

# 139

# BENEFICIARIES OF PUBLIC SERVICES

A S Seetharamu

INSTITUTE FOR SOCIAL AND ECONOMIC CHANGE 2004

#### **Beneficiaries of Public Services**

#### A S Seetharamu\*

#### **Abstract**

This paper is an analytical and critical reflection on beneficiary involvement in public services in a society-state-individual framework. It is set in the context of a holistic review of development performance in Karnataka State. Beneficiary involvement satisfies the demands of democratic ethics as well as economic logic as it transcends the 'Motives' vs 'Consequences' debate in ethics. A pro-active role is envisaged for the State to elevate ethical standards of public action by involvement of civil society institutions in development efforts.

#### Introduction

The Indian State and society have entered the 21st century with a host of failed promises, persisting problems, half-met challenges, continuing and freshly acquired tensions, unending inflation, depressive under-and unemployment, unresolved anxieties and conflicts but with renewed hopes, aspirations and never-say-die expectations. The promises to universalise primary education and ensure full literacy, the problems of poverty, inequality and regional disparities, unmet targets in regard to Health for All, Housing for All, Food for All, Water for All, Clean Environment for All, Education for All, Sanitation for All, and All for All have remained as daydreams for the common people. Still, India's teeming millions will not give up their hopes and expectations. In the present context of India's life, hopes are derived from the New Economic Policy of 1991 and the Structural Adjustments being initiated and pursued therein; the achievements since independence, though limited; the prospects of prosperity through the IT and BT revolution; the relaxed access to money in society in recent times; the proliferation of electronic, automobile and other consumer goods which can be accessed on convenient terms; efforts for development at the doorsteps through mandatory decentralised governance arrangements/Panchayathi Raj system; STD telephone and satellite TV connections even in remote rural areas apart from mobile telephones; computerisation of governmental departmental functions, records and services; and finally the comforts and luxuries thrown up by state-of-the-art technologies. It is in this depressing, yet optimistic scenario that we discuss public services and the users of such services.

E-mail: sitaram47@yahoo.com

The author is indebted to two anonymous referees to whom the Institute had referred the article for review.

Professor of Education, Institute for Social and Economic Change, Nagarabhavi, Bangalore – 72.

What is a Public Service? In order to understand the meaning of 'public services', we should first know who are the public. Public means people, all the people. In the context of a democracy like that in India, 'public' means the institutions created by the people, for the people and of the people. In short, it is the State in India.

The executive wing of the State is referred to as 'Government' in common parlance. Government provides public services. Alternatively, services provided by the Government are called public services. Public services include school education, primary health care, hospital services, hostel facilities for students, housing, water supply, sewerage clearance, garbage clearance and sanitation, police/crime prevention and control, transport through city, moffusil, intra-State and inter-State bus services, peak-hour transport services for government offices, colleges and other public sector organisations.

Why are they called Public Services? In the language of economics, all that we see and experience are classified into goods and services. Goods are visible while services are experienced. For our purposes, let us not distinguish between these goods and services. Let us consider all goods and services provided by the government as public services. Why are they called public? It is because they are paid for by a government which represents the will of the public and is created through an electoral process. Further, the expenditures for these services are met from funds collected from the public through tax and non-tax revenue measures.

Who are the Beneficiaries of Public Services? Citizens who benefit from services provided by the government including children, physically challenged persons and mentally invalid persons are the beneficiaries of public services, if they enjoy such services. There are some services that are provided exclusively by government, quasi-government and semigovernment organisations. Supply of electricity in Karnataka is one illustration in this regard. All citizens are beneficiaries herein. There are certain services that are provided by both government and private organisations. School education is one such service. Not all citizens/parents send their children to government schools. In Karnataka, 84 per cent of primary schools and 35 per cent of secondary schools are run by the State government and the Corporation/Municipal bodies. Children who attend government schools/their parents should be considered as beneficiaries of public services. Likewise people who travel in KSRTC/City transport like BTS, homes which depend upon government water supply schemes for drinking water/irrigation, families and institutions like nursing

homes, hostels, shops and establishments which depend on garbage clearance by the Corporation/Municipalities, the poor, that is those who live below the poverty line and depend upon PDS rice/wheat or get houses under Janatha Housing/Indira Gandhi Aaawas Yojana, free sites, rural housing schemes etc, are all beneficiaries of public services. It should be clear that the 'set' of beneficiaries changes from one public service to the other even though a large chunk of population comprises the poor and lower middle-class sections of society who depend upon the variety of public services. How are they being served? What is their satisfaction level as reflected in efficiency and effectiveness indicators? What is the quality of delivery of services? How can they be improved? Is it necessary and useful to organise public services with the involvement of the relevant public, that is the beneficiaries? If involvement of the beneficiaries is considered to be beneficial for development projects or provision of public services and the society as a whole, how can such involvement be promoted? These and similar questions may merit consideration in an examination of public services. However, only a few of these questions are addressed in the present analysis.

#### **Health Care in Karnataka State**

There are three areas of health care: preventive, promotive and curative. The National programmes for smallpox eradication, malaria eradication, polio prevention, aids control are illustrations of preventive health care. Nutrition programmes for children in the age groups of 0 to 3, pregnant women, nursing mothers under Integrated Child Development Services, mid-day meals programme for school children are illustrations of promotive health care. Treatment of patients in primary health units/centres and hospitals are cases of curative health care. Health care programmes of the government should result in improved health of the citizens. Let us examine the efforts and the performance in regard to health care in the State.

# **Health Care System**

Hospitals, community health centres, primary health centres, primary health units, primary health sub-centres and family welfare centres constitute the service delivery institutions for health care in the State.

The number of medical /health care institutions in the State increased from 1,248 in 1960–61 to 2,685 in 2002. However, the increase in institutional care has been observed to be grossly inadequate as there has been phenomenal growth of population over the years. For example,

the policy of the government is to establish one primary health centre for a population of 30,000 in plain areas and for 20,000 in hilly/tribal areas. This norm has not been honoured as at present (1997) there is one PHC per 21548 persons in the State. The service is below the norm in hilly areas like Dakshina Kannada and Chickmagalur districts. But in regard to sub-centres the coverage is one centre for 4,237 persons, which is far lower than the policy norm of 5,000 persons per centre. Apart from institutional health care, there are also facilities of service for safe-delivery methods through midwifes/nurses who are provided with service kits. Medicines are supplied to patients. There is a Yellow Card Programme which entitles SC/ST to free health care facilities. As per the 1993 Karnataka Panchayathi Raj Act, the Zilla and Taluk Panchayaths support, monitor and supervise health and family welfare programmes, immunisation and vaccination programmes, health and sanitation facilities at village fairs and festivals, general upkeep of hygiene in village restaurants, health camps and campaigns.

The expenditure on health and family welfare as a proportion of State Domestic Product has calibrated between 1.14 per cent in 1991–92 to 1.37 per cent in 1994-95. Total expenditure on 'Medical and Public Health, Family Welfare, Water Supply and Sanitation' in Karnataka in 1999–2000 on Revenue/Capital/Loan accounts together was Rs.1,458.71 crores out of a total of Rs.11,517.53 crores, i.e., 12.66 per cent of the total budget expenditure. The total State Domestic Product in 1999–2000 was Rs.96,179 crores. Hence, expenditures referred to herein, which include health as a component, work out to 1.51 per cent of the SDP. Of the total health expenditures 38 per cent goes to Primary Health Care, 33 per cent goes to hospitals and 17 per cent goes to family welfare.

#### **Utilisation of Health Care Facilities**

Health facilities in the State are both inadequate and underutilised. The access is also not of satisfactory quality. There is heavy dependence of the public on the private sector. The National Family Health Survey, 1998–99, for Karnataka State, which covered 4,273 households in the State, reported that two-thirds of the households normally use the private medical sector services when a household member gets sick. There is also a scheme in the health and family welfare department wherein a health or family planning worker is expected to visit houses and monitor various aspects of health of women and children, motivate them to adopt family planning and deliver selected services. Only 17 per cent of the women in the State had received such a health

worker in the last 12 months from the date of survey. The NFHS survey has observed that '.... inadequate attention to the quality of care has contributed to the inability of the government family welfare programme to meet its goals.1' For instance, of the total hospital bed facility in the State, only 52 per cent are in the State sector. Further, there is a ruralurban divide in this facility apart from inter-district disparities. The Hyderabad-Karnataka districts are poorly served. Compared with rural health facilities the facilities in urban areas vis-à-vis the population served is poor. Moreover, as the referral services from CHCs, PHUs and PHCs is poor, people on their own crowd-in to urban hospitals in towns and cities even though the sickness could have been cured at lower levels and district hospitals. The couple protection rate through family planning methods is 57 per cent in 1995-96. The NFHS survey for Karnataka showed that only 60 per cent of children between one and two years of age were fully vaccinated for all the six vaccine-preventable diseases, while 15 per cent had not received a single vaccination. 54 per cent of children under 4 years of age were underweight. 23 per cent of children were severely malnourished. Even now, nearly 49 per cent of deliveries in rural areas in the State take place at homes, and even here 25 per cent are without any trained nurse or dayee. Rural hospitals do not have continuous supply of clean water; uninterrupted power supply is not available, which affects the life of certain drugs that need refrigeration facility. Many drugs are discarded after the expiry date as they had not been issued. Doctors are not always readily available. Equipment is obsolete. There is also the reported incidence of corruption in public health care services. Money is extracted from patients/wards for a variety of services. Money is extracted even for showing a newborn baby and the expectation may be higher if the baby is a boy<sup>2</sup>. In essence, monitoring of health care is quite poor. People are managing because traditional health systems such as ayurveda, unani, siddha and homeopathy are popular in rural areas. When persons become critically sick, they are taken to district/city hospitals, bypassing CHCs and PHCs.

From a historical perspective, significant and considerable improvements and developments have taken place since independence in the health sector (see table 1). But, from a normative perspective, the improvements are not adequate and the speed of change could be faster (see Tables 2 & 3). This expectation needs higher level of investments on health, better monitoring and supervision, and balanced attention to all the health needs.

Table 1: Grow78Table 3: Indicators of Health Care in the State

Infant Mortality Rate	1997 53 per 1000
Under 5 - Mortality Rate	- 87 per 1000
Life Expectancy at Birth	62.5 yrs. 60.6M 63.9 F
Crude Birth Rate	22.7 per cent
Crude Death Rate	7.6 per cent
Maternal Mortality Rate	450 per 1,00,000 live births (1992)
Children underweight	4 years and below 54 per cent
Incidence of Leprosy	0.36 per 1,00,000; 1996-97
HIV positive cases/AIDS	3,265 Numbers
One-year-olds fully immunise	d 52 per cent
Source: Economic Survey, GOI	K, 20 <mark>02–2003</mark>

# **Education and Training in Karnataka State**

The Department of Education, Government of Karnataka brought out a document entitled 'EDUVISION' in February 2002 outlining the goals and strategies of edudation. The basid goal of education in this document is stated as follows: 'to ensure that children of Karnataka between six and fourteen years of age complete at least eight years of quality, relevant, free and compulsory elementary education by 2007'. It is noted that such a larget has been set by the Government of India under its flagship programme of Sarva Shiksha Abhiyan only by 2010. Hence, universalisation of elementary education (UEE) is at the top of the agenda of the State. UEE means that there is 'access' to schooling for all children through widespread and easy-to-reach school facilities up to eighth standard; all children including girls, SC/ST, minorities, and bther disadvantaged children are enrolled in schools; those who get enrolled stay in school till they complete eight years of schooling and finally that all children learn in school. They should attain basic minimum competencies prescribed for each standard and for the entire schooling stage.

There are other areas of education where government is playing an important role. They are pre-school education, literacy programmes, secondary education, vocational education, technical training, polytechnic education, teacher training and collegiate education. Let us look at all these programmes from a beneficiary perspective.

Table 4: Educational Facilities in the State (1998–99)

	Institutions	<b>Total No.</b> 22,342	<b>Govt.</b> 92.5	Aided 1.2	Unaided 6.4	Total 100
Lower Primary Schools	Students	45.89	78.5	8.3	13.2	100
·	Teachers	1,26,823	78.6	5.9	15.5	100
	Institutions	26,374	79.0	8.2	12.8	100
Higher Primary Schools	Students	35.00	71.8	13.5	14.7	100
	Teachers	1,01,670	72.2	11.5	16.3	100
	Institutions	8,255	31.5	32.7	35.8	100
High Schools	Students	17.00	32.3	46.3	21.4	100
	Teachers	70,220	35.2	37.4	27.4	100
	Institutions	2,083	37.2	29.1	33.7	100
PU Colleges (1999-2000)	Students	5.10	-	-	-	-
	Teachers	15,729	35.1	39.0	25.9	100
	Institutions	935	16.2	32.0	51.8	100

Table 3: Indicators of Health Care in the State

Infant Mortality Rate	1997 53 per 1000		
Under 5 - Mortality Rate	- 87 per 1000		
Life Expectancy at Birth	62.5 yrs. 60.6M 63.9 F		
Crude Birth Rate	22.7 per cent		
Crude Death Rate	7.6 per cent		
Maternal Mortality Rate	450 per 1,00,000 live births (1992)		
Children underweight	4 years and below 54 per cent		
Incidence of Leprosy	0.36 per 1,00,000; 1996–97		
HIV positive cases/AIDS	3,265 Numbers		
One-year-olds fully immunised	52 per cent		

Source: Economic Survey, GOK, 2002-2003.

# **Education and Training in Karnataka State**

The Department of Education, Government of Karnataka, brought out a document entitled 'EDUVISION' in February 2002 outlining the goals and strategies of education. The basic goal of education in this document is stated as follows: 'to ensure that children of Karnataka between six and fourteen years of age complete at least eight years of quality, relevant, free and compulsory elementary education by 2007'.3 It is noted that such a target has been set by the Government of India under its flagship programme of Sarva Shiksha Abhiyan only by 2010. Hence, universalisation of elementary education (UEE) is at the top of the agenda of the State. UEE means that there is 'access' to schooling for all children through widespread and easy-to-reach school facilities up to eighth standard; all children including girls, SC/ST, minorities, and other disadvantaged children are enrolled in schools; those who get enrolled stay in school till they complete eight years of schooling and finally that all children learn in school. They should attain basic minimum competencies prescribed for each standard and for the entire schooling stage.

There are other areas of education where government is playing an important role. They are pre-school education, literacy programmes, secondary education, vocational education, technical training, polytechnic education, teacher training and collegiate education. Let us look at all these programmes from a beneficiary perspective.

Table 4: Educational Facilities in the State (1998-99)

		<del></del>				
		Total No.	Govt.	Aided	Unaided	Total
	Institutions	22,342	92.5	1.2	6.4	100
Lower Primary Schools	Students	45.89	78.5	8.3	13.2	100
	Teachers	1,26,823	78.6	5.9	15.5	100
	Institutions	26,374	79.0	8.2	12.8	100
Higher Primary Schools	Students	35.00	71.8	13.5	14.7	100
	Teachers	1,01,670	72.2	11.5	16.3	100
	Institutions	8,255	31.5	32.7	35.8	100
High Schools	Students	17.00	32.3	46.3	21.4	100
	Teachers	70,220	35.2	37.4	27.4	100
PU Colleges (1999–2000)	Institutions	2,083	37.2	29.1	33.7	100
	Students	5.10	-	-	-	-
	Teachers	15,729	35.1	39.0	25.9	100
	Institutions	935	16.2	32.0	51.8	100
General Degree Colleges	Students	4.18	16.2	68.5	15.3	100
	Teachers	20,089	12.4	39.1	48.5	100

Note: Institutions' and Teachers' figures are actual numbers; Students' figures are in lakhs.

Distribution of institutions and students across managements are in percentages. [adapted from EDUVISION, GOK, 2002].

It may be noted that government is the single largest provider of school education in the State and specifically at the elementary levels of education. 92.5 per cent of lower primary schools and 79.0 per cent of higher primary schools in the State are run by the Government. Nearly three-fourths of the population in the age group of 6 to 13 years are beneficiaries of public services in school education. These figures do not include the schools run with government aid $^4$ .

Private participation in education is only at secondary education level, and in higher education, especially professional higher education Money matters. There is no money to gain in organising primary education for the poor in India. The poor do not have the ability to pay. That is why the popularity of private self-financing primary schools is quite low. The poor get filtered out on the way up the educational ladder. Education at higher levels gets increasingly privatised and also commercialised. The well-to-do send their children to self-paying private schools, CBSE/ISCSE schools and private colleges. It may be counterproductive to rely on the private sector to address concerns of equity and justice in the provision of public services including elementary education.

Government is the chief provider of elementary education. The demand for spaces in government schools, with exceptions in certain regions of the State, is mostly from the not-so-well-to-do and poorer strata of society. Further, in urban areas, it is the municipality/corporation that has opened schools to serve the slum population, the urban poor.

Participation of children in government schools is not full and complete. There is inadequate demand for schooling and education in India. Laws, regulations and controls over the years have not helped. Recently, in October 2002, elementary education has even been declared as a fundamental right. Still, the public have not realised the need and significance of primary education for a meaningful and efficient life. They confuse it with the concept of education for its instrumental potential as a source of livelihood. The concomitant hypothesis, mind-set of the public, is that those who earn their own livelihood do not need education. Hence, there is the phenomenon of out-of-school children, especially among girls and the disadvantaged sections, which runs to 8 to 10 lakhs, 8 per cent of the 6 to 14 years age-group population. Those who are enrolled, leave school midway. The drop-out rate at lower levels is nearly 10 per cent and at higher primary level is more than 30 per cent. The government has provided several incentives to the public to create demand for education. They are: free textbooks to all children in I to VII standards and further to girls in VIII to X standards; free uniforms to all children in classes I to IV and further to SC/ST children in V to VII standards in government schools; school bags to SC/ST girls in classes V to VII; nutritional support in the form of hot cooked meals to children in 7 North-Eastern Backward Districts, which has been extended to other districts in 2003-04; free education to girls studying in I to XII standards in government schools and colleges.

# **Literacy in the State**

One out of every three persons was non-literate in the State even as of 2001 A.D. Efforts in the State for promotion of literacy have been half-hearted and drab with occasional spurts of enthusiasm. The Karnataka State Adult Education Council was set up in 1940, just one year after the creation of an All India Council associated with the initiatives of Mahatma Gandhi. Still, the investment of resources, time and efforts by the State has been quite poor over the years. Progress in literacy in terms of percentages has been slow while this progress has also been swallowed by the burgeoning population wherein the majority of increasing numbers join the illiterate slab.

Table 5: Literacy Rates, Karnataka, 1961-2001

	1961	1971	1981	1991	1996	2001
Male	42.29	48.51	58.73	67.26	73.75	76.29
Female	16.70	24.56	33.17	44.34	52.65	57.45
Total	29.80	36.83	46.21	56.04	63.42	67.04

[Source: EDUVISION, GOK, 2002; for 2001 update, Economic Survey, 2002–2003, GOK]

It is only for a few years when the Total Literacy Mission Campaign was in full force that efforts were at a high pitch. As of now, there is a continuing education programme in 18 districts of the State. A State Literacy Mission Authority has also been established. The poor and deprived sections of society are the targeted beneficiaries of literacy programmes. A significant achievement of literacy campaigns during the last decade is that there has been an increasing awareness of the need for schooling for their children even among the illiterates.

Mission approach and reliance on voluntarism for promotion of literacy has its own limits. Volunteer instructors are not paid remuneration. There is no compensation for their efforts even while garbage clearance is paid for. Literacy campaigns succeeded in only certain pockets of the State, that too for a brief spell. Further, Karnataka does not have faith in non-formal education which is targeted at the poorest of the poor. With all these types of fanciful administrative thinking, full literacy and universalisation of primary education will experience a longer gestation period in the State.

#### **Pre-School Education**

There are two types of pre-school education in the State: those run by the government education department whose number is around 5,000; those run by the Department of women & children's welfare under the Integrated Child Development Services Project, which are called Aanganwadis and whose number is over 45,000. Aanganwadis are located in the 29,000 - odd villages and city slums of the State. There is 80 per cent coverage of the target population in the age group of 4-6 years, representing the poorest society. Health, nutrition and education are integrated into a single package for children. The ICDS also organises health camps for the public. Girls are intended to be set free from sibling care and empowered to attend school because of the Aanganwadi facility.

A major shortcoming of the programme is the weak standards of recruitment of Aanganwadi workers and poor payment to them. This programme has been received well by the public.

# **Training in the State**

A variety of training opportunities and facilities are available in the State. The opportunities created and organised by the government are quite limited at higher levels as compared with private sector participation. Computer training, typewriting and shorthand training, apprenticeship training for industry are mostly in the private sector. In addition, creation of skills is organised at three levels by the government: (a) programmes for training of artisans, rural youth for self-employment, entrepreneurship among women — Stree Shakthi groups, on-the-field training for farmers, are meant for those who are educated below the X standard. Jawahar Grama Samvruddhi Yojane, Swarna Jayanthi Grama Swarozgar Yojana [fusion of IRDP/DWACRA/TRYSEM, etc;], Mahila Udyama Scheme, Vishwa Programme are illustrations of specific programmes herein. (b) There is a programme of vocational education for +2 stage students in the State. There are 642 institutions offering vocational education to 45,687 students in the State. There are a few degree colleges offering vocational education (c) There are 186 polytechnics and 6 Junior Technical Schools apart from Industrial Training Institutes. There are 564 Industrial Training Institutes in the State, which offer certificate courses in a wide range of Industrial Trades such as Fitter, Turner, Sheet Metalist, Machinist etc., with an enrolment of nearly 25,000 students. Of these institutions, 104 are run by the government. Besides, government gives aid in the form of 70 per cent salary grants to 124 private management institutions. As such, 336 IITs are purely private institutions. 14 out of 104 government-run IITs are exclusively for women. In addition, training programmes are organised by the Small Scale Industries/Services Training Institute.

# **Quality of Benefits — Education and Training**

Optimum utilisation of benefits is not being realised from the supply of education in the State. Surveys of attainment of children in primary schools in the years 1994–1995,1997–98 and 2000 AD in 15 major States of India, including Karnataka, showed the performance of children in the State in poor light. There is a yawning gap between the adequacy and quality of school facilities in rural and urban areas. Differentials are also conspicuous between government and private schools. Benefit to boys and caste Hindus is higher than that to girls,

Scheduled Castes and Scheduled Tribes. Again, at the X Standard examination, which is the first State-wide public examination, it is observed that every year 45 to 50 per cent of the students fail. There is a performance differential in the SSLC examination across private self-financing, private aided, government urban, government rural and corporation schools, reflecting the inequalities and social stratification among the public. Even at the lowest level of schooling, as children do not learn after attending school for nearly 400 days, parents become disillusioned with schooling and withdraw them. The main problem of education from the beneficiary perspective is to strike quality and also equity in quality.

Reviews of benefits from training programmes are limited. It is noted that only the poorer strata of society in rural areas and lower middle class persons in urban areas benefit from training programmes. In this context, it needs to be observed that there is a mismatch between supply and demand for skills in the State, as can be inferred from periodical notification of shortage of skilled personnel by the Director of Employment and Training. It is also surmised that the Information Technology Revolution in the country is throwing up a large volume of service sector jobs for which trained personnel are needed at State, District, Taluk and Village levels. Karnataka, being a leader in the IT industry, can take advantage of this emergent situation. Government initiatives for training for service sector jobs in software, automobiles and telecommunications are the need of the hour.

Of late, there have been attempts to involve the public in improving the quality and outreach of schooling as a public service. Village Education Committees had been constituted for the purpose. During, 2002-03, the VECs were replaced by School Development and Monitoring Committees as per a recommendation of the Chief Ministers' Task Force on Education. The SDMC will be a relatively more focussed institution as it is constituted of all the parents of school-going children, the real stakeholders. Community contribution to schools even in remote villages has gone up because of the SDMC experiment.

# **Private-Public Mix in Delivery of Services**

The private – public mix in organisation and delivery of public services is most prominent and transparent in the health and education sectors. However, private participation is insulated and oriented towards the rich and well-to-do. There is hardly any participation by the private sector in delivery of primary health care services. Private enterprise is

extensive in regard to service through nursing homes in cities/towns which are beyond the reach of the poor. Some of the non-governmental organisations support the government in organising health camps in rural areas, in health-awareness jathas and campaigns. The Rotary Club, the Lions Club, the Jaycees, missionary organisations are involved in these partnerships. When it comes to education, private enterprise extends only for professional higher education and diploma courses beyond schooling. More than 85 per cent of primary schools are run by the government. Commercially profitable medical/engineering/dental/ pharmacy/ management colleges are run mostly by the private sector. Highly expensive certificate/diploma courses are run by Davars, NIIT and similar institutions. These facts of public life ring the bell of imperative duties of the State towards public services for the poor. There is also an accompanying irritating fact that while the provision of health/education services by the private sector is urban-centred, there are marked differentials in the quality of health/education services provided by the Government between urban and rural areas. This position is largely true in the case of elementary and secondary schools. Further, if university/ higher education which has government financing, is also considered as a public service, then, the advantages of this service are derived mostly by people in towns/cities and by middle and upper strata of society. In a society of 33 per cent illiterate persons, university/higher education can hardly be referred to as a public service in so far as its outreach is considered.

# Housing, Sanitation, Water Supply, Street Lighting and Transport

The Housing and Urban Development Department of the GOK oversees the programmes of housing, sanitation, water supply and street lighting. While statutory corporations oversee housing and land use in the State, municipal administrative bodies and other LSG institutions look after sanitation, water supply and other services<sup>5</sup>.

In terms of size of investments of the government, housing, sanitation and water supply are low - priority areas of the government (as compared with education, health, police, etc). Public transport is managed by a corporation, a quasi-government organisation. Even the government's direct expenditures and subsidies are relatively quite low. Distribution of house sites to the poor in rural and urban areas, subsidy for house construction and roof renovation are promoted by the government. There is an Ashraya scheme which includes distribution of

free sites along with subsidy for house construction. The annual income of the beneficiaries should not cross Rs.11,800. 10.73 lakh sites had been distributed between 1990–91 and 2002–03 (a crude average of 8,250 sites per year) and 5.66 lakh houses were constructed between 1992–93 and 2001–02 (a crude average of 5,660 houses per year).

There was a scheme called Indira Awas Yojana which was revamped as Integrated Rural Housing in 1996 wherein SCs, STs and freed bonded labourers below the poverty line are also given subsidised housing. Even upgradation of Kutcha houses is covered.

Schemes for urban housing are addressed by the Karnataka Housing Board (KHB) and by City Development Authorities like the BDA, MUDA etc;. Economically Weaker Sections in slums are also given subsidised housing. In addition, there are schemes such as Grameen Awas Yojana under Pradhan Mantri Gramodaya Yojana (PMGY). Many of the housing schemes for the economically weaker sections and special occupational categories in rural and urban areas are brought under Rajiv Gandhi Rural Housing Corporation established in 2000 AD.

# **Water Supply**

As of 1991, nearly 72 per cent of the households in the State had access to potable water. The figures for urban and rural areas are 81 and 67 per cent respectively. However, tap water was available only to 42 per cent of the households. 97 per cent of rural water supply schemes depend on groundwater resources. Water supply schemes have also been supported by the World Bank, Netherlands Government and the Denmark Government (DANIDA). NGO involvement is there in the World Bank project. Government of India also gives support to State Governments for purification of drinking water under the Rajiv Gandhi National Drinking Water Mission. There is no major problem in regard to street lighting except in regard to replacement of burnt out bulbs.

# **Sanitation**

Water supply is essential for promotion of sanitation and public health. Many of the water-borne diseases are epidemic in nature and hygienic maintenance of public water sources is essential for preventive health care. The position in regard to toilet facilities was dismal as per the *Karnataka Human Development Report, 1999.* Even when public toilets are provided there is no water supply and they are also badly maintained. The majority of the population of the State use open spaces for defecation, and women are the worst-affected group.

# **Transport**

It is clear from the data on possession of two/four-wheelers including bicycles, that nearly three-fourths of the population of the State depend on public transport. Public transport in the State consists of four types of services: KSRTC for southern region districts of the State; North-Western Transport Corporation to serve the districts of Belgaum, Dharwad, Gadag, Haveri, Bijapur, Bagalkot and Uttara Kannada; the North-Eastern Karnataka Road Transport Corporation to serve the districts of Gulbarga, Raichur, Bidar, Koppal and Bellary. In addition, there is the Bangalore Metropolitan Transport Corporation serving Bangalore City within a radius of 25 kilometres. Together, the three RTCs had a fleet of 9,959 buses out of which 12.6 per cent are over-aged (1,258 buses). The BMTC has 2,376 buses out of which 423 (17.8 per cent) buses are over-aged<sup>6</sup>. For a population of 50 million out of which 37 million may depend on public/ private transport, it is to be wondered whether nearly 10,000 buses are sufficient. In fact, public/commuters/users travelling on bus tops to moffusil areas is a common practice. The High Court had passed strictures against the government and ordered it to control the practice. The judiciary has no enforcing rights and capacities. It can serve a contempt of court summons to the government only when there is a Public Interest Litigation. The Indian Public (Karnataka public) benefit from such violations in a state of scarcity. Why will they question?

## 2001 Update

Here is an update on housing, water supply and sanitation for Karnataka State for the year  $2001^7$ .

a)	Number of Houses listed by Census			1.383 crores
b)	Percentage of dwelling places used for Re			
c)	Condition of Census Houses (in percentage Good 43.9	ges) Livable	e 51.2	Dilapidated 4.9
d)	Houses by type of roof (in percentages) Tiles/Slate Grass/Thatch/Bamboo/Wood/Mud etc; Concrete/Pucca Houses Asbestos/GI Metal Others	20.8	43.2 16.7	
e)	Houses with one room – 35.8 per cent; Two rooms - 28.1 per cent; Three Rooms: 14 per cent; Four rooms - 7.1 per cent; No room - 8.9 per cent; others			

- f) Houses owned by occupants: 78.5 per cent; Rented: 18.6 per cent.
- g) Households by number of couples living there (percentages): One 73.4;
  Two-11.5; Three 2.7; Four 0.7; Five and above 0.3.
- h) Houses by Location of Drinking Water (percentages)
  Within premises 31.7; Near premises 46.5; Away from premises 21.8.
- Houses by source of drinking water (percentages): Tap 58.9; Handpump 17.1; Well 12.4; others.....
- j) Households by source of lighting (percentages):Electricity 78.5; Kerosene 20.8
- k) Households by Bathroom and Latrine facility (percentages): Bathroom within House - 58.9; No facility – 41.1; Latrine within House - 37.5 of which Pit Latrine - 13.4; Water Closet - 18.6; others - 5.5; Houses without Latrine -62.5.
- Houses by type of drainage connectivity (percentages): Closed drainage -17.3; open drainage - 34.0; no drainage - 48.7
- m) Households by availability of separate kitchen (percentages): Available – 82.4; Not available - 16.0; cooking in open - 1.3
- Type of Fuel used for cooking by households (percentages);
  Firewood 64.9; LPG 18.3; Crop Residue 5.3; Biogas 1.2; Electricity 0.4; Cowdung cake 0.2.
- o) Households availing other types of services (percentages):
  Banking 40.0; Radio/Transistor 46.2; Television 37.0; Telephone 12.8; Bicycle 30.1; Two-Wheelers 14.4; Four-Wheelers 3.1; None of the Specified Assets 34.9.

**Inferences**: The summary results serve as windows of understanding of the nature of poverty and extent of inequality in the State. There is a housing shortage of nearly 20 per cent by 2001 AD in the State. While about one-sixth of the households have pucca/good housing facility, at the other extreme one-fifth of the households live in thatched huts; again, one-fifth of the households use kerosene for lighting. Only one-fifth of the households have modern cooking facilities such as LPG/electricity/bio-gas. 62.5 per cent of the households do not have latrines and 41.1 per cent households do not have bathing facilities at home. Closed drainage is available only for 17.3 per cent of the households. Only 40.00 per cent of the households use banking facilities; 63 per cent

of the households do not have television. Use of cars, telephones, two-wheelers is very low and confined to barely one-sixth of the population. Assetless households [i.e., no radio/transistor, television, telephone, bicycle, scooter, motorcycle, moped, car, jeep, van]. constitute 34.9 per cent or 48.26 lakh households.

# Public Services and Quality of Life in Karnataka: A Holistic Overview

A significant proportion of people in Karnataka State are still leading a miserable life. 157 out of 200 talukas in the State had been declared as drought affected in 2002-03. Real wages increased by 40 per cent for men and 25 per cent for women in rural Karnataka between the years 1993–1994 to 1999–2000. Alternatively, cost of living increased by 68 per cent between 1993-1994 to 2000-2001. (Source: Economic Survey, GOK 2002-03). Is this a reflection on the sincerity of the government to ameliorate the lot of the poor? No, it is incorrect to generalise in that way. Rather, two factors appear to be largely contributory to this grim state: (a) complex, large-scale, metamorphic macro-level policy changes in the economy and polity that affect the life of the poor in invisible, indirect and indiscrete ways (b) inadequate and immature efforts of the government within a dynamics of misplaced priorities and a section of bureaucracy and political leadership who are indifferent to the pulse of the public. It is these inferential premises that emerge from the overview.

Have there been changes in the provision of public services for the better? Are these changes reflected in indicators of a better quality of life? Yes, there have been significant changes. Health care and schooling facilities have increased over the years. The indicators of development such as IMR, CMR, MMR, LE at birth, drop-out rates across time-slabs indicate that there has been an improvement in the quality of public life. Another significant development has been the reduction of the proportion of people in poverty from 54.47 per cent in 1973–74 to 33.16 per cent and 20.04 per cent in 1993–94 and 1999-2000 respectively. (Source: Economic Survey, GOK, 2001-02). Unemployment rate in the unorganised sector has not increased in spite of population growth. [Cf NSSO 50<sup>th</sup> and 55<sup>th</sup> Rounds July 1993 to June 1994 and July 1999 to June 2000] What, then is the problem?

The problem is the persisting plight of the poor and the state of inequality in society. 34.9 per cent of the households in the State do not have any assets, not even a Radio/Transistor. 27,660 households still use

cow-dung cakes as cooking fuel and 64 per cent of the households (total 1.383 crores) depend on fuel wood. Women in these homes are exposed to respiratory infections. 10 million persons (out of 50 million in the State) are still trapped below the poverty line. The problem has not been addressed squarely within time-frames. Lack of vision by successive governments may be a factor. But manifestos of political parties flagged during elections belie such a thinking. As such, it may be a problem of failure in vision-sharing by the rank and file in governance.

The State government is investing on infrastructure development in Bangalore City and other urban centres to attract foreign investment. Power and irrigation projects consume 23 per cent (Rs.2,966 crores → 2000–01 Actuals) of total developmental expenditure and 43 per cent of economic services of the State. Nearly 2,900 crores of State Budget goes towards payment of interest on loans/debt servicing and repayment of loans. Expenditures on education, health, water supply, sanitation, housing, transport, social security, etc; add up to Rs.6,440 crores, which is less than 50 per cent of the total development expenditures of the State. One should not grudge expenditures on infrastructure development of the State in the interests of balanced sectoral development and future perspectives. However, there should equally be some concern for the poor and marginally poor. There is inequality of wealth/assets/incomes. Taxes should be targeted at the rich and ploughed for the amelioration of suffering of the poor. There should be a target date by which poverty shall vanish from the State.

The era of liberalisation has continued its share of causes for the misery of the poor and lower middle classes. It is to be repeated that cost of living in rural areas has gone up by 81 per cent from 1993–94 to December 2001. The increase in real wages in rural Karnataka during this period is not even half of the rise in the cost of living. In regard to the middle class, who depend on public services, there is a decline in the quality of life. Interest rates on deposits have come down. Elderly persons who live in rented houses and depend on life-time savings are forced to live on shoestring budgets. Consumerism has also increased and led to family mismanagement.

The scope for and significance of beneficiaries in public services has to be examined in a framework and continuum of Society – State and the Individual. The State represents a duly/unduly constituted centre of power and authority of society. It has a duty, or it may be presumed that the State takes upon itself the duties to protect and promote the

well-being of individuals and welfare of society. The instrument used by the State to promote the welfare of the community was planning.

Studies, evaluations, reflections and debates on experiences in development planning and management in developing countries like India during the 50s and 60s revealed the hidden secret of non-performance of growth theories in adequately and efficiently addressing the persisting problems. The secret was that the 'Beneficiary Perspective' or 'People's participation in planning and management' had not been accounted for in the design and implementation of development projects. As per the 73<sup>rd</sup> & 74<sup>th</sup> Constitutional Amendments, PR Institutions have been established everywhere and have functioned for the last ten years. Results on performance are not highly distinct and converging. There are several teething problems. The last ten years should be treated as a transitional phase in the development process. It was not that there was no thinking on the need for people's participation in the development process<sup>8</sup>. Prof. Rao had observed as early as in 1966 that "What does not seem to be appreciated is that in developing economies, where the masses constitute the vast majority of the population and provide the bulk of the labour force and earners, there can be no massive development without their active and positive participation in the process of economic growth9." Further, he observed that: "Material planning creates opportunities for economic growth; it is the psychological response of the human factor that determines the utilisation of these opportunities and, therefore, the volume and pace of economic growth." However, opinions and views of intellectuals have limited impact. What is significant is that the importance of integrating people's perspectives and perceptions with the planning and development process should be felt and realised by the bureaucracy and the financiers of development. Such a feeling was strongly expressed by David C. Korten who was with the Ford Foundation. Drawing his reflections from five case studies in Asia [India, Sri Lanka, Thailand, Philippines and Bangladesh], Korten advocated the 'Learning Process Approach' wherein beneficiary needs are taken into reckoning in contrast to bureaucratically mandated blue-print designs of development that are thrust down from above<sup>10</sup>. Korten advocated the view that the success of development efforts depends on the high degree of orchestration across programme design, beneficiary needs and capacities of the donors. He proposed that program design which can be responsive to people's needs would be better than project designs wherein only donor agencies would be comfortable. Such a proposition had also been validated in a study of people's response to development programmes of the State by A S Seetharamu<sup>11</sup>. The study showed that even while illiterate people

were responsive to development programmes of the State in general, there were several programmes which remained only on paper as they had not taken into consideration the dynamics of public life. For instance, the Community Irrigation Project sponsored by the State did not take off as the people who had lands juxtaposed to each other did not have a friendly relationship or community feeling and those farmers who were friendly with each other in village - settings had lands in dispersed locations. A similar finding was made in another study wherein Scheduled Caste persons were given training in tailoring free of cost by the Government under a programme called TRYSEM (Training of Rural Youth for Self-Employment). They were also given tailoring machines free of cost after the training. However, the beneficiaries could not profit from the programme as the villagers continued to depend upon the Darjees (backward caste persons) whose traditional caste occupation was tailoring<sup>12</sup>. One of the beneficiaries reported that he gifted the tailoring machine to his son-in-law as a part of the package of dowry at the time of his daughter's marriage in the fervent hope that it may be of some use to his daughter/son-in-law in future.

The importance of people's involvement in the development process has been widely written about by intellectuals including Robert Chambers, Uma Lele, Michael Cernea and Norman Uphoff. Michael Cernea considered that the involvement of the beneficiaries of public services/ development programmes was the key to the success of governmental efforts in development. In a volume edited by him, he observed that: "The argument of this chapter (introductory), indeed of this volume, in, its entirety, is that the model adopted in projects that do not put people first clashes with the model intrinsic to the real social process of development, at the core of which are simply its actors." Cernea illustrates from a review of 57 World Bank financed projects that 30 projects whose design had a socio-cultural fit gave an average rate of return of 18.3 per cent while the rest returned an average of 8.6 per cent"

A recent survey of performance of the State in delivery of development services with special reference to the Employment Assurance Scheme (EAS) in India highlighted the constraints in enlistment of participation by the people. The study, set in 1999–2000, in the States of Bihar, Jharkhand and West Bengal, examines the dependence of poor communities on State and non-State agencies in their efforts to access basic needs. The study showed the significance of local political society (elected political leaders, social activists, contract labourers, local bureaucracy) in the efficiency with which the EAS was implemented. In

fact, the State machinery in Rajasthan depended on the support of social activists for information/feedback on the implementation of the EAS scheme and for promoting accountability<sup>14</sup>.

Why is it that the governments do not receive participatory approach in a serious way? Norman Uphoff advances three reasons: paternalism among bureaucrats, lack of faith in the participating capacity of the poor, and a feeling that the poor are destined to be administered 15. Uphoff identifies three-fold advantages in involving people in project design and implementation. They are: improvement of efficiency, ensuring equity and empowerment of the people. There is a new trend, as Uphoff observes, wherein the public/people/the poor are involved in development programmes not as beneficiaries but as 'partners' in development. In fact, there is no meaning in calling the 'poor' or the 'public' as beneficiaries of development—usage of the term 'beneficiary' implies the presence of a 'benefactor'. In a government of the people, by the people and for the people, there can be no benefactors. In a feudal society, the king used to be a benefactor. In a semi-feudal society, the aristocrats and oligarchs used to be benefactors. But in a democracy, people have the 'right' to get the fruits of the development process while the State has a duty for the welfare of the people. The poor have to claim their rights. They are entitled to these rights. The view that poverty alleviation and public service should be deemed to have taken place only when the well-being of the poor does happen and when the basic services of given quality are adequately provided for, i.e, when their rights have been honoured in practice. The 'beneficiaries' of public services are to be treated as 'claimants' of basic human rights, civic and democratic rights. They hold stakes in the style of government functioning as they are the electors of the government. They are also stakeholders in the growth and development process of a nation.

It needs to be noted that the outlook on development of public services has moved from a welfare angle to a human rights angle in a span of one hundred years of life of the modern State. The reference to people has changed from 'public' through 'target groups' and 'beneficiaries' to 'partners', 'claimants' and 'stakeholders'.

# **Role of Civil Society**

There is an emergent thinking that it is incorrect to juxtapose individuals and the State as two ends of a continuum wherein the State has to serve individual interests, and in situations of incompatibility between the two, individual interests should reign as supreme. This was

the view of liberal democracies. The thinking that the people are partners in the development process is the view of neo-liberalism. The partners can be individuals, NGOs, CBOs and any similar voluntary organisations of a civil society.

Significance of a vibrant, dynamic, pro-active, enlightened and dedicated civil society in the efficient and effective involvement of the stakeholders/beneficiaries/ partners has been the subject of reflection, debates and research in recent years. The institutions of civil society should act as spokespersons for the poor/the public. They should analyse and articulate the interest and needs of the poor as and when they place it before the State/Government. They need to act as 'pressure groups' on the democratisation of the State<sup>16</sup>.

Individuals normally function in groups. Intellectuals, orators, public figures, social workers, journalists, saints, poets, singers, and painters may function in their individual capacity and bring to bear influence on society. But the cases of such individuals are exceptional. There are a large number of social/cultural/civic organisations which represent the collective will of small groups of people in a civil society. They may be non-governmental organisations, community-based organisations or people's groups. The State needs to be pro-active in involving people's organisations while such organisations need to be vigilant about governmental functioning. The non-governmental organisations should sensitise the public about their rights and station of life. They should also function as scarecrows to the local governmental machinery.

# **Ethics of Beneficiary Involvement**

Recognition of the intrinsic worth and dignity of human personality characterises the democratic way of life. Caste, colour, race, religion, language, assets, educational level, occupational background and similar attributes represent surface-level symbols of distinction across people. But there is an inner spirit, a felt and experienced but non-decrepit energy, an engine that propels the senses, a secret of existence and living, which is uniformly located in everyone, that establishes the fundamental equality of all persons. Marginalisation of beneficiaries of development programmes would be tantamount to ignoring this human spirit. It is as good as a breach of our faith in democracy in regard to supremacy of individuals in social organisation. This human spirit, or whatever one may call it, is essentially free by nature. It is bonded by ignorance. It is in essence the same force that moves the universe in

being. Enlightenment lies in the recognition of this essential human spirit and respect for it through the provision of space in functional arrangements. It shall be a recognition of the essential freedom of human beings and a faith in their equality. Freedom, equality and justice constitute three pillars of democratic functioning. Hence, involvement of beneficiaries as partners/stakeholders/— in development efforts would per se mean an honour to democracy. Beneficiaries need to be involved in development policy, planning and management as a matter of PRINCIPLE. This should be an 'a priori' basis for development in a democratic state. It should be regarded as a universal maxim, in the Kantian sense.

Having contended that beneficiary involvement should be a categorical imperative on governmental functioning, an issue of reservation in regard to such a practice in the name of 'efficiency' of delivery of services needs to be noted. It is argued that public participation may be desirable democratic ethics. Can it also be sound economic logic? Should the limited resources for development be frittered away so as to satisfy 'feelings' about human rights, empowerment and democratic values? Is there a trade-off between 'empowerment' of the people and 'efficiency' of public services? Further, can the demands of equity and participation be reconciled with quality and outreach of public services? In reply to such arguments, it may be submitted that questions of economic efficiency of development projects though important are subordinate to ethical considerations. Whether it is sheer coincidence or a substantive reality, empirical studies of beneficiary involvement in design and delivery of public services have demonstrated that economic efficiency appreciates significantly with the enlistment of people in planning and management of public services. Evidence for this has already been presented in earlier sections of this writing.

Hence, it is inferred with a sufficient degree of conviction that there is no trade-off between democratic ethics and economic efficiency in involvement of public in design and delivery of public services. They are mutually compatible values of public life.

# **Motives Vs Consequences of Public Action**

Ethical thought identifies two ways in which the moral quality of an act is judged as 'good' or 'bad'. One of them identifies the action with its 'motives'/ 'intentions'. It is the purpose, the cause, the deliberation with which an act is performed. Taking this position, one may argue that if the motive of the bureaucrats, the political leaders and policy makers is to promote the well-being of individuals and the welfare of society and

if they are sincere in their intentions, then the premise that centralised planning and delivery of development services that do not involve the beneficiaries should still be considered as 'good' and moral. One need not judge governmental policies and programmes on the basis of the results that they generate. They should be considered as intrinsically good as they are performed with good intentions. However, there is a contrary standard, as advocated by another school of ethical thought which reposes all its premium on the 'consequences' of actions. If the consequences, fruits, benefits or outcomes of human actions are satisfying, then the actions should be 'good' and moral. Viewed from this perspective, if the goals of developmental policy and planning are not realised as expected, if they turn out to be elusive, if problems addressed by developmental policy and planning become persistent, then there is every reason to believe that the 'consequences' of such actions are not satisfying. They are not morally sound actions. The reasons for poor/non-performance need to be explored and correctives incorporated. If beneficiary involvement in developmental design and delivery leads to relatively more desirable, satisfying and better consequences, it is essential that the public/ people/ stakeholders/.....are listened to.

Looking at the developmental scenario in developing countries like India, an apparent conflict between 'motives' of policy and planning and 'consequences' in terms of escalation of persisting problems may be observed. Even while 'motives' are observed to be good, 'consequences' have been undesirable and dissatisfying. When beneficiary involvement in project design and delivery is ensured, the fruits of development have been relatively highly rewarding. The hidden motive for involvement of the public should then be only to satisfy the economic logic of developmental efforts. Is it that beneficiary involvement would be only of instrumental value to realise community goals and not have any intrinsic merit<sup>17</sup>. Will there be no other worthy motive? It is in this context that democratic ethics may be viewed to serve as a motive of developmental actions. Democracy has been viewed as a form of social organisation wherein there is a shared social life and dynamic human association. It is also viewed as a political arrangement where power and authority are shared. It should also be looked at from an albatross-vision wherein it is a voluntary association of human beings that enables them to collectively pursue and realise the 'spiritual' values of humanism, tolerance, pluralism, social/economic/political justice and equality, autonomy in functioning and an equally shared feeling of freedom, non-violent/dialogical techniques of resolving social problems, fellow-feeling and a sense of brotherhood and all that constitutes a democratic philosophy. As a spiritual unit of

social/political/ economic/cultural/civic organisation of life, the human being/individuals and the people at large should be consulted/conferred with/involved in all those functions for which power and authority are vested in a few while their exercise affects a vast majority who do not possess them. Recognition of individual dignity and worthiness should be the 'motive' with which involvement of the public as beneficiaries/ partners/stakeholders/............ needs to be enlisted and ensured. Democratic ethics should guide beneficiary involvement. Incidentally, such involvement has been observed to satisfy the demands of economic logic.

#### Conclusion

A holistic view of public services and quality of life in Karnataka State leaves much to be desired. Quality of public services needs improvement along with quantitative expansion in a normative framework of goal-setting, target-focussing and goal-realisation that is to be periodically and mandatorily monitored by the government. While poverty alleviation and provision of basic needs should get utmost priority, the plight of the lower middle class of society also needs attention. Inequality should be reduced to tolerable limits.

Human rights organisations, non-government and community-based organisations, consumer organisations, civic rights institutions and the like should educate people through campaigns. They should be educated to use the media to assert their rights, question non-performance, poor quality of delivery of public services and indifference to public welfare. Print, electronic and folk media should be effectively used for the purpose. Efficiency of democracy is subject to pressure-group politics. The creation of lively and positively oriented pressure groups that demand adequate public services of an acceptable quality is essential to activate the levers of public life.

An ideal scenario would be when the State administrative machinery assumes a pro-active role and initiates steps to involve people/public in planning and management of public services. At present, there is an arrangement in public offices/hospitals to collect suggestions, grievances and complaints from the public by keeping a box for the purpose. This arrangement has not proved to be functional. Hobli (cluster of villages) – wise in rural areas and ward-wise in urban areas, there is a need to promote citizen's groups. However, such a committee should not be set up through a government circular and uniformly throughout the State, as a single-shot affair. This should be done in a gradual way

beginning with areas where public awareness is strong as reflected in the presence of voluntary social and cultural organisations, youth or women's associations. The State machinery at district/taluk/urban local bodies should create structural wings to continuously interact with these citizens' organisations. They should get a feedback on the efficiency, quality and outreach of public services. The public/citizens' councils will act as pressure groups on the existing State administrative machinery. They should be taken seriously by the government. In areas where there is scope for participation of voluntary/non-government organisations, they should be involved in the planning and management of public services. The PROBE report has referred to large-scale interventions/ partnerships of NGOs/CBOs in management of education in the States of Andhra Pradesh, Bihar, Rajasthan and Madhya Pradesh<sup>18</sup>. For such a change to take place on a large scale in the government, there is an imperative need to redefine the mind-set of the higher echelons of authority and power structure at various levels of governmental machinery.

## **Notes and References**

- <sup>1</sup> National Family Health Survey 1998-99 Karnataka, IIPS, Nov.2001, p.201.
- <sup>2</sup> Cf: Final Report of the Task Force on Health and Family Welfare; 'Karnataka: Towards Equity, Quality and Integrity in Health', GOK, April 2001, p.XV.
- <sup>3</sup> EDUVISION, GOK, Feb. 2002.
- <sup>4</sup> cf: A S Seetharamu: 'Status of Education in Karnataka State, 2000 AD; in 'Encyclopaedia of Indian Education', NCERT, New Delhi (forthcoming).
- <sup>5</sup> Report of the Administrative Reforms Commission, GOK, Dec. 2001, for a review of functioning of the Urban Development Department as well as other Departments of Government.
- <sup>6</sup> Economic Survey, GOK, 2002-03, March 2003.
- <sup>7</sup> Summary Results of the House listing operations in Census of Karnataka; May 2003.
- $^{\rm 8}$  The B R Mehta Committee of 1959 had recommended such an involvement of people.
- <sup>9</sup> V.K.R.V.Rao: "Education and Human Resource Development" Allied, New Delhi, 1966, p.16.
- <sup>10</sup> David C. Korten: <u>'Community Organisation and Rural Development</u>: <u>A Learning Process Approach</u>
- 'The Public Administration Review' vol.40, No.5, Sept-Oct. 1980.
- <sup>11</sup> A.S.Seetharamu: 'A Study of Responsiveness to Development Programmes from Educational Stimuli in Rural Areas' for the Department of Planning, Government of Karnataka, 1977, published as 'Education and Rural Development' Ashish, New Delhi, 1980.
- <sup>12</sup> A.S.Seetharamu: 'Planning and Management of Education in Integrated Rural Development Projects' in 'Planning and Management of Integrated Rural Development Projects – Case Studies from 4 Developing Countries' (ed.) Dieter Berstecher, Carlos Malpica and Gabriel Carron: IIEP/UNESCO, Paris, 1985.
- <sup>13</sup> Michel Cernea (ed.): 'Putting People First: Sociological Variables in Rural Development' 2<sup>nd</sup> Edition, pub. for World Bank by OUP, 1991 First edition, 1985.

- <sup>14</sup> (a) Stuart Corbridge et.al: 'How the Local State Works in Rural Bihar, Jharkhand and West Bengal' EPW Vol.38 No.24, June 14-20, 2003 pp.2377 to 2389; and (b) 'How the Rural Poor see the State in Bihar, Jharkhand and West Bengal' EPW Vol.38 No.25 June 21-27, 2003 pp.2561 to 2569.
- <sup>15</sup> Norman Uphoff: 'Fitting Projects to People' in Michael Cernea (ed.) 'Putting People First: Sociological Variables in Rural Development' 2<sup>nd</sup> Edition, pub. for World Bank by OUP, 1991 First edition, 1985.
- <sup>16</sup> For a delineation of the role of the 'flourishing oppositional civil society' in democratisation of the State and service of the poor, see John S. Dryzek: "Deliberative Democracy and Beyond" OUP, Oxford, 2000, Ch.4 "Insurgent Democracy: Civil Society and State", pp. 81 to 114.
- <sup>17</sup> Amartya Sen observes that "The intrinsic value of any activity is not an adequate reason for ignoring its instrumental role, and the existence of instrumental relevance is no denial of its intrinsic value. To get an overall assessment of the ethical standing of an activity it is necessary not only to look at its own intrinsic value (if any), but also at its instrumental value and its consequences on other things, i.e. to examine the various intrinsically valuable or disvaluable consequences that this activity may have,

Sen, Amartya: "On Ethics and Economics", Basil Blackwell, The Royer Lecture, 1987, p.75.

<sup>18</sup> 'Public Report on Basic Education in India' OUP, New Delhi, 1999.