [3].

Not only this, the educational system was so geared that it only provided opportunity to rich and urban few. The people living in the rural areas, and particularly the rural poor, were kept out of this system, as education was expensive. The consequence of such a policy was that, on the one hand the indigenous system was distorted if not totally destroyed, and on the other, had it was not replaced with another system capable of proving education to the population at large.

In the economic area too, the indigenous population carried out its daily activities around farming, shop keeping, and small businesses and continued paying together to government in power. The colonial power shipped the req. materials out of the country processed and manufactured these and brought them in as finished products to an almost captive market. No efforts were made to set up industries at home to process the aw materials and thus to develop the colonial economies. The development of infra- structure namely, roads railways, power and water etc., depended on whether the foreign government needed these services to augment its revenues had to maintain law and order.

The colonial powers centered their objectives around maintenance of law and order continued to carry away the spoils from the countries under their subjugation, provision of education and other social services was offered at a minimum level to help provide a climate conducive to carrying out these primary activities. The motivation for any reform or services was rendered only to that extent which could help the colonial power.

Secondly, however the scene changed to some extent when the indigenous population under the guidance and leadership of some enlightened and educated leaders agitated and demanded a voice in the government. As a result, the violent and non-violent activities brought about certain concessions for the indigenous population and some sedimentary form of self-government. It began with local government and usually went a little further than membership in advisory council to the governments, ultimately, the floe of colonial rule was thrown away, independence was achieved and the third act began.

Thirdly, with the advent of Independence, the more articulate Indian leaders moved to provisional and central assemblies, many of them leaving behind their positions and role in local government. Desire for participation in political institution

turned out to be so widespread in India after Independence that the state and local government institution receded to an unimportant place, much because of the merge power that they offered because after the acceptance of the principal of adult suffrage, which under the republican constitution of India, was to inform all political institutions of the country, was to be implemented in the arena of local government, but because of the stupendous nature of the task, a clear cut policy was taking time to evolve. In the absence of such a well-defined policy the newly enacted village Panchayat laws, in states like Bihar took recourse to a policy of unanimous election of Panchayat leaders. Unanimous elections kept the local squabbles subdued no doubt but it did little to super political participation. Almost everywhere, it initially resulted in imbuing the village Panchayat laws.

National concern was refused on local government institution in the make of the centrally felt need of associating the local people in the process of implementing the centrally formulated schemes of development under the five year plans. This occurred in 1957. Between 1946 and 1952 they were too pre- occupied with the national issues erupting in the wake of partition with integration of Indian princely stated with Indian Union and with creating the structures of an independent state of the size of India.

During the period of the first five year plan, the policy makers attempted centrally sponsored programmes. This made a modest headway, and so in 1957, on the recommendation of the famous Balwant Rai Mehta team of study, the national development council decided to create new local institutions for each community development block area and to re-structure and refurnish the district local councils already in existence in some form since 1885.

The existing local councils that covered a sub-district area of the Tehsil/Taluka/ sub division each was squeezed out of the new frame work of the local government system that was created for rural India after 1957[4]. With the launching of decentralized programme and setting up of district rural development agencies and other three related organizations at lower levels the need for integration of Panchayati Raj system with development programme and administration was felt C.H. Hanumant Rao's working group on District Planning (1983) and G.V.K. Rao committee (1985) set up to review the existing administrative arrangements for rural development and poverty alleviation programmes.

The G.V.K. Rao committee has recommended strengthening of Zilla Parishad and district level planning with lower level Panchayati Raj

Institutions. In 1986-87 the Singhvi Committee prepared the concept paper on Panchayati Raj. It conceptualized close involvement of community in planning and implementation of rural development programmes at lower level. The Singhvi Committee has recommended that village panchayats of groups of small villages in necessary should be made viable. It has also supported the recommendations of the G.V.K. Rao committee for integrating administrative structures with Panchayati Raj Institutions. The Singhvi Committee as well as Ashok Mehta Committee suggested suitable constitutional amendments for that purpose [5].

Only when the purpose of self-governance is strengthened at the district level and hence carried further down to the local bodies, does Panchayati Raj acquire some contents. Otherwise it remains an empty phrase[6]. The Sarkaria commission too made same far reaching recommendations for fostering self governance at the district level. One of the recommendations to make the constitution with the District Planning Boards obligatory for formulation plans at higher levels[7].

Panchayati Raj, as a system of governance has got ebbs and flows in India policy even since India attained Independence. At present, it has gain momentum in development administration as a sequence of failures on the past of Indian state[8] in administering development rural of areas through various approaches modeled on the west[9].

Matching the global trends, in India also there are attempts to create uniform type of governance below the sub-national level by passing the twin constitutional Amendments, 73rd and 74th Constitutional Amendment Act through which constitutional status has been provided to local governance, both urban and rural. Through these amendments, foundation has been laid to create three-tier governance in the country, adding local public administration to the already existing level of governance at the states (sub-national level) and at the union level (national level), leading to a unique multi -tier federal system[10]. The 74th and 73rd CCA prescribes for a uniform system of local bodies in the country. It facilitates the democratic decentralization at the grass-root level and provides stability through the mandatory elections within stipulated period of every five year.

The act provides for the setting up of finance commission every fiver-year to review, reserve the resources and help the local bodies to strengthen financially. There would be a district planning committee to consolidate the plans prepared by the 'Panchayats' and urban local bodies in the district and to prepare a draft development plan for

the overall integrated development of the district[11]. Indian society is primarily traditional and man-dominated but the country has been a pioneer in giving the equal constitutional and social status to the woman, their provision further vulnerable class of the society[12].

An analysis of the above-mentioned phenomenon leads us to five basic conclusions: -

- First, the elites of the country are making the most of the political and economic decisions and are devising a system of government on the basis of their own knowledge and preference.

- Second, the system chosen in the political and economic areas are those that their former colonial masters, namely, the capitalistic model in the political system.

- Third, as regards the socio-political and economic development of the country, the population at large is not involved in the decision-making process.

- Fourth the models adopted by the elites are foreign and alien to the people and impose a life style and perhaps even a belief system that is in conflict with values they hold sacred.

- Fifth, the pre-reign sites for the successful operation of models of

the nest are totally missing in the developing countries or are present only in a very rudimentary way.

Thus, the attempts of many developing countries to achieve political stability have met with scant success rather, the educational political and economic systems introduced the unit between the have and have notes. Even the agricultural policy aimed at achieving self-sufficiency in food, namely the green revolution, is heralded the red revolution and led to the development of rich farmers and further in impoverishment of the small landholders.

Rural Economic Sector

Recent theories projecting the behavior patterns of socio-economic system have distinctly identified the impact and influence of spatial rural urban dichotomy on the growth and development of the economic associates itself, rightly or wrongly, with every phase of economic development. Ordinarily, it has been observed that the developed countries comprise or command a larger urban sector than the rural. Whereas the proportionate magnitude of this twin sectors great the opposite is the case in the developing countries at this attribute is so axiomatic that even the process of economic development has been regarded as one which should result in the expansion of the urban and

simultaneous counteraction of the rural segment.

Colin Clark[13] observes that the rural sector occupies a major space in the econo-sphere of an under developed country. He identifies three distinct phases of economic development, which are;

a) When agriculture is the dominant occupation and is the major source of national income.

b) When the urban industrial sector grows relatively higher that rural agricultural and;

c) When the service sector emerges by overriding the industrial as well as agricultural sectors in the urban and rural areas.

As a matter of fact, the transformation of rural into urban is the outcome rather than the symptom of economic development. The reason is that the economic development implies and envisages capital investment not only for the promotion and development of industries but equally also for building up the infrastructural facilities sine qui non for mobilizing material, monetary and manual resources from one sector to another.

A portrait of the rural economy of country generally reflects a number of sequester settlements wearing a morose and lackadaisical look. These micro spatial settlements or constellations of different orders contribute negligibly in absence of adequate infrastructural facilities. This structure is characterized with inadequate momentum and motivation necessary for economic upliftment. As a result, the rural sector in totality appears to be a spectrum of in cohesive and disjuncted block of immense but inert resources and potentialities low responsiveness and reactivity is the inherent behaviour pattern of the rural economic sector.

Contrastingly the urban economy evinces relatively a higher decree of factor mobility coupled with a greater degree of modernization due to the development of industrial as well as physical infrastructure. In this concoction Sim[14] says, urban sector is multiple and complex but the rural is more limited and simple. The latter is territorially determined whereas the former is based on interest.

A rural community is bound to their traditions and to a certain extent, apathetic to modernization while adaptation to modernization and change is discernible in urban community. The social possibilities however of these sectors do not show any conflicts or exploitation despite says Ghosh[15] are not always complementary to each other and many confrontations arise as a result of their

different economic personalities based on exploitation of rural economic personalization based on exploitation of rural economy how so ever marginal its contribution may be being primary agricultural it channelise food grains and nonfood grains surplus for the subsistence of urban economy. Although since the down of urban development the cities have sought more often that not with distinct success to exploit the rural classes never the less with out the fundamental contribution of agriculture industry all the rest of the fabric of our civilization would topple into rains almost overnight[16].

The magnitude of contribution of rural sector in the form of the product in Gross National Product (GNP) determines the character of an economy. The GNP, in fact is the aggregate gross value of farm and non farm product, their relative professions and the subsequent changes therein manifest the character of economic development.

The dichotomy of rural urban sector in the developing economy of India is perceptible Gandhi Ji used to say India lives in her villages. The foundations of villages economy are so deep rotted and strong that the process of industrialization over the period of last five decades could do little to change the spectrum. The rural sector in India occupies a prestigious place because it is economically resourceful and politically powerful. Until recently, there has been an emphasis on the development of heavy industries, sophisticated technologies and newer supra structure in order to accelerate the pace of economic development of the country. But before generating the needed momentum for the development, a number of maladies came to affect the body of economic system. The benefits of development efforts could not reach and penetrate into the larger sections of the community. The rich became richer and the poor, poorer this went against the constructional economic policy, which aimed at establishing an egalitarian society.

The concentration of development efforts in urban sector alienated the rich rural sector. No doubt some programmes were launched in the agro rural sector but they were least commonsensible with regard to its size and status, Now the era of development of the urban industries sector is coming to halt.

Why participation at the grass roots?

In the preceding pages we have tried to narrate that the political and economic elites have not been able to introduce a viable political system non-economic elites have not been able to introduce a viable political system non economic growth with social justice.

The models political economic and educational provided by so called elites do not reflect the people's values and aspirations as they are alien to the general massed. Brown, while commenting on political parties as media for reaching the people makes following observation.

The conservation of Asian, African and Latin American political parties into mass organizations (was) not simply a technical involving such matters as the creation of local branches and publication of part newspapers. Nor (did) it rest upon the triumph of the principle of universal suffrage. The real difficulty (was) that an enormous gap (existed) between a small-educated elite and the illiterate peasant masses not only (were) there for organizational links between the elite and the masses. There (was) hardly any communication[17].

Another political scientist describes this state of affairs as follows:

The juxtaposition of elite educated in a tradition of exogenous inspiration and a mass rooted in a variety of indigenous eullures engenders problems that turn up throughout the world of the new states[18]. Here we are trying to make an attempt at providing a theoretical framework that the socio-political and economic development of the country (it may apply to all countries of the third world) could be better achieved through the participation involvement and control of the people. As such this effort may give rise to a political system that is at least in relative terms if not in an absolute sense economic development with greater social justice.

One of the problems of the constitutional government and democracy in India (it may apply also to other Asian countries) is the fact that in our country political changes have preceded social and economic change[19]. Providing people a climate conducive for participation involvement and control (PIC) it id but natural to resort to the strategy of institution building but before discussing institution it is necessary to explain what we mean by instituting building its scope and parameters.

Since the elites have not been successful in introducing and maintaining a political system capable of developing the country and its people it seems only logical to look for another set of people. Who could deliver the goods/ however expediency alien is not the reason for seeking out the people parse to son the mantle of leadership. For participation in the decision making that affects their lives, the people being the citizen of a free country, have the inherent right, however the representative democracy as pursued by elites of our country has been able to provide the vehicle for

such involvement. Another reason given for non involvements of the people in the political and economic decision making is that they do not possess are to their level and involve issues and problem that they are concerned with the apparent lack of education does not mean that people do not possess intelligence and the wisdom to be able to sicvern programmes and activities that would help them to achieve a better life. Instead of depending on the confines of the planning commission the process of people's participation involvement and control will lead to the determination of what constitutes a better life but the people themselves. The decisions as to what constitutes a better life would then also reflect the value system of the people rather than being at cross purpose with what people consider significant and sacred.

It is a sound principle of human order that social tasks should be left at the simplest and most human level at which they can be adequately performed beginning with the family[20] by doing so it may be possible that the process of involvement of the people would leas to the social development. That would make the process of political development easier and less hazardous.

Social Development

Social development can be defined as a process and get that aims at the total development of people in a manner that they deem fit and desirable. In other works the people determine what is development, its parameters, and the trade offs they wish to made for achieving a certain bind of development. Development is also considered as a total process, not a fragmented, piecemeal and isolated approach to issue and problems. Development is a complex phenomenon comprising many dimensions-social, political, economic and administrative and so on.

According to Esman, development is rational process of organizing and carrying out prudently conceived and staffed programmes or projects as one would organize and carry out military or engineering operation to colin and Geiger, development means change plus growth. Weinder define it as a process of growth in the direction of nation-building and socio-economic progress. Fred W. Riggs defines development in terms of "rising levels of autonomy or discretion (of social systems) in the sense caution or moderation." Development thus is a phenomenon, which has got many dimensions.

To provide greater social justice, social development may be inter-sectoral, inter-regional and inter-disciplinary and may visualize institutional and structured reforms. Social development encompasses in its

domain strategies that aim to the total enhancement of the life of all the people, its conceptual based belief in the dignity of human beings, which has its logical corollary, the equality of all the people. To put it differently, the concept of exploitation of some people of some region and people who have greater power and resources is alien to the concept of social development.

Institution-building on decentralized Basis

After a brief description of social development, we turn our attention towards discussion of participation, involvement and control of people in these socio-political processes the strategy of decentralized institution building could be adopted. By institution building here is meant the formation of mechanisms that afford a continuous and sustained forum for people to discuss the issues and problems and to plan activities that reflect their needs and aspirations. Such institutions could be as simple as that of a neighborhood committee or as complex as a cooperative bank. They could be formal or informal, though it is possible that formalization may occur as these institutions strive to enhance and strengthen their work.

By decentralization we mean that such institutions would operate at levels very close to the people. And the attempt should be to make participation as direct as possible. In the concept of decentralization the implied belief is that the human activities, programmes and institutions can be so devised that it is possible to delineate their various parts and decentralize the planning and implementation of programmes. The hypothesis is this that the smaller the unit of decentralization, the more direct the participation and the greater the involvement and control of those directly affected. This will serve yet another purpose that the process would also make the people more accountable to one another and thereby to the society at large.

However, certain programmes and activities do need to be organized on a somewhat large scale. If institutions need to be organized at relatively higher levels the process of representation could be used but this process should not be far removed from its geographic constituency. We are alien to the fact that the small units cannot take over the multifarious work that is required to meet community needs and the needs of the larger society. To accomplish such work and to resolve issues that require the cooperation of more people and larger bodies it is possible for two or more units to join hands or engage in a more tackle their multifarious problems. For example, many neighborhood committees could form themselves into a council to set up a secondary

school that could serve their neighborhood. We can build decentralized institutions which involve the setting up of institutions at various levels to attend to tasks that require the efforts of several grass roots organizations. However, the institutions at the various levels would be so organized that their composition would reflect as directly as possible representation of people from one school to other.

Decentralized institutions in India, if properly organized, can over a period of time achieve following:

1. At a number of levels they can create more leadership of various kinds. For example, neighborhood groups and council at higher levels would provide greater opportunities for people to participate in meeting the needs of the local population, and in utilizing their skills for the general improvement at the local level.

2. They can give people a greater voice in decision making that affect their immediate environment-social, economic and political as well as in matters that affect their surrounding communities. The participation of people would become intense and lead to local control over decisions and resources, as the institution at the local levels and higher echelous

develop with the increase in the number of institution. People's participation at various levels will also increase giving them greater control of their own affairs.

3. They can enlarge the center of power and authority, peoples control at the local level and the opportunities for leadership this creates would lead to the diffusion of power and authority which in India is vested in a few hands, namely that of the landlords, emerging affluent section of the society and the bureaucracy.

4. They can lead to the creation of an infrastructure such as bridges, roads wells etc. by the people and those at the helms of affairs; namely the people themselves would be more interested in providing such facilities.

5. They can strengthen municipal services people's councils and committees get involved in local government, which will lead to a more stable tax base and enlargement of municipal services.

6. They can reduce the hold the bureaucracy as the people get more control, the role and the power of the bureaucracy, participatory that of the petty government officials, will decline.

7. They can reduce court cases and litigation people's participation and control will also lead to the reduction of petty cases in the courts and the lengthy litigation that go with them. As the people council becomes stronger, people can rely more on the arbitration and conciliation efforts of the members instead of taking their feuds to the courts.

8. They can lead to greater cohesiveness activities such as those described above would lead to greater cohesiveness within the community and to lesser factions.

9. They can reflect the felt needs of people as large numbers of people would be involved in these institutions directly and indirectly, the programmes and activities they will undertake would reflect the felt needs of the people. If agriculture is their main concern, the council's activities will reflect this need. If credit is what the people want, it is possible for such institutions to form as credit cooperative or to establish liaison with the agriculture credit bank.

10. They can enable peoples determination of the parameters of development if the institutions determine their own priorities, it means that they are determining the kind of development they wish to

have and the risks they wish to take and the trade offs they are willing to make. We somehow equate the terms development and modernization and wish that societies in the process of becoming modern shun tradition and communal mores, look at issues and problems from an economic standpoint and not from a culturally determined normative perspective. We believe that the decision to shim or retain tradition norms and behavior should be made by people themselves rather than by professional experts, indigenous or foreign.

11. They can develop the rural sector the major thrust of economic development in most developing countries should be in the rural areas and the through the agriculture sector which employs 60 to 70 % of the labour force and provide 40 to 50 % of the GNP. The developmental model pursued by many third would countries of rapid industrialization and urbanization has not been successful and has left the rural areas through decentralized institutions that will reflect the needs of the people. Similarly, agriculture credit could also be organized through the efforts of the people's institutions as community norms, values and control can play

a very important role in part in the repayment of credit. People's institutions can also assist in the matter of collaterals. This will help formers to borrow from established credit institutions rather than becoming a prey of the team sharks.

12. They can achieve integrated and holistic development through decentralized institutions. Development could become an integrated, holistic venture rather than a piecemeal fragmented effort of one sector of the economy or the attempt of a particular government department to promote its departmental activities. As problems faced by people do not necessarily fall within one sector or one discipline, solutions suggested through the community an the efforts to solve problems may use inter-sartorial and inter disciplinary strategies.

13. They can lead to greater social justice, it is visualized that over time such control over determination of priorities and use of resources exercises by the people would mean greater social justice as a much greater number of people would be involved in the decision making process. In the words of Freire the basic elementary criterion is whether or not the society is a being for itself. If it is not, the criteria indicate modernization rather then development.

For the purpose of participation Etinne Berthet has rightly said that human behaviour aims at satisfying a need or an inspiration, and people will only agree to change their habits when they are convinced that it will be to their advantage. So it is through informing, motivation and encouraging the people that we can best hope to improve their living condition H.R.C. in this connection has also observed that if, in the prosperity of the people, lies the strength of a government, it is in their contentment that lies the security and stability of democracy.

The administration exists for the well being of the citizens and not for its own well being. While delivering his inaugural address at the Indian Institute of Public administration, New Delhi, Pt. Jawahar Lal Nehru said, "Administration like most things is, in the final analysis, a human problem to deal with human beings, not with some statistical data----- there is danger that pure administrators at the top (not so much at the bottom because they come onto contact with human being) may come to regard human beings as mere abstractions. The administrators may think in abstract of the people he deals with come to conclusions which are justifiable apparently, but which miss the human element. After all

whatever department of government you deal with, it is ultimately a problem of human beings and the moment we forget them, we are driven away from the reality.

However, Gandhiji's idea of constructive activity not been properly understood. Of course, for Gandhiji's constructive activity also had its political side. Constructive work was training ground for steeling the new extranets to the struggle of Indians independence. Gandhiji had successfully demonstrated that whenever there heavy political odds, participation of people in the development programmes itself generated the organizational structure, which gave encouragement to defend their political and social rights. One cannot over emphasize the need for such a thing. We have reached such a critical stage in our political, social and economic life where people's participation is more important then the capital investment. Either undertake the constructive work of Gandhian or find its substitute, which will involve people for development programme.

On the whole, it can be said that people's participation in the development process can come only through involvement of society as it is an important vehicle of social development. The entire effort should be in the direction of helping people to help themselves. Only through this, can people's participation be secured and improvement in the quality of life of rural poor is achieved. We may conclude our decision on participants and action of the society by quoting one statement of Julius Nyerere, President of Tanazania, that 'while it is possible for an outsider cannot to build a man's house, an outsider cannot give the man's pride and self-confidence in himself as a human being. Those things the man has to create in himself by his own actions. He develops himself by making his own decisions by increasing his understanding of what he is doing and by his own full participation as an equal in the life of the community he lives in ". Unless the community comes forward and is ready to solve its own problems through community efforts, no substantive change can be expected.

Development is for people, and as such an essential element in the development process is people's participation. Development cannot be imposed from outside or above. The desire for development must come from within or from those who needed rise from lower rungs of economic/social ladder to higher rungs. It may be argued that, in some instances, people would preserve the status quo instead of change in the situation to which they have been accustomed. This is where the role of development agents as motivators and

catalysts is emphasized. People can be made aware of their needs to realize their resources and potentialities and participate in development process.

Thus, development may be conceived as improving living standards of the masses of low income population residing in rural areas and making the process of their development self sustaining. One of the important elements is community participation. The fifth International action for development/FFHC conference stressed that development cab be a reality with the involvement of people only. People should be regarded as subject and not just as objects of development. The emphasis should be on, the premise that the projects are for people and not people for projects. To involve people in development is a slow process, but once set in motion it can produce amazing results.

The concept of participation is not something new. The ancient Greek scholar, Aristotle found a clear relationship between the extent of participation and the creation of a good life. According to him, the best state was one where there was broad participation with no class dominating the others. This analysis showed some relationship between the participation and democratic values and believes that participation will produce many additional positive results. Other school of thought which urged a humanistic democratic participate engagement philosophy as the only practical way to get the beneficiaries committed to the project and to build local capacity. A group of development administrators has advocated participation essential to the sustain ability of projects. Who will do it?

We have a blind faith in the government and leave everything to those who sit on the citadels of authority. Governments cannot do this. Because all establishments are static and they have only two weapons of fear and greed, which cannot bring a change. The change can come through peoples movements, which should be imitated be humanitarian scientist (knowledge), social activists (action) and compassionate literary men, artist and journalists (devotion). In our philosophy of successful implementation of a noble act (Yogyuan), the combined efforts of knowledge (Gyan), action (Karma) and devotion (Bhakti) are essential.

Conclusion

Acharya Vinoba Bhave, the walking saint of India, was also of the opinion that five powers (Shaktis) good People (Sajjan), money power (Majajan), learned people (Vidwadyan), government (Rajya Shakti), and the common people (Jan Shakti) should come together. It will be difficult to bring the vested interested

in the fold for change, but small groups of above three should form their small local groups, take up local problems, present their solution and educate the masses. Though they will be a small minority, but, as Arnold Tyonbee, conluding his study of the World History, said, "during the course of history, changes were brought by a small minority". He quotes Budh, Jesus and Gandhi to support his statement. This small minority is a creative minority, which presents workable solutions to the problems of humankind. They could convince the silent majority, which ultimately brought the change. The time for that is ripe, because the existing systems are collapsing.

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The Local Government Quarterly invites contributions in the form of articles and research papers from its readers and well-wishers.

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Salient Issues in Urban Management and Development in Nigeria

Stanley Aibieyi, Gabriel Favour Eke, Jane N. Egbri

Introduction

The word 'city' can sometimes be used interchangeably with 'urban'. The definition of city, urban and rural areas is not too easy. The linkages between urban centres and the rural areas, in the form of movement of people, goods, capital, and other social transactions, play an important role in processes of rural and urban change (Nnamdi, 2012). Various nations however, define what is urban and what is rural in different ways. The economic and demographic criteria on which definitions of urban and rural areas are based certainly vary widely between different nations.

In their contribution, Frey and Zimmer (2001) state that there are three elements which best distinguishes an area as of urban or rural character. There is the economic element, which refers to the function of an area and the activities that take place. In rural areas, the share of agricultural activities is relatively high; in urban areas the majority of economic activities are organized around non-agricultural production. In urban areas the diversity of different activities demands a diversely oriented labour force, which tends to increase the number of people in the community. There is also the ecological element, which includes population and density. Generally, all settlements above 2,000 or 2,500 inhabitants are considered urban, but in some countries, settlements with only a few hundred inhabitants are sufficient to qualify as urban.

According to Nnamdi, (2001), another element which distinguishes urban from rural areas is the social character of an area. Differences appear, for examples, in the way urban and rural people live, that is, their behavioural characteristics, their values, and the way they communicate. It is, however, very difficult to measure these factors, hence there are different ways of defining urban and rural.

There has been increasing concern with the distribution of people living in urban and rural areas of the world and their general welfare. The rate at which people move from rural areas to urban areas is alarming, therefore making provision for their welfare and maintenance in the urban areas is becoming very difficult. This paper however focuses on some salient issues in urban management in Nigeria.

Urbanization

Patterns of city and urban growth has not only influenced the nature of development in Nigeria, but also the nature of development policies pursued by central and municipal governments in the past three decades. The pattern of human settlements in Nigeria and Africa as a whole has shifted toward an urban bias. Since cities are the main places of economic growth in Africa, their economic attraction has been the principal driver of urbanization and urban growth in the continent (Nnamdi, 2001).

The rate of urbanization is the speed at which a population urbanizes. It can be defined as the average annual rate of change of the percentage population living in urban areas. It is also the differences between the growth rate of the urban population and that of the total population. (Hope, 2008). The factors contributing to Africa's increasing urbanization rates are the directed result of the shift in the balance between the urban and rural sectors. This shift, according to Hope (2008), is closely linked to economic activities and to changing patterns of employment, towards the urban bias in development strategies, which has resulted in the development of commerce and industry and the growth of transportation, communication, education and other types of infrastructures in the urban areas.

Challenges of Urbanization and City Development

Urbanization and city development face several challenges. Some salient ones are discussed hereunder

1. Rapid Migration of People into Cities and Urban Areas

For some years now in Nigeria, there has been massive movement of people from rural areas to cities in search of different things to better their living condition, which unequivocally led to a high increase in urban cities population, thereby creating different problems for the city government or making it difficult for urban government to be able to render adequate amenities to satisfy the growing population. In his contribution, Nnamdi (2012) states that there has been increasing concern about the distribution of people living in urban and rural areas of the world and their general welfare.

Nationally, urbanization is on the increase, narrowing the gap between the numbers of people living in urban and rural areas of Nigeria. It is therefore obvious that more people are living in urban areas than in rural areas of the country. Nigeria is said to have attained about 60% urbanization (Nnamdi, 2012). It is projected that by 2020 about 70% or more of the population of Nigeria will be living in urban areas. According to Obamwonyi (2015), Nigeria has witnessed rapid and unprecedented urbanization which is occasioned by the influx of rural dwellers into the towns and cities, especially the state and federal capital. If urbanization is well managed, it should be able to contribute to national economic growth as the cities are the engines that drive the national economy. There has been increasing concern on the rising poverty nationally and the narrowing gap between rural and urban poverty and the need to promote faster, equitable economic growth to redress the problem of pervasive poverty. Some of the critical concerns arise from the following:

(a) Promotion of or attainment of environmental sustainability and sustainable human settlements development and management.

(b) Urbanization is a growing complex interplay of forces pulling a vast proportion of once rural population into the cities of many nations. Nigeria, for instance, has one of the fastest growing populations in the world with 60% of its people residing in the urban centres.

(c) Provision of basic services and infrastructure such as schools, health care facilities, potable water in rural areas.

(d) Decentralization and democratization of governance at the grassroots levels, especially the promotion of grassroots and gender participation in development.

(e) Eradication of poverty and the need to promote economic growth.

(f) Making cities more competitive, safe and healthy to be able to contribute to national economic growth, (Nnamdi, 2012).

Lack of Developmental Strategies

The fact that Nigeria's city or urban population is increasing rapidly cannot be overemphasized. According to Subba Rao (2011) the entire developing world is witnessing an unprecedented shift of human settlements to the cities. In the present world, the less developed nations are urbanizing at faster rate than expected, and this is causing developmental ripples in some countries like Nigeria because the rural areas are suffering the consequences of the phenomenon (Obamwonyi, 2015).

According to Nnamdi (2012), while Nigeria continues to experience rapid urban population growth, unfortunately, this has not been matched with adequate constitutional, legal, institutional provisions and establishments as at the three-tier government levels for promoting sustainable human settlement planning and management. According to him, development is being carried out in urban and rural areas without adopting the required physical planning. Many Nigerian towns and cities do not have up-to-date city development strategies due to lack of capacity and resources to plan, ineffective development control, inadequate institutional and legal frameworks for promoting good urban governance. There has also been gross lack of regional development planning in the country in which urban development issues could be planned in a holistic and integrated manner to achieve balanced development. He further stated that at all government levels, there is lack of horizontal co-ordination of planning efforts.

The challenges of city and urban development include the following:

(a) Physical planning in the country has been based on ad-hoc response, and incremental in nature. Due to the fact that contribution of physical planning of rural areas is minimal or non-existent.

(b) There is lack of recognition of the role physical planning can make to national economic development in the country as the limited planning legislations and policies put in place are not being properly implemented.

(c) Some of the donor agencies in the country are providing technical assistance to bring to the fore the need to imbibe the culture of planning our cities such as UNDP, cities alliance but they have not been able to cover all the required areas.

In view of the foregoing, it is expected that government should be involved in the following –

(a) Eradication of pervasive and narrowing gap between urban and rural poverty

(b) Addressing housing shortages and provision of adequate infrastructure

(c) Improving the lives of people in both urban and rural areas in order to reduce the rate of movement to urban cities

(d) Promoting participatory and gender-sensitive approaches to urban and rural development

(e) Promoting good governance to address issues of resource

mobilization, transparency, accountability, efficiency and safety

(f) Capacity building and employment of qualified staff to man planning offices

(g) Adequate funding and developing capacities of local and state government to generate resources

Problem of Waste Management in Urban Cities

Today, waste management in the urban areas or cities in Nigeria is causing a very serious problem, as the governments at various levels are unable to evacuate the waste generated by people in city areas in most part of the country which shows poor management of waste in our cities and urban centres leading to high rate of pollution in areas where waste is deposited. According to Akpovi (2012), urban waste management is a major challenge in Nigeria and many other developing countries. Municipal solid waste is defined as non-air and sewage emissions created within and disposed of by a municipality, including household garbage, commercial refuse, construction and demolition debris, dead animals and abandoned vehicles, the majority of substances composing municipal solid waste include paper, vegetable matter, plastics, metals, textiles, rubber, and glass.

Municipal solid waste disposed is an enormous concern in various cities and urban areas of developing countries across the world, as poverty, population growth, high urbanization rates, ineffectual and under-funded governments prevent efficient management of wastes including in Nigeria. The negative impact of this is exposure to toxic chemicals through air, water and soil, exposure to infection and biological contamination and stress related odour, and so on.

Water Supply and Sanitation Services

The importance of urban water supply in Nigeria cannot be over-emphasized, as every human being needs water for several purposes. In fact, no human being can exist without supply of water. Urban areas and cities therefore require serious attention in the area of adequate supply of water.

The water and sanitation sector in Nigeria has passed through several phases of development mostly characterized by too many short lived and incoherent policies and very little action; lack of proper policy co-ordination mechanism, lack of policy continuity and poor implementation as a result of lack of political commitment and corruption.

It is pertinent to state here that lack of will for development by government and control of movement of people from rural areas to urban areas seriously affect urban and city

management in Nigeria. Glaring issues in the management of cities include waste management and water supply among others.

Conclusion

There are several issues affecting the management of urban areas or cities in Nigeria. Salient among them are rapid growth and development of urban areas and cities which is a result of migration of people from rural areas to urban areas. This is because of the potential for secure employment in the city as well as access to several amenities such as electricity, good roads, transportation, water supply, education, and health facilities.

The movement of people from rural areas to urban areas no doubt leads to increase of urban population which affects existing amenities in urban areas in Nigeria. Consequent upon the massive movement of people from rural areas to urban areas, resources and amenities in urban areas and cities, such as schools, housing, water, electricity, roads are over stressed. Proper management is necessary to plan for increase in the resources and amenities to meet the increasing rate of population as a result of rural-urban migration. Waste management and water supply are crucial issues affecting the management of our urban areas in Nigeria. Government for some time now has not been able to regularly evacuate refuse or waste in all identified areas thereby causing pollution and health hazard in those spots. In respect of water supply, government in Nigeria has failed in so many urban areas although this is one of the reasons why people migrate to the cities. This has resulted in most people resorting to sinking of borewells in their compounds for the provision of water.

Managing urban areas has become very difficult due to rapid increase in population emanating from the high level of migration from rural to urban areas coupled with lack of proper physical planning and development by Nigeria government.

Recommendations

In order to fast-track urban and rural development in Nigeria, the following are recommended:

1. Promotion of good governance of urban and rural development in the country through the establishment of the right institutions for physical planning at federal, state, and local levels, both urban and rural. This will no doubt reduce the rate of migration from rural to urban areas.

2. Reduction of poverty through proper development of human resources and job creation in urban and rural areas.

3. Access to land, housing, provision of essential social and physical infrastructure for people in urban areas.

4. Establishment of industries, services and identification of strategies for growth in urban and rural areas and acceleration of development towards national economic growth.

5. Proper resource mobilization with transparency and accountability.

6. Effective monitoring and evaluation systems in place for planning, implementation and management of urban and rural development programmes.

7. Good urbanization system in place, population growth and settlements pattern.

8. Establishment of process of poverty eradication and promotion of sustainable livelihoods in urban areas.

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Education: An Instrument of Women Empowerment at the Grassroot Level of the Hills

Manas Chakrabarty

Introduction

A society cannot be properly created without the active contribution of women. Education has rightly been regarded as a master key to unlock the golden door of freedom for development. Education is considered as one of the most important factors for women empowerment, prosperity, development and welfare. Discrimination of women from womb to tomb is a well known concept. We cannot deny the fact that there is continued inequality and vulnerability of women in all sectors and women are oppressed in all spheres of life; they need to be empowered in all walks of life. Such strength comes from the process of empowerment and empowerment will come from education. In fact, educational qualification plays a very significant role in the process of women empowerment and it can be carried out only through the medium of education. Hence, it is of foremost importance to raise the level of education amongst women.

Empowerment

Understanding empowerment is a complex issue with varying interpretations in different societal, national and cultural contexts. At the core of the word empowerment is power. The term 'Empowerment of women' has become popular especially after 1980s. (Yousuf, 2019). It refers to the process of strengthening the hands of women who have been suffering from various disabilities, inequalities and gender discrimination. Women empowerment refers to increasing the spiritual, political, social, educational, gender or economic strength of individuals and communities of women. Further, the empowerment of women refers to the process of equal rights and opportunities, responsibilities and power positions to women so that they are able to play a role in the society and control their own

life and to determine their own conditions (Hashemi Schuler and Riley, 1996). We can also view empowerment as means of creating a social environment in which one can make decisions and make choices either individually or collectively for social transformation. The empowerment of the women can strengthen the innate ability by way of acquiring knowledge, power and experience. Further, 'Empowerment' is the process of enabling or authorizing the individual to think, take action and control work in an autonomous way. This can help to a great extent and by this way one can gain control over one's destiny and the circumstances of one's lives. Nobody can challenge the situation that women are the most important factor of every society. Although everybody is aware of this fact, nobody is ready to accept this. In reality, the importance which used to be given to women is declining in today's society. Due to the growing tendency of underestimating women and to make them occupy a secondary position and status in society, and to deprive them of their basic rights, the need for empowering women was felt in a serious manner. In fact, empowering women has become the focus of considerable discussion and attention all over the world. It is so because empowerment allows individuals to reach their full potential, to improve their political and social participation, and to believe in their own capabilities (Bhat, 2015). We should also mention that empowerment has many elements i.e. economic, social, political and personal. In fact, economic empowerment refers to a condition where the woman can enjoy her rights in the economy. Social empowerment means that status of woman in the society should be equal to man by eliminating injustice and inequity while political empowerment means women should have seats in State and National legislative bodies and giving one woman right of one vote. Personal empowerment means women should have freedom in their personal matters. (Khatri, 2016).

Education

However, before we go into the discussion of the role of education in the domain of women empowerment, let us try to make an analysis of the concepts of 'education' and 'empowerment' respectively. So far as the term education is concerned, when we speak of education, it is usually confused with that of schooling. However, 'Education' is a process of inviting truth and possibility of encouraging and giving time to discovery. It is a social process – 'a process of living and not a preparation for future living' (John Dewey, 1916).

The term education refers to educe which is related to the Greek notion of educere which means to bring out or develop potential. This is definitely

deliberate and hopeful. It is a learning which we set out to make happen in the belief that people can 'be more'.

Apart from that the term also means informed, respectful and wise. It is a cooperative and inclusive activity that looks to help people to live their lives as they can. It may be said further that 'Education' is the wise, hopeful and respectful cultivation of learning undertaken in the belief that all should have the chance to share in life. But we should remember that learning is a continuous process. In fact, we are learning continuously and all the time and that we may not be conscious of the fact that it is happening. It should be kept in mind that learning is both a process and an outcome. As a process it is part of living in the world, as part of the way our bodies work. On the other hand, it is an outcome; it is a new understanding or appreciation of something which is around us. The cultivation of learning is a cognitive and emotional and social activity (Illeris 2002). It may be stated further that Education is deliberate. In the society, we always act with a purpose, the purpose to develop our understanding and judgment which substantially enables our action process.

There is no disagreement on the point that education is a key factor for women empowerment and apart from that it is highly related to their prosperity, development and welfare. It is known that discrimination of women from womb to tomb is a part of our society and is very well known. A cursory glance into society would reveal the fact that there is continued inequality and vulnerability of women in all the sectors of the society. It is also a reality that the women are a major prey of oppression in all spheres of life. Accordingly, it is of utmost importance that they need to be empowered in all spheres of life. The women folk should be ready to fight against all odds they face in their life. But if they like to fight against the socially constructed gender biases, the women have to swim against the normal flow of current in the societal river which requires more and more strength. It is only possible to get such strength from the process of empowerment and empowerment will come from education. Therefore, we should remember that if women's empowerment is to be effected in the true sense of the term, it can be achieved only through the mechanism of education. Therefore, the need of the hour is for us to make all out efforts to raise the level of education amongst the women folk in the society.

Education is a milestone of women empowerment because it enables them to respond to challenges, to confront their traditional role and change their life. (Suguna, 2011).With the onset of the 21st Century, there has been a radical transformation in the position and power of the women and it has definitely increased in a substantial manner.

There is no denying the fact that education and knowledge empower the women in a substantive way. It has rightly been said that the way a society or nation can move forward and move towards economic growth and development largely depends on universal education including male and female in the society. Pt. Jawaharlal Nehru succinctly said, "To awaken the people, it is the women who must be awakened. Once she is on the move, the family moves, the village moves, the nation moves." It is to be stated further that education is a major milestone of women empowerment as it enables them to respond to the major challenges in life. There is no disagreement on the issue that 'education' is one of the ways to spread the message of women empowerment. Without proper and effective education, it is well nigh impossible to achieve women empowerment. We must accept the fact that 'education' not only provides knowledge but also educates a person to realize the fact that she is a vital part to the society. Among the many factors, we should make a mention of occupational achievement, self-awareness and satisfaction which are among the many dimensions that can be ensured by effective and proper use of education. Proper guidance and counseling are also provided through education which helps women to select their jobs and to build their career in a scientific and practical way. Further, 'education' can help empower women through the knowledge of science and technology which can equip the women properly to face the new challenges of technological advancements. Again, education not only educates a woman but makes her competent to take proper decisions and to shoulder responsibilities at home and outside the home. Further education helps to open the eyes of the woman and provides guidance to understand their rights for equal treatment with the male members in the society.

In the 21st Century when women are flourishing and participating in all fields of life, empowerment of women has become sine qua non. The whole world is marching forward with rapid speed and if we are to be a partner in the race, under no circumstances, we can ignore the importance of women's education which is an essential component of women empowerment. Women definitely play a leading role in developing the societies. There is no disagreement on the issue that a society cannot be created without an active contribution of women. It is a characteristic feature of the Indian society that the Indian women do not use their rights and they are not considered as independent who can take any vital decision. What is the prime necessity of the time is women empowerment. In order to provide equal status in society, women need to be empowered in the true sense of the term.

We must stress on the point that women can be empowered only when they are provided with the opportunity to get literacy and to get proper education. It has rightly been said that education is the key to unlock the golden door of freedom for development. As of today, the literacy rate of women in the country is much lower than that of males . The female literacy rate according to the 2011 Census is 65.46% whereas the male literacy rate is over 80%. It is therefore absolutely essential that proper attention be given to make such conditions which can catapult further the female literacy rate. It should also be realized that just being literate or having only primary education is definitely not enough to enhance the productivity or to get better-paying jobs. It is absolutely essential for the women to move forward to attain higher education. It is an agreed fact that the society cannot function properly without active contribution of the women. But surprisingly, in most of the cases, the Indian women are considered to be incapable of taking independent decisions. They are always considered as dependent.

The reality lies in the fact that in order to collectively evolve as a society, the women need to be empowered. In India, policies on women empowerment currently exist both at the national and local levels in different sectors which include education, economic opportunities, healthcare and political participation. In spite of these, there are substantial gaps between the formulation of policies and their implementation. Education is the master key to unlock the door to women empowerment at the grass root level.

History of Women Education in India

If we trace the history of women education in India, we can find that during the Vedic period women had access to education. But subsequently, they had gradually lost this right. During the British period, there was a revival of interest in the domain of women's education. We find that during the British Rule in India, various socio-religious movements took place which was led by eminent personalities like Raja Ram Mohan Roy and Ishwar Chandra Vidyasagar who attached great importance and strongly emphasized on women's education in India. We should also make a mention of the fact that Mahatma Gandhi, Jyotiba Phule, Periyar, and Baba Saheb Ambedkar were national leaders of the lower castes in India who undertook various initiatives in order to make education available to the women of the Indian society. But it was only after the attainment of independence in the year of 1947 that women's education got a major fillip and the government undertook various measures in order to provide education to all the Indian

women. Therefore, the only way through which we can move forward and aspire to economic growth is through education among the female citizens.

A question may arise as to how education helps in the process of women empowerment.
This may be explained as under.

1. Liberation of Mind

Education serves as an agent of liberation of mind. Since the mind is exposed to different ideas, it becomes possible for the woman to broaden the horizons of her thinking which plays a catalytic role to liberate her mind. We can therefore say that an educated woman is a liberated woman.

2. Independence

Education opens up the doors to a new enlightened world and provides capability to the women to make their own life choices freely and independently in all matters of life. Education enables women to understand the differences between right and wrong. It provides them the courage to stand or protest against oppression and gender discrimination and provides them the capability for making correct choices in life. Education allows the women to live a life of their own choice.

3. Eradication of Social Evils

Since education is the key to understanding the difference between right and wrong and protest against oppression, it empowers and directs the women to take a substantial stand against the social evils which are rampant in the society. It is possible on the part of an intellectual and enlightened woman to actively protest and take part in the fight against dowry, sexual harassment, and patriarchy.

4. Economic Independence

Education is a major tool to provide economic independence. As of today, we can find that women are present in every sphere of life. They are architects, engineers, journalists, lawyers, managers, CEOs and scientists. They are also joining the army and police forces and even play a catalytic role in national politics. In fact, there is no single profession which is left where women are not participating. There is perhaps not a single profession which can be regarded as the sole domain of man. It can be said with a fair amount of certainty that an educated, liberal, independent and professionally successful woman can shape many generations. It is rightly said that only a society that provides proper education and empowers its women, can be regarded as an advanced society.

Breaker of Barriers

Through education it becomes possible on the part of women to break down all barriers in their lives. These include religious, linguistic, cultural, political, gender and geographical. These barriers stand as stumbling blocks for women empowerment. It is therefore absolutely essential that these social barriers must be broken and it is only possible if the women are provided with proper education.

Privilege of Choice

Education opens up new worlds to women. It enables them to make their own choices which affect their lives. Education teaches them to differentiate between right and wrong and helps them to make correct choices in their lives which are vital for any human being.

Mobilization and Protest

Education provides ample scope to the women to fight against the social evils which still dominate the Indian society. An intellectually enlightened woman can actively fight against the social evils that plague the society. Most notable of them are dowry, bride-burning, marital rape, rape in general, molestation and sexual harassment.

Nation's Economy

Since women are participating in almost all types of professions, their contribution to the workforce would enhance the output and therefore the economy of the country would progress. The participation of women in all professions would contribute significantly to the advancement of any society, both culturally and economically. It would also help human development indicators to improve. It can therefore be said that education is a key factor for women empowerment, prosperity, development and welfare. Education also brings about reduction in inequalities and functions as a means of improving their status within the family.

Importance of Women Education in India

Women education carries a fair amount of importance not only for the family but for the society as well. It plays a very significant role in the overall development of the country. It should be categorically pointed out that it not only helps in the development of half of the human resources but in improving the quality of life at home and outside. It is possible on the part of educated women to promote the education of children in the family but also can provide a better and sensible guidance to the children. Another significant aspect of women education lies in the fact that the educated woman can also help in the reduction of the rate of infant mortality and above all the growth of the population which is one of the major problems in the country.

So far as the condition of the women in the hill areas of Darjeeling is concerned, there are a plethora of colleges, higher secondary and secondary schools, both private and Govt. aided. But most of them are located in the urban areas in all the main municipal areas which cover Darjeeling, Kurseong, Kalimpong and Mirik. But there are many remote village areas which are popularly known as 'Basti', comprising a substantial part of the population, which do not get the opportunities of education. This is mainly due to poverty and location of the schools at a long distance which act as a stumbling block for education for the girls of the hill areas. In many cases, we find that they belong to the category of first generation learners. Since they are deprived of the opportunities of education and on most occasions they are forced to work as labourers due to poverty, education remains a distant dream for them. In view of this fact, women empowerment has remained an area which is yet to be achieved by us in the hill areas of Darjeeling. What is needed is to undertake sincere attempts to address this, both in theory and practice.

Conclusion

It is a reality that gender discrimination is still present in India and a lot more needs to be done in the field of women's education in India.

We should be more concerned in this regard because of the fact that the gap in the male-female literacy rate is just a simple indicator. Education greatly helps to bring and initiate a reduction in inequalities and functions as a means of improving the status of women within the family. What is essential is to encourage the education of women at all levels and for eradication of gender bias in providing knowledge and education. It is necessary to establish schools, colleges, and universities even exclusively for women in the state. Of course, attempts are being made and have already been made to move forward with this mission. In fact, in order to bring more and more girls, especially from the marginalized families of BPL into the mainstream of education, the government is providing package of concessions in the form of providing free books, uniform, board and lodging, clothing, midday meals, scholarships, free cycles and many other things in order to encourage them. In this regard, the State of West Bengal is definitely a step forward in the mission with the help of several schemes like Kanyasree and Sabuj Sathi.

The Millennium Development Goals (MDGs) included the objective of achieving universal primary education, i.e. to ensure so that all boys and girls complete primary schooling. In an attempt to attain the goal of

universal primary education, the 86th amendment to the Indian Constitution was enacted in December 2002 which made free and compulsory education a fundamental right for all children in the age group 6-14 years. The third goal of MDG was to promote gender equality and empower women. Therefore, at the end we can say that there is no alternative except education which can really empower the women in the society. Let us all join our hands in task of achieving this great mission.

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Global Gender Gap Report 2020 (GGGR 2020) by the World Economic Forum

The World Economic forum (WEF) recently released its annual Global Gender Gap Report (GGGR) 2020.This 14th edition tracks the progress of individual countries and regions in the quest for a more gender just and equitable world.

The preface by the Founder and Executive Chairman of WEF points to the need for urgent action if we are to achieve larger goals including the Sustainable Development Goals (SDGs). He says "At the present rate of change, it will take nearly a century to achieve parity, a timeline we simply cannot accept in today's globalized world, ….". As in the past, this 14th edition of the GGGR measures gender gaps across four dimensions – economic participation and opportunity, educational attainment, health and survival, and political empowerment. This year's report tracks 153 countries and creates country indexes.

How has India fared?

India Ranking - Dimensions	GGGR 2020 Rank (Total countries ranked = 153)	Previous (GGGR 2018) Ranking Total countries ranked = 149	Score 2020	Score 2018
Overall	112	108	.668 ↑	.665
Economic Participation and Opportunity	149	142	.354 ↓	.385
Educational Attainment	112	114	.962 ↑	.953
Health & Survival	150	147	.944 ↑	.940
Political Empowerment	18	19	.411 ↑	.382

Notes:

1. *While ranks give the relative position of India with respect to other countries (showing India slipping), it is also important to see actual scores across the 2 reports.*
2. *Except Economic Participation and Opportunity, there is an improvement on all other dimensions and overall.*
3. *This implies that while India has improved, others earlier ranked below India have improved more.*

Some Key Findings are listed out right at the beginning of the report. Among them are:

1) On a global average basis, 68.4% of the Gender Gap has been closed, leaving 31.6% yet to be closed. 101 of 149 countries covered both last year and this increased their scores.

2) On individual dimensions, the largest gap as in the past remains in Political Empowerment with only 24.7% gap closed. Economic Participation and Opportunity gap is closed 57.8% dropping slightly from last year. Educational attainment and Health and Survival gaps are both well covered at 96.1% and 95.7% respectively, both improving a bit over the last report.

3) Representation of women in the political leadership has increased in several countries while several have zero representation driving improvement in the Political Empowerment dimension. Similarly, the number of women in senior roles under the Economic Participation and Opportunity dimension has also improved with 36% of senior positions in the private and public sectors occupied by women. Despite the progress in leadership positions, women's participation in the labour market

and financial disparities are larger, explaining the slip back in the gap coverage on the Economic Participation and Opportunity dimension.

Educational Attainment gaps are small but exist especially in developing countries with presence if illiterate girls and skill gaps – especially in emerging sectors.

4) At the current pace of progress, the number of years to close the overall gap will be 99.5 years. Economic Participation & Opportunity will take the maximum – 257 years, Political Empowerment 94.5 years and Educational attainment 12 years.

5) In terms of country rankings, Iceland remains the most gender-equal country for the 11thyear in a row. Norway is ranked second and Finland third. Others in the top ten are – Sweden (4th), Nicaragua (5th), New Zealand (6th),Ireland (7th), Spain (8th), Rwanda (9th), and Germany (10th).

Chapter 1 of the Report presents 2020 rankings, trends – both overall (Table 1 on page 9) and on sub-indexes (Table 2 on pages 12 & 13). It notes that the progress this year has been not only larger but also more widespread. Out of 149 countries that were ranked this year and last, 101 improved their score.

Table 1 in this Chapter provides overall country rankings. The rankings on individual dimensions have been analysed and reported.

Political Empowerment: Here the Gender Gap has been closed on average only 25%. The top-ranked Iceland has closed the gap 70%. The details are demonstrated with figures. For example, out of the sum of all seats of all parliaments of the 153 countries, i.e., 35127 seats, only 25% are occupied by women. Only 21% of the 3343 ministers are women. In 32 countries, women occupy less than 10% of ministerial berths. It also lists out countries where there are no women ministers at all. Further, in 85 of the 153 countries ranked, in the last 50 years there has never been a woman Head of State. It includes countries such as Italy, Japan, Mexico, the Netherlands, Russian Federation, South Africa, Spain, Sweden and the USA.

Economic Participation & Opportunity: This is the dimension with second highest gap remaining to be closed. Here the difference between the high performing countries (80% gap closed) and the bottom performing ones (40%) is substantial. Among the 10 best performing countries, 4 are from Sub-Saharan Africa – Benin (84.7% gap closed), Burundi (83.7%), Zambia (83.1%), and Guinea (80.3%). At the bottom of the list are Pakistan

(32.7% gap closed), Yemen (27.3%), Syria (24.9%) and Iraq (22.7%).

In terms of the labour market participation rates, the chapter notes that while 78% of adult men (15-64) are in labour market, only 55% of women are participating. This gap widens as one climbs up the seniority ladder. Only 36% of senior personnel are women. The gap widens even further, the report notes, as one looks at Boards of OECD countries. Here only 22.3 % of Board members are women. Only 18.2% of company heads are women.

Coming to financial disparities, the report finds the gaps high. There is a 40% gap in case of wages and 50 in case of income (wages and non-wage earnings) between men and women that needs to be bridged. Women face other disparities such as access to credit, land or financial products which prevent them from starting a company.

There is also mention about unpaid work – household and care burdens. Such work in the case of women is significantly higher than in the case of men – across the board. In fact in no country it is equal. Even in the best performing countries, women's unpaid work is multiple times that of men. The report cautions that there is a negative relationship between women's relative amount of time spent on unpaid domestic work and Economic

Participation & Opportunities Gender Parity. A scatter diagram on page 14 illustrates this – Norway with low proportion of unpaid work per day has high Economic Participation & Opportunity parity; while the case is reverse for India.

Educational attainment: Here the performance in terms of addressing Gender Gaps is noteworthy. 35 countries have achieved full parity. At higher education level, there is greater parity but participation is relatively low for both sexes. This is a concern. The concern is not so much about gender disparity but about under performance of both sexes as a whole. Only 66% of boys and girls enrolled for secondary education. At tertiary education level, only 40.6% of women and 35.6% of men go to university after completing the secondary level. In addition, there exist significant skill gaps. More needs to be done to equip new generations, especially in developing economies, with skills required to succeed in the modern workplace. The report says 'In this respect, increasing formal education attainment is necessary but not sufficient to provide young men and women graduating from every level of education with the type of skills demanded by the job market in the Fourth Industrial Revolution era'.

Health & Survival: This is the dimension where the performance on Gender parity is most satisfactory. 48 countries have achieved 'near-parity'. The next 71 closed atleast 97% gap. Only 9 countries have more than 4% gap to be closed.

In addition to Table1 &Table 2 which are comprehensive country rankings – overall and on each dimension – the chapter contains some graphs and diagrams to explain the findings. A section 'Progress over Time' tracks the progress of the Index and individual dimensions since 2006 the year when the process was initiated. Also Performance by Region has been discussed and represented in a chart. Western Europe followed by North America head the charts while Middle East & North Africa (MENA) is at the bottom of the charts. South Asia is a shade better.

There is also a discussion of some specific countries – the top 10 performers and the most populous countries. India is discussed in the second cohort.

India:

India is ranked 112th losing 4 places compared to the previous edition of the ranking although there is a small improvement in score. Here economic gender gap is wide with only a third of the gap closed and a rank of 149. Only 25% women as against 82% men participate in the labour market. Women's income is a mere one-fifth of men's income. Women occupy only 14% of leadership roles and form only

30% of professional and technical workers. On the Health & Survival dimension, India ranks a low 150th as a result of the skewed sex ratio at birth (91 girls born for 100 boys born). The ranking is particularly distressing because of comparison with other countries. 128 countries have achieved the natural rate i.e., 94% or higher. Almost all the other countries are above 92%. India is among the last 4 who are below 92% (and therefore the rank must be among the last 4). Therefore this is an area for concerted action by all. Violence, forced marriages and discrimination with respect to access to health services are widely prevalent, the report finds. On the other hand the 'situation and trend are more positive in terms of gender gaps in education. From primary to tertiary education, the share of women attending school is systematically larger than the share of men.' India also scores high on the Political Empowerment sub-index (Rank 18th). Of the past 50 years, the country was headed by a woman for 20 years – which explains the strong performance. However in recent years the performance is more modest – women occupy only 14.4 % of parliament and 23% of the cabinet.

The conclusion of the chapter underlines a key take-away as follows: 'The report highlights the message to policy-makers that countries that want to remain competitive and inclusive will need to make gender equality a critical part of their nation's human capital development. In particular, learning between countries and public-private cooperation within countries will be critical elements of closing the gender gap.'

Chapter 2

This Chapter is titled **The Future of Gender Parity** and looks at the issue of parity in the workplace with emphasis on emerging fields and roles, and the relative position of women in this context. To start, the Report quotes another WEF report states that there is rising demand for roles in fields such as data analysis, human resources and sales, roles that are at the frontier of the new economy. In contrast, jobs in accounting and administration, and other highly routinized jobs are being replaced by technology. There are gender gaps in frontier roles that need to be closed else women's prospects and opportunities will be impacted. This Chapter is based on data sourced from LinkedIn. The reports states 'A series of new metrics developed in collaboration between LinkedIn and the World Economic Forum can shed light on the gender dynamics of professional segregation at the frontiers of the new economy.'

Figure 1 depicts the share of male and female workers across professional clusters at the frontier of the economy. It shows female share

highest in 'People and Culture' and lowest in 'Cloud computing'. Marketing, Sales and Product Development stand closer to gender parity.

The report has examined data from 20 countries and finds divergence. The average women participation in these 20 countries is 40%. It is lower in Saudi Arabia (16%), United Arab Emirates (20%) and India (22%) and higher in Canada, Sweden, New Zealand,& France (48%).'On average the participation of women on the LinkedIn platform closely mirrors labour force participation figures, with an average across the 20 countries of 39%' the report says. The data reveals that there is consistent variation in gender gaps across professional clusters. 'Singapore, the United States and India demonstrate larger shares of women across the most segregated professions – Engineering and Cloud Computing.' Interestingly, it further notes, 'Cloud Computing, the most 'male' profession of the future, is closer to gender parity in India and Italy, two countries that have distinctively small gender gaps in STEM (Science, Technology, Engineering and Mathematics) higher education.'

The report further notes that professional segregation of men and women into differentiated sectors leads to lower innovation levels in professions while also aggravating the pay gaps. The report believes that the metrics provided in this section can help track gender parity. It lists some possible strategies. 'The first being to 'increase the supply and visibility of women with disruptive technical skills.' Further, Reskilling and upskilling of women keen on upgrading their skills must focus on those already in the workforce.

Part 2 of the Report as in the earlier edition consists of Country Profiles of the individual countries in alphabetical order.

The report is a valuable read for professionals not only from the social sectors but equally for human resource professionals from the corporate world who are working towards creating a kore equal, just, and effective workplace. They would find it enriching especially in the context of the rapidly changing dynamics of the emerging workplace of tomorrow.

Read the Report here http://www3.weforum.org/docs/WEF_GGGR_2020.pdf

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OBJECTIVES

The main emphasis of the Institute's work is to see that the local bodies can contribute more effectively to the development process and provide the citizens with better living conditions by meeting their aspirations in terms of required amenities, infrastructure and better environmental conditions, thus contributing to social and economic development of the society as a whole by better management of the human settlements. While these are the long-term objectives, the immediate ones are:

❖ To advance knowledge of the principles and practices of Local Government by conducting research and by organising training courses and programmes at various centres in India for officials and elected representatives in the local bodies.

❖ To strengthen and improve Local Government Institutions by improving their performance through education, orientation and bringing them together for common endeavor by organising specialised conferences, conventions and seminars.

❖ To make available a platform for members of local bodies and officials for exchange of views and ideas related to urban development and administration.

❖ To represent the views of local authorities supported by research work to the concerned higher authorities from time to time.

❖ To publish bibliographies, articles, books and other literature on matters of interest to local bodies.

❖ To publish journals, bulletins and other literature on different aspects of Local Government and on the working of Local bodies in different states.

❖ To undertake research studies in public administration, problems of local bodies and also in related topics of urban and environmental factors and arrange for their publication etc.

❖ To establish and maintain an information-cum-documentation service for local bodies.

❖ To undertake consultancy assignments in various areas of urban development and problems of local bodies with a view to improve and develop organisational, managerial and operational efficiency.

In view of the above, the Institute has been collaborating with the relevant government departments, Central and State, Universities, Organisations and Research Institutions. The work of the Institute covers several aspects involving a multi-disciplinary teamwork.