State Responsiveness to Poverty:

A Comparative Study of development interventions in the Indian States of Andhra Pradesh and Madhya Pradesh

The India Study Team:

K. Jayalakshmi
Tasnim Khorakiwala
Gopinath Reddy
Ratna Reddy
Vikas Singh
Anne Marie Goetz
Rob Jenkins

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INTRODUCTION

This study examines pro-poor development initiatives in two Indian states that have, in general, been responsive to poverty. Each state has a chief executive who, supported by a core group of political leaders and civil servants, has devised and maintained a sustained commitment to programmes and institutional reforms ostensibly aimed at addressing the needs of poorer constituencies. The purpose of the study was to assess those political and institutional factors that assist in realising the promise of these innovations, as well as those factors that constrain the process of pro-poor change. This study consists of four components: two studies on Madhya Pradesh (one on agriculture and one on health); and two in Andhra Pradesh (one on agriculture and one on health). The design of the study has enabled the research team to draw conclusions on the basis of four axes of comparison:

a) Between locations of differing types, but within the same state and implementing the same programme;

b) Between programmes in the same sector, but operating in two different states.

c) Between programmes in different sectors, whether within the same state or across states;

This report is organised as follows:

Part I reports on the agriculture-sector component of the study, which focuses on governance aspects of watershed development programmes. It examines the comparative dimensions 'a' and 'b' above.

Part II reports on the health-sector component of the study, which focuses on programmes directed at improving the responsiveness of service-delivery. It too examines the comparative dimensions 'a' and 'b' above.

Part III addresses the remaining comparative dimension, examining the differences between health and agriculture programmes in the two states (axis 'c'). We conclude by assessing whether these differences have been more marked in one or another of the two states, drawing on general variables associated with their respective political systems.

PART I:

POLITICS, PARTIES AND WATERSHED DEVELOPMENT IN ANDHRA PRADESH AND MADHYA PRADESH

I. a Background on the Study and on the Importance of Watershed Programmes

There are several macro studies available of the politics of policymaking processes in these two states. These include thematic studies on public-expenditure management in Andhra

Pradesh[1], on health, land reform and forestry initiatives in Madhya Pradesh[2], and on the politics of policy making generally in both states.[3]

There also exist a number of micro studies of agriculture policy implementation in the two states. These focus primarily on an analysis of technical factors contributing to implementation bottlenecks[4], and include the series produced under the sustainable livelihoods research programme coordinated by the ODI. The latter have been especially interested in the question of the best means of implementing these programmes, and have thus examined the relative performance of state-administered and NGO-run programmes.[5]

In order to avoid duplication, this component of the study has sought to fill a gap that rests somewhere between these two types of analysis. It maintains the focus on politics found in the macro studies, but examines these at micro levels through an analysis of policy implementation.

To achieve this general objective, the study team sought to:

- identify in detail the mechanisms through which anti-poverty programmes designed by generally responsive states get subverted in the process of implementation;

- identify the political and institutional factors that allow these mechanisms of policy subversion to persist;

- identify the factors which allow reasons why, in some instances, the degree of subversion to be reduced;

This paper's approach to the study of politics includes two key elements that are missing in existing studies, and which require close analysis if the dynamics of policy subversion are to be understood in sufficient detail. The study examines:

- <u>The role of political parties in the process of implementation</u>.

    - While numerous studies deal with factors that could be considered political in the broad sense of the term – including such issues as conflict between different social groups, the dynamics of leadership, and difficulties of collective action – they have not entered into a detailed analysis of the role of partisan conflict at many levels in influencing outcome patterns.

- <u>The relationship between Panchayati Raj Institutions (PRIs) and Participatory Stakeholder Groups (PSGs)</u>:

    - While concerns about the lack of clarity about the respective roles of these two parallel bodies – one democratically elected as part of the formal representative institutions of governance, the other appointed in order to managed a specific

[1] Foster et al, 2001
[2] Joshi, 2003
[3] Manor, 2001
[4] Reddy, 2000
[5] Farrington and Lobo, 1997; Knox, Swallow and Johnson, 2001

set of programmatic initiatives – there has been very little empirical, and yet theoretically informed, investigation into relations between them.

Numerous state anti-poverty interventions in the agriculture sector have been undertaken throughout India, including such high-profile schemes as the Integrated Rural Development Programme. One of the most notable set of programmes in recent years has been those involving the creation and maintenance of low-tech irrigation infrastructure. While watershed development schemes that use funds provided by the central government are governed by rules issued by ministries in New Delhi (most notably those produced by the Ministry of Rural Development), there is a fair degree of variation between states in the way in which watershed development programmes are designed.

Andhra Pradesh and Madhya Pradesh are among the most visible implementers of the watershed development concept among India's states. Both states have funded a large number of watersheds. In fact, Andhra Pradesh has a higher percentage of its rain-fed areas than any state in India covered under the watershed development programme. Just as importantly, both have taken administrative measures to brand their watershed development programmes. In Mahdya Pradesh this has taken the form of the Rajiv Gandhi Mission for Watershed Development, whereas in Andhra Pradesh the state government has pursued an action plan pursuant to a 1995 state-level expert committee that examined the prospects for watershed development.

Whether watershed development responds to the needs of the poorest of the poor is a big question. For, watershed is a land-based technology while poorest of the poor households often fall under the landless category. Hence, by nature, watershed development addresses only a part of the problem. But, how far watershed development programme addresses the issues pertaining to the landed poor, small (1-2 acres of land) and marginal (less than 1 acre of land) farmers who form majority of the poor. While land less account for about 20 per cent of the rural households, small and marginal farmers account for 60-70 per cent. Hence, addressing the problems of these households means alleviating poverty to a large extent. More over, the spill over effects of watershed development such as employment generation, improved quality of common pool resources (CPRs) are likely to have discernible impact on the livelihoods of the landless poor also (Reddy, et. al., 2001a). In this context watershed development programme is seen as pro poor responsive programme.

I.b Findings Emerging from the AP Watershed Study

The state of Andhra Pradesh is in the forefront as far as implementation of watershed development programme in recent years. So far, the state has initiated about 8000 watersheds under the new guidelines since 1995. The programmes of dry land development in Andhra Pradesh underwent a major change from 1995-96 with the introduction of new watershed guidelines. The main principle adopted in the guidelines laid special emphasis on the active mobilisation and participation of the stakeholders in the programme including planning, implementation and subsequent management. The guidelines specified how watersheds are to be developed, using the Micro-Watershed (500ha) as the basic unit for treatment. Of the 23 districts of AP the centrally funded Drought Prone Area Programme (DPAP) is being implemented in 17 districts. Over the late 1990s the approach has been gradually modified in

the light of experience. The renewed watershed programme envisages a great opportunity for improving the productivity, profitability and sustainability of dry farming areas through social mobilization. Watershed is not a technology but a concept, which integrates conservation, management and budgeting of rainwater through simple but discrete hydrological units.

A massive programme for development of all the degraded lands in Andhra Pradesh in 10 years was launched during 1997. The Action Plan for development includes wastelands, degraded lands (i.e. dry lands which are being cultivated under rain-fed conditions) and degraded reserve forests. It is envisaged to develop 10 million hectares of degraded and wastelands, with an outlay of about Rs. 4000 crores (US $ 888.89 million) from 1997 to 2007 at the rate of 1 million hectares every year. About 0.36 million hectares have already been covered under 78091 watersheds (Table 1), which is the largest number in the whole country.

Anantapur district, where the field studies for this project were located, receives Rs. 22.5 lakhs per watershed (Rs. 4500 per hectare) due to its severe agro-climatic conditions. The average area under watershed is about 500 hectares in line with the guidelines. However, there is a gap in terms of amount sanctioned and utilised by the watershed committees.

The approach, as it is emerging, enables identification of the wastelands superimposed by the village boundaries. Simultaneously, mobilisation of the community into Self-Help Groups (SHGs) has been taken up all over the State. Of the total blocks 330 blocks have got a provision of EAS funds, 94 blocks are DPAP Blocks and 16 Blocks (whole of Anantapur District) are DDP Blocks. All these blocks have been divided into 1104 *mandals* in the State. Watershed and related activities have to be carried out in all these *mandals* with the help of resources under NWDPRA, DPAP, IWDP, JFM, EAS, etc.[6] On the whole, the state government's approach to dry land agriculture is laudable. For, the numbers in terms of watersheds and area covered are impressive. Even the impact in terms of groundwater recharge, cropping pattern changes, etc., seems to be impressive compared to the earlier programmes.[7] It was observed in some of the best-implemented watersheds that the impact is clear in terms of improvements in livelihoods despite three below normal rainfall years. The positive externalities are conspicuous in the case of new watersheds when compared to the older ones.[8] In general, impact is visible in terms of availability of *in situ* moisture and water for longer periods in the vicinity of check dams. In fact, some of the enterprising farmers are making use of it by planting horticultural crops in the hitherto degraded lands. Recent field studies clearly established that economic impact is visible in the places wherever project implementation is good.[9] Further, it is observed that in general NGO managed watersheds are better in terms of impact compared to the government (line departments) managed ones. Government managed watersheds account for 90 percent of the total watersheds. Even with in the NGO watersheds, there are differences as far as economic impact is concerned. These differences may be explained in terms of modus operandi adopted by each PIA in implementing the watershed apart from the differences in the local endowments.[10]

[6] For details on implementation and organisational structure see Reddy, et. al, 2002.
[7] Rao, 2000
[8] Reddy, et. al., 2001
[9] Reddy, et.al., 2001 and Reddy, 2000
[10] Reddy, et. al, 2001

Sample selection and research approach

The present study is based on the government-implemented watersheds. Political dimensions, which are at the core of our study, are often suppressed in the NGO-implemented watersheds. A sample of three villages was selected for an in depth study after visiting number of villages. The sample selection is purposive using multiple criteria. All the sample villages are located in Anantapur district, which is one of the most severe drought-prone regions of the state. Anantapur is also one of the high watershed concentration districts in the state, as it comes under Desert Development Programme (DDP). Our criteria for selection required the sample villages to have a government-implemented watershed program, it should have been active for the past 2-3 years and not completed. This provided us with insights to the political dynamics in the process of implementation rather than getting a post-mortem view.

The situation regarding implementation authority in watersheds is currently somewhat unclear. India's Central government brought in revised watershed guidelines (*Hariyali*) in January 2003. According to the new watershed guidelines, PRIs are expected to play an important role in implementing the watershed programme. Indeed, several studies have highlighted the effective role of PRIs in natural resource management.[11] And yet, this has not taken place in most Indian states. The AP government is implementing its own guidelines (December, 2002), which totally bypasses the PRIs in watershed implementation.

In AP, parallel institutions, which in this report we refer to as Participatory Stakeholder Groups (PSGs) -- watershed associations and committees -- are formulated, and provided resources that in fact make them financially stronger than the PR bodies. This creates an immediate potential cause of conflict in the event of different local factions gaining control of each of these institutional structures.

This research component has collected detailed empirical case-study evidence to examine the conditions under which this type of conflict does and does not manifest itself, and examines the implications of these patterns for programme performance, particularly the impacts on poor and marginalised groups. The implications are examined not merely in economic terms, since watershed programmes are supposed (in theory) to increase, in general terms, the ability of poor people to participate in development activities. One of the novel features of the AP study was the attempt to examine the impact of electoral outcomes on the governance of watershed programmes.

There are several currents of thought concerning the appropriate role of PRIs in the process of implementing watershed programmes.[12]

One strand of opinion comes from those who argue that *all* developmental function need to be brought under the purview of the elected panchayat bodies. There are different versions of this argument. Some say that this is necessary because without control over resources, the PRIs themselves will atrophy. Some say that programme implementation will be more efficient if all developmental functions are integrated under one system of governance, which would allow trade-offs of alternative decisions to be weighed effectively, and synergies to be created. Another view is that equity requires control by the PRIs, as only democratically elected bodies at the local level can ensure that the one asset which poor people have in abundance – their sheer numbers – can be put to use.

[11] see for instance, Saxena, 1994; Baumann, 2000; SPWD, 2000; Reddy, et. al., 2001b.
[12] GoI, 1998; Sastry, 2000; Sitaram, 2002; Reddy, 2003.

With respect to AP, the field study revealed that the linkages between PRIs and PSGs are superficial, as PRIs have mandatory representation in some of the PSGs, while line departments (rather than either the PRI or the PSGs) hold effective decision-making authority power in most of the cases, including watershed development. In the case of watershed development, for instance, the present structure of PSGs is effective only during the programme duration circle. The follow-up process, which is a must for sustaining the benefits of the programme because it is essential in order to ensure that the physical assets created are maintained – is not effective in the absence of financial support. Thus PRIs, being permanent institutions, are necessary to making the programmes produce sustainable benefits. Studies have observed that watershed associations and watershed committees have rendered themselves ineffective after the completion of the watershed programme, as the fund flow stops. No systematic arrangements are made to maintain the watershed works after their completion.[13] This is true of all the programme oriented user groups or PSGs. This calls for a systematic involvement of PRI in managing the PSGs. This would, in turn, make the PRIs financially stronger and sustainable. Moreover, involvement of PRI bodies in the development activities would add to their credibility as institutions of local democracy. In general, desirability of the linkages or convergence between PRIs and CBOs is accepted at the policy level in order to bring in accountability and transparency. The crux of the problem is the question of how to achieve this? Some models of convergence are already being discussed[14], and these are discussed in detail in the full report on the AP experience.

An opposing school of thought, voiced frequently not only in AP but elsewhere in India as well, argues that PRIs are not the appropriate institution to manage these types of projects. Watershed programmes are technically demanding, they argue, and PRIs are simply ill-equipped to handle such tasks. Another argument frequently articulated is that PRIs are riddled with 'politics', meaning that they are bogged down with squabbles related to the struggle for partisan advantage by one or another local group. This efficiency-through-autonomy view is in many ways the mirror-image of the efficiency-through-integration view outlined by those in favour of placing watershed programmes under the PRIs. Yet another view is that PRIs are usually captured by elites, and while PSGs might end up sharing that fate, there is at least the possibility that concerned officials from the Project Implementing Agencies will adhere to the guidelines on the formation of PSGs, and thereby increase voice for the poor and marginalised.

While all of these arguments (for *and* against vesting full control of watershed programmes in the PRIs) are theoretically justifiable, there is little detailed empirical research into the way the current system of multiple power centres functions in practice.

In fact, it is possible to imagine additional reasons why the current system might be amenable to better outcomes for the poor. Perhaps most important is the possibility that that multiple power centres could mean that greater contestation, and therefore accountability. The current system often leads to a situation in which one local faction, affiliated with one political party, is in control of the PRI, while the group loyal to the opposing PRI, is in control of the PSG. While this may lead to conflict, and clearly often does, it can also support the idea of divided government – of a system of checks and balances in which the actions of powerholders are held up to scrutiny by opposition forces. Under ideal circumstances, this could of course take place even without there being two separate bodies: under a unified system of control (in which both the village council generally and the management structures for the

[13] Reddy, et. al, 2002
[14] Bandhopayay, Mukhergee and Yugandhar, 2002; Sitaram, 2002

implementation of the watershed schemes were under one regime of control), it should be possible for there to exist an opposition group which would keep a vigilant eye on the actions of decision-makers. In practice, however, it is more difficult for this to emerge where the opposition group is itself not in control of its own institution. Thus a *de facto* separation of powers – even a rudimentary one, such as exists in many places where different factions/parties are in control of PRIs and PSGs, but where there is no overall framework of constitutional checks – may still serve to increase accountability.

Main research question

This study attempted to examine the impacts of political factors on pro-poor collective action. The study focused specifically on the question of how well the current institutional design could accommodate certain types of political change. The study team sought to determine whether change of party control over the village panchayat, a regular occurrence in genuinely democratic systems, would undermine the functioning of watershed programmes.

The prevailing pattern by which PSGs are formed in AP made this a significant avenue of inquiry. Many reports indicate that, in order to avoid situations of excessive village conflict, government officials responsible for constituting the relevant PSGs, take efforts to provide some 'balance' on the PSGs in terms of the representation accorded to party-affiliated factions. This has resulted in the PSG balance often closely mirroring the party balance on the PRI.

But when a PRI election takes place, and control shifts from one party to another, this change does not affect the composition of the PSG, which continues to reflect the partisan balance of the *previous* PRI. This can (and has) fomented conflict: the party which has emerged victorious in a trial of electoral strength considers itself to have a democratic mandate, and thus often takes action to demand a 'more equitable share' of the resources that flow through the PSGs.

As a result, the case study watersheds are those in which the conditions involve (a) same factions in control of both institutions; and (b) subsequent change to a situation of 'divided control', where each faction/party is in charge of one institution.

Further, the selection is anchored on the shift in power during the recent elections to PRIs in August 2001. The three sample villages represent different power shifts. All the sample villages have experienced the shift from one party[15] to another i.e., in two villages the shift is from Telugu Desam to Congress and in another the shift is from Congress to the Telugu Desam Party. In Andhra Pradesh, local conflict over programme activities is often politically motivated, especially after the emergence of the Telugu Desam Party (TDP). Every village now has at least two groups though the relative strengths and power balance vary across the villages.

[15] It may be noted that elections to PR bodies at the village level are not contested on party basis. But, each group is affiliated to one party or other in most of the cases.

TABLE 1
Important Features of the Sample Villages

Village Name	Mandal	Political Status	
		Before (1994-99)	Present (2001-2005)
1.TV Puram	Rayadurg	General category, BC-boya, Congress.	SC-reserved, TDP
2.DK Puram	Rayadurg	BC (reserved-women), TDP	BC, Congress
3.JR Palli	Rayadurg	SC-reserved, TDP	BC, Congress.

Apart from the in depth study in the three sample villages we visited six other villages (Government PIAs) for a quick assessment. These villages represent politically active communities. Political conflicts in these villages range from abandoning the villages due to murders on account of conflicts during elections to watershed associations and committees, to a compromise between opposing groups in order to share the posts between the watershed committees and PR bodies, etc. The study is based on qualitative as well as quantitative information elicited from various levels of watershed implementation. These include the PIA, watershed association, watershed committee, user groups, households, etc. The focus, however, is more on qualitative information such as group discussions, focus group interviews, time trends, individual interviews, etc. These interactions are not one-off and the process was continued for one year on a regular basis. The work was initiated during the months of January-February 2002 and continued till March 2003. Quantitative information is elicited pertaining to the coverage of the watershed programme, financial and physical allocations, components of watershed, distributional aspects, etc.

TABLE 2
Demographic Profile of the Sample Villages

Village	No. of HH	Population	Social Composition (percentages)		
			SC/ST	BC	Others
1.TV Puram	600	2800	20	76	04
2.DK. Puram	500	2300	20	78	02
3.JR Palli	320	1717	30	47	23

Note: SC/ST= Scheduled Castes and Scheduled Tribes; BC= Backward Castes; Others= Other castes or forward castes who do not get special reservation status by the constitutional authority.

Political Profile of the Sample Villages

The major political activity at the village level is the elections for the PRIs. Each panchayati village[16] is divided into number of territorial wards based on population. Each ward member is directly elected by the electorate of each ward. The combined electorate of the panchayat village directly elects the sarpanch, or president, of the panchayat. Constitutionally, panchayat elections should be conducted every five years.

All the villages in the sample are politically divided between the Telugu Desam (TDP) and the Congress party. The Bharatiya Janata Party (BJP), which heads the National Democratic Alliance, the ruling coalition in New Delhi, is a minor force in the sample villages. JR Palli village is politically active when compared to other two villages. In JR Palli the control of PRI has shifted from TDP to Congress in the recent elections. The president of the *mandal* (the tier of the local government hierarchy above the panchayat level) is from this village.[17] It appears that there is regular interaction between the PRI and watershed committee, which is headed by a chairman from the TDP. The Congress-controlled PRI is interested in overseeing and monitoring the watershed works so that no undue favours are done to the TDP party members. This works as a kind of check and balance. But this kind of activism is not seen in other two villages though there are political undercurrents that surface less frequently. This is mainly due to the mistrust between the two groups in JR Palli, which surfaced after the previous elections (1994). The Congress group appears to have fought vehemently to capture power in the last PRI elections obviously to teach a lesson to the TDP group. That is, the process of power shift and the dynamism of local leaders perhaps explains the activism i.e., actual events that led to or contributed to the change in party control were important in explaining the assertiveness of Congress people in JR Palli but not in the other two villages, especially DK Puram that had similar power shift. Before going in to the details of the process in the next section let us examine the socio-political composition of the local bodies.

The party wise composition before and after the recent elections indicates latent conflicts among the groups. There is total reversal in the power equations in all the villages. In all the villages there was a balance between the two political groups during 1994-1999 period but turned in to single party domination (accounting for more than 70 per cent of the ward members).

TABLE 3

Composition of PR Bodies in the Sample Villages (Before: 1994-1999)

Village	No. of wards	% of women	% Belonging to			% Belonging to	
			SC/ST	BC	OC	TDP	Cong
1.TV Puram	11	09	18	72*	---	45	55*
2.DK Puram	10	40*	10	80*	10	50*	50
3.JR Palli	11	36	55*	36	09	55*	45

Note: * Indicate the Category of the *sarpanch* or president of the PR body.

[16] Some times a Panchayati village consists of number of hamlets or small villages.

[17] Interestingly, even the MLA of the constituency comprising the three sample villages is from congress. So up to the constituency level congress is stronger, though TDP can bring pressure from higher levels i.e., ZP level or state level.

TABLE 4

Composition of PR Bodies in the Sample Villages (After: 2001-2006)

Village	No. of wards	% of women	% Belonging to			% Belonging to	
			SC/ST	BC	OC	TDP	Cong
1.TV Puram	11	00	27*	73	---	73*	27
2.DK Puram	10	30	10	90*	---	30	70*
3.Junjurampally	11	18	27	55*	18	18	82*

Note: * Indicate the Category of the sarpanch or president of the PR body.

The institutional framework of the watershed development is a complex structure connecting different levels of policy process.[18] At the village level two committees are of key importance. Because of their financial strength they often acquire political clout. At the watershed level an association representing all the members of village community who directly or indirectly depend upon the watershed area for their livelihood, is formed and registered as *Watershed Association* (WA). The WA elects its own President and office bearers. There is a demand that 'consensus' must be reached rather than going through an election process. The WA meets as frequently as necessary, but not less than twice a year to approve the projects and annual action plans and to review implementation, resolve disputes and establish procedures for operating and maintaining community assets. In other words, the WAs exercise overall supervision.

The WA in its first general body meeting nominates to the *Watershed Committee* (WC) roughly four representatives each from previously established Self-help Groups (SHGs) User Groups (UGs). These are supposed to provide adequate representation for women and Scheduled Castes/Scheculted Tribes (SCs/STs). The *Gram Panchayat* (GP), which is the village level PRI, nominates 2-3 members, and the Watershed Development Team (WDT), which is the interdepartmental group of government officials responsible for implementation, is requested to nominate one of its members for the VWC. The VWC, which elects a Chairman from its members, carries out the day-to-day activities of the Watershed Development Projects as assigned by the WA. The VWC is also responsible for co-ordination and liasing with the GP, the WDT, ZP/DRDA and the Government Departments for the smooth implementation of Watershed Development Plans. The VWC appoints a qualified local person as (paid) secretary and three volunteers (one woman, one SC/ST and one form any community) to assist the committee in programme implementation and to maintain the records and accounts.

The socio-economic and political composition of the watershed association and committees is presented in Tables 3 and 4. The social profile of the members of the members of these PSGs is different from that of the PRIs. This is because there are no government-stipulated 'reservations' for these bodies – and indeed no elections are held. In practice, bureaucrats often 'nominate' (or simply appoint) the office bearers. Women and SC/ST households are under-represented, while the other (forward and elite) castes tend to be over-represented. In fact, in two of the villages forward caste people hold the post of president of the WA and

[18] Oliver, et. al., 2001

chairman of the VWC. Similarly, only large and medium farmers hold the top positions while landless, small and marginal farmers are under-represented.

This clearly indicates an elite bias – in both caste *and* class terms. The class bias is conspicuous in the case of the WAs. This is mainly due to the fact that during the initial years of the programme it was perceived that the WA was a more powerful body than the VWC, as there is a kind of prestige attached to the position of the president. This is a by-product of imperfect information, and is widely perceived as such.

In party terms, the TDP dominates the watershed PSGs in two of the villages and holds half of the membership in the other. Note that these PSGs were constituted one or two years prior to the elections to the PR bodies. Hence, the political affiliations of the members do not reflect that of the PR bodies. Interestingly, the TDP has dominated both the WA and the VWC even prior to the *panchayat* elections in TV Puram. TV Puram is an example of how the contractor-bureaucracy nexus can dominate the watershed PSGs. Since the contractor belongs to the TDP he had become the chairmen of the VWC and got his followers as members and WA president. In the other two villages there was a compromise between the Congress and the TDP and hence they shared the WA and VWC positions. However, in two of the villages this compromise did not last long. In the first case (JR Palli), one party failed to honour a pre-poll alliance for the 1999 PRI elections. In the other village (DK Puram), the compromise broke down due to the failure of the PR president to implement a fair division of spoils between members of the two parties.

TV Puram: This village displays what might be termed a situation of 'passive political activity'. The village had experienced the shift in power from Congress to TDP. This village has a contractor belonging to TDP with good connections with *Mandal*-level party people and the officials. He managed to get the watershed programme to the village despite Congress holding the assembly seat from this region. Through official support he became the VWC committee chairman and could manage to get nominations of his people as members and also the president of watershed association. He played a dominant role in bringing the TDP to power during the recent elections. Were it not for the fact that the sarpanch's post in this panchayat is reserved for a member of the Scheduled Castes, he could have become the sarpanch.

He got one of his loyal associates nominated as WA president. He seems to be the dominating person in the village due to his economic position. He became a contractor and economically strong only in the recent years, which is attributed to his affiliation with the TDP during the last 5-6 years. He carries out all the developmental (contractual) works in the village. Neither the WA president nor sarpanch has any information regarding watershed works. Even the ex-president expressed ignorance in this regard . Discussions with the Congress group reflected a dejected and demoralised situation in their camp. In general, it seems that group rivalries are confined to a couple of weeks during election time. The contractor carries out his works smoothly even now.

DK Puram also reflects a situation of passive political activity, but somewhat better involvement when compared to TV Puram. Here also the political rivalry is confined to election time. The party division is mainly on caste lines within the BC community. During the 2001 PRI elections control of the panchayat shifted from TDP to Congress. This happened mainly due to the rivalry within the TDP group. During the 1990 elections TDP came to power. During the 1995 election the seat was reserved for women. The earlier

president got his wife elected. And now when the husband wanted to contest, people within the group opposed him, leading to a fragmentation of the vote, and resulting in victory for the Congress group. This village got two watersheds (A and B) during the TDP regime due to its size and influence with decision-makers at the district level. The second of these watersheds is managed by an all-women committee, which has just started. During the first watershed, the WA presidency was given to the TDP, while the VWC chairmanship was given to the Congress group as a compromise to avoid conflict. The position of VWC chairman was given to Congress largely because it was thought that the WA president's post carried more weight. After the PRI elections a Congressmen has become sarpanch. There have been no conflicts between the PRI and the VWC/WA, before as well as after the PRI elections. It is observed that people treat them as independent institutions. Until recently the sarpanch was indifferent to watershed activities.

Towards the end of 2002 the watershed guidelines were further decentralised at the PIA level. The funds are now directly transferred to the user groups constituted for a specific purpose, such as check dams, farm ponds, etc.[19] Each group will have a leader on whose name a bank account will be opened. Funds will be transferred directly to this account from the project director at the district level. However, VWC members claim that the *panchayat* president is forming fictitious groups and opening bank accounts in the name of his relatives without informing the VWC. In collusion with the PIA and other *Mandal*-level officials he is getting the money transferred to these accounts. The VWC is reluctant to get in to a conflict with the sarpanch and is wondering how to deal with the situation. Since the watershed is nearing completion, and substantial funds were already spent, the VWC is more likely to keep quiet. For, in the event of conflict, it is feared that the sarpanch can stall the works in collusion with the PIA.

JR Palli is different from the above two situations. It is a case of competing forces vying for political power and economic gains. This is a typical village of two groups with opposing party affiliations continuously obstructing each other. Prior to the 1995 PRI elections the situation in this village was similar to that of the other two villages. The conflict started during the 1995 elections when the village sarpanch's post was reserved for a member of the SCs. Given the low stakes in the election result for the dominant groups, which belong to forward and BC communities, both the groups have arrived at a compromise: the TDP group would keep the sarpanch's post (i.e., one of their loyalists from the SCs), while the Congress group would get the vice-sarpanch's post. The official procedure is that the sarpanch is elected directly by the voters, while ward members elect the vice-president indirectly. Where ward members are divided on the question of the vice-sarpanch, the sarpanch has the discretion to choose his or her vice-sarpanch from among the members. In the present case it was agreed that the TDP sarpanch-elect would nominate the vice-sarpanch suggested by the Congress group. However, the TDP sarpanch -- after his unanimous election (because the Congress, as promised, did not run a candidate against him) broke the deal. Instead, he nominated another member of his own (TDP) group as vice-sarpanch, as his group had a

[19] Each activity like check dam has a group of prime beneficiaries, who are formed in to a user group. Often these groups have about 10 members. Depending on the nature of activities, number of user groups would be formed in a watershed. This has reduced the margins of the contractors / PIAs. PIAs and officials have complained that this has resulted further complications in accounting and auditing of the already complicated process. This has resulted in delays. When we last visited (March 2003) most of the works were stopped and PIAs were waiting for the change of rules.

simple majority in terms of members of the panchayat.[20] This incident outraged the Congress group, and since then they have been waiting for an opportunity to teach the TDP group a lesson. Another interesting aspect in this village is that there are contractors in both the groups. While Congress has two big contractors (who are brothers), the TDP has six small contractors. There is always competition between the two groups to get the works contracts. These contractors have strong incentives to keep their people in power.

The Congress group got its first chance to teach the TDP group a lesson when the watershed programme was initiated in the village during 1998-99. The Congress group opposed the implementation of watershed programme in the village tooth and nail. According to members of the TDP group, the Congress group opposed the watershed programme, thinking that they will not get any contractual works from the programme, as the TDP was in power at the *mandal* and district levels (as well as controlling the village panchayat). Finally, due to the influence of outside political and official patrons, the watershed was assigned to the village. A compromise was worked out in terms of sharing the posts of WA president and VWC chairman. In the absence of proper information, the Congress group opted for the WA president post, while the TDP got the VWC chairman position. The younger one of the Congress contractor brothers became the WA president while the TDP group leader became the VWC chairman. Realising, belatedly, that the WA was less important in practice than the VWC left the Congress group feeling further cheated. This, coupled with the conflicts between the groups over the works contracts (and the shares assigned to their affiliated contractors), meant that no works were taken up during the first year. Later there was a compromise on sharing the works on a 50:50 basis between the two groups.

The real opportunity for the Congress group to get revenge was the 2001 PRI elections. Congress trounced TDP by a huge margin (TDP won only 2 out of 11 ward seats). The Congress WA president became the *panchayat* president as well, while his elder brother went on to win the *mandal* presidency. With a Congress MLA representing the assembly constituency, the brothers became very powerful. Though the TDP VWC chairman manages to get things done under the watershed programme due to the overall power equation (that is, with the TDP in power at the district and state levels), the Congress group is more powerful at the village level. This set the stage for conflict.

In a recent episode the TDP-controlled VWC refused to construct a check dam that was approved by the Congress-controlled WA. The VWC chairman backed out with an excuse that the check dam would come in the middle of a road.[21] The real reason, however, was that the location of the check dam is such that it benefits mainly landowners from the Congress group. The Congress group, which due to its control of the WA should in theory have been able to instruct the VWC to construct the check dam, could only get it done after bringing in the AP State Irrigation Development Corporation (APSIDC), which cleared the suitability of the site.

[20] Interestingly, this issue was discussed in front of us when the leaders of the both groups were present. While the Congress group kept accusing, others maintained silence. Even privately TDP group avoided this issue while raising other issues against the Congress group.

[21] When the PIA team leader questioned the VWC chairman why he signed in General body meeting, he said that he did not realize the problem.

Contractors and Politics: Three Scenarios

The three sample villages portray three different scenarios regarding the political dynamics of policy implementation. Clearly, the contractor-official-politician nexus seems to be unlikely to deliver the programme's intended benefits, especially those that should be directed at the poor. This happens because of the sharing of rents.

The three scenarios include situations in which:

1. contractors have little or no presence (DK. Puram);
2. the contractor is the dominant figure (TV Puram); and
3. the contractor and political elements are active (JR Palli).

Though the financial and administrative controls are in the PIAs' hands, their discretion to make biased spending decisions is diluted when there are strong benevolent leaders with political influence at the village level. In the absence of such leaders, the effectiveness of the programme depends on the benevolence and honesty of VWC chairman and members. Though strong political leaders are present in JR Palli they are self-seeking contractors and 'effective' only to the extent of ensuring the distribution of benefits between the political groups, which is of course not necessarily to the benefit of poor and vulnerable people.

Added to this there is a 'social nexus' in JR Palli. That is, one family, due to its economic and political strength, is in control of the Congress group. Often the poor and vulnerable get the spillover benefits, as the endeavour is often to please the politically active groups. Some apolitical households and landless poor in JR Palli stated that watersheds, despite the conflicts, may bring some improvements to their lands as well as some employment benefits. That is, there is rationality in politicisation, in that leaders of political factions, in order to consolidate their hold over a group of political supporters, must deliver at least some benefits (though the programme itself, and not merely through other, diffuse forms of reciprocity in other areas of elite decision-making). Politicisation, however, because it involves appeals to higher levels of political influence, tends to delay the process of implementation, as happened in JR Palli.

In TV Puram every thing is left to the contractor who is also the VWC chairman. This reduces the potential for overt partisan conflict of the sort that could delay implementation. The VWC chairman follows the technical guidelines suggested by the PIA and WDT (watershed development team). His interest is in carrying out the works and making profits. One problem, however, is that the quality of works may suffer.

In DK Puram works are carried out as per the technical guidelines and often under the supervision of the VWC committee. Even when outside contractors are used (very rarely) the quality of works is ensured by close supervision. The VWC team is not dominated or controlled by the chairman and hence is more participatory (with other VWC members and fellow farmers playing active roles).

In all three cases, however, the role of the WA is limited to the initial meetings and electing the VWC members, chairman and WA president. Often the WA president is not aware of the

happenings in the watershed, except in the case of JR Palli, where the WA president is also village sarpanch.

There was no preparatory work prior to constituting the bodies in the sample watersheds, as there should have been according to the programme guidelines. Villagers are informed about the Gram Sabha (village assembly) two days prior to the meetings. The general impression obtained through the field investigations is that officials name the members of the committees, including the president and chairman. People neither visualise nor understand the connection between PR and watershed bodies. They consider them as separate entities.

Relations Between PRIs and PSGs: Four Types

In the villages that are politically active, however, a lot of groundwork was necessary for formulating the mutually agreeable WA and VWC (as in the case of JR Palli). Interviews in the sample villages and elsewhere revealed that the prevailing situation across the villages with regard to the relationship between PRIs (democratic bodies) and the parallel PSGs (nominated), especially WAs and VWCs, can be broadly grouped into four categories. The basic point of differentiation is how PR bodies view these parallel institutions. These situations can be grouped under, a) conflict ridden, b) competitive checking, c) political nexus, and, d) passive observation.

a) Conflict Ridden

Conflict-ridden villages are almost always torn between two party-affiliated political groups or factions. In these villages, development programmes rarely enter. Even if they enter they will be forced to withdraw due to persistent conflict. For instance, murders have taken place in some villages in the Rayalseema region in order to gain control of the watershed committees. Initial compromises brokered by officials often fail to hold firm; factions are deep-rooted and often stems from within a kin or lineage group. For instance, in the SR Puram village, two neighbours who are powerful in the village lead the two factions. One group became dominant following the last assembly elections where the party to which it was affiliated, the TDP, had its candidate elected as the area's MLA. A watershed programme was initiated in the village as a result of the local TDP group leader's contacts with the new MLA (who was himself influential). All the positions to the WA and the VWC were given to associates of the TDP leader, 'unanimously' approved by a hastily called gram sabha under the watchful eye of the PIA officials. Within hours of the proceedings, the opposition (Congress) group gathered at the same spot and started shouting slogans and abuses. This resulted in the killing of three people from the Congress group. The case is currently pending in court.

Another similar incident, though not bloody, has brought the programme to a standstill in another village. In a multi-caste and conflict-ridden village (R Kunta) a watershed project was introduced by the district administration by forming the WA and nominating the members and the chairman of the VWC. No group protested about the distribution of positions initially, thinking that the chairman would not have any financial and administrative role in implementing the watershed programme, as this had been the village's experience with an earlier World Bank-aided watershed development programme. But as soon as people began to realise that the VWC chairman would have financial control over Rs. 2 million the conflicts started. The opposing groups insisted that unless the appointment of the VWC

chairman was reopened, no watershed works would take place in the village. This turned out to be prophetic. Though we have gathered evidence of the existence of this syndrome in a number of villages, none of our main case study sites falls in this category. The research design intentionally avoided these villages, as the objective was to examine the impact of election-induced shifts in party control on project implementation, focusing on cases in which inter-institutional and inter-group relations were relatively harmonious prior to the elections.

b) Competitive Checking

'Competitive checking' villages are those where political groups work in a competitive situation. The competition is for gaining maximum political credit for their developmental activities. In such situations panchayats seek involvement in the day-to-day activities of the watershed committees, especially when the leadership of the panchayats and the watershed bodies belong to different parties. The active involvement is to check whether benefits are favouring the party followers of the VWC chairman. Our broad finding, based on information from across a range of cases beyond those that form the core sample for this study, is that this takes place more often in the villages where a shift had taken place in the recent elections. Our sample village JR Palli is a good example of such a situation. Congress ousted the TDP as the majority group in the village panchayat in the 2001 elections. The replacement of the TDP by the Congress appears to be widespread in this region.

There are also cases where a the tension between two local factions – one in charge of PRI and the other in charge of VWC – helps to create some checks and balances which reduce biases / benefit-hogging.

c) Political Nexus

Another category consists of cases in which there exists a nexus between PR bodies and PSGs irrespective of the control over positions by different groups. There are many variations on this theme, but it takes two main forms. It is observed in the case of JR Palli that the Congress group leader's younger brother was nominated to the post of WA president when there was a compromise between the groups in sharing the WA and VWC positions. This facilitated the division of spoils (contracts) between the groups even prior to the PR elections. The contract works were shared in 50:50 ratios between the groups. This type of arrangement tends to occur more frequently in 'reserved' PR constituencies. Allocation of posts between groups depends on their relative bargaining power and information. As we have seen, in many cases people opted for lower positions, as they do not have perfect information or knowledge.

Another form of nexus or compromise is the sharing of PR and parallel institutions between two groups. A case in point is that of RKK Kunta village, which had the experience of watershed development under an earlier World Bank programme. This village is severely divided along caste lines, though both of the two main castes (the Yadavas and the Kurubas) belong to the BC category. The watershed programme was initiated in the village after the PR elections of 2000-01. A member of the Kuruba was interested in contesting for the post of sarpanch in the PRI elections. The village elders convinced him to withdraw from the contest by luring him with promises of some other prominent position in the future. The candidate from the Congress group (from the Yadava caste) was elected unopposed. When the village was selected for watershed programme, keeping in view the assurance during the election period, the village elders proposed, for the post of VWC chairman, the name of the Kuruba

man who had foregone the election contest earlier. The election was unanimous in the gram sabha.

Another slightly different case was found K Padu village. This village is led by an economically dominant but numerically insignificant (eight households) caste group – the Reddys. This group is divided equally between the Congress and the TDP, and accommodations are usually reached to ensure a distribution of developmental spoils, and decision-making authority, between these groups. When the watershed programme was introduced in the village the TDP group opted for the VWC chairman's post. The chairman then nominated all his party people in proportion to their caste strengths as members of the committee. The chairman is a full-time contractor and resides in the district headquarters of Anantapur. His prime interest is making money.

The Congress group silently supported and accepted the unanimous selection of TDP men as VWC chairman and members. This was because both party groups had reached an agreement that the Congress person would be unanimously elected as the village sarpanch in the forthcoming elections (in 2001). Since there were no contractor interests in the Congress group, they agreed rather happily. At that time TDP was in power in the village PRI, but the TDP chief (the contractor) was willing to relinquish this post in exchange for control over the VWC. As promised, the Congress person was unanimously elected as panchayat sarpanch during the last elections. In effect, the creation of a parallel body through the watershed programme made it possible to accommodate leaders of both of the two main party-affiliated factions in the village with positions of authority.

Because of the clear understanding between the groups – which could be charitably characterised as collective action, or disparagingly described as collusion – there was no accountability on either part. In fact, informants revealed that the gram sabha was held only once, i.e., at the time of formation of VWC and the WA, and never again after that. PIA officials have simply instructed the VWC chairman to regularly obtain signatures from committee members and ordinary villagers in order to create the illusion, on paper, that meetings were conducted regularly every month. Whenever the officials visit the village, this is recorded it as a meeting held. No advance intimation is given to the people regarding official visits. It is also reported that these officials come to the village merely to supervise the works, as they themselves are the contractors.

The chairman of the VWC is illiterate, and has little awareness of the watershed guidelines or the works in progress. He agrees to whatever the PIA and his associates tell him. Some of the villagers say that the VWC Chairman gives shares to other prominent people in the village to assure their support in future – particularly in case of any questions or enquiries regarding the quality of or financial reporting on watershed works. The chairman himself confessed, though indirectly, that the officials demand 25% commission for sanctioning the bills, which he used to bring to them at their residences, while another 10-15% commission was used for some other expenses. He further informed that of late he refused to pay the 25% to the officials and hence the work progress has slowed down. This type of arrangement is often termed as 'informal convergence' between PR bodies and parallel institutions.

The sharing of spoils and compromise between groups is possible when there exists equally strong groups. In the absence of strong opposition the powerful group takes over the situation, especially when their party is in power at higher levels of the political system. In one village, when officials initially introduced the watershed programme in the gram sabha

there was a clash between the TDP and Congress groups. Given the situation the officials resorted to a show of strength (through raising of hands). The TDP ended up winning the contest for VWC chairman. Later, group as well as caste balance was maintained in the VWC membership, and the WA presidentship was given to the Congress group. It is reported that the watershed works are going on smoothly with out any conflicts between the groups. The main reason appears to be that the 2001 PRI elections confirmed the electoral strength of the TDP, undercutting any nascent grumbling among the Congress group that their group had more popular support, and therefore should have been awarded the post of VWC chairman.

The preceding discussion indicates that there is a blurring of the lines between inter-group conflicts based on economic divisions and those based on political differences. This is due to a significant trend: the tendency either for politicians to turn into contractors or for contractors to turn into politicians. This, in turn, is mainly the result of the financial incentives in the programmes like watershed development and water user associations. Not only the financial flows to these programmes are unprecedented and much higher than the funds available to PR bodies, but also the institutional arrangements have facilitated the access to funds to the village people. While this is a good indicator of decentralisation, its misuse appears to be more widespread in the absence of transparency and accountability. As a result, even the powerful and dominant groups at the village level, as observed in one of the villages, are preferring the VWC chairman position to position of *sarpanch* in the elected PRI. This narrowing of the gulf between money and politics at the village level is a reflection of trends at higher levels of the political system. If effect, the means by which watershed programmes have been permitted to operate has assisted this percolation of money politics down to the base of the political pyramid.

The ability to secure the conditions under which money can be made from watershed programmes has driven the emergence of compromises between party-affiliated groups in a number of case study villages. The positive side is that the nexus, though not inherently desirable, facilitated the smooth running of the programme in some of the villages. That is, while collusion in sharing of rents is not something generally to be desired, it may be a positive thing to the extent that it creates the necessary (though not sufficient) precondition for pro-poor collective action.[22]

Recent developments indicate that there is also often a nexus between the dominant political parties at the higher level. This nexus appears to be more widespread and deep rooted than previously imagined. Heavy fund flows into development programmes are the main incentive for bridging the political divisions leading to sharing of rents. For instance, corruption charges levelled against the TDP chairman of the Zilla Panchayat (reported in the press) were, surprisingly, denied by a majority of Congress opposition members of the Zilla Panchayat in an open press conference. This attracted the ire of state-level Congress high command.[23] This kind of cross-party nexus is also noticed even in JR Palli when we discussed this issue with the Mandal panchayat president. He was not all that opposed to the notorious Janmabhoom*i* programme[24] though he belongs to the Congress and Janmabhoomi is widely

[22] Though the extent of benefit flows to poor or non-political groups is doubtful (as observed in JR Palli), it (nexus) certainly facilitates benefit flows, i.e., something is better than nothing.

[23] This was reported in a series of articles in *Eenadu*, Anantapur District Edition, May 2002.

[24] Janmabhoomi is a means devised by the Chief Minister to improve the exposure of government officials and politicians to the problems of rural people through direct exposure in high-profile development 'camps' – rural jamborees in which all manner of development benefits are handed out directly to local people. It has been widely criticized as a populist and rather patronizing means of enhancing the personal popularity of the CNM, and of course for deeply undermining local government structures.

criticised for benefiting supporters of the ruling TDP. This particular Congressman is getting 50 percent share in the works allotted at the village and also outside as a result of the opportunities his position provides to act as a brake on implementation activities, were he not satisfied with the way in which the projects were being carried out. This form of collusion, however, places him in conflict with his state-level party, one of the main election planks of which is the abandonment of the Janmabhoomi programme.

d) Passive Observation

The final, and perhaps most common, scenario is that of passive participation. Two of our sample villages (TV Puram and DK Puram) represent this situation. PRI bodies accept the parallel institutions as another initiative or programme by the government. PR bodies are not keen to know about the detailed activities of the watershed development projects, though they are aware of the programme in general. At best PR bodies are indifferent to the activities of watershed development activities. This is mainly due to the nomination process followed in the formation of watershed committees and associations. In a majority of the cases officials carry out these nominations. These watershed institutions are treated as temporary bodies established to facilitate the implementation of the watershed programme, whereas PRIs are considered permanent and more prestigious.

One key reason for the situation of passive observation is the non-existence of contractors within a village (or the existence of one dominant contractor). But other reasons are related to the political equations at the village level. One important difference between these two villages on the one hand, and JR Palli on the other, is the presence of forward caste households in substantial numbers in JR Palli. Often these socially elites are interested in capturing power one way or the other.[25]

In the case of DK Puram, the TDP lost the recent PRI elections to Congress, mainly due to internal dissension. The watershed project had been previously established, with the WA president belonging to the TDP and the VWC chairman belonging to the Congress. This happened during the tenure of TDP at all levels (Village, *mandal* and constituency) when officials distributed the posts between the groups and castes. The TDP group miscalculated the powers of the WA president and VWC chairman and opted for the former. As a result, the village sarpanch and the VWC chairman turned out to be from the same (Congress) group in the post-election scenario.

Since there were no local contractors from *either* group in the village, there was little conflict over shares in the construction contracts, and watershed works were carried out smoothly. Observations and discussions with the villagers indicated that the works were carried out systematically in a technically appropriate manner. No favouritism was attributed to the VWC chairman, even by the opposition (TDP) group. During the initial field visits it was expressed that there was no conflict between the PRI and the VWC, not only because their leaders belonged to the same group, but also because the sarpanch was of the opinion that the VWC was nominated by the district officials to carry out watershed works for a period of four years.

But, during our final field visit in March 2003 the VWC members complained that the sarpanch is siphoning the watershed funds to his kith and kin with the help of PIA and other

[25] Even the limited number of socially elite households in these two villages is not economically dominant. Adding economic power to social elite radically changes the power equations (see the earlier section box- 2).

officials. This is facilitated by recent changes in the watershed guidelines stipulating that funds would be *directly* provided to the user groups rather than to the PIA and VWC. The sarpanch had formed some fictitious groups and opened back accounts in the name of his family members and close associates as heads of the user groups without informing the VWC. Officials have supported him in order to gain a share of the spoils, and because the sarpanch also has political support at mandal and assembly constituency levels. The TDP group within the village is yet to react to the situation. One reason why is that they may need the sarpanch's support in future, even after the completion of the watershed. This case emphasises the point made earlier – that economic interests cut across party lines.

TV Puram, on the other hand, is characterised by the dominance of a single contractor. Though there was a shift of power from Congress to the TDP in the 2001 PRI elections, the groups are not active and the conflicts, if any, are limited to election time. The contractor (who belongs to TDP) had already managed to benefit from the watershed project prior to the elections. The village panchayat was reserved for SCs during the previous tenure. The SC sarpanch was not active, adding to the passive political situation in the village. This contractor, using his political connections and financial muscle, got himself nominated to the VWC chairman's post and got all the other positions (including the WA presidency) filled up with people from his group. Taking advantage of the passive situation in the village, the officials did not perform any balancing act (which is the normal practice) in nominating the members to VWC or the WA.

During the PRI elections, the contractor-cum-VWC-chairman put up as a candidate for sarpanch one of his own men, who won the election. The interesting point here is that the contractor did not venture into politics despite the fact that he could easily have won. He says he is not interested in politics. Perhaps, he is getting the double advantage of getting the benefits of power without identifying himself so closely with either party that he could not exert influence higher up the political pyramid were the Congress to take power in the state. As things stand, this contractor carries out all of the works in the village, whether these involve watershed projects, Janmabhoomi, the JRY scheme, and so forth. He has cordial relations with the PIA and officials,[26] with whom he is most likely sharing the spoils.

The passive nature can also be viewed in terms of indifference. People develop indifferent attitudes towards the programme due to the non-participatory approach in this generally docile community. This dimension is observed in K Padu village. The Watershed committee and Association are nominated and composed of all the castes. The villagers have only once attended the meeting – i.e., at the time of formation of committees. Though officials, the PIA and team leaders often visit the village, no meetings were conducted. There was no participation of farmers in taking up or prioritising the works. It is reported that there is a mismatch between the requirement and the provisions in the guidelines. The location of the check dams was not discussed with farmers and quality of work is very poor rendering the structures obsolete before it is even finished. Officials and the VWC are reluctant to be flexible in order to fulfil the people's demands, especially the marginalized sections (see the section on impact, below). Machinery was widely used in the watershed works, depriving the villagers of wage employment.

The chairman of the VWC lives in Anantapur town. The chairman visits the village only on Sundays to look after the watershed works, to lend and collect money, and to settle matters

[26] This we observed even during our visits. Whenever we went to the PIA he was present there, either by design or by accident.

related to his personal agricultural lands. Though there are political groups in the village, they are active only during the election period.[27] The VWC chairman and WA president are close relatives. SCs and labour groups are given due importance only during the election period and never after that. The WA president stated that neither the VWC chairman nor the officials are working in association with the farmers. Neither the villagers nor he himself knows anything about the physical or financial details related to the watershed. He attended a meeting only at the time of formation of Watershed Committee/Association. This is mainly due to lack of awareness among the people. Though sufficient money and time are earmarked for this purpose, the PIAs have neither the time nor personnel (nor inclination) to carry out the process of awareness-building in a systematic fashion.

To recapitulate, collective action potential at the village level depends on socio-economic-political structure of the community. A combination of these factors rather than individual factors helps to explain the divergent outcomes found throughout the region in which the study was conducted. When political conflict (on party/factional lines, or on the basis of caste or personality clashes) is particularly acute, the result is a lack of collective action on project works. These 'conflict ridden' situations are relatively rare, however, as PIAs have strong incentives to avoid locations characterised by severe conflict. There is another large category of cases in which 'passive observation' is found. Here awareness is lacking and project norms are easily flouted.

But a large bulk of the cases are characterised by the two middle scenarios – either 'competitive checking' or one or another form of 'nexus'. The domination of political groups by key representatives of economic (contractor) interests often results in a form of collusive collective action in order to protect the rents to be obtained through smooth functioning of the project. Other forms of collective action, however, are more benign, representing less egregious theft of public resources, and in effect shading towards the 'competitive checking category'. The latter sort of situations, while relatively rare, appear likely to be found more often in contexts in which competition between contractors coincides with acute electoral contestation. The situations reflecting the collusive form of nexus appear to be on the rise. This is mainly due to the availability of sizable funds coupled with the increasing overlap between economic and political power.

Overcoming Decentralisation and Reservations: Party Building through Participatory Stakeholder Groups

Another way to look at the promotion of parallel institutions is through the prism of the rationality of politics. That is, these parallel institutions are not only created (nominated) by the bureaucrats but also dominated by the social elites and rich in the villages, whereas a majority of posts in PRIs are occupied by socially disadvantaged people due to the constitutionally mandated reservations for PRIs. There still exists an invisible wall between the village elite and other communities, more so in the backward regions like Anantapur.

As per the reservation policy, seats in PRIs (and the presidential posts) are reserved according to the following quota system. Scheduled castes: 15 %; Scheduled Tribes: 7.5 %; Backward castes: 33 %; Women: 33 %. The remaining 11.5 % of the seats are left for other castes (forward castes) males. Within the women's category, the same caste-wise reservation policy is followed: i.e., 15 % of the posts reserved for women are for SC women, 7.5 % for ST

[27] Here also the chairman is all-powerful and a contractor too.

women, and 33 % for BC women. Thus, less than 30 % of the total number of seats (including the non-caste-reserved portion of the women's quota) is available for forward (elite) classes to contest (and even these can be, in theory contested by members of groups from the reserved categories, though this almost never happens).

This situation is a big drawback for these communities who previously held a majority of seats in the PRIs. The 'opportunity vacuum' created by the reservation policy seems to have been filled by the parallel bodies like watershed committees or associations. The position of president (watershed association) and chairman (watershed committee) is disproportionately held by forward castes. On the other hand, all the other communities are under represented (Table 5). This is true even in the case of economic classes (Table 6). This dimension is also clearly reflected in our sample villages (Tables 7 and 8).

TABLE 5
Number of Families involved in the Watershed (Social Status-wise) 1998-99

Category	Total Families	President	Chairman
Scheduled Castes	217290 (19.1)	123 (6.3)	128 (6.8)
Scheduled Tribes	126652 (11.1)	209 (10.7)	160 (8.5)
Backward Caste	454817 (39.9)	626 (32.0)	608 (32.2)
Others (forward castes)	340411 (29.9)	996 (51.0)	992 (52.5)
Total Families	1139170 (100)	1954 (100)	1888 (100)

Note: Figures in parentheses are respective percentages.
Source: "Status Report", 1998, Department of Rural Development, Government of Andhra Pradesh, Hyderabad.

TABLE 6

Number of Families involved in the Watershed (Land Class-wise)- 1998-99

Category	Total Families	President	Chairman
Large Farmers	141249 (12.4)	420 (21.5)	474 (25.1)
Small Farmers	402373 (35.3)	682 (34.9)	652 (34.5)
Marginal Farmers	330643 (29.0)	410 (21.0)	390 (20.7)
Landless	264905 (23.3)	442 (22.6)	372 (19.7)
Total Families	1139170 (100)	1954 (100)	1888 (100)

Note: Figures in parentheses are respective percentages.
Source: "Status Report", 1998, Department of Rural Development, Government of Andhra Pradesh, Hyderabad.

TABLE 7
Composition of the Watershed Association

Village	No.	% Members belonging to

		Women	SC/ST	BC	OC	LL	MF	SF	Md. F	LF	TDP/ Cong.
1.TV Puram	9	---	---	100*	---	11	---	22	67*	---	78*/22
2.DK Puram	9	---	11	78*	11	---	45	11	---	44*	56*/44
3.JR Palli	8	25	38	50*	12	25	13	---	12	50*	25/75*

Note: * Indicate the Category of the president of the Watershed Association.
LL= Landless; MF= Marginal Farmers; SF= Small Farmers; Md.F= Medium farmers; LF= Large Farmers

TABLE 8
Composition of the Watershed Committee

Village	No.	% Members belonging to									
		Women	SC/ST	BC	OC	LL	SF	MF	Md. F	LF	TDP/Cong.
TV Puram	11	09	18	73*	---	09	---	18	64*	09	82*/18
DK Puram	12	25	17		08*	---	17	33	08	08*	50/50*
JR Palli	09	11	11	75		11	11	11	--		56*/44
				33	56*					67*	

Note: * Indicate the Category of the president of the Watershed Association.
LL= Landless; MF= Marginal Farmers; SF= Small Farmers; Md.F= Medium farmers; LF= Large Farnmers

As discussed earlier, there are arguments in favour as well as against the parallel institutions. The main argument in favour of the parallel institutions is that user groups or CBOs know their problems better when compared to politically oriented PR bodies. As our analysis clearly brought out, there is no evidence to say that these parallel institutions (VWCs and WAs in our case) are apolitical.[28] In fact, they are equally politicised. Nominations are often made on political or group basis. Further, these bodies often form a nexus with political functionaries in PRIs or at higher levels of the political system. As the data clearly indicates **(Tables 9 and 10)**, parallel institutions are used to bypass the PRIs in order to strengthen the cadre base of the party in power. Empowering the PR bodies with substantial funds could go against the state-level ruling party's interests by providing opportunities for political patronage to opposition groups. This type of subversion is of course not new to the Indian polity.[29] Maharashtra has long bypassed the PRIs bodies and used the administrative route to implement the massive employment guarantee scheme (EGS) since the early 1980s for precisely the same reason. On the other hand, West Bengal used the PRIs to strengthen the CPI-M's cadre base, despite the fact that many local bodies were in the hands of the opposition Congress party. Schemes such as national rural employment programme (NREP)

[28] It is a myth and naïve to say that CBOs are above politics. Politics is pervasive.
[29] For an interesting comparative study see Echeverri-Gent (1992).

are in theory designed to strengthen the marginalised sections and nullify elite dominance in the PRIs. Interestingly, the AP model has taken a middle path of short-circuiting constitutionally supported structures in order to strengthen the TDP cadre base through creating parallel institutions. This has helped in creating space for meso and micro level politicians in terms of power as well as rents. This political agenda is being pushed in the name of development.

The scale of the programme supports the argument of widespread strengthening of the party cadre base. No other state has implemented the watershed programme on such a large scale, as the nature of the programme requires intensive approach rather than extensive approach. In the absence of effective controlling and monitoring systems, the watershed programmes have become the support systems for the local contractors. As observed in our case studies, contractors prefer the VWC chairman position to the village sarpanch position. In the process this programme may end up creating an army of village contractors.

The main problem is that there is no accountability on the part of the PIA and VWC to any statutory body at the sub-district level. PIA or the VWC is not answerable to PRIs at the village or *mandal* levels; they are answerable to the DRDA at the district level. At the village level, nobody has the statutory right to question the quality of works, distribution of benefits, etc. This only happens in practice when there is active involvement of party-affiliated political groups within the villages, and even then usually only when the local faction leader can bring pressure to bear by means of contacts with influential political leaders higher up the political pyramid. There is no transparency in terms of works and money spent unless the PIA and the VWC wishes to reveal the relevant documentation. More importantly, in the absence of any linkages between the permanent PRIs and the VWC and WA, the follow up to the programme is weak. Since the programme is time-bound (lasting no more than four years), the PIA automatically withdraws from the village after completing the implementation, and the VWC is also dissolved.

The WA is expected to take the responsibility (as per the guidelines) of sustaining the programme in terms of maintaining the structures, etc. During the implementation of the programme, a watershed development fund from user contributions is created. This varies from villages to village, depending on the contributions. Even in the best cases these funds are sufficient for short periods only. The WA is expected to devise methods and systems to maintain the fund in order to sustain the programme in the long run. But given the secondary role (to put it mildly) assigned to the WA during the implementation period, the WA is neither interested in nor aware of any responsibilities after the completion of the project. The universal response we got from the villagers to our question on follow up action is that they "do not have any idea whatsoever."[30] Therefore, the present institutional structure or *modus operandi* does not ensure follow up or sustainability of the programme. In this regard, the 1994-95 watershed guidelines are clear in saying that the responsibility of implementing the programme should be shifted to PRIs once the 73rd constitutional amendment comes into effect.

Our field observations clearly brought out that parallel institutions created for watershed development programme are not apolitical. Besides, evidence indicates that they are not above falling prey to the contractor-politician-official nexus. On the contrary, they have become breading grounds for the *proliferation* of contractors – as politicians, local project

[30] This is true even in some of the best NGO implemented watersheds (Reddy, et. al, 2002).

managers (in their role, in some cases, as VWC) and often as heads of 'NGO'-managed PIAs. Based on our evidence, and given the nature of the programme, we argue that there is a clear need for integrating watershed development programme with PRIs.[31] Given their constitutional validity, PRIs are more accountable, *even granting all of their current shortcomings* (elite capture, proxy leaders, official complicity in violation of norms) than the existing parallel bodies. When implemented independently (from PRIs), people often treat the watershed programme as another subsidy programme and restrain from actively questioning the process of implementation. This is more so when line departments are involved in the implementation than when NGOs take on the role of PIA.

The dynamics would likely be different (though not perfect) if the programme were implemented through PRIs. Often opposition groups take a more active interest in the PRI activities at the village level than they do in an independent developmental programme. We argue there would be more cases of active than passive and participation at the village level if PRI were in charge of implementation. Moreover, the contractor role also would be reduced to a large extent due to the active participation of the community, especially in the currently passive or indifferent types of villages. Though there is a danger the PRI sarpanches may become contractors, the extent and intensity in rent seeking would be on lower scale due to the active probing of opposition groups. Moreover, the risk of losing the next election might lead to a more moderate level of rent seeking. Bringing development programmes under the PRIs would also ensure some kind of balance in the distribution of benefits, especially to the under privileged sections, due to the reservations to the PRIs. Our analysis clearly revealed that the elite sections of the rural communities mainly control the parallel watershed institutions in the absence of reservations to the key posts in these structures.

Likely Impact on the Poor

The ultimate benchmark of any development programme is its effectiveness in achieving the set objectives. The main objective of watershed developmental programme is to strengthen agricultural production and improve livelihoods in an equitable manner, especially in the rain-fed regions. Though it is too early to assess the impact of watershed development programmes on rural livelihoods, an attempt is made here, based on the process of implementation of the programme, to gauge the *likely* impact of the programme across different sections of the rural community.

This assessment is based on our discussions with both beneficiary and non-beneficiary households regarding the implementation of the programme; the coverage of the beneficiaries; and the expected impact on their fields. As far as our sample watersheds are concerned, three quarters of the funds have already been spent on various activities. As expected JR Palli is somewhat slow, especially during the year 2002-03, due to the conflicts between the groups over construction of a check dam.

Of the three sample villages, the process of implementation is systematic in DK Puram, which does not have the presence of strong political groups or contractors. People belonging to all communities are fairly satisfied with implementation. Landless labourers have gained employment and wage benefits. Farmers are expecting some benefits through soil quality

[31] We are restraining from commenting on the possibilities of integrating PRIs with other parallel institutions, as mentioned earlier parallel institutions are different from one another and need different approaches. This is clearly beyond the scope of the present study.

improvements and groundwater recharge in the near future. In the other two villages also farmers are expecting these benefits. In TV Puram people are not particular about the process of implementation of the programme. While the labourers are getting employment benefits, farmers stated that the programme is implemented as per the advice of the officials and hence they do not have any say. Basically they are not aware of the programme. On the other hand, in JR Palli people are aware of the programme. At the same, while the rival factions compete for their share, the distribution to those social groups detached from inter-elite conflict is lacking.

As far as the processes of implementation and coverage of beneficiaries are concerned, it is revealed that in most of the villages only one gram sabha was conducted – and that too only when the committees were formed. During the first year of the Watershed programme in one of the villages (K-Padu), the SC farmers approached the VWC chairman and concerned officials with a request to allow them to form pebble-bunding. Despite repeated requests, their proposal was not sanctioned, the stated reason being that the scheme allows contour bunds but not pebble bunds. But the SC farmers were not ready to take up contour bunds, as this requires digging the top fertile layer of the soil, which results in further deterioration of soil. In the same village six check dams were constructed, out of which three were in the lands of SC farmers. These check dams are of no use not only because their quality is poor but also the location of the dams were not discussed with the farmers. In another village (I-eru), it is reported that no works were taken up on the lands of SCs. Neither the VWC chairman nor the officials have asked them about any works in their fields, the reason being that their lands are far away from the village, and they do not have agricultural wells or bores in these lands. Hence, the officials said that the watershed works would not be beneficial to them. These are blatant lies. Further, the SC members of the VWC were informed that construction of check dams was taken up caste-wise, but no check dams were constructed in the fields of SCs. Therefore, this indicates the inequity in the execution of works.

In S-Palli it is reported that all the important posts were given to members of a single forward caste, though the village sarpanch belongs to an SC caste. His role, however, is nominal. All the works are taken up on the orders and consent of the local MLA of the ruling TDP. Though there are members from TDP and Congress in the village, there are factions within them, and hence they obey the orders of the ruling party MLA. During our discussions, while the VWC chairperson's son was explaining about the works taken up and implemented, a few people did not agree with him, saying that the works were not done as he had described. For instance, they strongly protested that they had not received the 72 solar lamps that had supposedly been distributed. A few commented that they doubt even if half of the items mentioned are distributed. This made the chairperson's son repeat the same statement in an authoritative voice, which made the people quiet.

Similarly, gender issues are addressed in a superficial manner. The male leaders of the village control the all-women watershed committees. Often sons or husbands carry out the works. Female members serve only for symbolic purposes. For instance, in I-Peru watershed a women belonging to the Boya caste was elected as the VWC chairman, but died soon after the election. Her daughter-in-law was elected as chairman, on the grounds that her husband (who gained experience while his mother was chairman) would help her in the watershed works. The role of women is reported to be restricted to rubber-stamp signatures, while the male members look after all the works. Mrs. Kamma Jayamma, SHG organization president and present chief voluntary leader of user groups, said that her husband used to look after all the works. However, women members have stated that now they are working together and the

attendance percentage of women in the meetings has increased. They also succeeded in eradicating alcoholism by 75 %.

In general, the impact of the programme on the landless poor is likely to be limited to temporary wage employment. This is mainly due to the nature of the programme – that is, it is land based. However, as reflected in our discussions, the impact is expected to be prominent in the villages where implementation is good. In our sample villages the implementation is satisfactory only in DK Puram. In the other two sample villages (as well as the many other villages where less intensive fieldwork was carried out, and where results have been discussed above), the implementation is not systematic. The quality of works is not good and the coverage of the landed poor, especially the vulnerable sections (SCs), is not equitable in terms of works carried out. Often the works are also not carried out in the appropriate places. In a majority of cases people's participation in general (and of the poor in particular) is marginal. As a result, the impact is expected to be much lower than was expected (or hoped for). Neglect of the equity aspects is a serious concern in implementing the programme. The implementation and impact are closely linked with the presence of a good PIA (committed officials in the line department), coupled with benevolent leaders of watershed institutions (VWC and WA) at the village level. Conflict situations may not give the best results in all the situations – especially when contractor interests become predominant.

Policy Implications

- The analysis of the operation of watershed programmes in the villages studied indicates clearly that any that parallel institutional structures, created specifically to facilitate better delivery by operating in an apolitical manner, have not lived up to their promise. These institutions have not only been political in the broad sense of becoming another site of contestation among organised village factions; they have also become implicated in conflicts between political parties.

- Rather than simply reflecting existing political divisions, and being captured by powerful interests, the framework of governance through which the watershed programmes are managed can serve actually to make matters worse. In a majority of the cases, parallel institutions are plagued with political conflicts and dominated by economic interests. Given the magnitude of the resources available in the programme, these institutional arrangements are becoming breeding grounds for village contractors and encouraging the conversion of politicians in to contractors and vice versa. Even the officials are working as part time contractors. All this takes place at the cost of equitable development delivery due to the absence of any transparency and accountability at the village level.

- The relationship between the constitutional and democratic PR bodies and the parallel institutions is not formal. But there are informal relationships. These are determined by the power equations at the village level. Conflict situations seem to arise when political interests out-weigh economic interests. Nexus or compromise situations arise in the event of economic interests out-weighing political interests. Destructive conflict situations are often typically characterised by the combination of social and economic powers i.e., concentration of economic assets in the hands of socially dominant castes. For the creation of parallel institutions appears to be a political ploy to bypass or short-circuit the democratic institutions, which are no longer under the control of the

socio-economic elite due to the reservation policies. A comparative analysis of caste and class composition of the PR and parallel institutions clearly indicates a class bias. The evidence from the sample villages and elsewhere revealed that relationships between elected local government bodies the nominated institutions, especially watershed associations and committees, can be categorised in one of three ways – either as: a) conflict ridden, b) collusive, or characterised by c) passive participation.

- A comparative analysis of caste and class composition of the PR and parallel institutions clearly indicates a class bias. While this perfectly reflects the 'politics of development', it clearly thwarts the 'development politics'. The danger is that these two are seen as mutually exclusive, whereas these two aspects should complement each other and go in tandem. For, political gains are increasingly associated with development gains, especially in the changing context of poor becoming active in articulating their demands. Serving the class interests alone may not guarantee political gains.

- In order to make the parallel institutions better delivery systems of development, they should be made accountable and transparent at the village level itself. PR bodies have the constitutional authority and mandate to oversee the activities of developmental programmes. While it is difficult to provide a blueprint on how to integrate the numerous parallel institutions with PR bodies, the present study helps in addressing some of the issues in the context of watershed development [32]. These include:

  a) The village level PR bodies (gram panchayat) should be made the project implementing agency (PIA) with little change in the existing institutional structure at the village level i.e., Watershed Committee would continue and carryout the works. PRI will receive the funds directly from the district level PR body and spends through VWC. It takes the responsibilities of WA such as monitoring the activities and determine on follow up actions after the completion of the watershed works, etc. Village PRI would be accountable to *mandal* level PRI and *mandal* level PRI (MPP) to the district level PRI (ZPP).

  b) The capacity of the PR bodies at all levels should be enhanced in a systematic fashion in order to make them effective PIAs. PR bodies and VWCs at the village level need training in various aspects of watershed development. While PRIs need administrative and accounting skills, VWC committees need technical skills. Once these skills are imparted they would remain at the village level for any future needs. Watershed Development Teams (WDT) can take up the job of training the local bodies.

  c) The Zila Parishad president should identify selected NGOs, with considerable experience in watershed development and these NGOs should be made nodal agencies at the district level (1 or 2 NGOs in a district) to identify and impart training to other local NGOs and WDTs. These nodal NGOs are accountable to the ZPP.

[32] We are only providing the indicative guidelines though more details need to be worked out in a systematic manner.

I. c Findings Emerging from the MP Watershed Study

Since taking office in 1993, the government of Madhya Pradesh, under Congress Chief Minister Digvijay Singh, has undertaken a decade-long programme of institutional change. This has been effected in the form of two main components: the Rajiv Gandhi missions, and reforms to the system of local government, or Panchayati Raj.

The idea of the Rajiv Gandhi Missions was to coordinate inter-departmental efforts in important backward sectors, with defined targets, to be achieved in a reasonably compact time frame. Watershed development, education, health, and sanitation were among the chosen sectors. A few years later, while the others were either shelved or accepted as unsuccessful, just two missions remained: the Rajiv Gandhi Watershed Mission (RGWM) and the Rajiv Gandhi Education Mission (RGEM). The former was supported with funds from central government programmes, while the later received the bulk of its funds from the World Bank-funded[33] District Primary Education Programme (DPEP). Given the diversity of opinion on education policy, it is not surprising that academics are sharply divided on the impact of the Rajiv Gandhi Education Mission. Views and observations from empirical studies stretch from passionate criticism[34] to considered optimism.[35] In the case of the watershed mission, the GOMP declared its success in this area as 'historic' as early as 1998. Though the mission was officially to end in 2001, the state government, loath to shelve a 'successful' programme, carried it into Phase-II, suitably adjusted to the dwindling supply of central government funds. The reason why the funds dwindled was that watershed programmes were ultimately to become self-sustaining, drawing on the energy of all segments of local communities. That this has not for the most part taken place is the first clue that they have not achieved their objectives

The Rajiv Gandhi Watershed mission is registered as a non-governmental 'society'. At the state level, it has an 'empowered committee' formed under the direct supervision of the chief minister. There is also a technical advisory group. The mission activities are, however, managed by a full-time director, assisted by personnel deputed from a number of departments. A similar structure also exists at the district level, where the elected Zilla Panchayat (or district council) is the nodal agency for the mission, and its president the chairperson. However, it is the District Collector, an administrator appointed by the state government, who is the mission leader, and s/he is supported by a District Watershed Advisory Committee (DWAC). There is also a District Watershed Technical Committee (DWTC), the member-secretary is the project director.

A 'milli watershed' is the planning unit for RGWM activities. It is identified by the DWAC. The mill-watershed, which has an area of 5,000-10,000 hectares (ha) is divided into micro-watersheds of about 500-1000 ha for purposes of implementation. Implementation is managed by a Project Implementing Agency (PIA) selected by the DWAC, over which the Collector, in practice, holds veto power. The PIA is normally a government department or an NGO. The PIA is the point of interface with the village, and coordinates village-level activities. At the village level, the responsibility for planning and execution of programme activities is entrusted to the Village Watershed Committees (VWCs). In addition, there are a number of other village-level institutions like User Groups, SHGs and technical committee

[33] Other funding agencies like CARE and USAID also feature
[34] Sadgopal, 2002, Krishna Kumar, 2001
[35] Vyasulu, 2001

groups that are formed – or are supposed to be formed – during the process of project implementation.

There are established and comprehensive rules and norms that govern the planning and implementation process, right from the identification of the milli watersheds, including the selection of PIAs, procedures for constituting the various committees, disbursement of funds and approval of the technical aspects of the soil and moisture treatment plans.

The Rajiv Gandhi missions were designed to effect a shift away from the conventional departmental mode of functioning, towards focussed, inter-sectoral and inter-departmental action on "certain immediate priorities" identified by the state. The setting up of the Rajiv Gandhi missions in the Chief Minister's office provided direction and management of an order not available earlier. This also gave the missions the backing of the highest political authority. While the missions drew on expertise and resources within the government, their flexible structure made it possible to bring in resources and ideas from outside in a way government departments could not. The missions were seen as *catalysts* of institutional change.

As the GoMP has argued, "Implementation through the new panchayats and people's collectives at the local level" is the second aspect of the state government's programme of institutional change.

In 1992, the Indian constitution was amended (the seventy-third and seventy-fourth amendments) to provide for necessary establishment of local governance institutions in all states. While the establishment of PRIs has been on the agenda of the Indian state since before independence and many states had experimented with them in the past – some successfully, others less so – 1992 marked the first time that panchayats had been made a constitutional necessity. The constitution stipulated certain basic characteristics of the institutions; state assemblies were to flesh out the final shape.

The Congress-led government of Madhya Pradesh which assumed office in 1993 was the first state government to pass an Act for establishment of panchayats. In keeping with the article 243 of the 73rd Amendment, the MP Act provided for a three-tier structure: the gram panchayat at the village level (though this can include more than one village/hamlet), the Janpad Panchayat at the block level (which covers 50-100 villages,[36] and the Zilla Panchayat at the district level. The ward members to all the three tiers are elected directly from territorial constituencies. And while the sarpanch (the gram panchayat head) is also elected directly, the heads of the Janpad and Zilla panchayats are elected by the elected members of the two bodies, respectively. There are provisions for reservation of one-third of the seats in membership as well as in presidency of all the three tiers, for women candidates. Similar provision for reservation also exists for SC/ST and OBCs – in these cases, seats proportional to their shares of the population of the constituency, but limited to a maximum of 50% in the former case and 25% in the latter case.

The motivations behind the GoMP's decentralisation experiment – that is, why the Congress government embraced the concept so publicly – may be found in an analysis of the political incentives facing Chief Minister Digvijay Singh. This is not necessarily a straightforward set of calculations, but must be understood within the somewhat contradictory framework set

[36] Community Development (CD) Blocks were consitituted in the 1960s as units of development administration.

forth by Jaffrelot and Zerinini-Brotel, who argue that the Congress in MP has been following a political strategy characterised as a 'coalition of extremes'.[37] The dalits/tribals, who constitute the bulk of the rural poor[38], are as important for the electoral fortunes of the Congress as are the prosperous thakur landlords. Because the thakurs exert considerable influence over the SCs/STs, who are bound to them in patron-client relationships, the thakurs are crucial to the Congress's political gameplan. In numbers, though, it is the SCs and STs, who matter most.

In this situation, 'real politics' would suggest that the Congress support the positional consolidation of the Rajput/thakurs while *seeming* to be working for the SCs and STs. The Congress will stand to lose in case of any significant political upsurge among the SCs/ STs, for that may harm the position of the thakurs, who would be tempted to shift their allegiance to the rival BJP. It might also give an opportunity to members of the Other Backward Classes (OBCs), which by and large support the BJP. The fact that giving sops to the SCs/STs happens to be currently politically correct, helps the Congress and the image of the Chief Minister. This situation, where it needs to consolidate the position of the local elite and still keep the poor in good humour, fits well with a decentralised system that provides reservations (of seats) for SCs/STs. Considering the huge gap between the Rajputs and the SCs/STs in terms of economic status as well as in social hierarchy, the dynamics political patronage (like co-option, proxy candidates, etc.) can be relied upon to defuse the threat from 'reservation'. Moreover, decentralisation has created a host of political posts at the district and the sub district level (with such perks as vehicles, government houses, and new opportunities to derive corrupt income), and this has helped to appease potentially disaffected Congress-affiliated local elites. Even more importantly, the lure of many of these positions can be used by the ruling regime to co-opt influential elites from other parties as well. As elections in Madhya Pradesh have been an almost even contest between the two leading parties, even a few such shifts may prove crucial. This political logic of 'consolidation, appeasement, sops and co-option' is compatible with the Congress government's evident enthusiasm for decentralisation.

The Madhya Pradesh Panchayati Raj Act has been subject to important amendments in the years after it was first promulgated in 1993. One of these, passed in 2000-01 led in fact to a change in the name of the original act, which now stands as the 'Madhya Pradesh Panchayati Raj and Gram Swaraj Act'. It is a *de facto* replacement of representative authority at the village level by, what is described as 'direct democracy'. Many of the powers of the elected local councils have been transferred to functionally classified committees of villagers nominated by the village general assembly, or gram sabha. The amendment has given wide-ranging powers to the general assembly, which is to meet every month, thus seriously (in theory) undercutting the role of the representative body. While this 'brave experiment' has been lauded by some pundits[39], the pressure of party MLAs, who complained of being undermined by the increasing influence of sarpanches, is believed to have been a major factor behind this change. The government, countering this charge, argues that 'gram swaraj'

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[37] C. Jaffrelot and J. Zerinini-Brotel, 'Post-'Mandal' Politics in Uttar Pradesh and Madhya Pradesh: Congress, The BJP, and Adaptation to the Rise of the Lower Castes', in Rob Jenkins (ed), *Regional Reflections: Comparing Politics Across India's States* (Delhi: Oxford University Press, 2004).

[38] According to the BPL survey 1997, the SCs and STs constituted 53% of the total population below the poverty line. These are conservative figures for there are a number of methodological problems with the BPL survey, which skew it towards inclusion of the non-poor forward castes and exclusion of the poor backward castes. For an analysis of the problems with the BPL survey, refer ----------

[39] James Manor, 'Madhya Pradesh Experiments with Direct Democracy', *Economic and Political Weekly*, 3 March 2001.

replaces the 'elite' representatives by the people. Critics respond by observing that the replacement of the secret ballot system (and the important provision of reservation), by a system of nomination is more liable to be hijacked by the dominant groups. In the '*real politik*' sense however, Gram Swaraj can be summed as an attempt at marginalising the 'lower elite' in favour of the 'higher elite' or what Mamdani would call 'big men'.

Another significant (and controversial) development in the decentralisation reforms of Madhya Pradesh is the establishment of the Zilla Sarkar or district government. The Zilla Sarkar is an empowered form of the district planning committee, provided for in the constitution (article 243). In MP, this body headed by a designated minister of the state government (who is not from the area), with the District Collector as its secretary, has been invested with administrative and financial powers in addition to its planning responsibilities. Though a large majority (four-fifths) of the DPC is constituted of elected Zilla panchayat representatives (including the heads of the Janpad panchayats), representatives from the elected district government have persistently complained of marginalisation by the Zilla Sarkar, especially by the minister deputed by the state cabinet, and the Collector, who is also an agent of the state government.[40] From a *real politik* perspective, the Zilla Sarkar is more an attempt at re-centralization[41] or 'pulling the kite's string,' than decentralization, or 'releasing the string', as the government has sought to describe it. While the state government attempted to wrap it within its package of decentralisation, the reform has been often criticised as an attempt to delimit and curb decentralisation, as a centralising tendency in disguise. In addition to planning, as is evident from its contentious title 'district government", the Zilla Sarkar/DPC also acts as a financial and administrative authority. In one aspect, it can be seen like the arm (or the ear) of the sovereign, periodically visiting the locality, listening to people's accumulated grievances – a mode known to have been frequently used in the medieval period when the sovereign or his close aides held *darbars* outside the capital; a mode that can be called useful and welfarist but hardly in the spirit of modern democracy (and decentralisation). (This same mode is central to Andhra Pradesh's Janmabhoomi programme.)

Real politik thus explains MP's case of decentralization as a strategy by the top leadership of the state government to appease local elites (specifically the 'higher elite'), dressed up the guise of pro-poor institutional reform. There is, however, a dialectical contradiction in this policy of seeking to serve two groups with opposite interests – a contradiction which can only continue to subvert the interests/aspirations of the dalit and tribal masses. With improvement in education among these groups, and with the possible political awareness that the panchayat system itself may kindle, this strategy faces limits.

It is in the watershed field that the promise of combining these two institutional changes have been put to their most serious test.

By around 1993, almost all the components of the watershed development system that exists today –a decade hence – had take shape. The Drought Prone Area Programme, which continues to be the major state-funded watershed development programme, was launched in 1973-74. It was followed by the Desert Development Programme in 1977. More importantly, the early 70s was also the period when people like Vilas Rao Salunke and Anna

[40] Refer James Manor-----,; " rural decentralization in India" Vol III, World Bank.
[41] Jenkins 2002

Hazare, who were to become the leading lights of the 'watershed development' epoch of the 90s, began their initiatives.

In the mid-eighties, a number of bilateral and multilateral donors had entered the scene. Prominent among them was the World Bank's Pilot Project for Watershed Development in Rainfed Areas (PPWDRA). Donor agencies like the Swedish Development Corporation (SDC) and DANIDA followed later.

In 1989 the Integrated Watershed Development Project (IWDP) of the MoRD was launched. In 1991, the National Watershed Development Project for Rain-fed Areas (NWDPRA) of the ministry of Agriculture was introduced. And in 1993, the Employment Assurance Scheme (EAS) took shape.

The focus on watersheds represented a major shift in government policy, captured most notably in changes found in Plan documents. The chapter on agriculture in India's Fourth Plan, the very launching pad of the green revolution, stated that:

> "In the Fourth Plan, it is proposed to adopt an "area saturation" approach so as to treat all types of land on a complete **water-shed** basis. …**While the main advances in agricultural production must come from increase in yields**, expansion of area under cultivation can make some contribution…"

By the ninth plan (1997-2002), however, the language of the agriculture chapter had substantially changed:

> "As **about 63 per cent of the cultivated land** falls under the rainfed areas, watershed management is an important factor for improving agricultural production. A holistic approach to bring about **the development of integrated farming systems on watershed basis** is the main objective of the National Watershed Development Project for Rainfed Areas (NWDPRA) and other externally-aided watershed development projects."

By 1993, state-funded projects quickly outgrew donor- funded initiatives in volume. And with its advantage in scale, it was only a matter of time before the state challenged the civil society's ability for "policy advocacy".

With these thoughts in mind, let us turn to the case studies of MP's watershed development programme, and in particular the party-political dynamics underlying their operation.

District I: Raisen

The district falls under four state assembly constituencies: Bhojpur (in the south-west), Sanchi (in the north), Udaipura (in the south) and Bareli in the centre and in the east respectively. All the four assembly seats fall in the Vidisha parliamentary constituency. The district has been one of the prominent strongholds of the BJP in the state for the last three elections. All the four sitting MLAs, as well as the MP, belong to the BJP. The district sent the president of the chief opposition party (i.e, the BJP) to the state Legislative Assembly (from the SC reserved

seat of Sanchi). The former BJP chief minister of the state was also elected from the district. It is worth noting that the dominance of the Hindu right-wing party in Raisen is often attributed to the Muslim community's 9% share of the district's population, which is close to double the statewide average of 4.9 percent. The 9% figure assumes further significance because of its concentration in one of the constituencies (Bhojpur). Hindus constitute 90 percent of the total population.

While the BJP has tended to dominate assembly and parliamentary elections, which are contested on a party basis, the party has not performed as well in the elections to the PRIs, which as per the Madhya Pradesh legislation are **not** contested on party lines. Though the members of these bodies do not contest officially on a party 'ticket', they are almost always allied to one party or the other (formally or informally), and these affiliations are generally very well known to all concerned. This is evidently the case in the Raisen Zilla Panchayat. Of the fifteen members, two are allied with the BJP, one is a quasi-independent, and the remaining 12 explicitly claim allegiance to the Congress. The president of the Zilla Panchayat, [a position reserved for an ST woman] belongs to the Congress party.

The RGWM occupies a prominent space among the development initiatives in Raisen district. One important indicator of this is the financial leverage of the programme. In the year 2001-02, about 60 million rupees (about one-and-a-quarter million US dollars) were allotted to the district for implementation of the watershed project. This accounts for roughly 20% of the district's annual development plan allocation. Moreover, despite the programme regulations, the amount is to an extent 'untied,' and the decisions are made at the district level. Among the actors deciding the distribution, the DWAC as a body, and its 'elite' members individually, deserve attention. Here, a few recent developments in the policy governing the programme need elaboration.

Since December 2001 the state has launched the second phase of the RG watershed management mission. While the first phase was never officially 'closed', and many of the projects taken under the earlier phase still continue, since 1999 the adoption of new watersheds had been severely reduced due to the centre's ban on utilization of EAS funds for watershed projects. The rationale is that the EAS funds are designed to be placed at the discretion of the Zilla and the Janpad panchayats so that they can be used for contingency employment, while watershed projects commit funds for a four-year period, thus defeating the very objective of the scheme. However, following a request from the state governments, the moratorium was imposed only on funds for *new* watershed projects, while part of the EAS funds were allotted separately for meeting the *existing* liabilities and commitments of watershed projects till March 2002. In this context, RGWM phase-II can be looked upon as the state's effort towards an honourable exit out of its much publicised and acclaimed flagship initiative, which is bound to be much affected after almost 60 percent of its funds dry up.

Phase II of the project has also made changes to the district-level institutional structure for the management of the programme. Of particular importance here is the DWAC. This body, early headed by the elected president of the zilla panchayat, is now presided over by none other than a minister of the state government, which represents a shift of decision-making authority upwards: while the district is still the level of decision-making, the key actors (a state-level cabinet minister and the District Collector, appointed by the state government) are much more closely within the ambit of state-level politics. The constitution of the body is as follows:

1. The minister, (the minister-in-charge of the District Planning Committee–DPC) is the chair person.

2. The Collector is the 'mission leader', and the Chief Executive Officer (CEO) of the Zilla panchayat, – another administrator (though subordinate to the collector) – is the member secretary.

3. The local MP and MLAs with constituencies comprising of rural areas (all MLAs in Raisen's case).

4. President and vice-president of the Zilla panchayat and the presidents of all the Janpad panchayats.

5. The members of the District watershed technical committee (comprising people from the 'technical' line departments, trainers and bankers).

6. All sub divisional officers (revenue) of the district.

7. Seven members nominated on the advice of the collector and the permission of the minister-in-charge, recognised for their work in the watershed mission or other water-related government campaigns, from among people's representatives, government departments, NGOs and local villagers; and eminent citizens known for their wisdom on issues of water conservation and harvesting.

The word 'advisory' in the DWAC is a misnomer. It is this 'elite' body, which is supposed to meet at least once every three months, which makes all the key policy decisions. In Raisen, the body is said to meet every month and its meetings often follow immediately after the meetings of the District Planning Committee. And on that count, the important players in DWAC are invariably those mentioned in the first four points above (who are also in the DPC). In Raisen's case that makes for an interesting mix. The four local MLAs (including the leader of the opposition) and the MP are all from the BJP' the minister-in-charge for the district is from the Congress-ruled state government; the Congress president and vice president of the Zilla Panchayat; seven presidents of the Janpad Panchayats, most of whom are from the Congress and the collector and the CEO of the Zila Panchayat, an administrator functioning under a Congress government in the state. In addition, one prominent leader of the Congress (who lost the last election) is also a nominated member of the committee. What adds more colour to the picture is the existence of different groups *within* the Congress and the BJP. Only two of the MLAs regularly participate themselves in the meetings of this body. The other two, as well as the MP, are normally represented by people they depute.

The field investigations make it hard to say with full certainty whether the political leaders are able to 'decisively' affect the selection of the milli-watersheds. Nevertheless, the selection under the second phase does show a clear skew towards the Begamganj area. One Janpad panchayat member interviewed claimed to have recently pulled a milli-watershed development project into his village (and neighboring villages[42]). The claimant belongs to the Congress, and is said to be close to one of its major district leaders – a person with influence over the administration by virtue of his connections with state-level decision-makers. This claim is vouched for by other sources. In another case, at least in one milli watershed in

[42] A mill-watershed contains an average of 12-15 villages.

Sanchi, the protégés of the leader of the opposition in the state assembly (from the BJP) have used their connections to obtain the post of president and secretary of many VWCs. Part of this influence comes from the fact that the leader of the opposition was known to enjoy a close relationship with the Chief Minister, though they were from different parties. There is a tradition in some Indian states of Chief Ministers arranging accommodations of this sort with leaders of the opposition. The leader of the opposition himself admitted that he was instrumental in getting watersheds for 'his people'. Field investigations thus indicate that district-level politics does affect the constitution of the Village Watershed Committees[43] (VWC), especially the selection of the president and the secretary. As we will see, the strength of the vertical political ties between these local elites and those occupying party and administrative posts further up the hierarchy also affect the nature of their relations with the PIA team.

Another area of 'interest' for the politicians is the selection of POs/PIAs. According to most respondents, this is generally an area in which the bureaucracy enjoys the upper hand, especially where the selection of project officers from government departments (as opposed to NGOs) is concerned. The government POs, when asked individually, say that they were selected for 'respect of merit' – an assertion heavily discounted by informants familiar with the details of many of these cases. In almost all the cases investigated, the POs had close relations with a politically-connected senior bureaucrat (the Collector or the Zilla panchayat CEO) or with a politician directly.

Field investigations suggest at least two cases where the relations of the POs have featured prominently in their selection as PIAs. In the case of one PO, responsible for implementation of two mill watersheds (three at one point), the major factor seems to have been his relation with a prominent national-level leader of the ruling party in New Delhi, who is also a member of the planning commission. This PO is also said to be in the good books (and not for altruistic work) of the Chief Minister. His influence was, however, affected by the change in district administration. Not only did funds stop flowing for a year; he was dislodged from one of the projects. However, thanks to the watershed project, his fortunes have multiplied many a time in the last seven or so years. He is rumoured to be constructing an agricultural university under the patronage of the national-level leader, mentioned earlier.

The other case is of the watershed project in Bari. The PO here enjoys very close relations (in colloquial terms, 'the left hand') with an influential local Congress leader, who in turn is said to enjoy excellent relations with the CM. This was the predominant factor in his selection as the project officer.

Of the eight projects sanctioned in Raisen under DPAP phase-II in Raisen at least four have gone to the stronghold of well-known politicians. Watershed projects are invariably known by their political patrons, those supposedly responsible for 'bringing them' – often after a lot of tussle. For instance, in the case of one IWDP project, it is said that the local ruling- class faction was able to pull it away in spite of strong contest from the influential leader of the opposition.

[43] The Village watershed body, to be formed by the PIA, at the village level, is the village body responsible for actual implementation of the project. The body normally contains about 10-15 members. 75% of the amount sanctioned for the watershed project is to be utilized by this body. The president, the secretary and the project officer are joint signatories. With an average of about 15 lakh rupees to flow through their hands, the president and the secretary are 'important' posts.

Given that politicians are members of the DWAC, it is perhaps not surprising that they end up not only 'advising' on the management of the programme, but also influencing the distribution of spoils. However, the implications for the interests of the poor stand to be sacrificed as a result of these business-as-usual transactions. This is because the political connections of the PIAs that oversee the watershed projects make them immune to efforts by poor and marginalised people to complain about violations of programme norms. When they are denied sufficient wage employment, or when their ability to obtain other benefits, their pleas (when articulated at all) usually go unheeded. The impunity of POs does not extend to their relations with local elites who, as we shall see, are more than capable of drawing on their own political connections to get their way with high-handed officials. But for the poor, who are supposed to be empowered by this combination of 'radical decentralisation' and 'stakeholder driven' institutional change for rural development, the clientelism with which these projects start short-circuits the chance for any kind of substantial accountability to emerge later.

Micro-case study 1: Mahgaon (Raisen District)

The Mahgaon watershed, with an area of about 1200 hectares, is spread over the revenue boundaries of three villages: Mahgaon, Tajpur and Baijakheda. Mahgaon, with about 150 households, is the largest of these villages. Tajpur and Baijakheda are smaller villages with about 25-30 households each. The three villages, though contiguous, are parts of different panchayats (local government units). The Baghels, with about 60 households, are the largest land owning caste can be called the 'dominant caste' in the village. The Kushwahas, with about 40 households, are a 'middle caste', growing and trading vegetables – a labour intensive cropping pattern, which suits their smaller land holdings. The SCs, with about 30 households, also have a significant presence, but work mostly as agricultural labourers, are mainly at the receiving end of the power exerted by the other two groups.

Baijakheda and Tajpur are almost exclusively populated (except for one family in Tajpur) by the Meenas and the Yadavs, both land-owning middle castes.

The watershed committee has thirteen members, seven from Mahgaon, four from Tajpur and three from Baijakheda. This includes the president (from Mahagaon) and the secretary (from Tajpur). While all the members from Tajpur are Yadavs and all from Baijakheda (including the secretary) are Meenas, of the Mahgaon members, two (including the president) are from the dominant Baghel community, while the other four belong to different castes including a Kushwaha and a Harijan.

The watershed project started in 1998-99 and had been completed by 2002-03, within the stipulated period of four years. Around 47 lakh rupees (about US$100,000) was spent during this period. The VWC is the body responsible for planning and executing programme activities at the micro-watershed level. The (PIA), which is: (a) headed by a project officer and members from different disciplines (or line departments, for govt. PIAs), (b) appointed by the DWAC; and (c) responsible for operationalising the project at the level of the planning unit (i.e., the milli-watershed[44]). The PIA however also activates the project at the village (or micro) level. Watershed projects – unlike, say, recurring central schemes – are a one-off, and mainly new to the local community. Were it not for local 'linkage elites' – the sort of people who continuously hang around government offices, and assiduously maintain contact with

[44] The mili-watershed has an average area of about 5000 hectares divided into about 7-10 micro-watersheds.

politicians, the community would have had little prior knowledge of watershed projects, or how they are implemented. The PIA therefore, which not only oversees the project, but is also charged with initiating "systemic" changes that are supposed to outlive it, is also the herald of the project. The PIA plays the key role in constituting the implementing body at the village level: the WDC. The violation of programme regulations regarding this function is rife, and many PIAs get away with it because of their political connections, though as mentioned earlier, local elites can also bring their 'political capital' (a form of social capital) to bear.

How were the thirteen members of the Mahgaon watershed committee selected? The closest account is that some time in the summer of 1998, the sub-engineer of the irrigation department, one Mr Gupta, came to Mahgaon on his motorcycle. There was nothing out of the way about this visit, for Gupta came to the village once in a while. Moreover, the humble motorcycle did not make for much attention. When approaching from the district headquarters, Mahagaon is the first among the three villages that were to make-up this watershed. And also it is by far the largest of the three. On its outskirts, as if disallowed entry inside the sanctum of the village proper, is the 'Harijan basti' (scheduled caste neighbourhood), the poorest part of the village. The motorcycle was not used to halting in this area, which hardly offered an adequate place to lodge. Just after crossing the Harijan basti are a two pairs of capacious gates, facing each other on opposite sides of the road. The gate to the left opens into the house of the sarpanch, the elected head of the village panchayat (or the village). The motorcycle went inside the *other gate*, into Sanman Singh's house. Sanman Singh, a Baghel thakur, the largest landlord of the local vicinity of about 20 villages. This was a house familiar to the motorcycle: this was just another visit, the purpose being as official or as personal as it had been in the past.

Soon after Gupta's arrival a messenger (*harkara*) was sent by Sanman to call the villagers for a meeting in the school building. After about an hour as people were still gathering in the school building, Gupta and his assistant (who had been riding pillion) walked to the school in the company of Sanman and his associates. About forty people had gathered in the school courtyard, some standing, others perching themselves on any support they could find. Some squatted; others settled on the ground. A few of chairs were pulled. Sanman and Gupta sat on two of them.

The meeting began with a brief introduction by Sanman, after which Gupta took over, informing people of the imperative of soil and moisture conservation and the objectives of the watershed project which was to be initiated in the village. True to the project's stated position, Gupta kept the emphasis on its participatory nature and the important role envisioned for the community in it. As Gupta was still in his speech, a group of about fifteen people entered, led by Ravindra Singh, the village sarpanch, the second largest landlord in the area. A chair was hurriedly vacated for Ravindra. By this time, Gupta had reached the point –hurriedly of course, and with little regard for the much-vaunted 'process' part – where he asked for nominations for the watershed committee. Gupta had a clear-cut recipe for the constitution of the committee: as there were to be three villages in the watershed project, they should send four members each. Thus the village was to supply four representatives to the committee. Names of Sanman's close associates and family members started getting proposed.

With this the ruckus began. Ravindra and his supporters took objection to the dominance of the Sanman group, which led to a verbal duel between the two groups. At this point, there was a call for a secret-ballot election – a call that people say had the support of almost everybody but Sanman's group. Gupta however intervened saying that there was no such provision and

that the process of arriving at a VWC had to be 'open' and, as far as possible, unanimous. In what then looked to him like the only feasible course of action, Ravindra walked out of the meeting with his supporters. Soon most of the people had left, leaving behind about 12-14 people – the hard core of Sanman cohort. It was easy after that. Sanman's son and brother were nominated into the committee. Along with them, two people bound to him as clients were nominated. Gupta, the project officer, found little cause for complaint. Soon, except for a few people who wandered off, the group climbed into Sanman's two jeeps to go to the other two villages.

In the small village of Tajpura, the party drove straight into the courtyard of Majboot Singh Yadav, the village patel[45], also the biggest land owner of the village. The patel, with his influence, had little trouble gathering the villagers. In what was a short meeting, after introductions by Majboot, Sanman and Gupta, four people including Majboot were nominated to the committee. The people are proteges of Majboot and are known to stand by him. Majboot, a BJP[46] man, is in turn close to Sanman, who has good contacts in the party. Once the rituals were over, with four new members added, the troupe moved to Baijakheda.

Here they went directly to the sarpanch, Lakhan Singh Yadav. In this village of Yadavs, Lakhan's is the most influential household. In another hurriedly called meeting, four people of Lakhan's choosing were nominated to the committee. In Baijakheda, the issue of the VWC presidency was also sorted out. Initially, the Baijakheda members proposed Lakhan's name, but Sanman asked Lakhan to propose Sanman's son, Rajendra Singh, on the grounds that he (Lakhan) was already burdened with the demands of the Sarpanch's position. For Lakhan, a BJP man, close relations with the well-connected Sanman took precedence over the possible advantages of the presidency of the watershed project, the possibilities of which had not yet unfurled in their splendour. Nevertheless, Rajendra Singh became the president.

The committee thus gets formed within a few hours. In the next four years, about thirty-five lakh rupees would be channelised through this body; money from the state's redistributive, welfare poor of funds, money meant for avowed fundamental (institutional) social changes – changes that were to 'invert' the system, reverse its flows, or at least catalyse substantial changes in its constitution.

There has been much debate about means of constituting the watershed committee: should it be elected by the general village assembly or should it be representative of the people involved in the watershed work i.e., people from various user groups; should it be constituted at the very beginning or should it be a later development. While watershed guidelines provide for the constitution of the committee at a later stage after planning and identification of user groups, the PIA has huge discretion. All evidence instead points to systematic abuse of this discretion. We shall address the issue of the factors that may have gone into the constitution of the PIA later. Let us first try to make sense of the movements and the alliances of the PIA within the project area.

Three layers of analysis present themselves:

[45] The Patels are traditional revenue collectors. Though the position has lost the pre-eminence it used to enjoy in the colonial period and before, the patel's is generally an influential household.

[46] The Bhartiya Janata Party (BJP) is one of India's two biggest parties and is presently the ruling party at the centre and the chief opposition in the state government.

The first are those factors that are immediately apparent in the actions of the PIA. The PIA/PO from the outset makes no attempt whatsoever to manoeuvre itself towards reaching the underprivileged. Sanman Singh, Majboot Patel and Lakhan Singh -- each the most prosperous household in their villages. The PO springs from a motorcycle into a jeep as soon as one is offered.

The project while offering itself verbosely as 'participative' takes a blatantly hypocritical position, actually showing a complete disregard for people's involvement. The project formalities proceed without the slightest hindrance, even as people cry foul and walk out. The project dances unabashedly to the tune of a single dominant village actor. As we will see, the watershed committee, particularly its president, is the most powerful local body in the watershed project – a power that is visible. The constitution of the committee is a subject of extreme symbolic significance. The PIA ensured that all aspects of the process unabashedly served the dominant(s) and their unholy alliances – a travesty of the stated objectives of the project.

While these are obvious impressions of the project's biases, there is a second layer of factors also at work. The PIA makes an entry into the project area with Sanman Singh. There are two reasons that offer themselves: Sanman's prominent socio-economic position, and Gupta's relations with Sanman, which predated to the project. Four years before the watershed project began, Gupta had been the engineer from the irrigation department that had been involved in the construction of a canal, and had become embroiled in village politics (particularly their linkages with higher levels).

But there is a third and perhaps more important layer of analysis, which involves a factor which, though recognisable within the village, has a more concentrated presence outside it (such that one could perhaps say, that its net flow is 'into' the village). This is the political clout of Sanman Singh. Sanman, a BJP man, is believed to have a very close relationship with one of the BJP's most prominent leaders in the state, the then leader of the opposition (BJP) in the assembly,[47] who represents this constituency. But is it just Sanman's general political clout or is it also the condensation of this clout in the specific context of this project, a clout specific to this project, reflected in the desire of the PIA to involve him? Indeed, his presence was a key factor in the very selection of the project site. In this sense, Gupta is merely following the project's 'real' politics. But once the other interests involved begin coming into conflict, Gupta's carefully-maintained but tenuous hold starts to slip.

Despite Gupta's stage-managing, six months elapsed, and still the committee could not be officially registered. The opposing group in the village, led by the sarpanch (who belongs to the ruling INC), complained to their political superiors. Matters are said to have reached all the way up to the minister-in-charge of the district Sarkar (who also, it will be recalled, is head of the DWAC). Ultimately, the clout of Sanman's group outlasted them, with the Zilla Panchayat CEO certifying the unchanged list. The sarpanch's Congress group must have enjoyed a fairly good relation with the minister-in-charge[48] for having withheld the registration of the committee for six months; in that case. That even a high-ranking authority like the minister-in-charge – belonging to the state's ruling party – should have been

[47] In the run up to the forthcoming elections (state assembly elections, 2003), the BJP removed the politician in question from his high position in the party. One of the reasons for that is popularly presumed to be his closeness to the chief minister.

[48] The minister-in-charge of the district is drawn from the ruling party, as part of the Zilla sarkar provisions that came into effect in 199….

exceeded by the leader of the opposition reflects both the clout of the latter as well as the desire of the CM cut some of his ministers down to size.

Considering the frequent appearance of the motif of the Congress-BJP duality in this contest, let us reflect on it for a while longer. It is not an overstatement to say that in terms of the party-political distribution, the villages of Madhya Pradesh are split between the two major parties, figuratively speaking, almost following the pattern of the assembly. Many times, it is as if a wedge had been drawn inside the village, or else – more frequently in the case of smaller villages – adjacent villages work to even out the imbalances. While certain patterns in terms of the socio-economic base of the two parties can be identified, the differences are not hard and fast. For instance, the BJP has in the last couple of elections been able to wean off a substantial chunk of the votes of the STs, once reliable supporters of the Congress. The Congress has maintained a hold among the middle peasantry in spite of the latter's tendency to gravitate towards the BJP. Among the villages of the watershed, for instance, Mahgaon, the largest village, is a Congress stronghold though not without a significant support for the BJP (about one-thirds). This is partly rectified by the smaller Tajpur, in which the BJP enjoys a virtual monopoly. The evenly split Baijakheda is closer to the norm.

Sanman Singh, a cunning landlord, is not a popular figure in Mahgaon. The excesses of his family, people say, is not the least of the reasons for the secondary political status of the BJP in the village. The party factor is reflected in the constitution of the VWC. Sanman and the notables from both the other villages – all belong to the BJP. In spite of Congress rule at the state level, in spite of the sarpanch's affiliation to the Congress, in spite of, as we saw earlier, his substantial reach within the party, in spite of the involvement of politicians at the district level (where the Congress is in control of the Zilla Panchayat), the project was influenced by BJP politicians, or rather with the aforementioned leader from the BJP and his protégés. It is as if the CM had left him a space to operate, to flatter him, to indulge him, recognising his clout, almost condescendingly, to earn his gratitude, a gratitude unmentioned, but a gratitude sure to realise itself in one form or the other. Then, again, it is also the case that the opposition leader provides the project as a space in which Sanman Singh can build his political base, with gratitude to be realised in one form or the other, sooner than later.

Once the committee got registered, the funds flowed in: Rs 600,000 in the first year, a million in the second, 1.8 million in the third, and about 1.2 million in the fourth. While Sanman Singh and his son, Rajendra Singh (the president), had maintained an active interest in the project from the very beginning, in the initial phase of the implementation, they were given short-shrift. Gupta took charge of the work – and the funds – offering what Rajendra calls 'pittances' to him. This was the PIA taking advantage of Rajendra, of his unawareness of the powers that the presidency of the committee allowed him, of the extent to which he could manipulate these powers. But later, Rajendra says that he and his father's group became more aware and wrested control of the project from the PIA. Differences between these two parts of the project – the PIA and the committee president – parts which were once supporting each other, continued to develop. Within a year, matters reached a head over a conflict on the valuation of a tank. Gupta evaluated the tank for a smaller amount than Rajendra claimed had been spent on it. Rajendra physically assaulted Gupta, in the presence of a higher administrative authority, the Sub Divisional Magistrate. Gupta lodged a police report, but finally settled for a compromise arbitrated by the opposition leader. Gupta and Rajendra were asked to shake hands in his presence. Soon after, the Collector transferred Gupta.

Following this event, the Mahgaon watershed gained a notorious reputation. Gupta was followed by four other Project Officers, all of whom either refused to join or were transferred within months. Rajendra Singh, still a young man not thirty years of age, had tasted blood. Finally Mr Srivastava of the irrigation department, who also controls the irrigation canal (which is administered by the participatory irrigation committee headed by none other than Sanman Singh), settled in to the PO post. The arrangement now works comfortably, says Rajendra: 5% 'commission' for the PO/PIA, 5% for the CEO of the Zilla panchayat (ZP), which is channelled through a clerk in the ZP (who receives a small payment for his role). Other members of the VWC allege that no more than 50% of the project amount is actually being spent. Moreover, even Rajendra Singh accepts that wage labour – the one part of the project that unambiguously helps the poor – is only used where it is unavoidable, for machines work faster and work out cheaper too. The machines are hired from members of Rajendra's family. Meetings are few and insignificant. Objecting members are the first to be shown their place. The secretary has been asked to rest at home and be satisfied with the Rs. 500 per month compensation that is due to him. He does not even need to sign cheques, and once when he complained to the CEO, he was allegedly snubbed and told that he should concern himself with publicity and awareness-building.

The actual works constructed are known to be desperately below par, particularly the tanks. Much of the land improvement work has also been limited to the fields of landlords from the dominant Baghel caste. Meanwhile, Rajendra has taken a tractor dealership in the district headquarters, and by the time the watershed work finished in 2002, Rajendra had shifted his base of operations to his comfortable cabin to the dealership. He plans to contribute generously to the BJP during the state assembly elections due by the end of 2003, aspiring to improve his stature within the party. At thirty, Rajendra has already established himself economically and politically. He has gained a position from where he can plan more of his movements in the future.

Micro Case Study No. 2 – Ambadi (Raisen District)

The Ambadi watershed is smaller and newer. The work in this watershed began in January 2002, the committee having been registered in August 2001. Watershed politics in this village too are largely concerned with the constitution of the watershed committee and its presidency. Onkar Singh Meena, the president of the watershed committee has been an influential political figure in the district for many years. He is presently the president of the BJP's district-level (rural) unit. In the past he has been vice-president of the same unit, president of the block unit and director of the co-operative bank in the nearby town. He has also been a village sarpanch, a position he says he no more fancies considering the 'reservation' clauses that hem in its power.

In the watershed project, Onkar faced no such problems. Unlike many other people, who had no particular idea about the nature of the project, Onkar followed the project into the village from the Zilla panchayat, where he has much influence. The watershed committee was first formed in a meeting called by the sarpanch when instructed to do so by the project officer. No prior notice was given. In this meeting, with an eye at the programme rule regarding selection of women, SC/ST members, etc. the members were nominated by a few notables, particularly Onkar and the sarpanch. The members agreed to have Onkar as the VWC president – a position which, unlike that of sarpanch, is not reserved.

It needs to be mentioned here that the village, archetypal of the political configurations of the region, is divided into two major groups – the Congress and the BJP. In Ambadi, the BJP has an advantage. And it is to this advantaged group that both Onkar and the sarpanch –who himself politically depends on Onkar – belong. Onkar, who is treated with respect even by the opposite group (who call him Onkar *dada*[49]), lends his political weight to the BJP group. Once, however, the project works began, objections started to pour in. The Congress group, which had been completely overlooked in the committee, with no representation, remonstrated with the SDM. It was, however, only after they approached the minister-in-charge of the district that the complaints were acted upon. The minister asked the PO to form the committee again. When the committee was re-formed, an even number of members were included from each group. However, when it came to the election of the president, Kamal Singh – the vice president of the district rural unit of the congress – who had conducted the counter charge, withdrew in favour of Onkar Singh *dada*.

Conflicts and contests, however, continue. For instance, a major conflict cropped on the subject of the location of a check dam. One Bhikam Singh wanted the check dam to be constructed in his field and had agreed to pay 10% of the amount as contribution. Kamal Singh contested and agreed to contribute as much for construction in his field. The PO settled the controversy by clarifying that three check dams, enough to satisfy the warring factions, were to be constructed through the project. The schism on party lines continued to define the location of these check dams, however.

As one member of Onkar's group put it,

> "We do not let the Congress people decide in the watershed meetings. Three stop dams were to be constructed. Only one did we give to the Congress people. There were two Congress people fighting over it. We asked them to resolve it among themselves. They finally agreed to locate it between their fields".

While the committee is brimming with disputes and much of the village bears a grudge against "these politicians who grab every scheme worth anything that comes to the village", certain things are well defined. These definitions seem to undergo hardly any mutations over watershed boundaries: 5% is for the PO, 5% for the [member of the] PIA, 5% for the Zilla panchayat officers (to be channelled through the clerks), 5% for the president of the VWC, and 2% for the secretary. Influential members of the committee (only 3-4 members in the committee matter) also benefit from the hiring of their tractors and more importantly, as we saw in the last example, through the warped geography of the project plan.

The Ambadi project is still rather new. There are however two things that attract notice. One of is a reassertion of the project's complete lack of interest in resisting structural domination. It spreads itself in forms defined by the dominant elements without almost no adjustment. Apart from the formal requirement to include members from oppressed communities, the project does not betray any attempt at mobilising, or even informing, the deprived groups.

The involvement of the minister-in-charge is an interesting aspect. That the minister-in-charge[50] -- whose authority spans more than six hundred villages -- should be routinely involved, as our cases have shown, in disputes and decisions that concern two or three

[49] Elder brother

[50] let us not forget that this is an additional responsibility for the minister; a responsibility to which he is to allocate only about a day or two in a month.

villages, is highly significant. Through the institution of Zilla Sarkar the state's political executive is able to maintain intensive contact with the village notables and their party cadres/supporters. The minister is able to intervene directly to advance the interests, often very local interests, of their party supporters – though, as we have seen, the minister-in-charge does not always get his way, nor do local members of his party, especially when they belong to a different faction of the Congress. And in a place where the opposition has a strong local hold, supported by a sound political reach, political intricacies may come into play, to limit the extent of gains that the institution is able to promise the ruling party cadres. In the two cases, we have considered, in spite of the involvement of the minister-in-charge, the VWC president continued to belong to the BJP.

Another aspect, which is hard to miss, is the almost complete marginalisation of the Zilla panchayat, the body which is otherwise completely responsible for the implementation of the project. The Zilla panchayat's main channel of influence is through its CEO, an administrative officer, not through the authority of the (elected) Zilla panchayat president or members. This observation supports the wide apprehension with which the 'district government' reform was received – that it could scuttle the decentralisation reforms, the state's claims to the contrary notwithstanding.

District 2: Ujjain

The Political Economy of the district

Unlike Raisen District, which is a BJP stronghold, in Ujjain it is the different factions of the Congress that vie for political supremacy/ascendancy. The contestation is primarily for nominations from the party hierarchy to contest assembly elections. Politics usually revolves around a contest between the incumbent MLA and another political heavyweight – the object being to mobilise demonstrations of popular support so as to impress party operatives who gauge the chances of each side. In the case of one such assembly constituency, the political heavyweight in question is one of the closest confidantes of the Chief Minister, aspiring for a nomination for his son.

Control over the distribution of public funds – the ability to be able to provide for one's clients/supporters – features prominently in the contest for luring local leaders/notables like sarpanches, bigger landlords into a big man's faction. That there are options within the same party – i.e., even committed party workers can change sides with relatively low risk to their political careers/fortunes – makes the contest ever more intense. 'Watershed development' could not be untouched by these battles for clients. The contest for political credit is often, however, unconnected to actual decision-making roles of political leaders, and based rather on their informal channels of influence. In the case of watershed development – because of the long project-implementation period – credit for 'bringing' the project (something that is itself hard to establish) may just be the beginning of the story. It is in the contests that take place over the 4-5 years of implementation that political connections are invoked.

The district is an agriculturally prosperous area with a developed urban sector. The soyabean revolution of the 1980s led to a distinct improvement in the financial condition of the middle peasantry. This was marked by farm mechanisation, investment in irrigation, purchase of consumer durables (such motor cycles and jeeps) and construction of modern housing. However, as land distribution is very unequal, the overall agricultural prosperity does not

translate into a uniform spread of economic well being. While about ninety percent of the rural population is employed in agriculture, more than one-third of them are agricultural laborers, working on other's fields. About one third of the district's total households live below the official poverty line. About fifty percent of them belong to the scheduled castes[51] (SCs), a share much higher than their population share of twenty five percent. The OBCs[52] constitute about 45% of the total population and the forward castes another ten percent. The bulk of the SC population is absorbed as agricultural labourers and marginal farmers. The OBCs constitute the bulk of the middle peasantry and are also represented in the rich peasantry. However, the forward castes tend to own the largest land holdings and also dominate government and formal sector employment.

The district is arranged in the form of one parliamentary (MP) constituency and seven legislative assembly (MLA) constituencies. Each of the latter more-or-less overlaps one of the six development blocks, though the city block has two seats rather than one. The parliamentary constituency has been reserved for scheduled caste (SC) candidates since 1977, as have been two of the assembly (MLA) constituencies.

While reservation has definitely helped in balancing caste representation, the forward castes continue to dominate politics. For the six elections since 1977, of a total of thirty representatives from the five non-reserved constituencies, all have belonged to the forward castes except for three who hailed from the OBCs. All of these representatives, *including* the OBCs, have been economic elites as well. Thus, while the OBCs have carved out significant space for themselves in the economy, in mainstream politics their representation continues to be marginal. The scheduled castes, poor economically and socially marginalised, have benefited from the politically mandated 'reservation'. However, as an analysis of local politics will show, this too has failed to bring any real political empowerment.

By all evidence, the failure of the OBCs and SCs to take positions of power is not because of poor electoral performance but because of the reluctance of the two major parties to nominate anyone but forward caste candidates. The political party is the major force and the politics of nomination by the latter is as important as, if not more than, the politics of election itself. Only eight times have either the Congress or the BJP nominated an OBC for any of the five open seats in the last six elections (i.e. out of sixty nominations by the two parties in total). No SC candidate has been nominated from these two parties for any of these five 'open' (ie non-reserved) seats during that period.

The two assembly (MLA) constituencies that this research project dealt with are both non-reserved. They share many other similarities. The two incumbent MLAs are both urban professional women belonging to the forward castes. They had both lost in the previous elections and came back to win on nominations from the same party (the Congress). They are both the first-ever female MLAs in these constituencies and also the first women to have been nominated by either of the parties in the district. Both are said to have got their tickets through contacts and canvassing with the national Congress leadership. Neither, however, is on good terms with the state Congress leadership, and they stand in danger of losing their nominations for the next elections in late 2003.

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[51] Scheduled castes (SCs) and scheduled tribes (STs) are groups of castes and tribes respectively that have been identified in the Indian constitution for positive discrimination policies.

[52] 'OBC' is a category of castes that came into being in the late 80s after a much controversial political struggle for positive reservation for castes claiming to be non-SC backwards. This heterogeneous group includes very backward castes as well as castes, known to be prosperous.

The district panchayat has seventeen members and each of the six blocks in the district is represented by 2-3 members. At the district level, the reservation provisions are more comprehensive and are more effective in preventing the caste biases found at the level of assembly elections. Five of the seventeen seats are reserved for SCs, and five for OBCs. Also, one-third of the total strength is reserved for women. The district panchayat is headed by an OBC, while the vice-president is an SC. Though this implies a share of power going to backward castes, further investigation reveals a more complex picture.

As is the norm in Madhya Pradesh the panchayat elections are not, officially, party based; the parties are not expected to nominate their representatives. Often more than one member informally affiliated with the same party are in contest for the same seat. However, party affiliations to one or the other of the two major parties, the Congress and the BJP, or one of their leaders, are 'actually' crucial. Parties are divided on the lines of factions, controlled by one or the other prominent district-level leader. These faction leaders are generally current or former MLAs belonging to the 'upper' castes and are highly effective in externally controlling the decisions of their political protégés and therefore the workings of the panchayat institutions.

The Congress, to which the president and vice-president of the Zilla panchayat are aligned, is the dominant party in the district panchayat. Eleven of the seventeen members of the body belong to it, while the rest are with the BJP. The political divide however does not end there. There are many other factions and amorphous relations within and between the two political parties.

There are three visible factions within the Congress in the district panchayat. Let us call them Congress-A, Congress-B and Congress-C. Faction A is headed by a former MLA and factions B and C by two serving MLAs. All the faction leaders belong to upper castes and are also (needless to say) economic elites. The central contest however is between faction A and B. Faction A derives its power from the proximity of its head, a veteran Congress leader, to the Chief Minister (CM) of the state. Belonging to the Brahmin family of erstwhile priests to the CM's royal family, the latter is believed to be one of the chief minister's closest advisors – so much so that he lives at the CM's residence itself. Faction B on the other hand is led by a forward caste Rajput, a member of another powerful political family, which is entrenched in key political positions within the party as well as in the state government.

The conflict between the two factions for the presidency of the present district panchayat provides a useful example of the politics governing this institution. District panchayat positions of president and vice-president are elected by the district panchayat members themselves. However, no member would vote without the support of his or her faction. This conflict between the two factions became so tense that the CM himself had to intervene. While faction B's candidate was given the presidency, faction A was appeased with the vice-presidency. It is believed that one of the reasons why the CM over-rode the claims of faction A (in spite of their closer relations with him) was because the rival candidate was an OBC. The OBCs are a vote-bank that the CM is desperate to bring not only into the Congress but into his faction *within* the Congress.

It is important to note that control of these key district panchayat positions is from points external to the panchayat. Neither of the faction leaders was actually standing for election, yet the interest these patrons show illustrates the importance attached to district panchayat

elections and positions as a doorway to influencing fund distribution, the local political scene and thus eventual re-election to MLA, or higher positions.

The district faction leaders (INC-A and INC-B) are, as we'd expect and have mentioned, from forward castes. Yet their two nominees for the top two district panchayat positions were from the backward groups (OBC and SC). No doubt the influence of the faction leader in the patron-client relation is further increased by this caste differential.

At the district level, the reservation provisions are more comprehensive and are more effective in preventing the caste biases found at the level of assembly elections. Five of the seventeen seats are reserved for SCs, and five for OBCs. Also, one-third of the total strength is reserved for women. The district panchayat is headed by an OBC, while the vice-president belongs to a SC. Though this implies a share of power going to backward castes, further investigation reveals a more complex picture, especially where the role of watershed institutions is concerned.

The district is not eligible for the Drought Prone Area Programme and therefore is eligible for a smaller number of watershed projects under EAS and IWDP. There are six milli-watershed projects (each milli-watershed consists on an average of about 5-6 micro-watersheds) in the district, from the EAS and one from IWDP. The EAS watersheds look a simple case of distributing one watershed project to each of the six blocks. The block is however a large unit and the distribution within the block is often disputed. "The distribution of watersheds in my constituency has been hijacked by the Rajputs", says the Ujjain MLA, referring to alliances between the chief executive of the Zilla Panchayat, the MLA from the neighboring constituency – both Thakurs – and the dominant Thakur community. She then goes on to name villages, which were dropped from the original selection to include villages dominated by the Thakur families close to the aforesaid landlord MLA, as also villages with the latter's fields. These are obvious political manoeuvres. However, they are often quite organized.

This is how the official looking after the watershed programme in a district explains the process of selection. The MLAs and other politicians ask their officials to make proposals for their chosen villages. The latter, using figures from the census and other sources, make the proposal, which the influential politicians are able to follow up with the Collector. But with EAS watersheds closing down, the Collector is no longer the sanctioning authority and the case has to be followed right up to the central government for IWDP watersheds. As one MLA is said to have remarked, "You forward the project proposal and I will catch Venkaiah Naidu (the union agriculture minister) by his hands and make him sign it". In the second-generation watersheds, with increased awareness of the 'potential' of watersheds, interest in these projects is at its highest ever. Says another officer in the Zilla panchayat, "With elections approaching, every leader wants projects in his/her areas."

The POs are themselves quite powerful men – a power they gain from their proximity to senior bureaucrats and politicians, alike and by the dexterity with which they can play them. It is the PO, who selects his team (i.e., the other members of the PIA), though this must be ratified by the Collector. The 'project', translocated to the village, is thus a political product, not only in terms of where it goes, but also in terms of those through whom (locally and extra-locally) it goes. What therefore follows is a struggle between the two subjects – the PIA and the village heavyweights (the faction that pulled the project in as well as the other factions) –

while the village poor, who the project is ostensibly designed to benefit, become the objects of the exercise. Let us see how it happens.

Micro Case Study No. 3: Piploda (Ujjain)

The Narvar milliwatershed project is one of the better known watershed projects being implemented in the district and the only one to be implemented with funds from the IWDP. The project covers eleven villages and a total area of 6986 hectares. Of this, 1150 hectares had been treated by March 2001, and about 3000 hectares was taken up for treatment in 2001-2002). The Forest Department is the Project Implementing Agency (PIA) for the milliwatershed. SDO/Forest is the Project Officer and there are four other members of the PIA team drawn from various line departments.

Piploda is a relatively large village with about 350 households. The village is demographically very heterogeneous, with sizeable populations of Thakurs, Patels, Dalits and Muslims and a few households of other castes and communities. The Thakurs are the most influential people. They own the majority of the land in the village and most of them are prosperous. The present sarpanch is an SC woman, Kunti Bai, and she is there only because it happened to be a seat reserved for SC women. It was a general seat in the last elections and Jaswant Singh Pawar, one of the three largest land holders in the village was the sarpanch. However, though Jaswant Singh was unable to contest the elections for sarpanch in the present panchayat, his son, Devendra Singh, has managed to be the upa-sarpanch (or vice sarpanch) and calls the shots in the present gram panchayat.

According to the RGWM guidelines, the PIA is first supposed to complete the preliminary assessment of interventions and make micro-plans on the basis of participatory exercises with the people using different PRA tools and baseline information. The PIA should then form SHGs around the identified interventions. And representatives from these groups, in addition to the representatives from the panchayat, are to then constitute the Village Watershed Committee, while ensuring that other rules like one-third women membership are followed. But as intensive and comprehensive planning of a largely social process takes time, and the formation of a VWC is a necessary condition for funds to begin flowing, these initial processes are hardly followed anywhere.

Moreover, even the process of forming the Piploda VWC was the very antithesis of a democratic process. While the PO claims that he followed the guidelines of RGWM for formation of the committee, the villagers have a different story to tell. The formation of VWC is said to have been a very casual exercise. The upa-sarpanch, Devendra Singh, narrated the whole exercise: “the PO came one day and told the villagers that such and such committee has to be formed and it will be mainly involved with development of village. There was no criterion for selection of the members and whosoever was there was selected in the VWC. The whole process took place at a teashop near the panchayat building”.

The then-sarpanch became the president of the VWC and a selection of villagers that Devendra and some of his associates named, became the VWC members. A recurring theme in the Piploda watershed project has been the conflict between the president of the committee and the project officer – a story similar to Case Study No. 1.

Indeed the mechanics follow a similar pattern. In the beginning, the PO acts in collusion with the most powerful family of the village, assigning it the key position of VWC president

through a process that violates programme guidelines. However, the PO takes advantage of the unawareness of the president – in 1998, the 'participatory' mode of functioning, which assures substantial powers to the community representatives, was still new to a community used to bureaucratic business as usual – to absorb the bulk of the illicit gains from the project. After about a year and a half, though, the committee president asserts himself and the PO is handed his transfer papers. But the PO is not vanquished. The transfer gets rescinded, the flow of funds to the project is arrested, a vexed VWC president complains to his friends of influence, and the funds start to flow again. Despite all this, in the end there are two people whose substantial gains from the project are certain: the president (and other members of his family) and the PO (and other members of the PIA).

The president's son, Rajendra, spearheaded the conflict with the PO. This conflict does not lead to a physical violence and is limited to contests within project norms followed by a fervent invocation of political contacts. The flow of instalments to the project is subject to the recommendation of the PO and as the strife develops, the PO fights back. Rajendra seeks help from influential Zilla panchayat members against the PO and finally, after approaching the MLA, is able to arrange the transfer of the PO out of the area. However, after more than a year of canvassing, the PO is able to get the transfer orders rescinded with the help of the leaders of the opposing Congress faction in the district mentioned earlier (the one led by the CM's confidante). Slowly, with no other course emerging, the two sides reach an uneasy settlement in which the president has an upper hand.

The comprehensive participatory planning exercises that the RGWM guidelines say must be undertaken in association with the VWC, the different user groups and the SHGs – these almost never take place. The plans are supposed to be ratified by the VWC. The villagers and the VWC members of Piploda micro-watershed point out that the PO did all the planning and nobody from the VWC was involved. Some ostensible members of the VWC said that they never attended any meetings. The engineer visited the area and identified the sites and the work to be done. The secretary of the VWC was involved, but only to the extent of payment of labour dues.

One of the VWC members remarked "we are only there for namesake, we have done nothing. There are no meetings. All the work is done by Nareraji and Manohar but Manohar's work is limited to maintaining the register". Another villager remarked, "They put boards showing the expenditure on a work, after the work is over, had they done it earlier, we would have at least questioned them when the work was being done".

However, in the last one year, Devendra Singh says that they (i.e., he, his father, and the VWC president) have taken over the watershed work from Mr. Narera, the PO against whom he had complained to the collector and the Zilla panchayat CEO. Mr. Narera has since been transferred from the district. When asked whether this had meant increased people's participation and regular VWC meetings, Devendra said that this was not necessarily the case, since he and his father knew the needs of the village well enough. He did, however, claim that since they complained against the PO, the flow of funds to the Piploda watershed project had dried up, for the PIA is required to send proposals for extra funds.

While the PO maintains that the village has benefited from the activities taken up under the project, here too the villagers have a different opinion. The villagers complain that the ponds that have been dug are too shallow and not of much use for agriculture as they have been constructed far away from the fields. The villagers are unequivocal about the fact that not

many labour opportunities were created, as machines were used for much work in making tanks.

One SHG was formed in the village under the mission. The SHG is comprised of ten members including two sons of the VWC chairperson, one of whom Jetinder Singh is the chairperson of the SHG. Devinder's pal is the secretary of the group. The group is dysfunctional.

The same persistent cry against the project, which we witnessed in Case Study No. 1 resonates here too. The project is said to have inordinately depended on heavy machinery, tractors etc. The road construction – an 'entry point' activity – was entrusted to a contractor. Both the use of heavy machinery and the hiring of contractors are specifically prohibited under the programme guidelines. People cry foul and say that the project has only served the Thakur's family and the project officer. But what within the project has in this particular case allowed these deformities to thrive?

Reservations in the VWC are limited to the *composition* of the committee, *not* to its president. While 'reservation' in panchayats has had its limitations, its desirability remains beyond suspicion. 'Reservation' in something as potent as leadership of a project worth millions of rupees, of a project so directly linked to the interest of marginal land-holders, could perhaps have been of much significance. There is a recurrent pattern in which former sarpanches constrained by reservation norms in the panchayat – where they leave their wards to keep control – have shifted into the greener pastures of the VWC presidency.[53] This single concern – that watersheds become a means of undermining the power of reservations – should be enough to shift the power over implementation of watershed projects to the panchayats.

Of the ten micro-watershed projects (Piploda being one of them), which comprise this milli-watershed project, six are headed by very big landlords with land holdings of more than thirty acres of land each and one is a big business man. The minimum land holding is about ten acres. None of these hails from SC/ST castes, with eight belonging to the forward castes and two to the OBCs.

District III: Sehore

In this district, we take two cases that are lauded for their good work. One of them (Amla) has won the award for the 'ideal' watershed in the district. The idea is to understand what makes the 'ideal' watershed. Is it the 'difference' from the common (randomly chosen) watersheds that we have described above – as projects with unchecked deformities – or is it their very extenuation, which makes high 'achievements' (irrespective of the deformities that they may be filled with). Let us think of these cases.

Micro Case Study No. 4: Dabhoti (Sehore)

The Khatis make about half the population of Dabhoti, the SCs account for about a fourth and about ten other castes together make the rest. The Khatis form the bulk of the middle peasantry. There are a couple of big Thakur landlords in the village. The SC castes are mostly

[53] A number of such cases have been reported in the governance component of the 'Livelihood Options' study recently done by ODI and partners.

marginal peasants and agricultural labourers. This composition of Dabhoti echoes the composition of the assembly constituency itself: a Khati middle peasantry, a few big landlords from the Thakurs and Brahmans and the SCs at the base of the rural economy. The Khatis can be called the dominant caste in the constituency – though perhaps not in the village. The incumbent BJP MLA, a Khati, has been winning this assembly constituency continuously for the last three terms.

The president of the Dabhoti VWC, Kamal Singh, is a Thakur. Kamal is educated, a big landlord, of wide political connections, and holds the post of upa-sarpanch. The project began in 1999. Kamal had just unseated the former sarpanch, an elderly woman, on charges of her incapability. He then installed the wife of his friend, the Patel, by a unanimous panchayat resolution. This was a powerful combination: the village Patel, the sarpanch, and Kamal. No wonder it was to this centre that the watershed PO rolled in, on his preliminary visits. As Kamal sat at the house of the Patel (who is addressed as sarpanch, in lieu of his wife), the PO came in, asking for the formation of a watershed committee. Kamal sent the panchayat chowkidar (village watchman and messenger) to call 'his' people. About twenty gathered. With consideration for the reservation clauses, twelve people were enlisted as the VWC, some in their wives' names. Kamal became the president. He made one of his trusted protégés the secretary.

The project rocked on some hurdles in the beginning, particularly the sluggishness of the PO, who used to visit from the city, which is about 50-60 kilometres away. Kamal says that he got him transferred as the work was not progressing. Once the project officer was changed, progress began. There were no more bottlenecks. Kamal's described the system by which the project operates:

> "We have to give 10% of the cheque amount in the Zilla panchayat. Otherwise, they would either delay the release of the cheque or harass us. The PIA officers make money out of the 20% which is allotted to them for trainings etc. In case there is a larger amount, we also give them 10-15% in relation to the technical sanction which they must authorise. We make our 10% by manipulating muster rolls." (the employment registers that record work performed and payments due)

And so the work has been smooth. The few bottlenecks that could have emerged were thwarted by the weight of Kamal Singh's good relations with the influential Zilla Panchayat president. But what about the other lobby in the village, the other part of the partisan duality that characterises Madhya Pradesh's villages? Kamal belongs to the Congress group; the BJP group in the village is no less numerous. This was proved in the recent panchayat elections when Kamal Singh prodded his wife into contesting for the sarpanch's post in place of his friend's (the Patel's) wife. Kamal's wife lost to a BJP person's wife. Kamal explains that the election was contested on caste lines, and the large Khati vote bank supported the BJP affiliate. Kamal perhaps over-estimated his influence, thinking that he had won the elections for the Patel's wife, not giving enough credit to the Patel's own following and his Khati caste background. Some villagers, however, advanced another reason: Kamal Singh's loss of popularity, because of the ruses and swindling in the watershed project.

For all this, how does one then explain Kamal's smooth sailing through the watershed project? The combine of Kamal and the Patel (who is the largest Khati land holder of the village) form a sound block. Kamal's close relations with the Zilla panchayat adhyaksha (or president), an influential leader allegedly close to the chief minister, assure him a sound based

from which to negotiate with the bureaucracy. A group of dominant villagers huddled with the bureaucracy and enjoying the demonstrated patronage of influential politicians is too strong and informed a force for the Khati middle peasantry to challenge.

A series of 'adjustments' gave the project the tensile strength to be unperturbed by any further complaints, like those of the wage labourers. The wage labourers were compensated on a piece-rate basis, on rates that the workers say were inadequate. Fifty rupees were paid for the digging of 10x10x1 cu. ft. of earth, which according to workers interviewed took 1.5 to 2 person days of work. As one put it:

> "We, I and my husband, would leave at about eight in the morning and return at about 5-6 p.m. We would be able to dig only one unit. We anyway get about 25-30 Rs. per day for agricultural work, like soyabean weeding. The secretary used to pay us after 15-20 days, after the measurements. I only worked for 15 days, they then called people from the other part of the village, where the other tanks were constructed".

Another stated:

> "One day, the secretary asked people to come for work on the tank construction site. 30-40 people went to the site the next day. He told us that we would be paid Rs. 30 per day for women and Rs. 40 per day for men. The work lasted for about 8-10 days. About ten days after the work was over, he called us home and paid the money. When the work started again after 10-15 days, he said that it would be on a piece rate this time: Rs. 50 for unearthing a unit of 10*10*1 cu.ft. This is worse. One person has to dig and the other removes the earth. It is difficult for two people to dig more than a unit in a day. In between, the officers [PIA officers] would also come for supervision. The rates are the same as the prevalent rates for weeding of soyabean crops."

So we see where those percentage cuts (10% to the Zilla panchayat, the occasional 10% to the PIA, Kamal's understated 10%) are taken from. As for the members of the watershed committee, or other influential villagers, who need to be humoured – to separate those in favour from those out of favour, to separate the important from the unimportant – there is a mundane mode: the distribution of watershed work, the prioritisation of some fields over the others.

Micro Case Study No. 5: Amla (Sehore)

The Dabhoti watershed is a small project with a total expenditure of less than seven lakh rupees and therefore these tendencies are not full blown, and do not offer themselves to an easy analysis. It is in the Amla watershed that we see the tendencies within the watershed project in their apotheosis. For Amla is the "ideal watershed".

Dilip Singh Khati with 180 acres of land is the biggest landlord of the village. He has been the village sarpanch continuously for the last five terms. Dilip is politically very active and he enjoys extremely good relations with the Zilla panchayat president, who because of his rapport with the CM has the respect of the bureaucracy as well as both the Congress and the BJP MLAs. Dilip is a college-time friend of the Zilla panchayat president, who in spite of his allegiance to the BJP supported him in the election to presidency, even as some factions of the Congress were pitched against him. In fact, Dilip has had direct contact with the CM, enjoys good relations with the Rajya Sabha representative, and is seeking the Congress nomination

for the assembly elections. Considering that a Khati has been winning the seat for the last three terms, Dilip, being a Khati, would be able to divide the Khati vote bank. Added to the traditional vote bank of the Congress among the "lower castes", he stands a good chance. He expects the party leadership to be convinced by these calculations.

The village, though surrounded by BJP-dominated areas, is a Congress stronghold. Dilip credits this characteristic to himself, to his influence.

Dilip Singh is the unchallenged village strongman. He is also the president of the VWC. This is how he explains the formation of the committee: "The PO came to me as I was the sarpanch. I called the villagers over and made all those who came members of the committee. I became the president."

This seems to be close to the truth, considering that there are as many as thirty members in the watershed committee, in addition to Dilip. This was the characteristic inclusive sweep of the feudal hand, the 'big heart' attitude: 'Let everybody be there.' All are welcome. It doesn't matter who is there, nobody is a challenge; I'm in charge.

Of course, the committee includes Dilip's four brothers and their wives, and he made his cousin the secretary. Dilip is a busy man, out of the village most of the time and the project had to be in trusted hands. This is how he puts it: " I left the scheme…for my nephew to look after. He is the secretary. You cannot trust others, and I myself have to be so much on the move because of the nature of my political work".

Dilip's trust is not misplaced. His nephew, the secretary, has as much as *murdered* a person because he 'insulted' Dilip. Nobody had dared to contest against Dilip for the sarpanch's post for four elections. The last time, however, one unfortunate man challenged him. He first lost the election and then his life. The secretary, Jeevan, was in jail for a few months before his resourceful uncle used money and the power of his contacts – contacts, people say, as high as the chief minister – to get him released. Jeevan's only hero is his uncle:

> "Ours has been declared the ideal watershed in Sehore district. The CEO and Collector come to our village every 8-10 days. Uncle has supervised all the watershed work, I have only done paper work. My uncle got the award for No. 1 sarpanch in the whole state. He is very resourceful, he can get money from any pool. He talks directly with the CM. The PO had been dismissed on corruption charges but my uncle got him installed again. Forget the village, nobody dares to oppose him in the zilla panchayat. Last year, a fellow from our own caste, Har Prasad, contested the election against him. [Har Prasad was Abhay Mehta's man, and Mehta, according to Jeevan, is a challenge to Dilip for a party nomination for the assembly elections.] Uncle had to spend a lot of money though he eventually won. Then we had a fight with him [Har Prasad] and he abused my father and uncle. So I along with my brother killed him. Uncle then used his *approach*, upto the CM, and got us released. It cost us about 6-7 lakh rupees".

It was only during the brief period of a few months while Jeevan was in prison that the watershed work stumbled; it has otherwise had a 'smooth' ride, a ride smooth enough to take it to the very top of watershed performances, to the very 'ideal' level. 'A lot of work' has been done in Amla watershed; a substantial amount, 18 lakh rupees, has been spent on the project. That, however, wouldn't have been enough to get Dilip that good award.

Much of the work has been done with tractors. Normally, a tractor charges about Rs. 150-200 per hour and in most cases, as we have seen earlier, the president would use his own tractor to save some money. Not so the lofty Dilip. The villagers were asked to send their tractors. Their payments were to be taken in kind from the watershed project itself, in terms of their eventual benefit from the project. The fields on which the work has been done are all private lands, and the spread and concentration of the work is determined on a certain hierarchical basis: on how close people are to Dilip and how co-operative they have been with Jeevan's work.

Says Devkaran, a member of the committee: "I wanted a pond by my field and the sarpanch got it made". Nathulal, another member of the committee says, "Ponds, big or small have been constructed on the fields of almost all the members".

Nathuram, who was overlooked in the formation of the committee, bears a different tone:

> " I also wanted to be a member. But I was never told of it and came to know only a year later that some such committee had been formed. I asked the sarpanch to make a pond in my field but he demurred saying that it wouldn't be of much use as my land was in two fragments. I asked the PO but he too disregarded the request. I went out of favour because of having voted against the sarpanch."

One of Dilip's supporters puts it in more general terms:

> "I asked the sarpanch for a pond in my field and he got it done. Ponds have been constructed only in the fields of some special people. People who bear influence and are close to the sarpanch. People with un-fragmented holdings have been preferred".

It is thus a fairly 'smooth' exchange, an exchange that also 'helps' the project (or Dilip): ponds are constructed using subsidised tractors and are located in the fields of influential people (people with these tractors). Roughly 28 ponds, valued at more than 15 lakh rupees, have been constructed. About one-third of this amount is credited to people's "contribution". And all these tanks have been constructed among the fields of the Khatis, the earliest occupants of this village who own the best lands, which are located adjacent to the village. The later (marginal) occupants are mainly SCs (one-fourth of the total number of households), who have their fields far from the village. There has been no watershed work on these lands, on either the cultivated ones or the barren ones. This "ideal" project upended the much-vaunted watershed principle of ridge-to-valley treatment, the prioritizing of marginal lands. Part of the popularity of the watershed concept was its emphasis on tanks, those 'traditional' structures so celebrated after Alwar[54].

And Dilip Singh made tens of them, constructing a microcosm of the Alwar experiment. As Dilip Singh too constructed more and more of them, at lower and lower unit costs, the Collector, the ZP CEO, and other notables came to this project (every 8-10 days, some people say), to witness the fruits of a project with the potential for fame, the project which could give *them* a brushing with fame. Amla was christened the 'ideal' watershed. The watershed project was no longer just a money-making project for Dilip; it was the project that held larger

[54] Reference to the revival and construction of tanks (*johads*) in the Alwar district of Rajasthan by Rajendra Singh's Tarun Bharat Sangh.

possibilities worth investing in; and so even as Dilip continued to make money out of the project, he ensured that work was accomplished -- 'a lot of work'.

The bureaucratic romance and the political backing ensured that Amla did not have to endure those nagging obstacles that can so encumber a project. As Dilip says,

> "All watersheds have to pay money into the Zilla panchayat, but I don't; might give a little bit when a cheque is released but not much. I have that kind of influence. Otherwise, the government structure is such that the more you feed it, the more avaricious it becomes. People who are weak and don't have a hold have to pay for every cheque, 5 to 15 %, and are harassed in the name of the officer."

Dilip, however, spends generously on his visitors: "the collector, the CEO, keep on coming here and we have to take care of them, at least of their food and drinks. I have to take that money either out of the watershed or as the sarpanch". He doesn't grudge the money that the PIA officers make out of their 20 percent, calling it their domain. The secretary, he says, has also given them money a couple of times, for 'they also have a right'. And then, there are these frequent parties, over a chicken or a bottle of rum, which are held in the fields to the west of the village, by the brick kilns. Beyond the brick kilns are sprawled those neglected, thorny lands – the dry, barren fields of the dalits.

We have seen the politics of the Amla project from within the larger political system. Dilip Singh stays out of the village much of the time, pursuing his political career. His sarpanchship and the VWC presidency make his position; they also make his field. There is a continuity in the politics, which make Dilip Singh use his clout to hire tractors at subsidised prices, to opt for works that will gain him greater political mileage. It is to the logic of the political system that Dilip Singh performs, and it is the political system that rewards him for it: the 'ideal' watershed, the likelihood of a nomination for the assembly election, the proximity to the chief minister.

I.c Findings Emerging from a Comparison of the AP and MP Watershed Studies

- The rural development strategies of AP and MP have relied more than most other Indian states on the promotion of watershed programmes.

- These two states are usually contrasted as one based on radical decentralisation (MP), and one notably resistant to the decentralisation of powers to the constitutionally stipulated local government bodies (AP).

- This perception is true, but some of the *implications* drawn from it are not.

    - **MP**'s record on decentralisation, especially the more recent emphasis on empowering village general assemblies, is not necessarily revitalising local political environments or creating space for pro-poor mobilisation.

- And while **AP** government displays no penchant for devolving power to Panchayati raj institutions – it is not necessarily suffocating pro-poor policy interventions.

- How can this be?

  - In **MP**, the formal powers vested with the village assemblies have not allowed them to play the empowering role envisaged for them.

  - But this is only *partly to do with local power inequalities*, and the structures of domination (caste, gender, race) through which they are exercised.

  - At least as important is the extent to which the devolution of powers to the village level, and to the village general assembly (as opposed to elected council) within it, has *obscured the emasculation of the district level elected bodies*, or Zilla Parishads.

  - In the case of rural development programmes such as those contained within the Rajiv Gandhi Watershed Mission, the Gram Sabha's assent is required for a number of important decisions in the watershed process, so it cannot be said to be completely bypassed in the structure of the programme – though it is understood that manipulating gram sabhas, where they are actually held, is something in which a larger majority of sarpanches are known to engage.

  - But *above and beyond* this problem, the ability to undertake village-level activities is reliant on cooperation from District-level authorities, who are subjected to pressures emanating from the arena of district politics generally.

  - District politics, however, is not characterised solely, or even primarily, by the contests for seats on the District Council, or *Zilla Panchayats*, the empowered bodies according to the MP government's local government act. This is because the state government has worked to ensure that the *Zilla Panchayats are for the most part subordinate to the District Administration*, especially the District Collector, who answers to the state government in general, and the CM's office in particular.

  - The impact of district politics is felt in terms of the relative unaccountability of powerful actors operating within micro-watershed projects. When MoRD guidelines are violated, whether by Project Implementing Agencies operating on their own (or, as is more common, in collusion with village-level elites), there is little chance of ordinary citizens opposed to these violations – particularly poorer members among them – obtaining redress. The catalogue of procedural lapses is long, detailed and amply documented in a number of reports. They include non-compliance with rules governing the formation of local watershed committees, the construction of works, the payment of wages, and the inspection of projects.

  - The reason *why* external accountability is systemically undermined is that, for Project Officers to get their appointments, and their associated Project Implementing Agencies (PIAs) to be put in charge of specific milli- or micro-

watersheds, the P.O.'s will have been required to provide payment, in the form of cash or commitments of political support (and usually both), to the very same district officials and political actors that are expected to play their respective oversight roles to ensure that regulations – especially those regarding equity and probity – are adhered to and, where they are violated, that sanctions are enforced.

- Access by district politicians to these discretionary resources – their ability to hand out jobs – is itself significantly affected by alignments among politicians within a district who are divided in a chain that links them to state-level political factions, though not operating on purely a partisan basis.

- Thus, the unaccountability of those PIA staff and village accomplices who flout watershed programme rules, to the detriment of poorer members of local society, can be traced to the penetration of state politics into the operation of the district administration. The battle among political elites within a district to maintain their networks of support, and to undermine those of their rivals, incorporates, but is larger than, the officially designated apex institution, the Zilla Parishad.

- In Madhya Pradesh, this pattern has established itself as a result of conscious decisions of the state government , both in the field of watershed development itself (e.g., making the District Watershed Advisory Councils) subordinate to the Collector-controlled District Planning Commission), and on the basis of revisions to the Panchayati Raj system itself – most notably by creating of the post of '*minister in charge*' for each district. This puts a member of the state cabinet in charge of overseeing programme decisions in the district, though depending on the MIC's relationship with the CM the relationship with the Collector can be difficult to manage.

- In **AP**, as in MP, part of the popular image is indeed true: the government of Chandrababu Naidu *does* routinely design rural development programmes in ways that bypass elected local government institutions.

    - Moreover, this practice has led to a perceptible tendency for the state administration to favour members (or those demonstrably sympathetic to) the ruling party when constituting the alternative committees that run watershed programmes.

    - In theory, it would be great to have a gram sabha in control of all resources, but this is far off even in AP, to say nothing of some other states. And in the meantime the system of parallel committees for watershed programmes (and other state interventions) has not been all bad.

    - In theory, the existence of competing institutions at the village level (the democratically elected PRIs and the appointed PSGs) create the possibility for situations of divided power, where one party is in control of each; this can in some cases provide leverage to poorer groups by increasing and the likelihood of open confrontation and demands for accountability from both sides.

- In practice, however, this has very rarely happened. The AP framework has in fact allowed elite groups (both in terms of caste status and landholding patterns) to use the PSGs to sideline socially subordinate groups that have managed to secure representation through the PRIs.

- In terms of overall findings about the whether it would be more or less advantageous for PSGs to be under the direct control of PRIs – and we must recall that there are several complex models under consideration for addressing this issue of 'convergence' – what the findings of this study indicate most clearly is that a more subtle approach, based on an appreciation of the nuances of individual cases, is essential. As the AP study team put it, the major distinction that has a bearing on the desirability of merging PSGs with PRIs is the question of location. While natural-resource-based PSGs are specific to the location, others are common in most places. Even among other CBOs, their relevance varies between developed and backward regions. Acceptability of the convergence between PRI and other CBOs at the village level need to be assessed for each CBO. This calls for understanding the perceptions of various stakeholders, especially PRIs and CBOs, rather than presenting a model for their acceptance or rejection. The degree of convergence may differ across CBOs. For instance, watersheds are presently managed by outside PIAs, line departments / NGOs. WUAs and VSSs have relatively more involvement of the line departments when compared to other CBOs. In fact, some of the CBOs have formal linkages with the PRIs at the village level. For instance, the village sarpanch is responsible for holding meetings with the chairpersons of School Education Committee (SEC). The sarpanch is expected to be the link with the *mandal parishad* and also *mandal* education committee. Two ward members are ex-officio members of the watershed committee. The sarpanch chairs the advisory committee to VSS. On the other hand, PRIs do not have any formal role in the case of the motherss committee, WUA, DWACRA, etc. Even in the case of formal PRIs involvement of line departments hold the ultimate power to dictate the important issues through financial and administrative controls. Unless the issue of financial and administrative controls is resolved there is no gainsaying linking or convergence of CBOs with PRIs. As long as these controls remain with the line departments the convergence issue remains superficial. The issue of relative control over resources is as important, if not more, as the issue of convergence.

- In AP, leaders of political factions, in order to consolidate their hold over a group of political supporters, must deliver at least some benefits (though the programme itself, and not merely through other, diffuse forms of reciprocity in *other* areas of elite decision-making). In MP, on the other hand, it appears that in general patrons can get away with promises of generalised patronage for poorer groups, and in some cases deliver almost nothing to the poor through the programme itself. This appears to be at least partly the indirect result of assertiveness among even poorer groups that has arisen from various initiatives undertaken in AP. As Caseley has indicated, even programmes that have not been particularly geared towards the poor have had positive side-effects in terms of creating demands for improved performance.[55] Powis, in addition, indicates on the basis of survey results in AP, that even the much-criticised Janmabhoomi programme has generated a more demanding attitude from marginalised groups.[56]

[55] Jonathan Caseley, REF
[56] Benjamin Powis, REF

- While the existence of institutions beyond the formal elected local government bodies can in some instances foment conflict of the sort that paralyses policy, thereby neutralising its ability to produce pro-poor outcomes, it can also contribute to more harmonious relations between village factions. In at least one case study village, the creation of a parallel body to manage a watershed programme made it possible to accommodate leaders of both of the two main party-affiliated factions with positions of authority. There are examples of this effect, in both states, though the frequency is difficult to assess.

- A commonality across the two states is the tendency of watershed projects to consolidate the hold of certain powerful interests within the concerned villages. Of particular note is the ability of contractors who benefit from works contracts (especially in MP where the violation of programme regulations in this respect is rife) to then gain direct control over political groupings, as opposed to simply courting favour with political leaders. As the AP case studies showed, this process can also be reverse, with politicians using the programmes to become contractors in their own right. This convergence of economic and political power makes it less possible for watershed programmes to create a more conducive pro-poor political environment. When different dimensions of power are consolidated, there is less competition among rival elites to attract the support of poor people by distributing to them a greater share of programme benefits.

PART III:
FINDINGS ON THE POLITICS OF PRO-POOR REFORM IN THE HEALTH SECTOR, AP AND MP

II.a Comparative key issues and main questions

In a study in 2003 by the India branch of Transparency International, corruption in the health sector outstripped corruption in other public services, at least in the experience of its survey respondents, a sample of ordinary citizens from around the country. Corruption in this sector operates at a grand scale, in the massive commissions to be made from the purchase of expensive equipment and drugs. But for most people, and especially poor people, the experience of corruption is more mundane – in the desperately dirty and badly equipped primary health centres from which doctors and nurses are largely absent, or in the contemptuous treatment they receive from health professionals when they do show up. Accountability failures in the health sector afflict the poor more than any other social group because they lack the resources to 'exit' to a private provider, and corruption in health services hits them where they hurt most; at the very margins of their physical survival, where they cannot afford to complain about mis-treatment for fear of missing out on whatever meagre benefits they might obtain. This makes effective collective action to assert client 'voice' particularly difficult. Pro-poor reform in health systems has tended to involve the introduction of public subsidies that are primarily enjoyed by the better off, and are easily captured by elites and used to grease the wheels of patronage systems. Awareness of the pattern and politics of elite capture and the isolation of poor clients in the health sector has prompted the two health sector reforms that we study here for AP and MP: the Community Health Worker scheme in a tribal area of AP, and the Patient Welfare Committee structure in health facilities in MP.

Health indicators in AP are slightly better than the national average but lag considerably behind those of other South Indian states such as Kerala and Karnataka. In AP there is a significant referral problem, where secondary and tertiary hospitals are under-utilised –per capita use of in-patient facilities exceeds that only of Bihar, and is less than half the national average. Health indicators in MP are among the worst in India – when the Chief Minster took charge in 1993, it had the highest crude birth rate and second highest infant mortality rate in the country, and marginal areas where there are high tribal populations had an alarming vulnerability to malaria and diahorrea. Though health indicators have improved in the last ten years as they have done all over India, MP has still bumped along the bottom , still just as far from the current all-India average as before.[57]

Public expenditure on health drawn from plan funds (GoI, state government matching funds, and donor funds) has increased in recent years, but non-plan expenditure (state funding only) has remained constant in AP, while it has dropped in MP. In both states, a large share of public expenditure in the health sector goes to secondary and tertiary care (at least 35%). In both states, salaries account for the major share of total expenditure (at least 75%).[58]

[57] GoMP, Third Human Development Report, 2002 (GoMP, 2002).

[58] For detailed break-downs of spending in both states see: Mark Pearson et al, 'Impact and Expenditure Review: Health Sector" (DFID Health Systems Resource Centre, Draft Final Report, Public Expenditure Analysis, March 2001, Chapter 2); and for MP see: XXX

The health sectors of both states face similar problems: serious resource shortages, a failure to use existing resources efficiently, competition with a largely unregulated private sector in which moonlighting public sector medical staff spend a great deal of time (in spite of this being illegal in AP for those appointed after 1987), and a general lack of responsiveness to patient needs. Both states also face tremendous logistical problems in reaching their most disadvantaged citizens: tribal groups living in remote and inaccessible areas. In these areas the public health infrastructure is barely present. Such rural health facilities as do exist are characterised by phenomenal levels of doctor and nurse absenteeism, an absence of drugs and equipment in Primary Health Centres, a weak referral system, and an absence of an orientation in the rural health system to preventive care instead of curative care. In consequence, health indicators for tribal populations in both states are considerably worse than those for the rest of the population.

The AP health sector has enjoyed considerably more donor funding for innovations in health systems management and performance improvements than has the MP health sector.[59] The World Bank has invested heavily in the health sector in AP through the Andhra Pradesh First Referral Health Project, which has brought impressive improvements to the secondary hospital sector. The Andhra Pradesh Vaidhya Vidhana Parishad (APVVP) – an institution that manages a substantial number of government medical personnel in area hospitals and sub-district Community Health Centres -- also enjoys World Bank support for providing autonomous management and monitoring performance in these facilities.

In both states health sector management and planning has been decentralised through various means. In both states, arrangements have been made to substantially increase local participation in the management of health facilities. In AP, Hospital Advisory Committees (HAC) exist for every health facility, including the Primary Health Centres in rural towns. In MP, similar panchayat-based health committees are participants in an innovation that engages citizens directly in health centre management and builds local autonomy in setting priorities for health care – this is the system of 'Patients' Welfare Committees' (the Rogi Kalyan Samiti, RKS) now found in half of the state's health facilities. As this RKS system is a major plank of the MP government's Medium Term Health Strategy, central to the effort to deliver services based on local needs, and to improving the management of health facilities from the primary to the tertiary level, it is the health sector reform for MP that is focussed upon in this study. Both the HAC and the RKS can impose and collect user fees for health services and use these sums on hospital improvement.

In both states decentralisation measures seem to have been animated by a wish to undercut the powers of district-level line officials by vesting greater powers in the District Collector over District medical staff. So in AP, for instance, District Collectors have been known to by-pass district-level line ministry staff in recruiting contract medical personnel,[60] even though this function is supposed to be performed by a committee consisting of the District Medical and Health Officer and the District Co-ordinator of Health Services (who reports not to the Department of Health but to the APVVP headquarters), along with the Collector. In MP, the

[59] Donors have been very involved in the formulation of the Health Guarantee Scheme in MP, particularly in promoting a rights-based approach to health service delivery. However, DfID support for strengthening district planning capacity in health services has only recently been approved, and the EU and Danida, though they have support projects in the health sector, experience a very slow rate of utilisation of funds.

[60] Jos Mooij, Sheela Prasad, and Asha George, 'Health, Decentralization, Decision-Making and Accountability in Andhra Pradesh, India' (background paper for the Health Strategy and Expenditure framework of the Government of Andhra Pradesh, India, DfID, March 2003) Chapter 2.

District Collector chairs the RKSs for District-level health facilities, and through this committee, can override the DM&HO (or Chief Medical Officer) in making important decisions on hospital equipment and drugs purchases. In AP, this undermining of district-level line officials has produced a simultaneous and subtle process of 're-centralisation' of control over the health sector. For instance, the powers of the District Medical and Health Officer have been undermined in the crucial area of drugs purchases. Hitherto responsible for purchasing 50% of drugs needed for district health facilities – the source of an important illicit income in commissions from pharmaceuticals – the DM&HO now cannot even purchase consumables such as dettol and cotton. All such purchases are centralised in the Department of Health in Hyderabad.

Both states have invested in versions of the 'barefoot doctor' – or the para-professional rural medical worker -- approach to improve the outreach of their health service in rural and impoverished areas. In AP there are a range of such schemes, and our study concentrates on one of these, the revived Community Health Workers Scheme for extending basic health care to tribal areas.[61] In MP this extension system has been of great importance given that 20% of the villages in the state are in remote tribal areas ill-served by PHCs. A major and so far the only active component of the MP government's ambitious Health Guarantee Scheme (the Swastha Jeevan Seva Guarantee Yojana – literally the Healthy Life Service Guarantee Scheme) employs community health workers (Jan Sawsth Rakshak) to promote public health and deliver basic primary care in villages. Unlike the Community Health Workers' Scheme in AP, which focuses only on the most deprived and remote areas, the JSR scheme has been generalised throughout MP. The CHW scheme in AP is integrated to the management of the PHCs and ultimately the Department of Heath and Family Planning as well as the local Tribal Development Authority, whereas oversight for the JSRs is provided by the health committees of the panchyats in MP. As the JSR scheme, unlike the AP CHW scheme, has not been supported by donors, JSRs are expected to generate an income through private practice. The result of the free-for-all competition with established private practitioners at the village level, and the weak overall management of JSRs, has apparently been a high rate of drop-outs and rather uneven quality health care (if not outright quackery[62]) from those JSRs who stay in the scheme. Though the JSR scheme qualifies as a more pro-poor intervention than does the RKS system for managing health facilities, we chose not to make it the focus of our study because at the time of selecting policy innovations for this work it had barely got underway. In addition, as part of the brief for this study was to select policy innovations that appeared successful, we were discouraged from focussing upon a scheme that was so obviously struggling. Thus the following pages outline the case studies of two health sector reforms that have been praised for improving the efficiency and responsiveness of the health sector: the CHW scheme in a tribal area in north-eastern AP, and the RKS scheme in several districts, one of them tribal, in MP.

Responsiveness to the poor in health sector – key problems

[61] An example of another health provision scheme using para-professionals are the 'link volunteer' schemes in Hyderabad, Mahaboobnagar, and Nalgonda. These use women volunteers in urban slums to disseminate basic good practice for public health and preventive care, and have been very successful in increasing the use of Urban Health Posts. They have been particularly successful in, and some say manipulated for the purpose of, increasing uptake of family planning technologies and producing large numbers of sterilisations. REF interview.

[62] See Anuradha Joshi, 'The politics of Pro-Poor Policy in Madhya Pradesh (commissioned paper for DfID, IDS, Sussex) Part V, for a critique of the JSR scheme.

Characteristics specific to public health services and to their poor clients conspire to make health care delivery to poor people notoriously unresponsive to their needs. Health outcomes, for a start, cannot be attributed to the work of any single agency department or ministry – they are the product of the actions of many different public service in charge of water supply, rural infrastructure, food distribution systems, environmental management and sanitation systems, as well as professional health services. Each works to different targets and standards, and responsibility for public health failures can be shrugged off from one to another service. In addition, health outcomes are affected by the behaviour of individuals within the household and small communities, and are influenced by inequalities that operate according to gender, age, and class or caste. Within the health sector, there are three major modes of service delivery that are relevant to the poor: the promotion of health-based practices such as good nutrition, breastfeeding, oral rehydration, and basic sanitation; periodic professional health services such as immunisation drives and ante-natal care, and continuous institutionalised professional services such as are provided in Primary Health centres and hospitals to respond to acute illnesses or deliveries. Of these, only the second service delivery mode is easy to monitor – they can involve a single provider, have simple and often single targets, and are easily contracted out. The last -- institutionalised professional services -- involve a one-one-one interaction between medical professionals and clients that invests, of necessity, the health service provider with a very high degree of discretion. This creates considerable space for bribery of clients as well as many other forms of abuse.

In this study we concentrate on the health care provided through continuous professional services (the referral system from the Community Health Worker up to the Primary Health Centre in AP, and the District Hospitals in MP). In these services constraints to the effective functioning of accountability systems are acute, and constraints to client 'voice' are substantial, yet this is an area of public service delivery that more than any other requires client power (expressed through choice, exit, participation and sometimes litigation) to promote greater responsiveness to the poor. A common problem of insurance market failure and the lack of regulation amongst private providers drive poor patients to public health care facilities. But the considerable discretion exercised by providers and the asymmetry of information between patients and professionals, let alone the substantial social distance between professionals and patients, puts poor patients in a weak position to demand good treatment. In countries such as India, bureaucratic controls over professionals are weak, while doctors' professional associations are powerful. Performance monitoring systems are under-developed and tend to be focussed upon simple measurable targets that are not necessarily measuring pro-poor treatment achievements. For instance, in AP, virtually the only achievements for which rural doctors and other medical staff receive formal recognition is in meeting targets for sterilising couples. Controls over medical professionals are weak – they are hired, promoted, or fired at the state level, and district line ministry staff have next to no power to sanction medical staff for poor performance and for the very common problem of extremely high rates of absenteeism from rural health facilities.[63] This essential accountability mechanism of merit-based recruitment, performance appraisal, promotion or punishment, is profoundly politicised. A well-organised system of payment by medical

[63] See Mooij et al, Op. Cit., Chapter 2. But as we shall see, both AP and MP have made efforts to improve the control of medical professionals at the local level. In AP, Collectors can now hire medical staff on a temporary contract basis to fill vacancies left by public service doctors and nurses unwilling to work in rural areas. In MP, Collectors are now in a position to suspend medical staff for investigations of malpractice. Notably, both states have avoided vesting these powers in the line ministry officials at the District level, demonstrating the profound lack of trust in the working of sanctioning processes within the Ministry of Health.

professionals for appointments, promotions, and above all, transfers to desirable locations generates a very important income for the party in power. Medical professionals pay specified sums -- usually the salary that professional would expect to receive in the desired new post in the first year -- to party touts, who channel these funds up to the Minster of Health.[64] Local politicians such as MLAs have considerable power over medical professionals in rural health facilities, not only determining their chances of a favourable transfer, but also imposing a range of other demands, such as cuts from drugs purchases, commissions on contracts for construction, or free services for their own clientele. In such a situation, the only remaining mechanism through which medical professionals can be hoped to work with integrity is the informal self-regulation provided through their professional training and intrinsic motivation. Though this can be strong, its effects tend to pale in the face of the pressure to satisfy powerful locals, or in the face of the earning opportunities and better conditions available in private practice.

Collective action by health service clients to combat these accountability failures is weak the world over for reasons having to do with the nature of the client-provider relationship:

- Health services are enjoyed as an individual and private, rather than collective good, and therefore better-off clients try to form exclusive lobbies to capture benefits, rather than appreciating the public health pay-offs of better health care for the poor.[65]
- Benefits to a broad collectivity are not as evident as are the benefits to be gained from capturing the service for wealthier clients.
- The strong private market for the service encourages exit by better-off users and poor responsiveness by the rump of the public service to poorer users
- The technical complexity of higher-level health services and the huge information asymmetry between clients and providers inhibit effective civil society critique and constructive engagement in reform processes
- Interactions with providers and be on-off occasions, or short-term engagements. This gives citizens can a low stake in, and little incentive for, collective action to repair services which they rarely use or do not imagine they might use (e.g.: highly specialised surgery). Meanwhile, a user orientation among providers is hard to establish when clients change frequently and do not follow up complaints with collective action;
- The focus on service delivery by non-governmental organisations that engage with the health sector may inhibit some types of collective action. NGOs including religious associations engaged in service delivery either use state funds to reach isolated populations or to implement single-objective programmes such a immunisation or contraceptives delivery, or provide alternative services with donor funds. Either way, service delivery NGOs tend not to engage in critique and advocacy for fear of losing the funds or the permissions required for their service delivery activities. In both MP and AP

[64] According to a doctor who had worked for 35 years in the public health system in MP, but whose identity must for obvious reasons be kept confidential, the minimum payment for a transfer from a small rural primary Health Centre to a Class I position in a town is 45,000 Rs – three times the basic salary for a Class I officer. Promotion to the position of a class II officer costs 12,000 Rs. The cost of a position as an advisor in one of the Directorates in the Department of Health or at a teaching hospital is 6 months salary in advance. However, he noted wryly, 'punishment postings, for instance to Dindori District, are given free of charge, even for a Chief Medical Officer posting'. February 27, 2002...

[65] The relative indifference of social elites to the health problems of the poor is marked in South Asia compared to other regions. See Naomi Hossain, REF (Dphil thesis, mimeo, IDS Sussex, 2003). A limited exception is when the poor pose a pubic health hazard, as was the case during the 1994 plague scare in Western India. This, as we shall see in the section on MP, in fact inspired the health facility administration innovation that is the subject of our study.

there is limited NGO involvement in the health sector, and the vast majority of these associations focus on direct service delivery.

- Finally, when it comes to poor clients, they can be physically very distant from health facilities, and lack the human, social and physical capital that is useful for collective action. In addition they may have internalised the messages about inferiority that are clearly transmitted to them through the contemptuous treatment they receive from medical personnel, and may therefore not be equipped with the sense of entitlement and outrage that can animate collective action.

The studies of selected health systems innovations in AP and MP were animated by an appreciation of these virtually institutionalised accountability failures and of the constraints to effective collective action by poor patients. In both cases, the innovations selected have involved attempts to overcome some of these problems. The decentralisation of health service delivery in both states has given much greater powers to District-level governments to control medical personnel (though not the powers to fundamentally sanction and dismiss errant or absent professionals). Decentralisation has also come with measures to increase consultation with citizens and to amplify their voice in health service planning through the establishment of advisory committees through the panchyats in both states. In AP, the Community Health Worker system is designed to reduce the social and physical distance between poor patients and health providers. In MP, the RKS system is designed to take some discretion away from senior medical personnel in determining public health priorities and in expenditure on areas that will make health facilities more accessible to poor users. And of course the very title of the MP innovation -- the 'patients' Welfare committee' – implies a concern to represent the needs of patients and advance their well-being through the health system.

The analysis in the two state-level studies is guided therefore by the following questions about the particular health system reform under investigation:

- Has this reform affected the accountability system (recruitment, transfers and promotions, performance appraisals) in the public health service?
- Has this reform created or enhanced incentives for medical personnel to address the health care needs of the poor more effectively and with greater integrity?
- How far are new benefits for poor patients captured by better-off groups?
- What is the engagement of politicians and elite interest groups in this process? Specifically, where and how does the health system and this particular reform fit into the pattern of local competition for resources and for influence?
- What is the engagement of local government bodies in health care planning, and are these bodies able to represent patients' needs?
- Has this reform prompted or enabled new forms of collective action around health care problems, particularly the health problems of the poor?

II. b Findings from the AP health Study

Community Health Workers and the Primary Health Delivery System in Tribal Areas of Visakhapatnam, Andhra Pradesh

Vision 2020 –Health Sector Reforms

The Government of Andhra Pradesh (GoAP) Vision 2020 document identifies a seven-point set of priorities for health sector reform: providing universal access to primary health care; encouraging private investment in tertiary health care; focusing on specific programs to promote family planning; focusing on improving health levels in disadvantaged groups and backward regions; ensuring a strong prevention focus; enhancing the performance of the public health system; and formulating a State Information Education and Communication (IEC) program to broadcast information on preventive health care. In order to operationalise Vision 2020, the Department of Health Medical and Family Welfare (DoHMFW) was instructed to improve and increase coverage with existing service delivery and public health programs. One important new initiative proposed in the Vision 2020 document was to expand the deployment of Community Health Workers in tribal areas and in urban slums. The Vision 2020 document refers to the achievements of community health workers in improving maternal and child health indicators in Brazil and proposes to emulate that experience.[66] It sees the advantages of a CHW system as providing poor people with locally appropriate 24-hour services on call, for which they can pay a small fee. CHWs can act as critical links between poor patients and the health system by referring serious cases upwards in the health delivery chain, and by providing the health system with information about local health problems. CHWs are seen as particularly appropriate for AP given that some of its poorest people – its large tribal population – are physically remote from health facilities and culturally hostile to the modern health system. At the time this research began (2001) there were 8,500 CHWs in the state. They are seen as the starting point of the health referral system – in principle, the bed-rock of the AP First Referrals Project (financed by the World Bank as part of the AP Economic Restructuring Program), which has been strengthening primary and secondary health facilities since the mid-1990s. Most of these CHWs work with tribal populations in the more remote areas of the state. The data shows that the health status gap between the disadvantaged groups in these areas (Scheduled Castes, Scheduled Tribes, Backward Classes and Minorities) and the general population is extremely large.

Health status and the public health care infrastructure in tribal Areas

The tribal sub-plan area is spread over nine districts and consists of about 33 tribes and 22 lakh of the total 42 lakh ST population in the state. Poverty is the prime cause for ill health, persistent morbidity and early death. Lack of access to the right foods: iron, protein and micro-nutrients such as iodine and vitamins, causes a very high incidence of nutritional deficiency diseases: anemia, diarrhea, night blindness, goitre, etc. These factors combined with lack of access to basic health care services is the main reason for the marked gap in health indicators between tribal areas and the more developed parts of the state: maternal mortality is eight per 1000, (going up to 25 among some tribal groups) as against four per 1000 for the state; infant mortality rate is 120-150 per 1000 compared to 72 per 1000; and while the crude death rate is nine per 1000, close to the state average, the mortality rate for

[66] Particular note is taken of the experience documented by Judith Tendler of the squads of women health workers in the north-eastern Brazilian state of Ceara who brought primary and preventive care to low-income households. REF.

under-fives is a shocking 30%. Amongst some of the major tribal groups such as Savaras, Gadabas and Jatapus, the death rate is as high as 15-20 per 1000, with over 50 per cent deaths in children under five. Life expectancy is lower, and there has been a rapid deterioration of the sex ratio during the decade 1981-91, and an extremely high level of about 75 per cent stunting / wastage among children. Tribals suffer disproportionately to their population from communicable diseases – the rate of incidence of TB among tribals is estimated to be double the rate elsewhere in the state, and the case incidence of malaria is estimated to be over 18 per 1,000, mostly of the P Falciparum variety (cerebral malaria), accounting for 75 per cent of the state's total malaria deaths.

On paper, the health care infrastructure for tribal areas appears to offer a reasonable level of coverage for this remote and physically scattered population. There are 111 PHCs in the tribal areas (a four-fold increase from 32 in 1982) and 823 sub-centers (an eight-fold increase from 108 in 1982), along with 29 mobile medical units, 21 hospitals and 18 dispensaries. Thus, compared to one PHC for every 40,000 population in the plains areas, there is one for every 7,772 in tribal areas. Likewise, whereas there is just one sub-centre for every 7,000 persons in the non-tribal areas, there is one for every 1,251 in tribal areas. There are an estimated 277 doctors, 1,720 health workers and 260 health supervisors working in the tribal areas, and as of 1999, 8,500 community Health Workers across the nine Integrated Tribal Development Agency divisions (ITDAs) of AP.

In reality this impressive infrastructure either does not exist in places, or else is defeated by the highly dispersed nature of the tribal populations. The PHCs and sub-centers have been so located that the distances to be covered (in these areas this means by foot) by patients seeking treatment average about 272 kms and 37 kms with the highest going up to 465 kms and 50 kms respectively. Similarly, the average number of villages / habitations that have to be covered by a PHC and a sub-centre are about 73 and 10, with a high of 1,461 and 379 respectively. Population density in tribal areas is much lower than in the plains – for instance in Paderu mandal, the area studied here, it is 75 persons per square kilometer compared to 125 in the plains. Thus, though manpower availability purely in terms of ratios does not seem to be adverse, the siting of the facilities, and poor communications, has resulted in making distance and physical access a major barrier for the utilization of health care services. Evidence that there is significant under-utilization of such facilities as do exist comes from a 2001 beneficiary assessment study carried out for the AP Economic Restructuring Project (Health Component). This World-Bank-funded project supports the AP First Referrals Project, designed to strengthen rural primary health care. In the portion of the sample that included scheduled tribes and the PHC serving them it was shown that the monthly caseload of a tribal PHC was just 1281 outpatients compared to 2085 in non-tribal areas. These tribal PHCs appeared to reach only patients in a radius of just 5 kms of the centre, which meant that the vast majority of the tribal population was not using PHCs.[67]

A survey conducted by the Department of Family Welfare during 1994-95 showed that none of the 29 Mobile Medical Units are functioning, 66% of the PHCs require repairs to make them usable, 30% have no electricity (affecting vaccine potency), 62% have no labour rooms or water supply (making institutional deliveries impossible), and 19% are located in thatched huts, one-roomed buildings, sheds, etc, forcing the large number of the staff members to stay at home. Eighty percent of PHCs have no BP apparatus, and virtually none have any weighing machines or blood testing equipment, making antenatal check ups only notional.

[67] Taylor Nelson Sofres (TNS) MODE, 2001.

Fifty-three percent of PHCs have no operating theatre and in 22% of the others the theatres have no equipment and therefore are unutilized.

In the case of sub-centers, which are a 100% centrally funded program, 87% are in rented accommodation, which in tribal areas would only mean a portion of a thatched hut. Even in the remaining 13% of sub-centers, 50% require major repairs and are unoccupied. While 8% of the rest have some facilities such as examination tables, etc, only 1% have water connections and 6% have electricity. It is safe to assume that by and large the sub-centers are non-functioning, save for those that are located in roadside villages or market centers.

The poor infrastructure is undermined further by large-scale absenteeism and vacancies, and poor training and a lack of motivation in the staff who do show up. The vacancy rate for doctors averages nearly 30%, and the same is true for the Auxiliary Nurse Midwives, while it is 20% for the male health workers.[68] The 30-bed CHC at Paderu, ITDA headquarters of Visakhapatnam district, had a zero occupancy rate for the first five years since its construction, for lack of staff. Discussions with tribal communities by the research team in over a dozen villages showed that from the point of view of tribal people living away from rural towns, the health system is virtually non-functioning. Even in the better resourced PHCs, tribals often receive contemptuous or callous treatment. More often than not, no medical staff are available, or those who are seem poorly-trained or have inadequate instruments or drugs available to offer assistance. Demands for informal payments raise the costs of visits, as does the need to pay for accommodation because medical staff may not be available on the day a patient visits. Transportation costs add to the expense, and given that service in public health facilities is of dubious quality, this has produced a serious crisis of credibility with respect to public health facilities, making private providers an attractive, and barely less costly, alternative. In addition, as we shall see below, the primary health system has come to be associated with sterilization campaigns. Amongst tribal populations, whose numbers are already dwindling because of poor conditions, this has raised concerns about the motives of public health workers and has discouraged use of such facilities as are available.

The District of Visakhapatnam in North-East AP is home to 23% of the tribal population of the state, and includes pockets of some of the worst health indicators for tribals. The tribal agency area there is spread over 3,560 villages in 11 mandals – accounting for 5 lakh people. Life expectancy of adults there averages an extremely low 40 years compared to 60 – 65 for the state. The Paderu mandal – which is the focus of this study, in fact suffered from an excess in mortality caused by communicable diseases in the years during which this study was conducted (2000 – 2003), with 6000 deaths attributed to a lack of medication and care for malaria, jaundice, and viral fever.[69] The Paderu Division (population 542,482) is served by two Community Health Centers (50-bed hospitals) and 17 PHCs. In Paderu, the two CHCs are desperately understaffed, with just two instead of eight doctors each, and none of the mandatory specialists such as gynecologists, pediatricians, and specialists in the treatment of malaria or TB.

The Tribal Health Plan

[68] K. Sujata Rao, 'Health care services in tribal areas of Andhra Pradesh: A Public Policy Perspective' (Economic and Political Weekly, Vol. 33, No. 9, February 28 – March 9, 1998) p. 3.
[69] 'Health dept. admits it is unequal to the task' (The Hindu, September 17, 2002).

As with the rest of the state, tribal areas did not benefit from any specific health policy designed to address the needs of the poorest patients until late in the 1990s. As we shall see below, health planning in the state has been guided by population control concerns, and did not develop a pro-poor focus until after 1995, when the new leadership of the TDP supported reform-minded IAS bureaucrats and accepted international donor advice in designing health policies intended to strengthen the provision of primary health care. However, the severity of health problems in tribal regions did mean that in 1992 an effort was made to tackle the huge gaps in the public health system in these areas. The then Congress government came up with what has been described as a 'one-line tribal health plan' [70] involving dropping the minimum qualifications for Auxiliary Nurse Midwives in order to enable more local young women to be employed, and recruiting an additional 250 doctors to cover chronic vacancies in tribal areas. However, neither measure was actually implemented until 1996.

In 1997 a tribal health project (THP) was launched by the Department of Tribal Welfare, funded by the World Bank and the International Fund for Agriculture Development for Rs 14.06 crore (a 'crore' is ten million). This was a vast increase on the estimated Rs 3 crore available for tribal health through the state's budget. The THP was implemented in the four districts of East Godavari, Srikakulam, Visakhapatnam and Vizianagaram, covering 7.87 lakh people. The project has strengthened the basic health infrastructure – providing for building construction, an additional budget for drugs, vehicles and supplies; training of all health care providers; it has strengthened diagnostic facilities; constituted women's health committees, and provided a Community Health Worker in every village. These health activities have run in tandem with other features of this vast Tribal Development Project, which has sought to strengthen capacities in tribal communities for participation and self-management of development activities, in particular investment in watershed control infrastructure, other agricultural improvements, and the marketing of agricultural and forest produce. Under the project, which terminated in 2002, a CHW became a part of the package of benefits associated with setting up watershed user groups in tribal communities.

Given the inadequacies of the public health system the THP put particular emphasis on preventive health care, to be achieved in two ways – (a) providing for a CHW, a married woman, not necessarily literate, resident of the village, to provide "prevention and curative services at the village level and as liaison between community and the Medical officer of the PHC" for which Rs 300 per month honorarium and two months of training was provided in the treatment of malaria, scabies, diarrhea, fever, preparation of nutrition charts and undertaking of health education activities; and (b) constitution of village health committees (similar to the *mahila swasthya sanghs* in the plains) responsible for a range of activities covering maternal and child health, environmental health, health education, reproductive tract infection control, identification of communicable diseases and mental health. The role of CHWs would be identification of illness, limited medication, referral, and administering the village fund for undertaking drinking water, sanitation and construction / maintenance of labour room facilities. For the duration of the THP the CHWs worked under the authority of the Village Tribal Development Authority – a village-level development committee that reported to the Integrated Tribal Development Authority in each region. The VTDAs acted as a co-ordination point for a number of self-help groups and user groups through which the Tribal Development Project resources were channeled: education, health, and irrigation groups, grain banks, and women's thrift and credit societies. After 2002 formal authority over the CHW shifted to the gram panchayats and to health officials – the sarpanch was

[70] K. Sujata Rao, ibid, p. 5.

responsible for her selection, and she came under more direct supervision from the Auxiliary Nurse Midwife and the doctors of the nearest PHC.

Formal evaluations of the Tribal Development Project evince disappointment over a range of project objectives, particularly the capacity of the project to encourage grassroots participation in community development activities. The VTDAs did not evolve into a sustainable institution but instead came to be dominated by one individual in each community, usually by a young man who had the blessing of tribal elders.[71] This person usually worked closely with TDP cadres to maximize resources flowing to villages for construction projects, and local politics became a matter of competition for the new contracts available through the project. The project did experience some success in encouraging local communities to bid for these contracts and in the process squeeze out some of the more unscrupulous local contractors who normally capture such resources.

With regard to the health component, evaluations suggest this was one of the least successful parts of the project. One evaluation notes: 'in most places the health committee often did not operate at all, and its intended functions were being carried out by the Community Health Worker.[72] But there is evidence that the community health workers did in fact make some difference to their communities. Since 1997 the Paderu Division in Visakhapatnam – our research site -- has seen improvements in key indicators of maternal and child health: ante- and post-natal care has improved, as has the immunization rate for children. Local observers insist that the CHW scheme in the District is the reason for this improvement. The District Medical and Health Officer credits the CHWs with creating an early warning system to alert District medical staff of outbreaks of disease, particularly malaria, and with bringing a larger number of patients to the PHC for treatment.[73] In the Paderu Division, a survey in 2001 showed that in contrast to a nearby area with no CHWs, the areas in which CHWs operated had seen a drop in the rate of pre-puberty marriage, an improvement in the numbers of women coming for ante-natal checks (94% of pregnant women had three check-ups compared to 67% in the control area), and there was generally a higher uptake of information on basic sanitation, as well as observation of basic nutritional improvements during pregnancy and use of iron and folic acid tablets.[74] This does not add up to any spectacular improvement in health care in the area, or to a reduction in the area's exceptional vulnerability to epidemics of malaria and other diseases. Notably there was no improvement at all in the rate of institutional deliveries – mainly because CHWs were often traditional midwives and had no incentive to encourage women to leave the area to give birth. Ninety-six percent of deliveries were conducted at home, 30% of these were attended by the Auxiliary Nurse Midwife, and 10% by the CHW. Nevertheless, improvements in some maternal and child health indicators, however modest, suggest that the CHW scheme did compensate for some of the failures of the existing primary healthy system in bringing simple preventive health measures to mothers in remote areas.

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[71] IFAD, 'Andhra Pradesh Tribal Development Project: Agreement at Completion point' (www.ifad.org/evalaution/pulbic_html/eksyst/doc/agreement/pi/andhra.htm)p. 5.

[72] Ibid, p. 5.

[73] Dr. S. J. Subha Rao, District Medical and Health officer, Visakhapatnam, interview, February 2002, Visakhapatnam.

[74] Centre for Population and Development Studies (2001), Evaluation of Community Health Workers Scheme under Tribal Health Plan in APTDP (Andhra Pradesh Tribal Development Project Area), Hyderabad - 4.

Approach to the study

Our research began at a moment of transition in health service delivery in tribal areas. In 2001 the externally-funded Tribal Development Project was winding up, elections had just been held for Panchayati Raj institutions, and some aspects of local health planning had been transferred to these institutions from the VTDA – the panchayats were now responsible for forming health committees and for selecting CHWs and monitoring their work. One immediate reaction to the ending of funding for the CHW scheme was the dismissal of several hundred of them – the number in all of Visakhapatnam dropped from 3125 to 2800.

The focus of this study is the 'chain of referral' from Community Health Workers (CHWs) upwards in one particular PHC area in Visakhapatnam. The study considers how political dynamics in the area – shaped by competition between parties, and between authorities representing tribals, the state development administration, and health officials affect the PHC's capacity to treat poor tribal patients. There is a particular interest in understanding the way the lowest level worker in this system – the CHW – is affected by these political relationships, but we also consider the incentives affecting other health workers such as the ANMs, multi purpose male health workers, nurses, and doctors. We also consider the way local government institutions interact with the health system, particularly through the health advisory committees formed by local panchayats to participate in local health planning and to raise money for and direct maintenance work in local health facilities. Local level political chiefs are expected to play an important role in the Advisory Committee functioning.

Two villages, each with different dominant political parties and tribal groups, but both served by the Minumuluru PHC, were selected for an in-depth comparison. The researchers sought to discover whether there were any differences in the delivery of health care to the villagers that could be attributed to local politics or power relations in the contrasting areas. These two villages panchayats represent two political formations i.e., one dominated by Telugu Desam Party (TDP) and the other by the Bahujan Samaj party (BSP). The BSP projects itself as having much greater responsiveness to the poor and particularly to scheduled caste and tribe groups than does the TDP or Congress. The BSP, which is based in Uttar Pradesh and has made relatively few inroads elsewhere, is relatively new entrant to the power politics in this part of the country and we were therefore interested to study whether its pro-poor image produces tangible actions in delivering public goods to the poor. The selection of the two field sites was made after visiting eight villages in different mandals before zeroing down to the two villages mentioned above, the profiles of which will be presented below. An important consideration in making the final choice of the Minumuluru PHC was that villages coming under this PHC have Telugu-speaking tribes, unlike many mandals in Paderu division where Oriya is main spoken language.

Qualitative methods were used to elicit information on the perceptions of locals on the quality of health delivery as well as politics of health delivery. Key informant interviews were conducted with political chiefs, PHC doctors and health staff including ANMs, MHWs (multi-purpose health workers), and CHWs, and other important stakeholders involved in the program. Secondary data on health services provided by PHC was used in the analysis. The research had a survey element: in both field sites a random sample of households – 41 in total – was taken and a questionnaire applied to produce data on the morbidity profile of households, on their use patterns of public and private health facilities, and on the costs of health treatment. The principal research staff visited the field sites periodically (at least four times) until the completion of field survey and conducted major key informant interviews.

Description of the field sites

Minumuluru PHC, built in 1998, is situated 9 km away from the seat of the Integrated Tribal Development Agency (there are 9 ITDAs in total across the trial Agency areas in the state) in Paderu mandal. It caters to 26 Gram Panchayats representing a total of 287 hamlets or villages and extends medical services through 14 sub- centers. One of the first things to note about this PHC is that it is badly located. It is very close to Paderu town, which has a Community Health Centre, yet it is very far from the majority of the villages that it serves. Just three Gram Panchayats are nearby, anther ten are accessible by 20 kms of metalled road, and the rest, up to 30 kms away, face at least 10 kms of rough terrain before they reach a road. The area is a TDP stronghold, and because the TDP MLA from this area was denied a Cabinet post, he was in compensation given powers over a number of services in the area – including the decision about where to locate the PHC, which was placed in his home constituency, where a friend, an ex-sarpanch, donated land for the construction of the PHC. Gram Panchayats nearby that do not support the TDP tend not, as we shall see, to use the Minumuluru PHC and instead travel to the CHC in Paderu. Thus, though the Minumuluru PHC serves a population of 54,983 people - over double the AP norm for PHCs of 20,000 patients --in practice of course it serves a much smaller number of people given its poor location.

Minumuluru PHC comes under Paderu mandal, where the 2001 local government elections saw the TDP seriously challenged by the BSP, a new operator in the region. The following table shows the dominant party and tribal clan of the sarpanch of each of the 26 Gram Panchayats that are under Minumuluru PHC. Two major tribal groups, namely the Bagathas and Konda Doras, dominate formal institutions. Bagathas are the smaller group, but tend to have better-established land rights. Konda Doras are in a majority, but have a weaker economic profile. Primitive Tribal Groups tend to occupy the remote hill-tops where they still practice shifting cultivation, something that the IFAD/World Bank Tribal Development Project has tried to discourage by regularizing land titles and introducing irrigation infrastructure.

TABLE 9

Party and clan identifications of panchayat chairpersons in Paderu mandal.

S.No.	Name of the panchayat	Name of the Party	Name of the Clan	Sex
1	Paderu	Congress	Bagatha	
2	Badimala	BSP	Konda Dora	Women
3	Gondili	TDP	Bagatha	
4	Kensuru	BSP	Konda Dora	
5	Keyjile	BSP	Konda Dora	
6	Vantla mamidi	TDP	Gadaba (PTG)	
7	Vanjangi	TDP	Nooka Dora	
8	Salugu	Congress (Shifted to TDP after the elections)	Bagatha	
9	Vonugu palli	Congress	Konda Dora	
10	Lagiri palli	TDP	Bagatha	
11	Dopur luru	BSP	Konda Dora	

12	Vanthadapalli	BSP (shifted to TDP after the elections)	Nooka Dora	
13	Barisengi	BSP	Konda Dora	
14	Chinthala vadi	TDP	PTG	
15	Devapuram	Congress	Bagatha	Woman
16	Enadapalli	BJP	Bagatha	Woman
17	Gablangi	BJP	Konda Dora	
18	D. Goondhuru	Independent	Konda Dora	Woman
19	Guttulu puttu	TDP	Bagatha	
20	Einada	Congress	Bagatha	
21	Kadali	TDP	Konda Dora	Woman
22	Kindangi	TDP	Valmiki	Woman
23	Modhopalli	TDP	Valmiki	Woman
24	Minumulu	TDP	Bagatha	Women
25	Munchinguputtu	BSP	Valmiki	Woman
26	Thumpada	BSP	Konda Dora	Woman

Twelve panchayats are held by the TDP (two having switched to the TDP after the elections), seven by the BSP, three by the Congress, two by the BJP and one by an Independent. Bagathas account for 9 panchayats; Konda Doras hold 10 panchayats; Nooka Doras and Valmikis (a trader group) account for 2 panchayats each and two panchayats are controlled by persons belonging to primitive tribal groups. Gender-wise there are 9 panchayats that have women chairpersons in the mandal.

In the Mandal Panchayat for Paderu the TDP holds a clear majority. Seven of the 11 elected members are with the TDP, two with the BSP and one with the BJP. Five of the panchayat representatives are women (three with the TDP, one each with the BSP and BJP), and one of the TDP women is the Mandal President. She has been a party activist since 1983 and has considerable experience in formal politics, having been a Zilla Parishad Territorial Constituency member since 1994.

Two gram panchayats served by the Minumuluru PHC were selected for study: the Minumuluru gram panchayat itself, and the nearby Thumpada gram panchayat. The first is dominated by the TDP and the latter by the BSP. In each gram panchayat the main village and seat of the gram panchayat was studied, and in addition one of the smaller hamlets under the authority of the panchayat was studied. In Minumuluru this was the Kodigulu hamlet, and in Thumpada this was the Gaddamputtu hamlet. Minumuluru has been a TDP area since 1988 (prior to that it was Congress-dominated). In Thumpada, the recent elections saw a shift from long-standing TDP affiliations to an all-BSP panchayat – something that is unusual for the area.

The following table outlines the population and dominate tribal group in each field study area:

TABLE 10

Demographic profile of field site villages

Name of the village or Hamlet	**Population**	**Main tribe or clan**
1. Minumuluru Gram panchayat		

a) Minumuluru	368	Bagathas
b) Veragandhi (hamlet)	54	Primitive Tribal Group
c) Kodigudlu (h)	102	PTG
d) Sangodi (h)	378	Konda Dora
e) S.V. Nagar (h)	242	Mixed (Coffee board
Total	**1144**	employees from the plains)
2. Thumpada Gram panchayat		
a) Thumpada	496	Bagathas
b) Gaddamputtu	321	Konda Dora
c) G. Kothuru	104	Konda Dora and PTGs
d) Bayiluveedhi	42	Konda Dora and PTGs
Total	**963**	

Minumuluru and Thumpada gram panchayats are at equivalent levels of development. Both have education facilities up to upper primary level, a CHW in every hamlet, and full Anganwadi facilities including a mid-day meal program for school children, and about 30% of households in both of the main villages have access to electricity. Both areas have benefited from support from the ITDA for coffee cultivation. Thumpada has a higher rate of landlessness, with about one third of household having to work as agricultural laborers. In Minumuluru most of the landless households are immigrant non-tribal families from the plains, 'Kapus', who work on coffee plantations or the steel plant on the coast. They bring substantial trading activity to the area, as this group may not purchase land (tribal Act 1/70 forbids the transfer of land by sale from tribals to non-tribals). In terms of developmental activity, Minumuluru has seen rather more input from the ITDA and other development agencies than has Thumpada. Minumuluru has been a focus of considerable engagement from the ITDA in Paderu mandal; half of its households were given an acre of coffee crops, self-help groups there have received subsidized Liquid Petroleum Gas and loans with which they have engaged in successful ginger cultivation and sheep-rearing, it has benefited from grants for latrine-building programmes for women in DWCRA groups, and has recently received substantial resources through the food-for-work program to lay earthen roads providing better connections between the main village and its surrounding hamlets. Minumuluru has also been the recipient of frequent donations from the local MLA's area development fund.

Since the local government election in which Thumpada switched to the BSP, it has experienced difficulties in attracting construction contracts under the food for work or JRY schemes and its three DWCRA groups have not been as effective as the Minumuluru ones in attracting grants for sanitation or other domestic improvements. The Thumpada area suffers from an acute drinking and irrigation water shortage. However, government regulations stipulate that no bore-well can be drilled at government cost in communities with fewer than 100 households. None of the Thumpada communities qualify and thus they suffer from an in-built anti-poor bias in this government provision.

In both panchayats the sarpanch position was reserved for a woman in the last local elections. In the Minumuluru case the present sarpanch comes from politically active family. In fact she is the daughter- in- law of the former sarpanch's brother. This family has controlled the panchayat for the last fifty years. From 1952-81 one of the eldest brothers was the sarpanch and later on, from 1981-88 an other brother became sarpanch; both were with Congress. With

the rise of the TDP in the state the family switched allegiances, and between 1988-94 the youngest brother became sarpanch with TDP affiliation. The eight-person panchayat is dominated by Bagatha tribals. The sarpanch herself is a Bagatha. There are two other women on the panchayat.

In Thumpada, the results of the recent election reflect changes in caste politics in the area. The office of the sarpanch and of most elected positions had been for the past three decades dominated by Bagathas from the main Thumpada village. Bagathas are in a minority in the gram panchayat overall, but a majority in the seat of the panchayat, Thumpada. However, with the reservation of the sarpanch's seat for a woman, a Konda Dora woman from the hamlet of Gaddamputtu village stood for office with BSP support. In a tight contest she defeated TDP and Congress candidates by just 36 votes. All of the other panchs are also BSP supporters and are mainly from the Konda Dora group. The Konda Doras are numerically superior in every hamlet in the area save for the main village of Thumpada. The Upa-sarpanch is from Thumpada village, and though a BSP supporter, he has been assiduously courted by the TDP in order to undermine the BSP's support in the area, and to retain the Bagatha's support for the TDP. One expression of this has been the fact that the Thumpada village continues to capture the lion's share of any development resources due to the area. According to the woman sarpanch in the Gaddamputtu hamlet, local development officers, and particularly the engineers dealing with local watershed and rural roads construction projects, will not deal directly with her and insist upon interacting with the upa-sarpanch. Gender may be an additional factor along with caste bias and party bias in producing the sarpanch's isolation from the development administration.

Prevention, Treatment, and Referrals in the Minumuluru PHC Area

As noted above, officially the Minumuluru PHC covers a population of over 54,000 people, but in practice, because of its inaccessibility to the majority of the 287 habitations it serves, it caters to at most 25 villages. The PHC treats between 30 – 40 patients a day, but considerably more on the weekly market day that brings many people from the hilltops down to the village. The low patient load at the PHC itself means that its outreach systems are all the more important. Outreach – consisting of preventive health training of villagers, the application of simple remedies on the spot, early warning data collection to prepare for or prevent epidemics, and sensible referrals to appropriate health facilities – depends upon the network of Auxiliary Nurse Midwives and Multi-Purpose Health Workers servicing the PHC's 14 sub-centers in its catchment area, and upon the 234 CHWs and 102 traditional midwives living in its villages.

TABLE 11

Staff at Minumuluru PHC. On 30 January, 2003

Staff position	Posts sanctioned	Posts filled	Posts vacant
Medical officers*	2	2	-
M. P. H. E. O	1	0	1
Senior Assistant	1	1	-
Pharmacist	1	1	-
Staff Nurse	1	-	1
Lab technician	1	1	-

Medical Public Health Supervisor	7	4	3
MPH Assistant (male)	14	10	4
Auxiliary Nurse Midwives	14	14	-
One male and female doctor. The lady doctor is appointed very recently on contract basis with a remuneration of Rs 15,000/- per month and additional allowance of Rs.2000/-			

The formal vacancy rate at the PHC is not as dramatic as it is in other PHCs in the region – and nothing close to as bad as the situation in the nearby Paderu CHC, where just two out of eight doctors' posts have been filled, and each doctor only attends for 15 days a month. But the formal vacancy rate gives little indication about absenteeism rates. Villagers complained that doctors – particularly the female doctor – were frequently absent from the PHC, and that the ANMs only infrequently visit villages, and are an even more rare sight in the hilltop hamlets. Particularly weak in this PHC is the endowment of field supervisors. The formal allotment of seven Public Health Supervisors are supposed to monitor the field work of ANMs and the Public Health Assistants in the 14 sub-centers. Only four supervisors were appointed in this PHC, and were unable to cover the 14 notional sub-centers. These supervisors, like most of the professional medical staff of the PHC, live in Paderu town or even in the District capital, Visakhapatnam, a grueling two-hour drive down the face of the Eastern Ghats to the sea. This meant that daily attendance at the PHC was a rarity for the more senior medical staff.

Outreach services consist of visits by ANMs and the Public Health Assistants (all male, and also called multi-purpose health workers, and are usually assigned to monitoring disease epidemics and in particular, collecting blood samples to monitor for malarial epidemics) who are supposed to spend 20 days a month on the road, visiting villages, each seeing 25 villages twice each a month. The ANMs supervise the CHWs who are found in most of the hamlets and villages of the PHC catchment area. Public Health Supervisors are supposed to visit sub-centers regularly to monitor the work of ANMs and MPHAs in conducting immunization programs and regular ante-and post-natal check-ups. As just suggested, there is in practice nothing like this intensity of presence by PHC staff in the field. Few sub-centers exist at all; those that are functioning consist of the courtyard or a lean-to in the compound of the village sarpanch. There are not enough supervisors to cover the work of ANMs, and those who are appointed travel much less frequently to the field than they should.

ANMs are simply unable to conduct the number of village visits they are mandated to do. In our study, the hilltop hamlets of Primitive Tribal Groups said they almost never received visits from the ANM. In both Gaddamputtu and Khodigudlu not one of the referrals to the PHC in the period under study was made by the ANM – all were made by the CHW. However, in the gram panchayat towns of Minumuluru (where some ANMs lived) and Thumpada, both being reasonably accessible by road, ANMs did make regular visits every 15 days. They are assigned no vehicles and their travel allowance is utterly inadequate to cover the costs of the distances they must travel. Many of the areas they are supposed to cover are inaccessible by road and would involve so much time trekking to reach them that no time would be left for other areas. No provisions are made to relieve pregnant ANMs of their travel obligations. Many ANMs cope with these travel constraints by trying to meet up with villagers from more remote areas who come to shandies (markets) in more accessible towns. They also use these occasions to meet the CHWs in remote areas and to be briefed by them on the health situation in those areas. ANMs ask about disease incidence and pregnancies in the remote areas, and may provide treatment for some ailments on the spot or arrange for sick

villagers to visit the PHC. On the basis of the information thus gleaned, many ANM's fill in their log books and registers of local disease incidence, and it is these second-hand figures that are collated at the PHC level to assess the health situation of the area.

The role of the ANM has shifted considerably in the past decade leaving both the community and the ANM frustrated. Originally conceived as a front line maternal health worker able to perform deliveries, give antenatal and post natal care , and provide family planning advice, the ANM today, in her new role as multipurpose health worker, is expected to also provide information on disease control, water and sanitation, nutrition, and curative services to a wider population of approximately 5000-6000 people in between 30 – 50 habitations. Her training has been shortened to 18 months from 24, her starting qualifications have been lowered to attract more rural applicants, and she works with virtually no technical supervision. The doctor at the PHC is usually not present, and virtually never comes to supervise the ANM and typically there is no suitable building for ANM to work in the village.

Systems for performance monitoring and controlling of ANMs are weak. The Public Health Supervisor is supposed to write her annual report, but the high vacancy rate at this level means this task is left to the Medical Officer (doctor) at the PHC, who is not directly exposed to her work. The PHC doctor can sanction and even suspend ANMs for poor performance, but in this they are often undermined by the DM&HO or other District-level line ministry officials who can be bribed to effect a transfer of the ANM. In one case in our study area, neglect by an ANM had resulted in three deaths in Devapuram village. A complaint was made by villagers, who also pointed out that the ANM had forced the CHW to provide her with cooked food on the occasion of her visits. The PHC doctor's report on this was ignored after the ANM paid a Rs 30,000 bribe to be transferred out of the area. Besides complaints about the failure of ANMs to make visits, doctors complain that they file false reports on disease incidence and treatment histories. Villagers complain that they impose informal charges for medicines or extract payments for treatment.

This said, in individual household case studies conducted for this research project, many villagers gave positive assessments of the work of ANMs. Women in particular felt ANMs were trustworthy health providers on matters related to reproductive and child health. For most poor women, ANMs are the only professional medical worker in the public health system to which they are ever exposed.

The CHW system fills an obvious gap in the primary health care outreach provided by ANMs. CHWs are married women selected at the village level by the sarpanch. They must be married in order to increase the chances that they will stay in the area, and also to enable them to discuss matters of family planning with other women. They are supposed to be literate, but few in this study were. They receive about twenty days training in the basics of sanitation, nutrition, maternal and post-natal care, and general preventive health care. They are told how to assess cases for referral to the PHC or the CHC. They are encouraged to promote family planning, and to arrange for pregnant women to have deliveries at a public health facility. They are issued with a case of simple medicaments consisting of paracetemol, diarrhea control powders, eye drops, iron and folic acid tablets for pregnant women, anti-malarial tablets, and a blood test kit to collect smears for testing by PHC lab technicians for malaria. Lately they have been encouraged to promote a set of useful local herbal and homeopathic remedies that are easily accessible to tribals. Their allotment of medications, though a source of status in the community, is swiftly exhausted and rarely refilled by the ANMs – indeed, in

some cases the ANMs admit to raiding the CHW's medicine supply because they themselves are short of drugs.

CHWs are supposed to meet up at the PHC once a month to restock their medicines, confer with ANMs and the PHC doctor, receive their honorarium of Rs 300. No funds are provided for their travel to the PHC, nor indeed for the cost of travel with sick patients to the nearest health facility, a duty that they are expected to fill in serious cases. The most common complaint raised by CHWs is that their honorarium is never paid on time, and has in the past sometimes been as much as 12 months in arrears. They never know who or what authority will be paying their honorarium – in the 12 months between 2001 and 2002 the CHWs in the study area were paid once by the PHC, twice by the Bank, and once in a Janmabhoomi exercise. Drugs, which are in desperately short supply at the PHC[75], are never available in sufficient quantities for the CHW, and this undermines her credibility as a health worker in the village. Though the villagers interviewed for this study were generally very positive about the impact of CHWs, particularly in the area of ante-natal and post-natal care, they all observed that the CHW rarely had any drugs to dispense, or that when she did, she made them available only at a price.

The CHW system has fairly swiftly evolved into a support network for the ANMs. ANM's interviewed for this study freely admitted that their work had become much more manageable since the introduction of CHWs. The presence of CHWs in remote hamlets liberates ANMs from the need to visit – they meet up with CHWs on market days and record the CHW's observations about health problems in their area. In other villages, CHW's prepare for the ANM's visit by conducting an informal triage of cases – this means the ANM can concentrate on the serious cases immediately on her arrival, without having to do the house-to-house assessments herself. The CHW can also assemble all the children needing vaccinations, or the pregnant women requiring nutritional supplements or tetanus injections, in advance of the ANM's arrival. As intimated above, the CHW is also sometimes expected to do more than this – to prepare food for the ANM and run other errands, the costs of which are not reimbursed. This aspect of the CHW's work, along with high travel costs and the low and unpredictable honorarium has eroded some of the status that any development project-related appointment endows on individuals in these villages.

Awareness that the CHWs are acting as personal assistants for the ANMs lead the IFAD-funded tribal Development Project to recommend the incorporation of the CHWs into the management and supervision structure of the public health system, rather than leave them under the authority of the Village Tribal Development Agency where there were virtually no supervision arrangements. The Health Department has been reluctant to accept this because of its inadequate monitoring capacity and because of the cost burden represented by paying and managing a large corps of village volunteers who, it could be safely assumed, will eventually seek formal incorporation or employment regularization as staff members in the health system. So instead management and monitoring of the CHWs was transferred to local government structures in 2002, though the authority responsible for paying their honorarium

[75] The PHC has a budget of Rs 30,000 per quarter, down from a budget in the late 1990s of Rs 49,000 per quarter – the standard amount for all PHCs. A standard package of drugs are ordered through a central Drug Store under the AP Health, Medical,, and Housing Infrastructure Development Corporation. Earlier, the DM and HO ordered drugs for local PHCs, but graft at this level meant that the AP government has recentralized drugs procurement. This has had the effect of eliminating responsiveness to local variation in needs, as well as introducing substantial transaction costs, as PHC staff must travel to the district capital as many as four times a quarter to collect the drugs.

is yet to be confirmed. In some areas the CHWs have been told by the sarpanch that they must collect contributions from the local community for her honorarium and for her drugs supply. In Gaddamputtu, for instance, the 21-year-old Gudise Rupavati, selected as the CHW prior to the hand-over of the system to panchayat control, was told in 2002 by the sarpanch that her monthly honorarium would have to be raised from villagers. She was instructed to raise Rs 4 from every household in the hamlet of 103 families. She managed to raise just Rs 116, and at the time of this study, had not been paid for six months.

High rates of absenteeism and the uneven supply of drugs means that the credibility of the PHC and its outreach system is relatively low amongst villagers. When the costs of transport, bribes, and contemptuous attitudes of health professionals are added to the uncertainties about whether medical staff and drugs will be available, there is little to make the public health system seem more attractive, reliable, or cheaper than private providers. Even the cleaners and ward ayahs ask for payments of Rs 20 per visit. Nevertheless, in tribal areas there is greater use of public health facilities than in other poor areas in AP because the relatively greater poverty of tribal people means they have fewer resources to purchase private care. In addition, there are fewer private providers servicing tribal areas. In the fourteen household illness case histories taken for this study, we found that sick people in the study area routinely sought treatment first from public health providers, and when and if that failed, men would pay for treatment from private providers, while women and children either sought traditional remedies or continued to deteriorate without further assistance. The exception was for complex deliveries, where families were prepared to pay for women to travel to the PHC or the nearest hospital, or pay up to Rs 3,000 for a private delivery when a delivery was expected to be difficult. Thus patients would seek treatment in progressive steps from the CHW, ANM, Anganwadi teacher, PHC and CHC before seeking redress from private practitioners. Private practitioners were sought out when treatment from the PHC failed. Though pregnant women were generally positive about the support and treatment they received from CHWs and ANMs, patients (mostly men) with other ailments expressed little confidence in the quality of treatment received from the public health providers at the PHC and the CHC. Many said that the government doctors gave the same type of medicine to every patient (two white tablets and one red), and either charged them for these medicines or told them to seek them on the market. Since patients must pay for drugs, the only cost difference represented by a private practitioner is the fee, which ranges from Rs 200 to Rs 500 for a consultation and examination. Private practitioners also offer the advantage of immediate consultations, but in contrast a visit to the PHC and the CHC involves long delays. All patients who had been to the Paderu CHC said they were given chits to take from room to room, where they had to wait interminably to be seen – a confusing and interminable process that was not seen to produce results.

There are no effective means for patients to complain about this treatment. Since the late 1990s a Hospital Advisory Committee has been set up for every health facility to represent patients' concerns, but these simply do not function at the PHC level. These committees are set up by the mandal panchayat and are supposed to embrace representatives of relevant public services at the local level such as the PWD, the education service, the police, as well as the local development administration and the local MLA. These committees have the powers to raise funds by levying user charges for medical services and have taken over the basic maintenance budget from the local PWD. When this system was introduced in the late 1990s the Health Secretary at the Ministry of Health hoped to endow these committees with administrative authority over health facilities and to monitor doctors' attendance, and to recommend salary cuts to punish absenteeism. In response the AP Government Doctors'

Association threatened a strike so this idea was dropped. In our study area the HAC for the Minumuluru PHC met rarely. Chaired by the mandal president, it took no role in monitoring the performance of the PHC. However, it has insisted that some PHC contingency funds be spent on a cleaner and a female ayah for the labour ward – and brought attention to the fact that the PHC has no budget at all for cleaning. There is no sense, however, in which medical professionals at the PHC level report to locally elected representatives or are under pressure to respond to their needs.

The centrality of family planning in the primary health system

CHWs' primary focus, according to their training, is on morbidity prevention in pregnant mothers and young children, and in their own accounts they do stress their main achievements to be nutrition support and distribution of iron and folic acid tablets to pregnant women, and disease prevention in young children. However, another major preoccupation mentioned by CHWs in interviews is persuading women to accept permanent fertility control – in other words, tubecotomies. Though malaria control – through early detection, warning, and palliation – ought also to be a major preoccupation, CHWs are simply not well-equipped to handle this – they cannot get blood samples to labs in time for testing, and they rapidly deplete whatever supply of Paludrine they are given.

The association of the primary health care system with family planning has some obviously worrying implications for the credibility of the system and for its effectiveness, while the preoccupation of providers with meeting family planning targets may have negative implications for their ability to address other public health concerns in the area. Health service providers from the grassroots level to the District Health & Medical Officer to state-level officials in the Department of Public Health and Family Welfare insist that they do not have official sterilization targets to meet. This insistence here and in the rest of the state is belied by a glut of sterilization operations every February, just before the end of the financial year, to meet local sterilization targets. Official records of the Paderu Division's health care performance highlight is steadily improving rate of sterilization over the years, clearly indicating targets and achievements. In 1997 – 98, for instance, the health facilities in the Paderu Division performed 2,522 sterilizations, or 61.52% of the target for that year, but by 2000 – 2001 they performed 11,653 sterilizations, or 225.92% of the target for that year.[76]

Minumuluru PHC is one of the better-performing PHCs in this respect, with its doctors receiving letters and certificates of appreciation from the government for overreaching sterilization targets and for achievements in encouraging contraceptive use. As it happens, the main type of performance for which doctors in PHCs can be given official, formal recognition and approval is for high rates of sterilizations. As noted in a recent study of accountability mechanisms in the health system in AP: 'Although there are targets for many different things, the prime interest of the DM&HO is the achievement in the area of family welfare (and then, primarily the number of sterilizations) because this is what the DM&HO is made responsible for, and because this is also the main health performance indicator for the District and the District Collector.'[77] Doctors, ANMs, and others, even CHWs, may receive a

[76] GoAP, medical and health Department, Paderu Division, Visakhapatnam District, 'Family Welfare Programme in Paderu Division of Visakhapatnam District', mimeo, 2002.

[77] Jos Mooij, Sheela Prasad and Asha George, 'Health, Decentralization, Decision Making and Accountability in Andhra Pradesh, India' (background study for the Health Strategy and Expenditure Framework of the Government of Andhra Pradesh, India, on behalf of DfID, March 2003), p.13.

commendation letter for family planning performance from the District collector, or an appreciation certificate from the Commissioner of Family Welfare on World Population Day. This form of recognition is absolutely critical for supporting requests for transfers to more desirable areas, and so it is unsurprising that this is the one area of performance upon which most energies of health personnel focus.

Minumuluru PHC had received a certificate five times since it opened in 1998 for its family planning performance, and its male doctor received a personal award (and favorable transfer) in 2001. The performance indicators for the Minumuluru PHC show the importance of family planning achievements to the medical staff. The types of achievements against which the PHC doctor said local performance was measured include: Out Patient attendance, Intra Uterine Device (IUD) Users, condom users, sterilizations, iron and folic tablets distributed, tetanus injections administered to pregnant women, pregnant women availing all the pre- and post-natal facilities, full immunization in the area, supply of vitamin A tablets, number of births, deaths, infant deaths recorded, maternal mortality rate, institutional deliveries, marriages registered and couple protection rate. Achievements against some of these measures in the year 2001 – 2002 are shown in the table below:

TABLE 12

Performance indicators of Minumuluru PHC 2001 - 2002

Activity	**Target**	**Achievement**
Ante-natal care	1333	1209
Tetanus injections	1333	1316
Attended Deliveries (including institutional)	1193	887
Sterilizations	577	583
Full immunization	1157	851
Measles Vaccine	1203	1203
TB		65 cases identified

As the table shows, targets were met or exceeded in the case of sterilizations and application of the measles vaccine. The sterilization rate was on the increase -- 634 operations had already been conducted before the 2002-2003 year ended. On the other hand, as the next table shows, the number of institutional deliveries at the PHC has remained very low.

TABLE 13

Deliveries at the Minumuluru PHC

Year	**Deliveries**	**Sukhibava***
November 1999 – March 2000	14	14
April 2000 – March 2001	92	17
April 2001 – March 2002	108	69
April 2002- August 2002	47	33

* Sukhibava is a central government-sponsored scheme to promote institutional deliveries. Mothers in the below Poverty Line category are paid Rs 300 for each of their first two deliveries to cover transport costs to the PHC or hospital.

The delivery facilities in the Minumuluru only opened in 2000, though facilities for sterilizations were opened in 1998. The figures show that fewer than 10% of local deliveries are conducted in the PHC. While some complicated cases go to the CHC or private practices, most deliveries are conducted at home with the assistance of the ANM, CHW, or the Anganwadi teacher or a traditional birth attendant. All of these women receive a fee for this work and this acts as a disincentive to promoting institutional deliveries. That so few of the women delivering babies in the PHC asked for the Sukhibava stipend also suggests either that most of the women choosing to deliver at the PHC were not in the Below Poverty Line category, or that it was not worth the trouble to apply for the stipend. This latter possibility is suggested by the experience of some of the mothers interviewed for this study, who said that it was more trouble to demand the payment than not. In a case of one 28 year old member of the Valmiki clan in Thumpada village who was brought to Minumuluru for her delivery by the ANM and the Anganwadi teacher, the eventual payment of the Rs 300 was outweighed by the cost of repeated visits to demand the money. Her mother had to visit the health facility four times to get the money, each visit costing 50 Rs in transport costs. The initial visit for the delivery cost Rs 60 in payments to the ANM and the Anganwadi teacher, leaving in all just Rs 40..

Encouraging women to deliver in health facilities is a key part of the Government's Family Welfare policy. It is seen as a means of reducing maternal mortality and increasing infant survival rates. The current health sector reform efforts include the extension of PHC opening hours to provide a round-the-clock service to women in labour. But it is evident that this is not a priority for the Minumuluru area, for in addition to failing to offer health workers in the field an incentive to bring women to health facilities, it has also failed to address the reasons that women shun institutional deliveries, which include the rough treatment by staff, the dirty and unprotected rooms, and the lack of facilities for accompanying family members.

Sterilizations, on the other hand, bring rewards beyond the non-monetary official approvals and recognition. There are financial incentives – CHWs, for instance, are paid Rs 15 for every case they bring to the PHC for sterilization, and often press the patient for an additional payment, drawn from the Rs 500 – 1000 that the government gives to those who accept sterilization. Under the Sukhibava scheme, Rs 500 is given per sterilization, paid by the DM&HO's office, and in tribal areas, the ITDA also pays Rs 500.

Historically CHW schemes in India have been intimately connected to family planning goals. After the sharp fall in sterilizations after Sanjay Gandhi's over-zealous, not to say coercive, vasectomy campaign of the mid- 1970s, India's government announced 'an entirely new scheme' for the strengthening of rural health care services. Inaugurated in 1977, a national family planning policy highlighted the role of community health workers as a means of putting 'people's health in people's hands' and was simultaneously seen as a means of putting the problem of population control 'on a war footing'.[78] A terminology change accompanied the new policy focus on using women health workers to encourage women to accept sterilization or contraceptives: 'targets' became 'expected levels of achievements'.

Though state and district-level health officials insist that the CHW scheme is primarily focussed upon preventive care, not sterilizations, there have been protests and press exposures in recent years of heavy pressure on CHWs to deliver family planning acceptors. The 'link volunteer' schemes in the low-income areas of AP's big cities (these schemes are similar to

[78] Citations are from the Government of India 1975b:8, cited in Mohan Rao (ed) *Disinvesting in Health: the World Bank's Prescriptions for Health* (publisher?, 1999) p. 91.

the CHW scheme) tend to come under pressure near the end of the financial year to help local administrators meet sterilization targets. One women's health NGO in Hyderabad, 'Ankuram', which was involved with 21 other NGOs through the Department of Family Welfare in training and supporting 'link volunteers', vociferously protested about this in 1998. In February of that year all link volunteers in Hyderabad and Secunderabad slums came under pressure from Project Officers on this World-Bank funded health reform to present three cases each to the Urban Health Post per week for sterilizations. Incentives of Rs 1000 were offered by the Project Officers to all who accepted sterilization. Ankuram's protest provoked the District Collector into calling a meeting on March 8th to put an end to it, but, given that this was International Women's Day the meeting attracted press attention. Press investigations revealed that the ICDP Anganwadis had family planning targets, as did the ANMs, PHCs, and CHCs.[79].

In Andhra Pradesh, current health policy has developed out of a concern with family planning. Under the first TDP regime of NTR there was not much emphasis on family planning because of the bad memories from the Emergency period. However, under the current CM it has become an obsession. The IAS officer who has been the health secretary off and on since 1995, Mrs. Rachel Chattergee, saw the need to integrate family planning into a mother and child health plan and drafted a policy in 1995. When Naidu took over he took this up and in 1997 put the policy on the floor of the Legislative Assembly. It was endorsed with enthusiasm by all the parties. It relied upon the constitution of local Family Planning Societies – known as the District Population Stabilization Society – the District Collector acted as the Executive Chair, the Minister in charge of the District acted as the Chair. MLAs and representatives of various line ministries also sat on it. Each committee established what the District fertility rate was and had a target of ensuring that 20% of eligible couples practiced family planning. Other elements of the policy included institutional deliveries, ante-natal care, and child immunizations. This AP policy became the basis for the 2000 all-India policy for Family Planning and Reproductive Health. This policy gives a central role to health facilities, especially PHCs, which must be able to provide reproductive health services 24 hours a day – institutional deliveries and sterilizations. The policy focuses upon women for a number of reasons – the vasectomy campaign during the Emergency has frightened men, and women are seen as easier to motivate for fertility control efforts because they most directly bear the health and income effects of large families. This has meant that the policy also relies upon training a huge cadre of ANMs to approach women directly.

Th result for the state of AP is the steepest fertility decline in a decade. Between 1981 – 91 it had a 24.3 % population growth rate, and between 1991 – 2000 this had nearly halved to 13.86%. The all-India average went from 23% to 21% in the same period. In 1991 the AP fertility rate was 2.6, and in 1998 was 2.25.

This preoccupation with family planning and sterilization takes on insidious features in the contexts of tribal populations. Some of the tribal groups in the Agency areas are considered 'endangered' – their numbers have collapsed and just a few thousand remain. Medical practitioners are supposed to ease off family planning targets in their cases. But the opposite seems to be happening, with numbers of sterilizations very high in tribal areas. Because of the availability of financial incentives for sterilizations, and the ban on sterilization across the border in tribal areas of MP, tribals from MP are crossing the border for sterilizations.[80]

[79] M. Sumitra, Ankuram Women and Child Health Development Society – interview, February 17, 2002, Hyderabad.
[80] 'Endangered tribals skip ban, sneak into AP for tubectomy' (*The Indian Express*, February 1, 2003).

Tribal populations in the AP Agency areas are already suspicious about the state government's motives in the region, and this is an area where there has been, for years, organized violent protest through the People's War Group, also known as Naxalites. The strong interest shown by health officials in sterilizations tends to stoke local concerns about the coercive measures used to control tribal populations, and does nothing to build local trust in health service providers.

The politics of primary care and health outreach services

As noted earlier, CHWs and link volunteers are funded under the World Bank's APERP (AP Economic Recovery Project) as the key means of reaching poor patients who are remote from health facilities by virtue of physical isolation (tribal communities in border areas) or because of social exclusion (women and children in low-income households). In the tribal area studied here, the CHWs were financed and managed through an additional scheme – the World Bank and IFAD-funded AP Tribal Development Project, which had come to an end at the very time of our field work in 2002, and had been transferred to the authority of the panchayat system, not the health system, given a budget crisis and low capacity in the health system.

This means that at the time of our research the CHW program was in a moment of transition, with an uncertain budget, confusion over appropriate authorities for supervision, and an uncertain future. In most areas the immediate concern of the sarpanch was to assert authority over the CHW by appointing a new one to replace the one appointed by the Village Tribal Development Agency – unless, of course, the sarpanch was from the same village clan group or faction as the young man heading the VTDA. In the Agency area under study, the ITDA and the VTDA offer the most effective form of rural development administration. In the Minumuluru PHC are there were 32 Village Administrative Officers and five Village Development Officers from the Department of Revenue for the 287 villages. But every one of these villages had a VTDA, and the development administration by and large worked through the VTDA and channeled almost all resources of significance to the villages through them. This included all special funds available through the Tribal Development Project for physical infrastructure construction, funds for bore wells and irrigation, and the like, as well as any resources associated with the education, health, and watershed committees set up through the Tribal Development Project.. The gram panchayat has access to funds available through centrally-sponsored anti-poverty schemes such as the JRY scheme the ICDS, and 10th Finance Commission grants, as well as the occasional gift from an MLA's area development fund. These resources tend not to be as significant as those available through the ITDA/VTDA.

To bring resources to the village, the sarpanch and the VTDA petition their respective authorities: the local development administration (for instance, the office of the Sub-Divisional Magistrate) or the ITDA. In this process, bribes and personal connections are of great importance in generating the clearances necessary for a drainage or road-building project. Political parties play a major role in mediating these interactions. The TDP easily dominates these interactions, providing privileged access opportunities to officials, or pressuring officials to favor projects in certain areas. VTDA youth are often TDP party activists, and the TDP has tried to build an image as an advocate of tribals. The TDP Tribal Welfare Minister hails from the Visakhapatnam district (G. Madugula mandal), and has been instrumental in strengthening the ITDA there. After the last elections she intervened

personally to persuade opposition gram panchayat sarpanches all over the District to switch allegiance to the TDP, and was successful in persuading a number of BSP and Congress-affiliated sarpanches, including two in the Paderu mandal, to do so. This was done with a promise of delivering access to funds for local construction, and interviews with sarpanches who had switched sides (in Guttulupuuttu, Gondhuru, and Kujjilli, all of whom had won with BSP support) suggested that there had been an immediate and worthwhile pay-off in terms of the unblocking of the flow of development funds for their villages.

In the local tussles over access to resources, the health sector is of minor interest compared to resources available via contracts for construction on watersheds, irrigation systems, and rural roads. The appalling state of health care in the region is barely raised in local election campaigns. The BSP, which has gained a toe-hold in six manadals (G. Madugula, Munchingputtu, Peddabayulu, Paderu, Hukumpeta, and Dumriguda), where it has 54 sarpanches and a lone mandal president (in G. Madugula) campaigned largely using identity politics arguments. As a Dalit-based party it projected itself as the defender of the rights of socially excluded people, and played on tribal resentments about immigrants from the plains. By winning the mandal presidency in the very constituency of the tribal Welfare Minister it succeeded in its main goal, which was to unnerve the TDP, but areas under its control have since suffered from TDP-induced squeezes on development resources.

The only party to take up health issues in tribal areas has been the CPI (M), which also mobilizes and supports many front-line development workers, particularly in the Paderu area. It began working in tribal pockets in 1992, in the nearby Araku valley, by mobilizing and unionizing Anganwadi workers, construction workers and coffee plantation workers. It has three reasonably well-organized wings functioning in the area: the Student federation of India, the Centre for Trade Unions and the Andhra Pradesh Girijana Sangham (APGS). The latter is an association devoted to defense of the rights of tribals, and it has been active at the District and state levels in protesting injustices suffered by tribals – including health care so negligent that it fails to prevent killer epidemics of malaria and diarrhea. In January 2003, the APGS registered a union of CHWs, and enjoyed two immediate successes: it demanded that the honorarium of the CHWs be paid by the Medical Officer at the PHC, and that CHWs be issued with identity cards. In the wake of epidemics of malaria and viral fever that had embarrassed the District and state government, both measures were agreed and implemented for CHWs in all Agency areas in a gesture to show a response to the health crisis in the region.

The CPI (M) has been the only party to raise concerns about the Health Advisory Committee that is supposed to represent the concerns of local people to health facility management, to monitor health facility functioning, to impose user fees and to spend income thus generated on health facility improvement. In general these committees are moribund at the PHC level. But where they are active, the CPI (M) has charged that they consist only of ruling party members and skew health facility management to favor treatment of groups supporting the TDP.

The CPI (M)'s support for front-line health workers and its concern over health care has won it little electoral support. It is simply not a contender in the gram panchayat elections. Its local activism on social service issues, however, has highlighted the singular preoccupation of other party political actors with construction contracts. These opposition parties have only ever raised concerns with health issues on the occasions of serious epidemics in the state. For instance, in July 2003, when once again a malaria epidemic afflicted the area, the leader of

the opposition, Y.S. Raj Shaker Reddy gained considerable publicity by asking the National Human Rights Commission to declare that poor health care in the Paderu region amounted to a violation of basic human rights – to the considerable embarrassment of the Tribal Welfare Minister.

If the primary health care system offers little to political parties in terms of commissions to be gleaned from mediating access to funds or to construction contracts, access to health care and to lower-level jobs in the system is still something that can be auctioned locally or used to reward supporters. As discussed earlier, the decision over the location of the Minumuluru PHC was political – though unfavorable for most of the villages in its radius, it was located in a stronghold of TDP support. Our village household sample survey showed that Minumuluru residents overwhelmingly chose to use the PHC, whereas in the BSP-identified Thumpada village, sick people who could chose either the PHC or the CHC – which were the same distance away -- almost always chose to go to the CHC, even though it was not as well staffed and equipped as the PHC.

The selection of the CHW is also affected by local power relations. Whether the VTDA selects the CHW or the sarpanch, this is part of a set of decisions they make about rewarding support groups, or palliating the resentments of excluded groups. The CHW position is hardly the most desirable prebend on offer – it involves a lot of work with little reward – and therefore is low down on any list of benefits to be distributed by a power-holder. Nevertheless, it involves a certain amount of social status, access to saleable drugs, knowledge, travel and training. In interviews, most CHWs said that their selection, whether by the VTDA or the sarpanch, had been made in consultation with caste leaders and the Village Administrative Officer. However, it was evident from interviews with village women that prominent women in the village took considerable interest in the selection process, and had no small degree of influence over it.

In other words, power relations between women in villages are important in determining the selection of the CHW. Women have little effective access to the development resources and social status available through membership in important user groups like watershed or forest management committees (though they may be token members of these groups). In the tribal Agency area they had little effective presence on the Village Tribal Development Agency body – which, as mentioned earlier, tends to be dominated by a single individual, always a young dynamic man. Nevertheless, there are many opportunities available to rural women in AP to tap into the stream of development resources available at the village level. One is by applying for a range of benefits for BPL women such as privileged access to PDS stocks, access to the Deepam scheme for distributing liquid petroleum gas canisters, or incentive payments for institutional deliveries etc. But far more important are local appointments to manage development resources, most notably, appointment to the position of the village Anganwadi (pre-school nursery teacher) under the Integrated Child Development Scheme, or membership of a DWCRA (Development of Women and Children in Rural Areas) thrift and micro-finance groups. Women with access to these positions can mediate the access of other women to future benefits such as contracts for running mid-day meals programmes for school-children, agricultural inputs, grants for latrine-building, and of course small loans, as well as a high social profile during Janmabhoomi events. The wives of the village's most powerful men will dominate the membership of DWCRA groups, and Anganwadis will tend to be the best educated woman from the dominant local tribal group. What is noticeable is that women seem to have conspired to keep the status associated with being a CHW relatively modest. Once it was understood that the CHW would have access to no significant

honorarium or drugs supply, better-off women lost interest in this position for themselves. Instead, according to some observers, they took care to ensure that the woman selected for the CHW position represented no threat to their interests in the village.[81] This has not infrequently meant selecting an under-qualified woman, sometimes from a minority tribe or clan, and often quite young, who will know her place in relation to more senior women in the village.

These power relations between women have at times undermined the role and effectiveness of the CHW. Thus, for instance, when ANMs visit villages they may often interact with and show more respect for the Anganwadi than the CHW, who is made a junior partner in these exchanges. There are cases where a family planning acceptor identified by a CHW will be taken over by an ANM and Anganwadi worker, who will get the credit (and maybe a small pay-off) for arranging a sterilization.

Incentives systems and power relations in the health sector–

As evident in the forgoing analysis, the primary health care system in tribal areas is not just poorly funded, it suffers greatly from dysfunctional accountability systems that are ineffective in dealing with absenteeism and corruption. Systems of negative sanctions are undermined because of political interference. Systems of positive rewards for performance are undermined by the excessive importance given to sterilizations, and the lack of performance monitoring systems for achievements and behaviors that would produce better responsiveness to the poor – for insistence, rewards for evidence of greater time spent in villages by health professionals.

It is ironic that so little attention has been paid to incentives systems for the outreach health staff given that the CHW system has been inspired by the Brazilian success story – the Basic Community Health Program. In the Brazilian case, particular attention was paid to creating and incentives and sanctions system that motivated the new corps of street-level women health workers. They were supplied with simple uniforms enabling them to be easily identified, regular awards ceremonies acknowledged hard work, and constant scrutiny by those who had been refused entry to the program provided free monitoring of their activities. In addition, they were closely supervised by qualified nurses. In the Paderu case, there has been little investment in building up an espirit de corps amongst the CHWs. Only their one-off 20 days of training brings them together; attendance at monthly meetings is sporadic because they cannot afford the travel costs. There are unclear lines of supervisory authority over CHWs, and their relationship to their most direct supervisors – the ANMs – is ambivalent, as they are often exploited by the ANMs. Choices have been made about the uniforms and training materials for CHWs that seem culturally inappropriate – they have been issued with white saris for work, but none wear these as they are associated with mourning. Their training manuals and log books are in Telugu, but these are useless even for the literate CHWs, most of whom speak Oria. Physical distance and the remoteness of their communities makes it difficult for CHWs to develop a sense of collective identity and pride in their work, and their marginalisation within the health system also forbids a sense of identification with the goals of that system.

[81] Interviews with District-level health officials in Visakhapatnam, February 2002.

Incentives systems for the ANMs are likewise inadequate. They, like the women doctors, get an additional cash incentive or working in rural areas, over and above the extra increment given to all health professionals working in tribal areas. But they get no support for the considerable distances they must travel, nor recognition of the childcare problems this poses for women who have children, or the physical risks that lone travel by women brings in these areas. Worse, the ANM position is something of a career dead-end. ANMs have nowhere to go in terms of promotions. There are 11,000 in the state and they can aspire to just 2500 higher positions – namely the Public Health Supervisor position (which involves an even greater mobility requirement) or the District Health Worker position. Male Public Health workers have a better union and better options -- they can aspire to become supervisors, health education officers, district health workers, and are assigned to work on a variety of programmes addressing different epidemics. PHC doctors in our study, sympathetic to the problems of ANMs, proposed a reduction of the number of people to which they must attend from 6,000 to 4,000. But District officials instead proposed harsher controls on their movements in order to incite better performance – for instance, the introduction of a biometric card system in sub-centers to record the ANM's visit, with failures to visit field sites punished through salary cuts.[82]

The high rate of absenteeism and private moonlighting by doctors signal the effect of low salaries and poor conditions upon their incentives to perform well. Only the chance of a favorable transfer motivates better performance, and this is easiest demonstrated by performing large numbers of sterilizations. Even recognised achievements in rural health service can be wiped out by a high bribe given by a rival for a transfer. As a senior bureaucrat in the health Ministry lamented in an interview[83], every day the Health Minister receives up to 200 chits from MLAs requesting that a particular medical professional receive a favorable or a punishment transfer. Prior to 1999 the health secretary introduced a 'counseling system' to regularize transfers and appointments. The system graded PHCs from A to C – doctors in PHCs with a good grade would get preferential postings. A Government Order was produced that proposed that these performance assessments be conducted through a committee on which the District Collector, DM&HO, and directors of other public services in the District would sit. Resistance from doctors' associations to this was ferocious – it took two years to get the Government Order past the AP Government Doctors' Association. And the system was abandoned before it got underway when the health secretary clashed with the health Minister and was suspended in 2001.

According to critics of the health system in the state capital, the greatest constraints to reform are the vested interests of government and private doctors. Doctors' associations, both the Government Doctors' Association and the Private Medical Practitioners Association, are very powerful and share interests in a range of areas – in keeping the market for medical practice open and relatively unregulated (since government doctors moonlight in that market), and in limiting the capacity of bureaucrats and of the public to scrutinize and monitor the performance of public sector doctors. Several NGO observers suggested that one reason for the particularly strong position of doctors in the state and in relation to policy-makers is the excellent connections between the TDP and doctors' associations. One reason for this is caste politics – the higher echelons of the TDP are Kamma-dominated, and a high proportion of doctors are Kammas also.[84] Doctors' associations have blocked efforts to improve performance monitoring at all levels of the health system, and this has also had the effect of

[82] DM&HO, Interview, July 4 2002 – Visakhapatnam, interviewed by M. G. Reddy and Jayalakshmi.
[83] Name withheld. February 18, 2002, Hyderabad.
[84] Dr. Prasad Mahapatra, Director, Institute of Health Systems, February 20, 2002, Hyderabad.

undermining transparency in the Health Ministry – for several years now the Health Minister has not even bothered to present an annual performance report to the legislature's pre-budget sessions.

There are a large number of civil society groups engaged in the health sector either as providers of alternative services, research institutes, or advocacy organisations. The Department of Family Welfare works effectively with a number of NGOs in training CHWs and link volunteers and managing them in urban areas. Many of these organizations are highly critical of the formal health system and publicize its failings. But they have been ineffective in loosening the stranglehold that the professional associations of doctors have over policy-making.

Summary

The Community Health Worker scheme is an appropriate means of extending the outreach of primary health services in remote and impoverished areas. This case study from a tribal area in north-eastern AP shows, however, that the CHW scheme, and the primary health care system, fail the poor for a number of reasons attributable to power relations within the health system and at the local level:

- the politicization of the system of appointments and transfers within the health system means that no system of performance monitoring and accountability will be effective if practitioners can bribe their way into a better position, regardless of their performance in rural areas. Work in a remote tribal PHC is the least rewarding position for medical staff and they feel under no compulsion to perform well – except in the area of sterilization operations, for which they receive official kudos. As a result the PHC itself and its outreach system functions extremely poorly.
- The refusal of the public health system to take ownership over the CHW program means that there is no effective performance monitoring of these volunteers, and no means of coordinating their work to produce a coherent assault on the health problems afflicting tribals.
- The refusal of the public health system to take charge of the CHWs puts them under the authority of local elites and creates of their position another prebend that can be awarded within patronage systems. Caste, clan and gender politics determine the appointment and control of CHWs.
- Wherever local authorities – be they panchayats or VTDAs – are given control over a health system resource such as the CHW, this creates conflict with the technical line ministry staff and discourages their interest in working with people who they see to be appointed for political reasons, not merit.
- Up until 2002 CHWs were appointed through VTDAs and purportedly monitored by community health associations. This followed a pattern in other sectors in AP (as we have seen in the watersheds study) where users committees attract resources directly, by-passing panchayat authorities. This has the effect of fracturing and fragmenting local political energies and focusing them upon the capture of development resources, particularly contracts for construction work. The CHW and primary health system, however, brought few such resources to the village and therefore attracted little attention from male-dominated power structures. This has left it open to competition amongst the village's female community, which has found ways to control and subordinate the CHW to more powerful female actors within and across communities.

- Patterns of use of health facilities are shaped in part by party political concerns, with some health facilities identified as a resource for particular support groups, to the exclusion of others.
- Health sector reform policy is profoundly influenced by the professional doctors' associations in the state, with the overall effect of leaving the private medical market under-regulated, and the work of public sector doctors under-monitored.

II. c The Patients' Welfare Committee System in MP

The Rogi Kalyan Samiti (Patient Welfare Committee) system is an innovation in public health facility management in Madhya Pradesh designed to promote popular involvement in the governance of these institutions and to help generate local funding for essential medicines, equipment, and maintenance. Arising from an experiment in community participation in refurbishing the Maharaja Yashwantrao Hospital of Indore (the biggest teaching and referral hospital in the state) in 1995, the RKS system was adopted by a growing number of health facilities until it became a state-wide system of autonomous committees (with the status of registered NGOs) constituted separately for every government hospital and for many Community Health Centers, and Primary Health Centers. It was integrated to local government structures in 1999. These committees charge and collect user fees for health services, generate income by commercializing property in public health facilities (for instance renting out unused facilities to private pharmacies, restaurants), and contribute to improved service delivery by purchasing equipment, contracting new cleaning and maintenance staff, or by sub-contracting with private diagnostic operators to provide services within the hospital. These registered societies are composed of elected representatives from the relevant tier of the Panchayati Raj system, members of the local bureaucracy (officers from relevant line ministries, plus the District Collector or, at lower levels, the sub-district offers who report to him or her), representatives from the administration and medical staff of the hospital, representatives from the Indian Medical Association, and local philanthropists who have made large donations to the health facility in question.

Although measures to improve hospital services for the poor were introduced to the RKS system shortly after the first experiments with it, the RKS did not start up as a pro-poor policy innovation. Indeed, the initial experiment was catalyzed by a middle-class panic about the way hospitals in crowded cities had become breeding grounds for disease, and might promote the rapid spread of epidemics (in the 1994 -5 Indore case, the panic was about the plague, originating in nearby Gujarat). Subsequently the RKS has retained an emphasis on engaging urban philanthropists and middle-class hospital users as a way of sustaining private investment in hospital improvements. However, the RKS system is included in our study of the politics of pro-poor policy making because it may offer an example of a means of effecting elite buy-in to efficiency reforms in the health sector that, inter alia, benefit the poor. Other reasons for including the RKS in this study are;

- One of its concerns has been to improve conditions and non-financial incentives for health workers. In this sense it has addressed a key problem in health system reform: the lack of incentives for medical staff to commit to public service when private practice is so lucrative..
- The system has its origins in an initiative coming from the state's district-level administration, particularly the IAS corps; it was not initiated from the top by politicians. It developed out of a successful practical experiment to stave off the threat

of an epidemic of the plague in a densely populated urban area. As an organic home-grown initiative it has tremendous legitimacy, particularly among the state's development administrators (the IAS).

- It is a status innovation (this is reinforced by the international recognition and prizes it has received[85]), and was not immediately shaped by political calculations. Bureaucrats are very defensive of it in spite of its lack of overt pro-poor focus and argue that improvements in hospital functioning are bound to benefit the poor along with all other health-seekers.
- Currently other states are attempting to replicate the RKS model (Himachal Pradesh and Bihar), while elements of the RKS system are already in place in varieties of local health advisory committees organized at the three levels of panchayat government in many states. The RKS is not dissimilar to reforms encouraged by donors in other states – such as the APVVP system for managing hospitals in AP funded by the World Bank, but the difference is that it evolved organically, through a response to a local crisis, and is much less institutionalized, than the AP hospital management system.
- The RKS contains elements of the public-private partnerships prescribed in neo-liberal proposals for health services reform, though this is an unusual twist on such proposals. It contains core elements of neo-liberal prescriptions for outsourcing of a range of hospital services (cleaning, catering, even diagnostic tests), user fees for patients, local self-management through community involvement, private sector investment. But it is perhaps better characterized as an attempt to 'paraprofessionalise' parts of public services -- or frankly to by-pass the sclerotic and corrupt administration of health facilities -- and is in that sense a classic Digvijay Singh strategy.[86] It is a body with no claims on the state, and lacking clear lines of accountability to the state or to clients, and yet with obligations to carry out aspects of state policy.
- The RKS system provides opportunities for local elites to acquire a stake in public property – in effect, it is a new patronage resource. However, it is only a viable and valuable one at the District level, where considerable resources can be raised from user fees and the use of hospital property for commercial purposes. District-level RKSs offer politicians a highly visible tool for demonstrating their worth by associating themselves with big-ticket acquisitions of equipment by District hospitals. And yet the commissions to be made from RKS purchases and infrastructure projects are a form of patronage not easily manipulated by local politicians because of the strong hold that the District Collector retains over RKS meetings.

Finally, a compelling reason for the analysis of the RKS system is that it has been a success. In contrast to the disappointing, to date, outcomes of other reforms in the health sector, such as the complex Health Guarantee Scheme (Swastha Jeevan Seva Guarantee Yojana), with its

[85] One of the international awards most frequently citied by MP government administrators as evidence of innovation in the government's policy reforms is the 2000 Global Development Network Award give to the RKS for the 'Most Innovative Development Project' of the year. The RKS was also among the set of policy reforms that enabled MP to come top of the list of innovators in India, as assessed by the Planning commission and the UNDP in their 2002 study: 'Successful Governance Initiatives and Best Practices and Experiences from Indian States', presented at a meeting of the National Development Council.

[86] Anuradha Joshi's DfID report: 'The Politics of Pro-Poor Policy in Madhya Pradesh', (IDS, 22 June 2003) characterises many of Digvijay Singh's pro-poor initiatives as efforts to circumvent line departments by devolving control over public service infrastructure to District-level government, and by creating new corps of paraprofessionals – service providers and in the RKS case, administrators using the existing public service infrastructure to deliver services on the basis of an ethos of voluntarism, as well as in response to the opportunity to make money through private business on the side see pages 11 – 12).

perpetually troubled community health worker scheme (the Jan Swasth Rakshak [87]), the RKS system seems to have triggered a noticeable – if uneven -- improvement in the management of District hospitals and rural Community Health Centers. Around the state, particularly at the District hospital level, the RKSs have raised substantial amounts of money resulting in important capital investments for hospitals.[88] Spending on maintenance and cleaning has increased, resulting in improved conditions for medical staff. Unfortunately our study did not generate quantitative information on the extent to which the RKS system has made public health services more responsive to the needs of the poor, but anecdotal and case study evidence from observation exercises suggest that Below Poverty Line patients served by District hospitals have seen a degree of relaxation in the notoriously contemptuous treatment by health professionals of disadvantaged patients. Most importantly, there has been a higher level of attendance in hospitals by health professionals (where they treat patients on the premises, rather than referring them to their own private practices).

However, these successes are unevenly distributed across the health facilities in the state in which the RKS system has been implanted. As our study shows, the success of this public-private hybrid depends greatly upon the commitment of key individuals, namely the District Collector, who chairs the important and active Executive Body of the RKS for District Hospitals (alternatively the sub-District magistrate chairs this body for RKSs at lower levels), the chief administrator of the health facility in question (usually the Hospital Superintendent or the Civil Surgeon), and the Minister-in-Charge for the District or the MLAs who sit on the General Body of the RKS on a rotating basis. As these RKSs have, over the years, become adept at raising ever-growing sums of money from user fees and from commercial activities on hospital grounds, they have become increasingly important sources of status and patronage, and there has been increasing anxiety in the press and amongst civil society observers about the serious lack of accountability and transparency in RKS accounts, as well as by growing evidence of the role of RKSs in channeling employment and equipment purchase contracts to patrons of local politicians.

The study examined District hospitals, and a sample of the sub-district Community Health Centers and Primary Health Centers connected to them in Betul, Ujjain, Raisen, and Indore, as well as the large General Hospital in Bhopal, the Jai Prakash Narayan Hospital. These districts offer contrasts in terms of levels of development and party dominance, with Indore being one of the most developed districts in MP, Betul, as a remote tribal district, is the least developed, and Raisen is in between. Elected Assembly and Union politicians from the Indore region are mainly from the Congress Party, those from Raisen are from the BJP, and though Betul, a tribal area, has mainly Congress MLAs and MPs, though the most vocal MLA from that district -- especially on health matters – is an Independent.

Structure and functions of the RKS

Patient Welfare Committees were set up in 1996 in health facilities inspired by the Indore experiment, and after 1999, a state government order made them mandatory in all 43 District

[87] See Anuradha Joshi, ibid, Section V.

[88] However, these have mainly simply filled the gap left by the major cuts in public expenditure on health in the state, according to Alok Ranjan Chaurasia, 'Status of Autonomy in public Hospitals of Madhya Pradesh, India' (DFID Health Systems Resource Centre, report to the Government of India, Bhopal

October 2000).

Hospitals, all 58 civil dispensaries, and most (229) of the state's 231 Community Health Centers. They have also been set up in 672 Primary Health Centers – about two thirds of the 1194 PHCs across the state.[89] The RKS has a General Body that meets twice a year and an Executive Committee that engages in the day-to-day administration of hospitals, setting expenditure priorities, recruiting contract staff (for cleaning etc), and making decisions on the commercial use of hospital property. The 1999 order generalizing the RKS system in the state sought to integrate it to District Government structures and to ensure that the RKS membership had a balance of people's representatives, line ministry officials, and local administrators. This coincided with alterations to the Panchayat Raj Act to simultaneously devolve power directly to the hands of villagers through the Gram Swaraj initiative, and to strengthen district-level administration by disempowering elected Zila Panchayat heads through the appointment of a Minister-in-charge from the Cabinet for each District.

As of 1999. the RKS Executive Committee at the District level is chaired by the Collector, and its members include the Chief Medical and Health Officer (CM&HO), the Municipal Commissioner, the CEO of the Zila Panchayat, the Hospital Superintendent, the District Women and Child Development Officer, several representatives of large local donors to the hospital, the Executive Engineer of the Public Works Department, and one other person nominated by the Committee. The General Body consists of these same individuals as well as the Chairperson of the Zila Panchayat, a local MP, two local MLAs, the appointed Minister-in-Charge of the District[90], the mayor of the municipal corporation, the superintendent of police, the president of the Zila Panchayat Health Committee, several social workers, and representatives from the Red Cross society and the Indian Medical Association. The members of the RKSs constituted for health facilities at the Tehsil or Block levels and at the level of Primary Health Centers are those who occupy the corresponding positions of these offices at lower levels.

The RKSs are registered under a 1998 amendment to the 1973 Madhya Pradesh Societies Registration Act, (the MP (Sanshodhan) Act No. 29) that enables the state government to form societies for "promotion and implementation of different schemes sponsored by the State Government or the Central Government and promotion of commerce, industries and Khadi". This has enabled officials and politicians to generate and spend funds for the improvement of public services without subjection to the often drawn-out procedures for approvals and review in government departments. Thus the mandate and responsibilities of the RKS are defined in a very open-ended way – they are tasked with raising funds through collecting user fees for health services and through the commercial exploitation of hospital and health facility property, and even through taking loans and donor grants. They are asked to spend these funds on 'hospital improvement', defined as purchasing medicines, equipment, and appointing cleaners, security, and para-medical staff. Recently (as of March 2003), consequent on the adoption of a Women's Policy for the state, RKSs have been asked to ensure that at least 50% of their resources be spent on women's health care. They are not permitted to charge user fees to patients who self-identify as being from below Poverty Line (BPL) groups, and indeed are responsible for ensuring that a range of policies providing exemptions, subsidies, and inducements for a range of treatments to BPL patients are applied.

Though they have the powers to mange health facilities in the sense of taking decisions on asset use, investments, and review of the balance of activities in the health centre, they lack any control over medical staff, who remain subject to the Ministry of Health and Family

[89] Interview, Mrs. Vimla Govilla, Assistant Statistical Officer, Health Department, July 2003, Bhopal.
[90] NOTE to explain the Minister-in-charge system

Welfare. The RKS cannot initiate investigations of errant medical professionals, endorse disciplinary action, or issue reports to contradict those of the CM&HO or the Hospital Superintendent on the performance of medical staff. This missing essential component of hospital management seriously undermines the claim that the RKS system is an innovation providing autonomy in hospital governance. Its main claim to autonomy is its capacity to set user fees at whatever level deemed appropriate by local RKSs, and to make purchasing and non-medical recruitment decisions independently of the health ministry authorities. Essential elements of monitoring and accountability systems are also missing. In spite of being registered societies, the RKSs are not required to file returns on income and spending, nor are they subject to the same auditing requirements as are NGOs. There are no performance indicators on which they must report, and they are required to keep no standard sets of statistics on their activities, not even to record the numbers of BPL patients served.[91] The RKS system is overseen by an officer in the Ministry of Health and Family Welfare. The main function of this oversight facility so far appears to have been to issue directives to the RKSs to comply with certain standards in hospital management – for instance, they have been asked to help install computers and MIS systems, and certain types of waste management systems. But the Ministry of Health and Family Welfare has no formal means of enforcing compliance by the RKSs with these directives, and few have done so. There has been no effort to date to organize or plan RKS activities and expenditures so that there is coherence and consistency in the spending decisions of RKSs across different health facilities in the state. This has produced imbalances in the outfitting of health facilities. For instance, two neighboring hospitals in Bhopal, the JP Hospital and the Hamidi hospital, with just 4 kilometers between them, have made massive investments in new CT scan machines. This means wasteful duplication of plant as the patient load between the two hospitals does not justify the expenditure, while hospitals in other areas have been unable to afford such equipment.

Income and Spending

To date the RKSs across the state have raised nearly 60 crores Rs. The following table shows the source of that income, and the ways in which it has been spent.

TABLE 14

Pattern of Income and Expenditure of RKS in MP (In Percent)

Source of Income			Expenditure Pattern		
1	Commercial use and rental of land	26.98	1	Civil construction, repair and maintenance of buildings	35.84
2	OPD tickets	12.57	2	Equipments and their maintenance	14.74
3	Admission	11.05	3	Office, wages, and miscellaneous expenses	11.24
4	Miscellaneous and others	10.68	4	Investigations	8.96
5	Lab tests	9.27	5	Outpatient/Inpatient facility improvement	7.42
6	Surgical interventions	8.40	6	Fittings, furniture and utilities	6.20
7	Donation from public	6.57	7	Salaries and honorarium	5.47

[91] Interview, Alok Rajan Chaurasiya, MP Academy, February 26, 2002.

8	Pathology	5.80	8	Medicines	5.27
9	Bank interest	3.11	9	Cleanliness and security	2.34
10	MP/MLA donation	3.08	10	Ambulance	2.19
11	Ambulance	2.49	11	IEC, training	0.33

Source: Based on data from Department of Health & Family Welfare, GoMP

The largest contributor to the income of the RKSs comes from the commercial use of health facility property. This involves leasing out hospital grounds to commercial ventures; in Seoni's district hospital, for instance, a set of buildings that had long been taken over by illegal squatters was cleared and leased to an entrepreneur who converted it into a 46-unit shopping mall.[92] In other locations private canteens have been set up, parking space is leased to city drivers, and a major source of income is the rent paid by private providers who set up essential diagnostic services within the hospital itself. These operators can bring in equipment that the hospital cannot afford to buy or maintain – such as MRI units and auto-analyzers. They charge hospital users a subsidized rate, and impose higher charges on private patients, and rely upon the bulk clients provided through the hospital to make their profits.

Over 50% of spending is on building, repair and maintenance, equipment, and furniture and utilities. Much less has been spent directly on patients' welfare in areas such as medicines, ambulance services, or improving the facilities for patients.[93] The visible achievements for which the RKS system has been applauded have included marked improvements in hospital sanitation and maintenance, through projects for the rehabilitation of hospital grounds ('beautification'), and the recruitment and management of a hospital maintenance, security, and cleaning corps (this has been of particular importance in health facilities at lower levels where there is no budgetary provision whatever for cleaning). Larger facilities have been able to afford to buy expensive equipment such as defibrillators, cardiology monitors, X-ray machines, ventilators, anesthetics machines, ECG machines, and CT scan machines, as well as airconditioners and basic furniture needed to make operating theatres and wards more operational. The funds raised by RKSs have also been used for the purchase of essential drugs – critical to hospitals that have had to function for years on budgets that cover just 10% of their drugs requirements. The annual budget of the flagship MY teaching hospital in Indore, for instance, covers just a one-month supply of drugs. Though RKSs must follow government guidelines on drugs procurement, provisions have been made to enable procurement to be done at the district level, avoiding the delays of central procurement through the Ministry of Health, and in the process, cutting out one arena in which funds are siphoned off through 'commissions'. But according to hospital superintendents, some of the most important spending is on the disposables that budget constraints have eliminated from hospitals, but that greatly improve the work conditions of medical staff: cotton swabs, bandages, gloves, and the status markers that white jackets, surgical cottons, and nametags provide for doctors and nurses.

By some estimates, less than 10% of the population of MP use public health facilities[94], and it is often asserted that these are the most desperate patients, with few other options. If this is so, then a major objective of the RKS system ought to be to increase the patient load and treatment rate in hospitals. Yet perusal of patient records at major urban hospitals in the years

[92] Pharmabiz: Hospitals, 'Seoni Project ICCU a Success Story', 2000.

[93] 'Rogi Kalyan Samitis spent least for 'Kalyan'', *Central Chronicle*, Bhopal, October 9, 2002.

[94] Interview, Dr. Sunilam, MLA (Independent), Multai constituency, Betul District, February 2002.

following the introduction of the RKS system suggest that patient numbers initially dropped precipitously. At the MY Hospital in Indore, between 1991 and 94, there was an average of 342,000 outpatients a year. From 1995, the year the RKS was set up, and 2001, the average annual number of outpatients fell to 278,000, though by the late 1999s the numbers were picking up again. Numbers of inpatients remained constant, at an average of about 45,000 patients per year since the early 1990s.[95] Similarly, at JP hospital in Bhopal, the outpatient load plummeted from 300,000 to 150,000 in the first year of the RKS's functioning, although six years on it has finally recovered to its former level. Figures from the Department of Health and Family Welfare suggest that for the 23 hospitals reporting patient numbers for the years 1999 to 2000, ten of them saw overall decreases in out-patient numbers, sometimes vast decreases – the Rewa district hospital for instance took 55% fewer inpatients in 200 than in 1999, and 72% fewer outpatients. The Dhar district hospital took 79% fewer outpatients in 2000 than in 1999, though it more than doubled its inpatient load.[96]

A variety of explanations are offered by hospital and health department officials for these fluctuations in patient numbers. In some cases, RKS activities that have involved substantial refurbishment of hospitals have required wards to be closed and services to be cut. Other suggest that health care is improving in the lower-level facilities, reducing the number of referrals to district facilities. More critical observers suggest the opposite, that health care at lower levels is worsening, but that poor patients are not referred to larger facilities rapidly or effectively enough. No figures are available showing changes in patient numbers for all of the district hospitals in the last six years since the introduction of the first wave of RKSs in 1996 - 7, though a report by the Department of Public Health and Family Welfare shows that for 21 hospitals in MP, numbers of both in and outpatients have increased overall by about 8% in the years from 1997 – 2001.[97] Though this rate of increase is low relative to needs in the state, and shows that there is much to be done in terms of increasing patient handling capacity, there is some evidence that the capacity of hospitals to conduct a wider range of investigations and operations has improved somewhat. For these same 21 hospitals, the numbers of a wide range of interventions and diagnostic tests have increased at a rate outstripping the increases in patient numbers. Thus, against an increased patient load of 8%, the numbers of important basic investigations have increased markedly: 86% more sonography tests were conducted in 2000 – 2001 compared to 1997 – 1998, 79% more stool tests, and 84% more ECG tests, while other bio-chemical tests increased at an average rate of 15% in the period. Thirty-three percent more major operations were carried out, and 25% more minor operations. The number of mothers seeking institutional deliveries increased by 32%.[98]

Access to public health facilities by the poor

Though the RKSs, as noted above, are expected to keep accounts detailing the numbers of BPL patients who self-declare or else present their ration cards in order to gain exemption from user fees, these figures are not kept consistently. However, examination of accounts in a sample of health facilities in Betul, Indore, and Raisen, as well as observations of senior medical officers, suggest that between 5 – 10% of patients claim indigence and are exempted

[95] Patient records, 1991 – 2001, Indore hospital.
[96] Department of Public Health and Family Welfare, 'Rogi Kalyan Samiti', (Government of Madhya Pradesh, mimeo, Bhopal, 2001).
[97] Ibid., p: 183.
[98] All figures calculated from ibid., p. 183.

from user fees, and that this figure has remained constant in the five or six years since the RKS system was introduced.[99] These figures do not reveal the actual pattern of hospital use by poor people. Hospital staff confirm that poor people prefer to pay fees, as this endows them with a sense of entitlement to services. Though each RKS is free to set fees, they are everywhere very low, even nominal: in the Badnagar (Ujjain District) CHC for instance, the outpatient fee is Rs 2 for a consultation, and in-patients pay Rs 5 for admission, and another Rs 5 per day for a bed. However, the costs of diagnosis and treatment rapidly mount. Diagnostic tests are now available at 40% of the market price—but even this is out of the price range of poor patients. X-rays cost Rs 30, and a surgical operation, of any type, costs a flat rate of Rs 250 (at lest in Badnagar. In other areas it can be lower, for instance Rs 150 in Bhopal hospitals). This is of course a substantial amount for BPL families, in which average family income for agricultural laborers is not likely to exceed Rs 20 a day. Nevertheless, health sector officials and observers insist that the majority of users of hospital, CHC, and PHC facilities in the districts are the poor, as public health facilities are so degraded that only the most indigent will use them. At the PHC level, user fees are most often not levied at all, as so many patients qualify for exemption. This has meant that very few RKSs at the PHC level have been able to generate enough income to pay for meaningful investments in improvements at this level – the level most likely to directly benefit poorer patients.

The lack of consistency in the setting of user fees is held up by health ministry officials as a positive feature of the RKS system, demonstrating the system's capacity to show sensitivity to local income levels and the spending capacity of the poor. However, it can also be exploited by hospital officials to impose and formalize all manner of additional charges; as there is no state-wide standard, patients cannot complain of over-charging. So in the JP hospital in the state capital, for instance, fees paid by patients are split in two parts – a fee for the RKS, and a fee to the government. Minor dentistry procedures, for instance, cost Rs 100 for the government, plus Rs 75 for the RKS. Health official insist that in no hospital are user fees collected by the government, so this practice is either illegal, or a means by which the RKS can collect more than otherwise possible through a single fee.

If fee-charging stopped at the admissions or the consultation fee, poor patients would indeed be much better off than they are when seeking health care in the private sector. But patients must also pay for their medicines, though in some facilities these are subsidized and available through the hospital, in others they are subsidized and provided by an in-site private pharmacy that can lower costs because of the volume of business. In others, such as the Betul District hospital, patients are asked to purchase medicines on the open market, and can submit receipts for partial reimbursement. This last procedures, it appears, is a scam. Observation of the experience of BPL surgery patients at Betul hospital showed that they were asked to purchase their own medicines as well as bandages, sutures, and plaster from the market, but on submission of receipts to the hospital Compounder, no refund was ever produced. It is not unlikely that the Compounder is subsequently able to obtain for himself a reimbursement from the RKS for these costs, claiming to have incurred them himself. BPL patients do not protest or investigate this fraud for a number of reasons: they are uncertain as to the extent of their rights to low-cost medicines, they are anxious to return to their homes and resume work, and they are intimidated by the hospital environment.[100]

[99] Interviews with the Civil Surgeon of MY hospital, Indore, February 2002, with the civil surgeon of JP hospital, Bhopal, July 2003, and with the Assistant Statistical Officer, health Department, July 2003.
[100] G. Sachdev, research note: 'A Visit to District Hospital Betul', July 2003.

Advocates of co-payments – or user fees – for health care have come to accept that this cannot represent a financing tool for health services, but works rather as an 'entitlement tool'. As Person et al note, user fees 'may represent a useful residual financing source but should be treated as an instrument of health policy not as an instrument of fiscal policy'. [101] User fees are supposed to help prevent the capture of supposedly free services by richer groups, while they enable poorer clients to feel they have purchased a right to a certain level and quality of treatment.[102] The apparent willingness of poor patients to pay fees for services in MP, and the lack of protest anywhere in the state when they were introduced, appears to support this notion.[103]

However, the imposition of user fees has often simply been an addition to the informal costs imposed on patients – the 'informal charges' for services that result in poor people paying not a subsidized entry-fee to hospitals, but rather *double* payments at all levels of their engagement with the public health facility. Doctors are generally not seen to demand these payments directly, but few poor outpatients ever get to see a doctor in the hospital. Ward boys and nurses assistants run a thriving business in managing 'referrals' to the private practices of doctors, where patients stand a much greater chance of been seen. Doctors' residences, from which they see patients for a fee, are often within the hospital campus, and they may stay there, rather than come into the hospital, most of the time. A common practice is for doctors to recommend diagnostic tests or medicines not available in the hospital, sending patients to private purveyors who deliver commissions to the doctor who referred them. One section of the hospital in which the largest informal trade in services is conducted is the maternity ward, where birth attendants or midwives (Dais) make a considerable charge for deliveries. One case that attracted media attention in 2003 came from the maternity ward of Sultania Zanana Hosptial in Bhopal, where a poor couple were charged Rs 500 by the midwife for a late night delivery. The sum, apparently a standard 'informal' fee for deliveries, exceeds the Rs 300 for which poor mothers can apply if they deliver in health institutions. The father paid an advance of Rs 100 on the night. His child died the next morning, but the midwives insisted that he pay the balance of Rs 400, claiming that they were being pressured by the wardnurse and the doctor to pass on a share of the money. In this case, the father complained directly to the Hospital Superintendent, who launched an investigation.

There are a number of subsidies available to poor patients for particular types of treatment, and the RKS is now responsible for overseeing the proper application of these subsidy schemes. As just noted, for instance, poor women who come in for an institutionalized delivery must be paid Rs 300 under the National Maternity Benefit scheme. They must be over 19 years old, and the new baby must represent their first or second child. Under the state's new Women's Policy, a new arrangement has been put in place (the Aayushmati Scheme) whereby women and girls of landless families are to be given medical and food worth Rs. 400 for one week's hospitalisation and Rs. 1000 if they must stay at the hospital for longer than a week. Food and accommodation at the hospital for an attendant to the patient is available under this scheme as well. The hospital recovers these costs from the State budget under Women & Child Development department. When a BPL patient requires major

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[101] Mark Pearson et al, 'Impact and Expenditure Review', Op cit, p. 8.

[102] World Bank, 'Making Services Work for the Poor: World Development Report 2004', (World Bank, Washington D.C., 2003) Chapter 10, para 10.33.

[103] This is in contrast to state-wide social outrage in response to an earlier attempt to introduce user fees – in 1975, when the CM Shukla tried to impose a 10 paisa charge on outpatients and a Rs 1 charge for visitors – though this immediately generated substantial funds for hospital cleaning and grounds improvement, it was withdrawn after a successful Public Interest Litigation against user fees.

surgery from a specialized facility for a serious illness, that service should be supplied free if the estimated cost is greater than Rs 25,000. The hospital must apply to the State Illness Fund, managed by the Department of Health, for a refund.

Delivery of these subsidies is triggered on a demand basis – in other words, the onus is on the impoverished patient to make a claim for the subsidy. Sometimes the gram sabah of the patient's village has to support the claim, and so BPL patients are subject to community politics, and may be denied subsidies to which they have a rights, while undeserving socially advantaged people may be given these subsidies. Most often, however, poor patients are unaware of their rights under these schemes, and the onerous procedures for claiming reimbursements for costs discourages hospital officials from building patient awareness of these schemes. The State Illness Fund, for instance, ahs apparently seen little use, with hospitals preferring to tally the cost of major surgery to a total just below the Rs 25,000 cut-off after which refunds may be claimed. Observation at a number of district hospitals revealed that messages about self-certification of BPL status, and about subsidies for certain types of treatment, were not visible on the walls on which user fees are painted, nor did the clerks collecting fees inform patients about these opportunities to reduce their health care costs.

Though the official fees and subsidized diagnostic tests and medicines do make public health facilities much cheaper for poor patients than private facilities, the many additional costs – of which the above account probably only reveals a small part – do not lower the cost of health care to the poor, and make the new official user fees into an additional tax on poor users. There is little evidence that the new RKS regime for hospital management has made a substantial change to the numbers of people seeking help from public health facilities. One piece of evidence: the 32% increase in institutional deliveries (from 35,286 in 1997 – 1998 to 51,300 in 2000 – 2001) in the 21 hospital mentioned above, does suggest an increase in poor women's access, as middle-class women do not use maternity wards in public health facilities – these, in spite of RKS improvements, remain the filthiest wards.

On the other hand, there is some evidence that use of upgraded facilities by the urban lower-middle class is increasing. New RKS-constructed private wards and rooms with air-conditioning and latrines are running at full capacity – though not necessarily generating as much income as they ought because politically connected middle class users are often able to have fees waived. A great deal of the expensive equipment purchased by the RKSs in major urban centres is for the diagnosis and treatment of the diseases of the middle class – thus for instance the MY Hospital in Indore has invested in a range of equipment to diagnose and treat cardiovascular disease and diabetes – these are not the afflictions of the poor.[104] Spotless intensive care units have been built but they give the impression of being reserved for privileged customers – on unannounced visits to several district hospitals by the study team these were found to be locked and empty. The pristine ICU at Indore hospital – built at the cost of Rs 30 lakh, or one third of the annual income of the RKS -- has in fact never been operational. A leader of a civil society association suggests that improvements in the hospital environment and in the quality of care have resulted in hospitals 'emptying out'. Poor people are being excluded as a smaller and higher status group capture the benefits of cheap hospital treatment. In particular, Class III and IV government employees are making much more use of public hospitals in urban centres, because they can either have their fees waived, or have

[104] But they are a major preoccupation of the medical associations in the state. The president of the MP-level Indian medical association pronounced cardiovascular disease and diabetes his number one priority in tackling public health problems in the state. Interview, Dr. P.C. Manoria, March 2002, Bhopal.

their costs reimbursed.[105] This is speculation, but if indeed larger numbers of lower middle-class patients are using hospitals, this could explain a recent development: annual income reported by RKSs showed a surprising decline from 1999 –2000 to 2000 – 2001 (more recent figures are not available) of 12% -- a figure not consistent with increasing numbers of patients.

As noted earlier, the RKS was not conceptualized initially as a pro-poor initiative, but the 1999 government order institutionalizing the system lists 'ensure equity through provision of free treatment to patients below poverty line' as one of its key objectives.[106] Related objectives include a mandate to arrange for affordable food and medicine for poor patients and their relatives, to monitor and supervise the application of National Health Programmes, including the poverty-specific ones mentioned above, and above all, to increase community participation in hospital management. The only elaboration upon how the RKS is to act upon these poverty-specific objectives in the formal guidelines for the society is the proviso that BPL patients should be allowed to self-certify that they are incapable of paying user fees. Beyond this, there are no explicit provisions for proportions of the RKS income that ought to be spent upon the needs of poor patients. The recent Women's Policy in the state, as noted earlier, stipulates that 50% of RKS spending must now benefit women. This provision has not yet been formally incorporated to RKS guidelines. There are no suggestions of means by which the RKSs may monitor anti-poverty health initiatives. There are no guidelines on how the health problems and priorities of the average client of the facility are to be determined. There are no provisions for consultation with or engagement of civil society associations working to reduce poverty.

The main provision for the representation of the needs of poor patients are the seats on the General Body of the RKS for elected panchayat representatives, including representatives from the panchayat health committees. These representatives are trimmed away at the more important Executive Committee level, where just one panchayat member, usually the head of the panchayat health committee, is a member. There is no formal space for any civil society body but the Red Cross. The main means by which 'ordinary people' – perhaps patients – may become a member of the RKS is through making a large donation to the health facility. Obviously this is out of the reach of poor people, although there is an interesting concession to the poor in the constitution of the RKS at the CHC and PHC level: members of Scheduled Castes may be members of the RKS general Body if they make a donation of Rs 1000 – whereas a minimum of Rs 25,000 is expected from private donors at this level.

Thus, for a management committee that is ostensibly guided by a concern with 'Patients' Welfare', and whose primary stated objective is to 'improve the management of hospitals with community participation', the provisions for the representation of patients (especially poor patients), and for the determination of their needs, are noticeably weak, if not altogether absent. For ordinary people, access to the RKS is either via elected representatives or through the purchase of a membership through a substantial donation. This is not to say that the RKS structure cannot be an effective means of improving the access of the poor to health facilities, or the responsiveness of providers to the poor. There are cases of enterprising sarpanches using the RKS structure to generate funding for modest health facilities at the local level. The woman sarpanch of the Simarul panchayat of a tribal district, for instance, cleared squatters from panchayat property and set up a maternity home there, then formed a RKS to help meet facility maintenance costs. The facility relied upon the paraprofessionals working under the

[105] Interview, Ms Nirmal Buch, President of the Mahila Chetna Manch, February 25, 2002, Bhopal.
[106] GoMP, ibid., p.159.

health Guarantee Scheme – the JSR and the traditional birth attendants – for health care inputs.[107]

Some of the case studies examined below show that under certain circumstances, local administrators, politicians, and medical staff have been able to work together effectively to improve conditions in health facilities and to improve referral rates of poor patients to these facilities. We consider, in the next section, the conditions under which this happens. However, evidence is also mounting that the RKS has become a useful point at which politicians, bureaucrats and local elites can generate funds using public property and either siphon-off commissions or channel benefits to supporters. The weak accountability mechanisms to hold the RKS answerable either to the state or to health service clients, ostensibly designed to ensure local flexibility, have opened up considerable space for corruption, or at least, for spending patterns that exhibit elite biases regarding health care priorities. The weak provisions for the representation of patients' needs, and the fact that civil society advocacy groups are thin on the ground in the health sector, mean that RKS activities are rarely challenged, although, as we shall see, mis-spending by RKSs is increasingly coming under the scrutiny of the state's media. In facilities where the RKS has not brought improvements the losers are not just the poor, but increasingly, public sector doctors, who feel that the RKS has given local politicians new opportunities to harass them for funds and special treatment.

Politics on the RKS Committees – the Competition for Financial Gain and Social Advantage

There are four key stakeholders in the RKS structure: the administrator of the district or sub-district (the collector or sub-district magistrate), a range of local, state, and national-level politicians: the elected panchayat representatives, the MLAs, the Minster-in-charge for the district, and occasionally the MPs for the district. The other two actors are the hospital administrators – the Civil Surgeon or the senior Medical Officer, and finally local elite groups. There are other actors too: representatives of line ministries that engage in the health system, such as the Public Works Department or the Ministry of Woman and Child Development, representatives of medical associations such as the Red Cross. But the outcomes of decisions of most interest to RKS members and of course health facility patients – decisions relating to the raising and spending of funds – are the result of competition and compromise between the four major groups mentioned above. When the RKS system was formalized in 1999 by the Department of Public Health and generalized across the state, it was made consistent with changes to the local government system. At the local level it therefore reflects efforts to undermine the heads of elected panchayats by engaging members of local health committees, committees that are formed by the Gram Sabah, without, in theory, the interference of the sarpanch. At the District level it reflects efforts to override elected panchayat heads by working mainly through the District Planning Committee, not the Zila Panchayat. The Executive Committee of the RKS at the District level does not even include the elected president of the Zila Panchayat, only the Zila Panchayat's CEO, a bureaucrat (CHECK). The RKS structure also reflects efforts to break the hold of line ministry staff on health sector resources and planning. This is done not just through the much-touted engagement of the community in decision-making, but through the removal of powers from the Chief Medical Officer (equivalent to the District Medical & Health Officer) – powers of exclusive decision-making on drugs procurement for local facilities, powers to

[107] 'Panchayats need women for social reforms' (ReportingPeople.org GET REF – XXX)

recruit temporary staff. These powers are now shared with the Collector and the heads of medical facilities, and the RKS is very often the arena in which conflict over these decisions is played out.

These changes mean that the CMO is no longer the exclusive gate-keeper to Ministry of Health resources at the District level, but rather, the RKS has created access to these resources for a range of new players. A retired government doctor observed that this has made life impossible for the CMO: 'RKS means that the CMO now has to give money to the Collector, the MLA and other politicians – it add on extra receivers to his list. But he still has to channel drugs or money to the Ministry and Department of Health too.'[108] The CMO and Hospital Superintendents are at particular loggerheads in consequence, as the additional claimants on the CMO's budget leave less and less for the hospital management.

The RKS system has been of mixed benefit to Hospital Superintendents and their medical staff. Their former access to extra earnings through commissions on purchases has been squeezed because of the new palms the CMO has to grease. Worse, the RKS has opened new channels through which local politicians have access to medical staff, enabling them to require doctors to privilege politicians' supporters, or to override doctors' concerns in decisions about spending priorities for the hospital, or above all, to extract bribes in exchange for transfers, promotions, or for the opportunity to go on long-term leave. [109] The system has also given the District Collector powers over medical staff. As mentioned earlier, the Collector has powers to suspend medical staff for poor performance – a power that the CMO lacks. Doctors complain about the Collector's representatives monitoring their attendance records, and questioning them about their work. (case of Congress doctors lobbying for better representation on RKS)

On the other hand, the weakening of the CMO's control – and because of this the easing of ponderous Department of Health processes and delays -- has given Hospital Superintendents and medical department heads considerable freedom to make decisions about treatment and spending priorities. Through the Hospital Superintendent, Department Heads can purchase essential disposables and even recruit additional paramedical or maintenance staff – successful RKSs have been able to finance this effectively. They can propose projects for new facilities or equipment directly to the RKS and shepherd them through to completion. HSs and doctors have taken advantage of the RKS consumables budget to spend on items that improve their working environment and that can be used as status markers in relation to patients. Besides new white cotton coats, latex gloves, uniforms for nurses, and name-tags, doctors have enjoyed clearer consultation rooms, reserved parking, computers for record-keeping, and in teaching hospitals, revamped library facilities.

But this only happens where there is a relatively effective RKS and a relatively uncorrupt Hospital Superintendent. Medical staff have no representative on the RKS beyond the Hospital Superintendent, and he may not cooperate with the improvement plans of department heads. Further, there have been cases where the medical staff have pushed for spending on areas not directly related to improved health care, such as expensive renovations of the offices of senior medical staff, or the construction of modern conference facilities, or the exclusive use of new furniture and equipment by medical staff, not patients. For instance, in the Katjoo Hospital in Bhopal, two air conditioners were purchased in early 2003 for the operation theatre, but only one was installed. On inspection, RKS Executive Committee members

[108] Interview, government doctor, name withheld, February 2002, Bhopal.
[109] Interview, Dr.. P. C. Manoria,,, Head of Indian Medical Association for MP, February 25, 2002.

found that the second air-conditioner had been installed in the office of the Hospital Superintendent, and insisted that it be moved to the operating theatre.[110] The RKS in this case proved an effective monitoring and accountability mechanism. A higher degree of scrutiny to ensure the proper use of new facilities or equipment might be expected where local funds have been used to purchase such facilities – and especially when those who make large donations are participating in decisions about how to spend the money. But in others cases, the RKS appears to have been deeply compromised by collusion between local politicians and hospital managers.

In the city of Indore, for instance, media reports alleging mis-spending and suspect accounts-keeping by the large umbrella RKS that serves the MY Hospital and the MGM Medical College there point to political capture. In 2002 the MP and national press drew attention to a lack of transparency in RKS accounts for these two hospitals.[111] It was revealed that a large but unspecified amount of money was being spent on the 'beautification' of the rooms of senior hospital staff and on unnecessary conference facilities in preparation for the 125 anniversary celebrations of one of the hospitals. Further distortions in spending priorities were revealed at the same time. The hospital badly needs its own CT machine – currently it sends between 600 –800 patients to private centers for a CT scan, and at this rate it could recover the cost of a new machine (Rs 18 lakh) through fees after about 18 months. However, it emerged that not only had the RKS dismissed the idea of purchasing a CT machine, it had actively obstructed procedures required to receive a gift of a CT machine that had been offered by the Union Ministry of Health and Family Welfare. This Union ministry had cleared a grant of a CT machine, which was to come with a package including and autoanalyser and other equipment and software totally Rs 1.55 crone – hardly an opportunity a teaching hospital could afford to turn down. However, this is precisely what the RKS in Indore did. It delayed responding to the offer from the union Ministry, and then its Medical College branch delayed for over 8 months in providing the necessary information to the Director of Medical Education in Bhopal so that the utilization certificates for the machinery could be sent to the Union Ministry to clear the transfer. In the absence of the necessary certificates, the Union Ministry endowed the equipment to a hospital in Uttar Pradesh.

Explanations for this extraordinarily wasteful behavior are found in the politics through which commercial concessions are made through the RKS. Part of the package of machinery on offer from the Union ministry was an autoanalyser. There was already a semi-autoanalyser machine in the MY Hospital – managed by a private operator, Indore Diagnostics, on a partnership basis with the Hospital. This operator had in fact promised to install a fully automatic machine the year before, but had never done so. It was obviously not in the interests of this operator to see an improved machine installed by the Hospital, competing for business. The RKS had, the year before, investigated the failure of Indore Diagnostics to comply with the terms of its initial partnership agreement, but the outcome of the enquiry was never made public. The reason why the RKS never took action against Indore Diagnostics was because it is owned by Sunil Jain, a close relative of the Congress MLA Ashwin Jain, who is a member of the general Body of the RKS and, though not permitted to be a member of its purchasing committee, is known to steer most of its decisions. There are other examples

[110] G. Sachdev, 'Application of RKS funds comes under public scrutiny', case note, Bhopal.

[111] The following account is drawn from reports in the MP Central Chronicle, as well as reports picked up by the Delhi-based medical news service, Pharmabiz – Hospital Review, specifically: 'Rogi Kalyan Samiti funds being diverted for MY Hospital celebrations', 'MY Hospital at loggerheads with pollution Control Board', and 'MY Hospital delays Central assistance for CT scan machine' – http://www.phronline.net/article/More_Section_News.asp?sid=17

of seemingly irrational RKS foot-dragging on urgent repairs and purchases. For over a decade the MY hospital has been in desperate need of a new incinerator – its existing one does not function at all, and a health hazard has been created by its failure to follow waste disposal norms. However, the RKS has resisted purchasing a new incinerator because it has been pressured by the MP Pollution Control Board to appoint a contract for a new bio-medical waste disposal system to an employee of the Board.[112] The RKS has been unable to counter the political backing enjoyed by this contractor, and has therefore stalled for years on the matter of refurbishing its waste disposal system.

The politics of elite engagement -- Indore

There are two seats for MLAs on the Indore city RKS, and these are taken in rotation by the 5 MLAs for the city area. These MLAs take an active role in directing contracts to their supporters, and a portion of the business community in Indore – mainly traders in electrical and heating equipment, as well as pharmaceutical businesses and of course private health care operators -- has gained significantly from this. Notably, a large proportion of this elite is drawn from a minority immigrant business/trading group from Gujarat. This community is represented on the RKS General Body and Executive Committee by its largest individual donors. It has been rewarded for its support for the RKS with contracts for pharmaceutical concessions, canteens, rest-houses on hospital grounds for the relatives of patients, as well as construction contracts for new wards and other facilities. Through the RKS private diagnostic centers have been able to generate a large clientele for themselves through bulk referrals from the hospital for CT scans and MRIs. Both sides benefit – the private operator is assured a regular clientele, while the Hospital secures for its patients significantly lower costs – Rs 750 for a CT scan instead of the market rate of Rs 1,100, or Rs 2,500 for an MRI instead of the market rate of Rs 5,000.

As these 'discounted' prices show, elite engagement in the RKS is not guided by an interest in making facilities more accessible to the poor – in spite of the significantly lower costs of these services, they are completely beyond the reach of the poor. But these elites also demonstrate commitment to serving the poor, whether as a smoke-screen or as a genuine philanthropic impulse. One of the most important of the Indore RKS's elites, sitting on the Executive Committee, runs a range of services designed to address the needs of MY hospital's poorest clients. His NGO 'Sahaita' employs retired Indore elites to distribute free medicines to 50 people daily in four Indore hospitals. These on-site pharmacies collect free medicine samples from senior doctors in the city and purchase in addition about 5 lakhs of drugs per month for this service. The Sahaita pharmacies also distribute food supplements to 600 pregnant women a month (there are 1100 deliveries a month at MY hospital), dispense 100 glasses of fruit juice a day, sell 650 lunches for Rs 1 each per day, and finally, it runs a 60-bed rest house for the relatives of patients. Other elites engaged with the RKS run blood donation camps and in 2001 raised money for building new hospitals in Gujarat.

Elite engagement on the RKSs provides an accountability mechanism to the extent that elites have an interest in ensuring that the resources they have provided or the services they support are being put to proper use. However, as the story of the rejected CT machine shows, elites are less guided by a concern with what is best for hospital development, let alone for poor patients, than with a concern to gain benefits through product tie-ins, the generation f new clients for their own businesses, or through the social status they acquire as visible benefactors of a modernizing service.

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[112] 'MY Hospital at loggerheads with pollution Control Board', Pharmabiz Hospital Review, 2001.

In the Indore case, however, it is striking that such an active and wealthy elite, that gained tremendous social approval for its initial role in reviving the MY hospital, has appeared so complicit in recent years for the diversion of funds to conspicuously non-health-related items (conference rooms), or in wasteful decisions (the unused ICU, the rejected CT machine). Moreover, there have been complaints about a lack of transparency in RKS accounts. The RKS accounts for the years 2001 –2 and 2002 –3 were neatly balanced on paper, but the press has been unable to get a breakdown by budget head of expenditure patterns. Some explanation for the slackening of controls on the RKS can be found in the weakening of elite support for the effort since 1994, and the strengthening of politicians' role in the RKS since the 1999 changes to the RKS membership.

In the initial 1994 –5 effort to tackle the plague risk to the city, the Collector managed to inspire the entire community of Indore's industrialists to join in the effort to clean up and refurbish the rat-infested MY hospital. Members of this industrialist/business community competed to make the largest donation to the effort, to participate directly in the various technical committees set up to make improvements. At the time a supportive BJP MLA, Sumitra Mahajan, helped to galvanize support for this effort, and the atmosphere of a crisis threatening elite society helped to concentrate focus on results, rather than on commissions from contracts. She, along with one other MLA and an MP, sat on the RKS's General Body but supported the need for the Executive Committee to act autonomously and largely did not interfere with its decisions. Smt. Mahajan is now the Lok Sabha representative for the district and takes a less active role in the RKS there. An important depoliticising influence at the time was the role the state Governor played in supporting the Indore RKS, publicizing its successes, and pressing for its adoption elsewhere in the state.

Since 1999, a wider array of politicians participate in the RKS General Body. This alone is not responsible for the pattern of unnecessary expenditures by the umbrella RKS in Indore and the apparent unreliability of its accounts. The most significant post 1999 new players were the new Zila Panchayat representatives and the new Minster-in-charge of the District appointed after the 2000 reforms to Panchayati Raj that strengthened district government structures. Currently the Minister-in-charge is the Deputy Chief Minster Subhash Yadav, one of the CM's arch-rivals, whose unshakable support base in the farming community of the state and among OBC groups means the CM must supply him with choice positions and portfolios. The RKS and the access it provides to hospital-linked resources is small beer to a man whose Cabinet portfolios include both the Water Resources and Narmada Development ministries. The latter is a gateway to significant earnings in connection with massive new dam construction projects. But one of Subhash Yadav's own rivals in the state government is Bala Bachchan, who happens to be the Minster of Public Health and Family Development, and who has taken a personal interest not just in the entire RKS system, but in the Indore city RKS in particular. The RKS, therefore, is of more significance to Yadav than it might otherwise be – it offers a means of creating an irritant for the Ministry of Public Health. The Minster-in-Charge's deputies have an implicit green light to take what advantage can be had from the contracts for purchases or construction available through the RKS. So powerful is the Minster-in-charge that other members of the RKS General Body have been unable to protest the drift towards conspicuous consumption investments by the RKS, such as the office refurbishments and 'beautification' projects in preparation for the 125th anniversary celebrations of the medical college.

In the meantime, Indore, once a Congress stronghold, has seen BJP successes, particularly in the Panchayat elections, and the BJP position in the district has been given a fillip by the BJP landslide in the recent Assembly elections in neighboring Gujarat. BJP MLAs and Panchayat representatives involved in the RKS have just as much of an incentive as Congress MLAs to make the RKS a success, for even if it is a Congress-identified initiative, hospital improvements have high visibility and bring attractive pay-offs in terms of enabling politicians to claim personal credit for improvements in health care. But the ambivalence shown by the highest-ranking politicians for the area towards the health system, combined with the fact that BJP MLAs have no access to the ruling party trade in posts and transfers for medical professionals, encourages the exploitation of the RKS to make profits elsewhere in the health system – from contracts.

Some elites stand to gain from this of course. One would expect competition between elites for contracts to produce a high degree of mutual scrutiny and surveillance by contract losers over contract winners. However, the gains to be made from privileged access to politicians and to guaranteed contracts create powerful incentives to drive competing contractors out and to narrow the base of contractors engaged in RKS-funded hospital work. This is, it seems, precisely what has happened. A collusive relationship has developed between a narrow band of city business groups and the politicians involved in the RKS. This process has been encouraged by an inevitable evolution in the range of tasks on which the RKS focuses. In its early days, there was almost no limit to the range of activities needed to upgrade the Indore hospitals – this meant that there was scope for the participation of virtually every type of business and industry in Indore. Once hospital premises had been cleared, repaired, repainted, bathrooms retiled, wards refurbished, and major equipment purchased, there was less scope for donations or contracts for these one-off interventions, and the business elite involved in the RKS shifted to a narrower range of suppliers and service providers. Elite interest also shifted away from the RKS experiment in the late 1990s and recent years, as the city's IT establishment has become more central to the energies of entrepreneurs. Finally, with the departure of S.R. Mohanty, the Collector who had initiated the RKS experiment, some of the elite networks of which he was the hub fell away. For the elites who remain, participation on the RKS has become a means of combining philanthropy with business opportunities. Without concerted leadership from the Collector, hospital administrators, and political representatives, however, and without overall controls or planning from the Public Health Ministry, the business dynamic in the RKS is not directed into activities that produce better health care, let alone more responsiveness to the poorest clients of hospitals.

A narrow elite base of engagement with the RKS need not be a disadvantage, however. Much depends upon the social capital within elite groups, and whether this endows them with a capacity to resist political manipulation and to develop mechanisms for oversight and scrutiny of RKS activities. This appears to have been the case in the unusual example of the highly successful RKS at a PHC level in Badnagar, Ujjain District.

The politics of elite engagement - Badnagar

Badnagar is a tehsil (sub-division) town, located 30 kms from the District headquarters of Ujjain. The Badnagar Primary Health Center has the distinction of being extremely well-appointed and markedly successful not just in delivering the standard range of health services for this level, but in delivering some rather more complex surgical interventions not normally

available in a PHC.[113] With 52 beds it has double the capacity of the average PHC, with a 100% occupancy rate. It has a well-equipped and air-conditioned operating theatre, and X-ray block, extra wards for women, expensive equipment such as an ECG, a refraction box and an incubator, a large facility providing lavatories and washing points to outpatients and their families, a canteen offering good quality subsidized food, a pharmacy offering cheap medicines, and a half a dozen locally recruited cleaners and nurses' assistants. The excellent conditions represent an important non-financial incentive for medical staff and are part of the reason this facility with 6 doctors and 34 other staff has a negligible absenteeism rate. These achievements owe to the impressive fund-raising and efficient administration provided by the RKS for this facility – an achievement that has eluded most other RKSs at this level because of the difficulty in raising funds in communities of this size (Badnagar has a population of 35,000).

The RKS has been particularly successful in this case because of an effective partnership between the Medical Officer in charge of the PHC and a group of local entrepreneurs from the minority Jain community. Later the MLA proved instrumental in generating funds for the PHC and in helping remote or poor communities to gain access to its facilities. The MO, Dr. L. A. Kapadia, had been posted to this PHC in 1979, though he was over-qualified for the post, as a highly-trained surgeon in a facility lacking the basic infrastructure for surgery. After ten frustrating years he was approached by a group of young Jain businessmen who had formed a philanthropic society (the 'Sahog Yuva Sangathan') and were looking for constructive uses for their money. Jains represent 3% of the local population – they are an immigrant group that has been highly successful in the business and trading sphere but made no impact on local politics, which is dominated by the Brahmin and Rajput groups, who constitute between 25 and 30% of the local population. Philanthropic work was an area in which they could have some social impact, and the presence of a dynamic physician in the local PHC provided one opportunity for their money to generate social externalities.

Badnagar is not far away from the District capital of Indore, where the first RKS experiment began in 1994-5. Inspired by the Indore example, Badnagar PHC was one of the first health facilities to register an RKS once the government issued a directive for this system to be implemented in all public health facilities. At this point the local MLA became actively involved, as ex-officio chair of the RKS, but was not in a position to unseat the Jain community that by then had become very deeply involved in the administration of the PHC. They took up formal positions on the RKS as its largest private donors, and members of the Jain community were awarded commercial concessions on the PHC grounds for the pharmacy and the canteen. The canteen is a registered charity run by a retired Jain schoolteacher. It generates only 60% of costs from the low 5 Rs fee it charges for the 50 – 60 meals it produces per day, and relies on donations to make up the shortfall. The degree to which the Jain community has invested in the PHC facilities has made it particularly vigilant about the use of the equipment , new beds, women-only facilities, and cleaning staff that have been provided through the RKS. The local MLA has sought to increase uptake of Badnagar's health services by contributing his area development funds for the construction of new wards, and by encouraging his poor constituents to use the facility, vouching for their status as BPL patients.

[113] The source for this case study include a number of interviews with RKS members and Ministry of Public Health officials, and the article by Girish Kumar, 'Promoting Public-Private Partnership in health Services' (Economic and Political Weekly, Mumbai, July 19, 2002), and interviews with S.R. Mohanty, February 2002.

The Badnagar PHC has attracted considerable media attention and this, along with the scrutiny provided by the business community, has contributed to the apparent lack of corruption in the use of RKS resources. However it could be argued that the Jain community has 'captured' the opportunities for commercial exploitation of the PHC facilities, and has certainly cornered the market for the kudos awarded for the development of this facility. The caste-based dynamic in this story very likely accounts for the fact that the activities of this RKS have eluded politicization. With no chance of breaking the Brahmin/Rajput stranglehold on candidacies for political office in both main parties, the Jains have sought power through business success and through this impressive contribution to social development in the area. The local MLA and other politicians involved in the RKS such as the Janpad panchayat president and the head of the municipality have nothing to gain from undermining the RKS, and can only benefit from association with such a successful venture – and for this they rely upon the finance and the social capital of the Jains.

An unlikely alliance: between the district administration and the service providers
Successful RKS experiences so far appear to be based upon a good working relationship between the Collector or sub-district magistrate and the health facility manager. A socially engaged local elite willing to provide financial support is also essential. There is an implicit stand-off between these actors (the district administration and the health facility managers) and the district line ministry administrator (the CMO) and local politicians, with elites in an ambivalent position between the two camps. Of course, nowhere is this situation quite so neat and clear-cut, for although district administrators have a strong interest in a better functioning health system, it is harder to encourage the actual service providers to surrender their moonlighting and other activities that generate better incomes than their public sector work. Early RKS successes that improve working conditions for medical staff appear to be highly productive in generating early buy-in to this reform from doctors and health facility administrators. This situation fits with analyses of the pattern of public sector reforms at the District level in Madhya Pradesh – they rely upon superimposing District Administration control over line ministry representatives, and upon either empowering front-line providers or hiring a whole new category of paraprofessionals to leapfrog the sclerotic administration of public services.[114]

The District Collector has been given a key role in this – producing what many observers suggested was an over-empowered Collector, or a Collector in a 'celebrity' role. As a UNICEF evaluation team noted in 2000L 'overall control of the local RKS bodies remains in the hands of the Collector and if he is not interested in health care then the whole thing might just drift'.[115] Each of the noted RKS success stories at the district level have had a dynamic and high-profile Collector at the helm – this is true for Indore, Seoni, Dewas, Ujjain and Satna. Digvijay Singh has made this an explicit strategy. He personally appoints all Collectors, they have direct access to him and do not need to go through the senior bureaucracy, and like the other bright young IAS officers with whom he works closely, they enjoy the power and the resources to experiment and innovate.[116] Circumventing line

[114] See Joshi, Op. Cit., and article on EGS.
[115] Cited by Girish Kumar, Op Cit.
[116] This has been true from the start of Singh's tenure as Chief Minister. He has frequently supported both IAS and the MP cadre Administrative Officers in the Districts in policy innovations. One of the earliest examples of this was an innovation in 1994 in the Bilaspur Division, where an enterprising Divisional Commissioner, Harsh Mander, introduced a 'right to information' provision to the Public Distribution System for the area. Shop employees, who were part of the cooperative sector, supported this innovation that required all shops to display lists of the amounts of commodities received, their prices, and to make the distribution register available for public inspection. Mander estimates that this rescued 50% of the commodities from their habitual 'leakage'

departments at District level has almost become an institutionalized feature of the policy innovations associated with Digvijay Singh. The Rajiv Gandhi Missions, of which the Watershed Development programme, discussed in the first half of this report, is a central example. To avoid the conflict and delay that inter-sectoral programmes will produce, the Missions entirely by-pass existing structures and create new ones in which the district administration draws out and coordinates personnel from the relevant line ministries. The RKS similarly is designed to minimize line ministry control, to draw in other departments (PWD, PHED, Women and Child Welfare), to generate resources that are independent of the Public Health Ministry, and, most importantly, to encourage the front-line providers to commit to providing better services.

It is this last task that is the most challenging, and the 'circumventing line ministries' approach involves unfortunate contradictions. Medical careers are not made on the peripheries of the health system, in remote and badly-equipped facilities. Even if conditions improve thanks to the work of the RKS, medical staff calibrate their chances of advance in terms of their connections to senior Ministry of Public Health figures and influential politicians, not in terms of their own outstanding performance in addressing the health needs of poor patients. In other words, simply improving the conditions under which doctors work – creating new non-financial incentives – will not coax more commitment and better performance from under-motivated medical staff. And if, indeed, the RKS system relies in part on by-passing and undermining line ministry authorities in districts, then health facility administrators and medical staff who show too much enthusiasm about the system may in fact be crippling their own long-term careers within the Ministry of Public Health. Thus, the RKS system has worked best where doctors and health facility administrators have been willing to risk a loss of (or are already resigned to the loss of) mobility or advance in their own careers. This has happened where medical professionals already knew they had no real prospects in the line ministry – for instance the case of Dr. Kapadia in Badnagar who had already languished in poor conditions in a rural PHC for fifteen years before the opportunity to set up the RKS appeared. (In his case of course it paid off – his marked successes have been hard to ignore and he was finally given a promotion to the Ujjain District hospital in 2000).

Thus the RKS success depends upon an unlikely alliance between district administrators and service providers who are willing to put at risk their long-term advance within the system by innovating against bureaucratic dead wood and embedded systems of corruption within the health sector. Such individuals are hard to find, and the RKS system has yet to attract medical professionals in general back to work. The largest problem faced by health facilities remains the phenomenal absenteeism rate, as well as seemingly unfillable vacancies. The District-level health facilities in Betul have a 30% vacancy rate, with 54 vacant posts. In Raisen hospital alone 5 out of 23 doctor posts are vacant, including the important position of a female OB/GYN, without which many pregnant women will not come for ante-natal care. It is possible that this will change as conditions improve. One indication that conditions are improving comes from the Joint Director of Health, who noted in 2002 that doctors are no

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onto the open market, where they were sold for higher prices than mandated under the PDS system. Inspired by this, the CM passed a Right to Information law, though presidential assent for this was withheld as Right to Information was not deemed a state subject. Much as the CM supported these initiatives, he is also known to disappoint district administrators by caving into politicians – particularly those representing hostile factions within his party – when their interests are challenged by these local integrity initiatives. Interview, Harsh Mander, December 16, 1998, Delhi.

longer going on strike in protest at the poor conditions; now they strike in protest at the reservations systems or to object to rural postings.[117]

Medical professionals in the public health system tend to be derided as a cynical, uncommitted group, though the appalling conditions and lack of incentives for good performance, as well as the way career advance is linked to personal connections of ability to pay bribes helps to explain a lack of commitment. Local politicians who are already locked into corrupt undercurrents in the health system will not be a help to medical professionals who try to challenge the system; local politicians who are new to or for various reasons excluded from those systems may be of more assistance. Thus, ironically, BJP and Independent politicians have proven surprisingly supportive of the RKS system. In Betul, for instance, one of the most important sources of support for the RKS system is an Independent MLA, a medical professional himself, and one who frequently raises concerns about the health care needs of the tribal population, is an Independent, a medical professional himself. Elsewhere, some of the most important donations to the RKSs have been from BJP MLAs and MPs.[118]

Politicians play a key role in determining whether an enterprising Collector and health facility managers will be successful. Within the Congress party, the degree to which a local MLA or MP will be constructive in their engagement will depend upon his or her relationship with the CM, and whether he or she is in a faction hostile to the CM. In the latter case, the capacity of the CM to support the Collector is of key importance, but will always give way to the political imperative of placating opponents if necessary. Administrators and hospital managers seem to regard the positive contribution of politicians not so much as to represent the needs of hospital users or of particular broad constituencies, or as social monitors, but rather as local muscle. A businessman member of the Indore RKS noted that MLAs come in handy to resolve agitations caused by local contractors who have failed to win tenders for work, or they have helped to make people vacate hospital quarters that have been illegally occupied.[119] There are instances where MLAs have worked as accountability agents. In Betul district, in the CHC for the Multai area, the Independent MLA exposed collusion between 48 government officials from the divisional administration, the line ministry, and the health facility staff – and had them all suspended. Though that was the limit of his engagement in a disciplinary action, he has also raised issues at the District government level about the mal-treatment of patients and about absenteeism amongst health facility staff – for instance, the chronic absence of the two ambulance drivers for the CHC. And he successfully recommended wage increases for the RKS-hired cleaners.[120] The RKS, however, is just one of the many areas in which MLAs engage, and even a committed MLA is unable to sustain this level of engagement. These kinds of interventions ought rightly be assured by the members of the local panchayat health committee who sit on the RKS General Body. However, in the areas we studied, we could find little engagement from local panchayat members, who were either intimidated or sidelined by the RKS structure, and by their exclusion from the more important Executive Committee of the RKS. This leaves representation of the health concerns of the poor to civil society.

[117] Interview, Dr. Srivastava, Joint Director, Health, Department of Health Services, February 27, 2002, Bhopal.
[118] Article – Raisen donations
[119] Interview, Mr. Anil Bhandari, March 1, 2002, Indore.
[120] Interview, Dr. Sunilam, MLA Multai, Betul District, February 2002.

Civil Society engagement with the RKS

It is notable that there were only muted protests in MP in 1997 in reaction to the introduction of user fees in health facilities, compared to vocal protests in AP at the same time or in Kerala in 2002 – in the latter case they had to be dropped.[121] Observers of politics in MP note that civil society is relatively weak in the health sector.[122] Some very large and powerful grassroots movements have a strong base in MP – notably the Narmada Bachao Andolan, protesting the Narmada Dam construction and the displacement of people that it is causing, as well as a large farmers' cooperative movement representing middle-income producers. Some NGOs, including health-focussed ones, sprang up in the wake of the deadly Union Carbide gas leak in Bhopal in 1984. Most of the NGOs active in policy development are small, Bhopal-based, and often run by retired bureaucrats – this gives them special access to policy-makers, but little legitimacy in rural circles. There are no umbrella bodies to enable NGOs representing poorer and rural groups to build leverage in relation to policy-making. NGOs in the health sector are distracted by the imperatives of service delivery at the local level – one estimate puts 90% of health-related NGOs into this service-delivery category.[123] These service-delivery NGOs have as much of an interest as private businesses in capturing the concessions made available through the RKS, and many do.
The most powerful civil society associations in relation to health facility management are the associations of medical professionals. The Red Cross and the Indian Medical Association already sit on the RKS General Body in every district hospital, and neither association is noted for its defense of patients' rights. Doctors have protested at their lack of direct representation on the RKS – for instance in 2002 the Congress Party's Doctors' Cell demanded representation on the RKS, but were told by the MP Congress Committee president that the Red Cross Society was on the RKS to protect doctors' interests.[124] Also active is the MP Private Practitioners' Association – this represents medical professionals and administrators who run private clinics. It is more commercial than the Indian Medical Association and lobbies MLAs intensely to put pressure on the Health Minister and the CM to give public sector doctors freedom to practice privately, or to contracts to their diagnostic centers, to get positions as consultants/advisors to the government.

The availability of resources through the RKS has encouraged the creation of new civil society associations in the health sector. Some of these are linked to the entrepreneurs who are large donors to the RKS -- as in the case of the NGO 'Sahaita' that runs the on-site low-cost pharmacy at MY Hospital in Indore, mentioned above. Though these NGOs can be a means of disguising some taxable excess products, or of generating bulk clients for diagnostic services, they should not be dismissed as disingenuous tax-relief ploys, and do provide an outlet for middle-class philanthropy. However, they cannot be said to be primarily focussed upon representing the interests of poor patients to the hospital administration, or to provide the means for such representation. Just as RKS successes have attracted new civil society groups, so too have RKS failures. In Vidisha district, town-dwellers dissatisfied with RKS foot-dragging on the issue of the district hospital's poor ante-natal and neo-natal care went ahead and formed a 'Newborn Care Committee' (Navjaat Shishu Rakshak Samiti). The Committee's main concern is with the lack of staff and equipment to handle pre-term and low birth-weight babies, and it has sought to raise funds for an incubator, while it is compensating

[121] Sonia Andrews, Sailesh Mohan, 'User Charges in health Care: Some Issues' (Economic and Political Weekly, September 14, 2002) p. 3793.
[122] Joshi, Op. Cit, p 6.
[123] Ibid. P. 27.
[124] 'Cong. Doctors assured of representation in RKS', Central Chronicle, August 11, 2002.

for understaffing through the supply of volunteer professional help from the community. Though chaired by the hospital superintendent, it is separate from the RKS. This development reflects local irritation with the RKS's failure to address neo-natal care, but also raises other problems for the system – it suggests that the RKS has opened the door to an informalisation of provision. A lack of clarity about the minimum package of services that should be available in a district hospital has complicated matters – the RKS cannot be held to account for failing to address neo-natal care, and this leaves the door open for *ad hoc* and unregulated responses.

The lack of effective civil society associations representing the perspectives of poor clients of health services is not peculiar to MP. Better-off urban groups are able to afford private medical care, while the poor users of government health facilities are too politically weak and geographically scattered to coalesce around a health care reform agenda. One interviewee was also of the view that the poor do not have a concept of 'health' – only of sickness (this is in contrast to much clearer ideas about education)– so there may be cultural reasons for this civil society silence.[125] Though there are local and state-level NGOs providing health services to the poor, the most powerful civil society groups in the health sector are not oriented to equity in service delivery. The strong voices are coming from private practitioners and institutions, and from associations of public sector medical professionals. No aspect of the RKS reforms provides incentives for this group to support pro-poor or even efficiency reforms in the health sector.

Accountability of the RKS

A range of accountability shortfalls in the way the RKS functions have already been indicated. The Department of Pubic Health is not blind to these, or to the problems of duplication or oversights caused by the lack of systematic planning for health facility improvements or monitoring of RKS work. It, however, has been constrained by the imperative to respect the autonomy of the RKSs and to give them ample space to respond flexibly to local needs and funding opportunities. However, in 2003 it did introduce a set of minimum standards for RKSs to meet, and should these be achieved, matching grants to double the funds they raise will be extended to them. This system is currently being piloted in four District hospitals. But the RKS system will still lack a key accountability tool: the powers to monitor medical staff and to sanction them for malpractice. Though the RKS has been issued directives to play a general oversight role over doctors – for instance, in 2001 RKSs were asked by the Department of health to ensure that doctors do not prescribe avoidable diagnostic tests, these committees have no means of either conducting this kind of detailed surveillance, or punishing doctors who do refer patients for expensive and unnecessary private tests.[126]

Summary

Factors explaining the success of this innovation include:

[125] REF Interviewee
[126] 'Doctors Cautioned Against Avoidable Tests', Central Chronicle, February 13, 2001.

- It attempts to by-pass health professionals and their lobbies, yet at the same time, improves conditions for doctors and nurses in ways that create non-material incentives to do their work more effectively;
- It creates new opportunities for high-visibility development achievements for which local politicians can take the credit, while at the same time their interference with health systems functioning is tempered by making all politicians subordinate to the District Collector on the RKS bodies;
- It limits the control of the health ministry over hospitals by putting local administration in stronger control and by hoping that the RKS will develop an interest in scrutinizing and monitoring expenditure patterns at the hospital;
- It creates opportunities for local elite buy-in to hospital improvement by engaging elites in the management of public assets and giving them access to contracts for hospital supply, construction, and maintenance.

This health facility management reform is described in MP as both an efficiency and a pro-poor reform. However, it has so far been of little direct relevance to the poor. On the other hand, it is of considerable importance to the lower middle-class, particularly to those in government service returning to improved hospital facilities from the private sector operators to which they had resorted in the face of deteriorating public health provision. The RKS system is also of considerable interest to the lower middle class and to aspiring elites -- those enterprising groups seeking to raise their status in municipalities and especially minority castes successful in business, such as the Jains in the Badnaar case. This aspiration to a higher social status is also shared by underworld figures – toughs and failed politicians, who have also bought some respectability through donations to, and therefore membership of, their local RKS.

The RKS as become a small theatre for the playing out of tensions between major District operators. It enables the District Collector to assert decision-making power over district line ministry authorities. It offers prebends for the Minister-in-charge, and it even offers a patronage source for opposition MLAs to distribute. The losers are the very local participants who are supposed to be at the center of the 'community participation' upon which the RKS professes to build – the panchayat health committees. These so far have not had much effective engagement with the RKS system.

II.d Comparative Analysis of AP and MP Health Sector Reforms

The main problems in the delivery of primary health care – particularly preventative health care services – to remote and poor populations in both states are:

- Staff are simply not present. Doctors, ANMs, and staff nurses fail to appear at the PHC, or do so very irregularly or on payment of 'inducements'. ANMs are particularly deficient at fulfilling their obligation to do outreach work in villages – immunisation, preventative health care, and so on. This is because of problems of transportation and the general difficulty of travelling considerable distances, particularly in tribal areas, under difficult conditions.
- Spending is primarily on salaries, not drugs, training, or maintenance. Primary Health Centres do not even have a budget for cleaning and basic maintenance. There

is frequently a problem also of non-delivery of drugs required to replenish the PHC's stocks.

- There is no participation in the organisation and delivery of health services by the clients, and this may be part of the reason for the significant underutilisation of services;
- There have been negative consequences of integrating health services with family planning ones. This means that PHCs may become associated in the popular mind with sterilisation centres, not curative or preventative health centres.

In response to these shared problems, health sector reform in both states in the last decade have followed similar patterns.

- efforts to establish autonomy in health facility management – particularly to facilitate local fund-raising and sub-contracting for intra-hospital services
- use of elected bodies to advise on local health care needs
- improvement of training systems
- experimentation to devolve basic health care for rural people to semi-volunteer quasi-government operators – e.g.: the Community Health Workers in Andhra Pradesh or the Jan Swasthya Rakshaks of MP's Health Guarantee Scheme.
- privatization or public-private partnerships.

Political interference in the professional hierarchy of medical staff

One of the biggest bottlenecks to effective reform in the health sector in both states is the politicisation of the recruitment and transfer of doctors and nurses – in other words, the 'market' in payments for posts which results in a substantial income for the Health Minister and MLAs as well as bureaucrats in the Health Ministry. In AP, some interesting attempts to circumvent this were introduced by the former health secretary – e.g. the 'counselling system' for measuring merit in performance and transparency in linking transfers to performance. These reforms were scotched before they got underway because of serious political opposition, and also intense resistance from the AP Government Doctors' professional association. In MP, the RKS system has probably exacerbated the problem. The RKS system gives MLAs, MPs and the Minster-in-charge for the District direct access to medical staff, particularly high-level doctors, in health facilities, and moreover, it gives elected Panchayat members at the Zilla, Block, and Village level access to medical professionals. Doctors have been complaining through their professional associations of higher degrees of harassment from politicians from panchayat representatives upwards. This harassment consists not just of the predictable pressure to provide services for free to politicians' clients, but threats of unwanted transfers should doctors fail also to provide local politicians with cuts on a range of earning opportunities to which they have access, from the illegal sale of drugs in medical facilities, and even to the income from 'informal payments' that doctors load on top of the formal user fees for patients. No medical staff are exempt: all staff in health facilities demand informal payments, and from nurses to ward boys, they are under pressure to provide a share to local political operators.

Incentives for medical professionals

In both states, the major reforms involve variations on efforts to privatise some aspects of health service delivery, and take control away from senior doctors in managing some aspects of health centre administration. In AP, this has meant the vesting of considerable powers in the District Collector for secondary and tertiary facilities, but at the local level it is limited to

the maintenance and sanitation functions which the health centre advisory committees are empowered to pay for, but in MP, the RKS empowers local elites to take charge of substantial areas of hospital administration – everything but the recruitment, appraisal, and sanctioning of doctors and nurses. In neither state have these reforms included incentives for doctors and nurses to perform well or to stay in their posts, particularly in rural areas. ANMs are very badly paid and supported, and their union is weak. The male rural health staff are actually somewhat better off. They have twice as many promotion options as the nurses – because of the wider variety of posts to which they can aspire. They also have a stronger union than the ANMs.

However in MP the RKS system has in tangible ways improved the working environment for medical practitioners, and this has in some cases – that is, where the RKS is working effectively – improved their attendance rate at their posts in public health facilities. The RKS has done more than this. Where a health facility manager has ambition and energy, it creates an opportunity for ambitious doctors to shine. This depends upon the happy accident of the support of the Collector (or sub-district magistrate) and the MLA , of course, and no amount of enthusiasm and good ideas can overcome obstruction from those sources. But this does show that an incentive system oriented to doctors' professional interests (the opportunity to conduct surgeries in good conditions, the opportunity to have greater control over the management of a local health facility) can result in a more efficient -- if not necessarily pro-poor – service.

Paucity of civil society engagement

There is little civil society engagement in pushing for better health sector performance because better-off urban groups are able to afford private medical care, while the poor users of government health facilities are too politically weak and geographically scattered to coalesce around a health care reform agenda. One interviewee also opined that the poor do not have a concept of 'health' – only of sickness (this is in contrast to much clearer ideas about education) – so there may be cultural reasons for this civil society silence. In contrast, the strong civil society voices in health care are not oriented to equity in service delivery. The strong voices are coming from private practitioners and institutions, and from government doctors.

Usefulness of a single target – family planning in AP

Health sector reform in the state has, it seems, been triggered by family planning. The CM's great interest in the subject has opened the door to introducing related reforms – to systems for maternal and child health care, for instance. The simplicity of a single overwhelming and quantifiable target has produced -- as a spin-off – better overall functioning of the health system. Even remote PHCs can aspire to winning awards for over-reaching sterilisation targets. Since promotions are not given for quality of preventive health-care efforts, or sensitivity to the needs of rural populations, and careers in the Health Ministry are certainly not made in the field, winning recognition for huge (and sometimes frankly unbelievable) numbers of vasectomies and laparoscopies is one route for the aspiring rural doctor to gain recognition and with any luck, a route out of perpetual rotation to equally remote and unpleasant posts. This incentive system pushes out more pro-poor performance achievements.

PART III:
THE BIGGER PICTURE: COMPARING SECTORS

III. a Health and Agriculture Programmes: Different Dynamics, but similar outcomes for the poor

Health is a classic service-delivery sector, whereas watersheds are a hybrid form of service – part infrastructure development, part livelihood security (daily wages for labourers, better yields for those whose soil fertility improves as a result of better water harvesting). Yet the implementation of the watershed and health reforms that we have studied here triggers similar political reactions at the local level. Though one is partly infrastructural (watersheds) and the other service-oriented, both involve ongoing processes, rather than discrete events, and both involve multiple inputs from different agencies (particularly in the case of health), rather than the delivery of one clear development 'product'. This complexity, the many roles available for different public and private actors, and, because of this, the absence of clear lines of accountability, provide a wide range of entry-points for actors seeking economic or political advantage. This complexity also has implications for how political patrons view the political payoffs from exerting their influence. As the MP watershed study showed, 'bringing' a watershed project to a village is just the beginning of the story – in a way that is untrue of a 'bringing' a road, for instance. There is an ongoing process involved, which is meant to create durable structures of collective action. Though this rarely occurs, the nature of the ongoing intervention means that there are multiple opportunities for powerful politicians to influence decisions, and thereby to extract rents and to build up favours.

In this section we review key commonalities and differences in across these two types of development intervention (watersheds and health), from the perspective of the political competition they inspire and their outcomes for the poor.

Social Mobilisation and the Voice of the Poor

All four of the programmes we studied are based – at least formally -- upon the conviction that social mobilisation is the key to more finely-tuned and responsive services, and to better monitoring and accountability of providers. The watersheds programmes are based upon participatory local planning and implementation of water harvesting infrastructure. The health programmes in both states, though very different, each had a participatory component, creating space for the engagement of community members in the management and oversight of health facilities. But in both states and in all four programmes this participatory component was the very weakest element of all. In AP the Health Advisory Committees for PHCs, and the village women's health committees have never really functioned at all. The RKS in MP has no mechanism for representing poorer patients. The gram sabhas that are supposed to be called frequently in AP and MP in order to agree the membership of Watershed Committees and VWCs, review their plans, and monitor implementation of works, usually meet only at the very beginning of this process, or not at all, while elites divide between themselves the positions of significance on the WCs and the VWCs, and of course

capture for themselves the construction contracts and place infrastructural works in areas most advantageous to their own farming activities.

The participatory, democratic elements of these programmes have not disappeared through neglect or atrophy – it is as if they have never been registered as relevant at all, or as if they are profoundly counter-cultural. In each of our four cases, any potential engagement by poorer groups in the competition over new development resources appears to be ruled out before the start of the programme. Government officers (the Programme Officers in the case of Watersheds, or the Village Development Administrators in the case of the Community Health Workers) have pre-existing contacts with local elites to whom these resources and opportunities are channelled directly. Government officers have no incentive to do otherwise. Certainly substantial competition over resources does occur, but that is mainly between elite groups. Certainly poorer groups object and protest, but that protest is muted by fear of the many ills that can befall a poor person when elite patrons are challenged.

It is striking that in none of our studies was a notable civil society reaction to be found to the elite capture of resources meant for the poor, whether in terms of poor-people's mobilisation or NGOs working on their behalf. While, for reasons outlined at the beginning of Part II, civil society mobilisation amongst poor groups in the health sector can be expected to be relatively rare or weak (because of the unpredictable timing and impact of illness, the geographical dispersal of victims of malpractice, the considerable resistance of health professionals, the technical opacity of the service itself), the same is not commonly considered the case in the agricultural sector. It can be easier for poor farmers to make gains from collective action than it is for poor sick people – poor farmers are often geographically concentrated, have some resources and a clearer set of common interests around land rights and market access, and do not have to contend with service provider professional associations that are as well-organised as doctors' associations. Nevertheless, we find no cases of organisation or protests by the poor in our watersheds studies. We do find protests and reactions from groups in 'political society' – from opposition parties or ruling party minority factions. For the most part, these protests are about being excluded from membership on committees through which contracts can be obtained. But in some cases, these protests are part of a broader and ideologically-inspired programme of opposition to the ruling party, as is the case with the CPI (M)'s actions to expose malpractice and neglect in the primary health care system in North-East AP. Though this wins the party much respect from the poor, it gains them no votes, as the CPI (M) has not cracked the caste- and tribe-based voting patterns in the area.

Spin-offs for the poor when elites collude or when service providers compete for excellence

In both sectors we saw elite capture of development resources as they come into the village or as they flow into health facilities. In both sectors and both states there is a depressingly common outcome: the marginalisation or exclusion of the poor. Where there is money to be made we have seen that elites may either collude or compete to capture these earning opportunities, and all of our studies showed that we ought not to expect that only ruling party-linked elites receive these benefits. We shall say more about this in the next section, but it is evident that development resources are dispensed by ruling parties not just with a view to rewarding supporters, but also to either appease opposition groups, punish irritants within the ruling party, or of course to lure opposing groups over to the ruling party side. As we argue

in the next section, all of this is done in the name of channelling resources to the poor, so that the ruling party *appears* to be responsive to the interests of its poorest (and most numerous) voters, yet all the while it offers its elite supporters and rural vote bankers opportunities to access state resources.

In our case studies, the only instances in which we saw poor people deriving concrete benefits from this activity was either when elites are colluding productively or when service providers responded to incentives to take personal credit for successes. Productive elite collusion across party and other divides is expressed in examples of efficient project execution and contained levels of corruption in the watersheds projects. Thus in JR Palli watershed in AP or in Amla watershed in MP, elites worked together to create 'model watersheds' parading a number of successful construction projects. Though these did not raise soil quality or improve water harvesting on the fields of the poor, they were at least a source of a significant amount of employment. This is the 'something is better than nothing' version of a 'trickle-down' or spin-off for the poor, and not very satisfactory. The AP case study authors argue that these compromises between different party-affiliated elites in the sharing of rents, though not something to be desired, may in the long run create conditions for pro-poor collective action because more opportunities for wage labour for the poor both creates opportunities for association and discussion, and brings resources that they can use in collective action.

Service providers competing for excellence was a rarer phenomenon, as there are few incentives to divert them from colluding with local elites in violating pro-poor project norms in exchange for a percentage of the money to be made from cornering a contract for a friend. The strongest example of service provider initiative in turning around a degraded service is the case study of the Patients' Welfare Committee in the Primary Health Centre in Badnagar in MP. There, a lone doctor, frustrated with his exile to a dead-end rural job with no chance of practicing the surgery for which he was trained, seized the opportunity offered by the RKS system to gain greater control over the management of his health facility. His ambition, combined with elite support from the local Jain community, produced a model health facility. In this particular case, a supportive MLA also made sure that the doctor's efforts were pro-poor by encouraging his poor constituents to use the PHC. This case could also be seen as an example of productive elite collusion, given the critical role played by the Jain business community and the supportive local politician. But the opportunity to become a much-touted 'success story' can in itself become a positive incentive for service providers, and we should not overlook the utility of awards systems and public acknowledgment in galvanising better performance from service providers. The Amla watershed example in MP also suggests the importance of external recognition – success attracts attention and further resources, and is not unhelpful in advancing the political careers of local hopefuls.

The Contract Culture

The watershed and health sector innovations studied here bring different types of resources to the local level; the watersheds programmes bring contracts for construction work, while the Community Health Worker scheme benefits are much more subtle and less tangible – shifts in knowledge and behaviour, and access (but very limited access) to a professional medical network. The RKS scheme in secondary and tertiary level hospitals does bring more tangible resources – cash that is converted into contracts for hospital improvements. The devolution of powers for construction and purchasing in both states fuels a new 'contract culture' –

political competition is about capture of contracts, a much sought-after form of elite patronage. As the authors of the AP watersheds study note, the lack of transparency and accountability in the design and award of these contracts – or the ease with which Project Officers can be made to collude with violations of project norms on these matters – makes watersheds breeding grounds for village contractors and encourages the conversion of politicians in to contractors and vice versa. The money to be made in this way is irresistible to government officials as well -- even they are working as part time contractors

In the health sector this was not an issue in the Community Health Worker study in AP, as the CHW, with her small medicine box, and tiny and rarely-paid honorarium, did not represent a significant injection of resources to the village level. As a result the male power networks ceded control over the CHW, her drugs, her training opportunities and connections to the women of the village. The micro-politics around the selection of the CHW, the people she favours with her services etc, is still intense and competitive, but happened somewhat outside of party politics.

On the other hand, elite competition over contracts was alive and well in the RKS system. This system has surprised observers with its capacity to raise resources even from poor patients, and unsurprisingly, has become less and less transparent in the actual use of these funds as they have grown.

In this system, the jobs of front-line providers themselves become a form of 'contract' over which there is competition. In other words, front-line providers have to pay political operators for their jobs and postings in areas where they can expect to earn more than their salaries from corruption. They do not perform the accountability function that they are mandated to do – they do not check that pro-poor project norms are respected, they do not forbid or check the self-seeking interference of local politicians – because they often are beholden to those same politicians for their favourable job posting in the first place.

Front-Line Staff Responsiveness to Pro-Poor Reforms

There is a huge difference between the two development interventions that we studied in the technological difficulties of delivering the service itself and managing it at local levels. Villagers can undertake watersheds constructions with some money and a little technical help. Health programmes are very complex and not only involve much more complicated administration and information collection and management, but must give a central role to highly trained professional medical personnel. Because of the cost of this training these professionals tend to be urban-born and based and relatively socially elite, and therefore very socially distant from their clients. Front-line staff on watersheds programmes may also be relatively elite, but not so different from their primary interlocutors, the village elites.

These differences produce different interactions between front-line staff and their clients. Medical professionals are notorious for their callous and insensitive treatment of poor clients. Project Officers in watershed programmes may be just as indifferent to the very poor, but may not have to interact as intimately with them because their engagement is mediated by village elites. Medical professionals can retreat from pressure (whether it comes from poor clients or from policy-makers) to be more responsive to their clients by invoking professional norms – in other words, they take refuge in the opacity and technological difficulty of their training to

argue that they are not the right people to be providing more locally appropriate preventive health care measures. And associations of medical professionals can resist reforms that would make poor people and local development administrators take greater charge in making decisions about the quality and types of services that should be delivered locally. A striking difference between the two sectors studied here is the power of doctors' associations in the two states and their great success in resisting reforms that might bring greater scrutiny over their work. This is a profound obstacle to pro-poor reform. These medical associations are resistant to the introduction of incentive systems that would reward an investment in responding to local people's needs, and instead, reward achievements that are easily measurable but not necessarily pro-poor (for instance sterilisation operations). In AP, the fact that a great many doctors are form the Kamma caste, as are many of the big operators in the TDP, makes their position all the more unassailable.

III.b The Role of State Level Factors

Differing Dynamics of Party Competition

Across all four studies, dominant political parties have played a key role in shaping the nature of policy reforms, dictating the supposed and actual recipients, and monitoring implementation to the benefit of the ruling party. This is not to suggest that policy reforms are a cynical calculation of what would reward most voters who supported the ruling party – in both states the policy innovations behind recent developments in the watershed and health sector were produced by well-meaning bureaucrats and politicians, and the Chief Ministers of both states have voiced a strong commitment to reducing levels of poverty. Nor is there a simplistic story to tell here of the ruling party dispensing benefits for its supporters only – we have seen that all manner of political actor can take part in the competition to siphon off public resources, and sometimes a CM's enemies (the opposition) are closer to him than his friends (faction leaders in his own party). However, in the design, and certainly in the execution of development policy, major ruling party players make on-going calculations about the relative advantage their camp will gain from ensuring that resources reach particular constituencies.

These calculations vary in MP and AP according to the rather different structure and power base of the ruling parties. In MP, an old-style Congress Party is very reliant upon the control that large landholders – the feudal Rajputs and Thakurs – exert over rural votes. Yet the party spouts a rhetoric of poverty reduction and caste equality, and must be seen to be working in the interests of the state's enormous population of Scheduled Castes and Scheduled Tribes – the source of most of its votes. Its watersheds and other poverty-reduction projects are therefore ostensibly targeted at the SC/STs, but in practice, resources are channelled through the rural gate-keepers to resources, the large landholders. The Congress in MP is riddled with factions, many much less damaging to the CM than they were five years ago, but his most challenging internal opponent, Subash Yadav, is backed by the very middle-level farmers that the CM's pro-poor agricultural policies might (were they to operate in accordance with their official guidelines) challenge. The desire not to alienate further this constituency creates all the more incentive not to obstruct patterns of elite capture by large landholding interests when they inevitably occur.

The Congress is of course a national party, and this creates another level of actors to whom the CM must pander, because they, not the state-based party, determine his reappointment as

state party leader. (Although this is not as much the case as it was during Mrs. Gandhi's time or even in Narasimha Rao's time. Sonia Gandhi would take a big risk were she to withdraw support for Digvijay Singh, as he might form a regional party and siphon votes away from the Congress Party. Alternatively his ouster might make factionalism even worse in MP, hampering the electoral prospects of the Congress. Sonia Gandhi also relies on the money generated by Singh's government, and though Yadav might serve the same purpose, he might not be as good at it. He is most likely to secure his own position by ensuring that resources flow to the national Congress campaign war chest. This is done, in part, by leaving the existing line ministries to carry on with established corrupt practices in service delivery, and by experimenting with more progressive approaches outside of these ministries through the creation of parallel implementation institutions through the 'Mission' approach. Parallel institutions therefore allow Congress business to continue as usual while enabling the CM to experiment with new ideas but also to punish recalcitrant faction-members, reward collusion or compliance by opposition party members, or attract new supporters.

Anu Joshi's study of pro-poor policymaking in MP argues that: 'his [Digvijay Singh's] political strategies have also limited the impact of policy changes. … Dissenters, who were silent during policy formulation, have surfaced to distort policy implementation. The Chief Minister has not paid adequate attention to building broad-based, pro-poor coalitions that would enable him to deliver on his pro-poor policy initiatives.' We would agree that policies have been subverted during implementation. But this is not primarily because the processes of formulating them were not consultative enough. There is little reason to believe that, in the cases of watershed development or health facility management, that inclusion of a broader array of stakeholders in the making of policy would have resulted in patterns of implementation more advantageous to the poor. We have seen that quite a broad range of actors are able to benefit from capturing resources in both kinds of development intervention – the ones who are excluded are the poor, who are simply not in a position to alter incentives of more powerful actors to pilfer resources.

In AP a newer regional and, under Naidu, modernised Telugu Desam Party functions in a somewhat different way. It does of course rely upon caste equations to triumph at the polls – notably by appealing to non-Reddy voters (Reddys being associated with the Congress). But it has developed skills in appealing to new types of voters, drawing them away from the opposition. One of its greatest successes was in attracting the vote of women, after supporting the state-wide women's anti-alcohol agitation in the mid-1990s. Another populist ploy was its promise to slash the price of rice drawn from the Public Distribution System. Both ploys won large numbers of votes, which remain with the party even after it withdrew prohibition and the low PDS prices. In the absence of an organised sub-structure of feudal vote bankers, it has been forced to develop a strong branch structure at lower levels to bring out the vote. To do this it has developed an impressively disciplined party cadre, and a clear organisational structure, though it is hardly transparent on matters of promotion, candidate selection, or policy development. This party cadre has proven invaluable in translating pro-poor policy innovations into electoral advantage for the party. It is active at the local level and able to create privileged access to the local development administration in order to channel resources to supporters. In AP, the parallel institutions that are created for the implementation of watersheds programmes serve to strengthen the grassroots base of the TDP, because the party has more control over them than they do over Panchyati Raj institutions. This is in contrast to MP, where the Congress has not invested as heavily in its grassroots organisation.

Levels of Government – Decentralising with one hand, Recentralising with the other

The devolution of local administration and planning to elected bodies from the District downwards is constitutionally mandatory in all states, and they have responded to Panchayati Raj in different ways. Digvijay Singh in MP is seen as the national champion of radical decentralisation, the state trailing only Kerala in the breadth of its measures to bring accountability to the local level, and in the confidence it appears to have in the governance capabilities of ordinary citizens. This is particularly displayed in the 'Gram Swaraj' amendments to the PRI Act in 2000 which delegate wide-ranging powers over service delivery to villagers. Chandrababu Naidu on the other hand has resisted decentralisation, implementing PRI late, and deliberately keeping resources and powers away from local politicians, focussing instead not just on a wide array of parallel development institutions, but also on his populist 'Janmabhoomi' road-shows in which multi-purpose development camps are held in rural areas to dispense resources directly to the poor.

Not much close examination is required to see that decentralisation in MP is part of the Congress's efforts to appeal to lower caste voters and to international donor agencies while withholding substantial powers and resources for higher levels of government, most notably District-level government. Simultaneously with Gram Swaraj, District administration in the state was strengthened through the creation of 'Zilla Sarkar' – District Government, which gave more authority to the already existing District Planning Committees. Chaired by the District Collector, this committee supersedes the elected District Council in authority. An important member of the DPC is the holder of a new political post: the Minister-in-charge of the district – appointed by the CM from his Cabinet. Both the Collector and the minister-in-charge have been given powers over aspects of service delivery that cut into the old powers of line ministry officials – providing the CM with a new means of influencing service delivery in the Districts. As noted in the MP watersheds study: 'Through the institution of Zilla Sarkar the state's political executive is able to maintain intensive contact with the village notables and their party cadres/supporters. The minister is able to intervene directly to advance the interests, often very local interests, of their party supporters – though, as we have seen, the minister-in-charge does not always get his way, nor do local members of his party, especially when they belong to a different faction of the Congress.'

The extraordinary engagement of many of these ministers-in-charge – each of whom control over 600 villages – in the minutiae of project implementation probably detracts from their role as state-level policy-makers, but shows how the CM has managed a claw-back of power in the process of decentralisation. To quote the MP watersheds study again, the Zilla Sarkar acts as an ear of the sovereign, 'periodically visiting the locality, listening to people's accumulated grievances – a mode known to have been frequently used in the medieval period when the sovereign or his close aides held *darbars* outside the capital; a mode that can be called useful and welfarist but hardly in the spirit of modern democracy'. The minister-in-charge overrides local assemblies, enables the establishment of personalised control, and makes sure that political competition continues to be a matter of making deals for economic advantage – and this means there is space for the engagement of the opposition too, provided it has the resources.

In both states the key role given to the District Collector is notable. The Collector has acquired powers over line ministries at the District level, and has become a much more important nodal point both for reform efforts and the corrupt networks that undermine them. Progressive Collectors able to resist political pressure are rare, and those who can do have success stories to show, though are inevitably transferred to lesser postings soon enough. The Collector has an impossible task – both fighting patterns of privilege and resource diversion in line ministries, and pressure from politicians to subvert accountability mechanisms. It is a sign of the inability of the CMs in both states to tackle corruption and vested interests in the line ministries that policy reforms rely so greatly upon the Collector's integrity and capacities. The role given to the Collector is also a reflection of the strength of the IAS lobby in both states, and of the good relationships between high-level bureaucrats and the CM in MP in particular.

Parallel Institutions

All four of our studies examined parallel institutions – development interventions that occurred through new, special arenas outside of the traditional line ministry or service delivery department. The phenomenon of seeking to by-pass vested interests in service delivery sectors is not new, and has well-known negative implications for long-term sustainability as well as for reform of the traditional service delivery areas. All four of these interventions were supposed to include substantial engagement from local assemblies, and representatives from gram panchayats (or the relevant PRI institution), and none did, save for cases where an already elite and powerful sarpanch asserted his authority over a watershed committee. Both of the watersheds studies suggested that this represents elite irritation with the new PRI institutions in which seats reserved for subaltern groups make elite dominance more difficult, or at least more heavy-handed. Parallel institutions lacking reserved seats for subaltern groups offer elites opportunities to capture authority and prestige in new arenas. This is most blatant in the MP RKS system, where membership of these committees is purchased by large donations – ruling poorer people out completely.

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