GOVERNANCE AND DEVELOPMENT

RAJIV GANDHI
INSTITUTE FOR CONTEMPORARY STUDIES

Editorial

Dear Reader,

The 'Governance and Development' theme of the Rajiv Gandhi Institute for Contemporary Studies (RGICS) brings to you this edition of Policy Watch. The issue has three articles from this theme.

The first article on Sustainable Development Goals argues that these goals not only represent a new strand in thinking about development, they also require a new way of doing which is currently hampered by persistence of old institutional forms and conditioned reflexes that are too bureaucratic, silo-ed and incentivize target-meeting by mere reporting or isomorphic mimicry.

The second article on Samarth Bastar discusses an analysis and strategy for making Bastar, a Samarth district. After thorough consultations with relevant stakeholders, the authors have identified the constraints in the development and suggest possible measures to overcome these.

The third article focuses on another crucial area under this theme, which is Healthcare in India. The author highlights the present broken condition of the health care system in the country. He analyses the reasons thereof, and suggests policy options, governance mechanisms and development measures to set things right.

Hope you find this issue useful and informative!

Sustainable Development Goals

New Wine in Old Bottles?

Suraj Kumar[1] and Nitya Mohan Khemka[2]

This paper argues that the Sustainable Development Goals not only represent a new strand in thinking about development, they also require a new way of doing which is currently hampered by persistence of old institutional forms and conditioned reflexes that are too bureaucratic, silo-ed and incentivize target-meeting by mere reporting or isomorphic mimicry.

But first let us be intellectually honest and put out the counter view. The idea of sustainable development is not new nor is global goal setting a recent innovation.

At the very latest, the field of forestry and forest science as it emerged during the 19th century used the phrase sustainability and sustainable development to refer to the proper management (and harvesting for timber and hunting permits) of forests. The Elder Toynbee in his Ruskin College lectures on the Industrial Revolution not only coined the phrase but also referred to the ill-effects of deforestation upon urban areas that had no longer green lungs to protect from factory fumes. Fernand Braudel refers to the domestication and decimation of forests in Europe as part of first the agricultural revolution in Europe and subsequent emergence of the industrial economy and society. Gareth Stedman Jones in his work on the deindustrialization of London town describes the encirclement of parks in the city by newly emerging service economy - the warehouses and brokerages with accompanying courts and law firm offices, newspaper and publishing companies and the attendant schools and city universities. So clearly, sustainable development has been a preoccupation for quite some time.

Similarly, development goals and international targets have also been in provenance at least since the post-WWII period of "decolonisation, disarmament and development".

From the First Development Decade (1950-60) to the International Decade for Women (1975-85), the Alma Ata Declaration on Health for All (1978), the Jomtien Declaration on Education for All (1990), the world community, led especially by donors and multilateral organisations, has regularly set international development targets (IDTs) on a range of issues.

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SUSTAINABLE DEVELOPMENT GOALS

1995 was a particularly fecund year for global target setting. There were a series of summits – International conference on Population & Development at Cairo, the World Summit on Social Development at Copenhagen and the World Conference on Women at Beijing. Each of these important gatherings culminated in a set of goals with regard to population and reproductive health, social development (employment and social inclusion) and gender equality. These goals were quantifiable and time-bound. The Highly Indebted Poor Countries (HIPC) initiative made debt relief conditional upon time-bound achievement of targets for growth, employment, poverty reduction and social development.

Subsequently, the Millennium Declaration was endorsed by all member countries of the UN in September 2000 and then the Millennium Development Goals (MDGs) were set out by the UN agencies based on a collation and rationalization of global goals thus far and the assessment of progress on these targets.

The above potted narrative about global goals has been used by many, in government, NGOs, donor agencies, academia and research community. It would be only natural to presume that the Sustainable Development Goals (SDGs) are a warmed-up version of all the global goals and targets that have come earlier and as such a matter of "old wine in new bottles". This is a view that has been articulated by bureaucrats and NGOs alike and resonated with an equally jaded and cynical audience.

However, a closer examination of the SDGs listed in the UN General Assembly Resolution "Transforming Our World: the 2030 Agenda for Social Development" indicates that the above view is both fallacious and inappropriate. If anything, the challenge before the world community is to implement this refreshingly new approach to goal setting with due urgency and innovative partnerships.
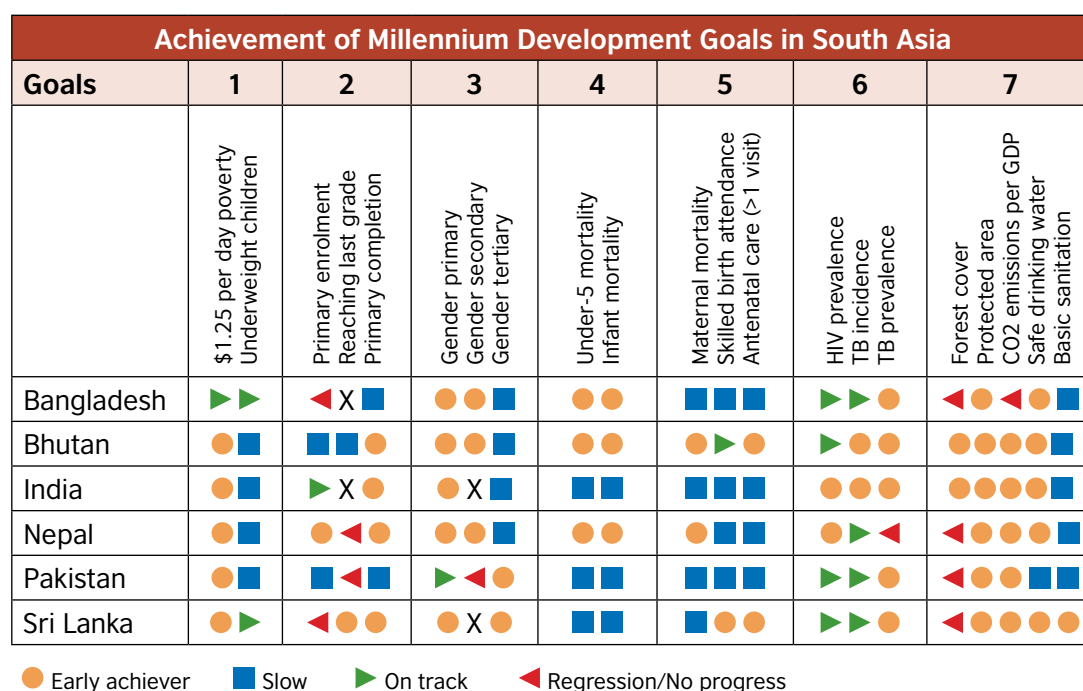
Indeed, the first claim to novelty about the SDGs is the inclusion of "strengthening the means of implementation and partnerships" as a distinct goal with specific targets for technological innovation (bringing in AI, Machine Learning, block chain, User

Design Experience and a host of disruptive technologies), financial inclusion, capacity development, citizen identity and Big Data. Clearly, the SDGs have much more practical and achievability-orientation in contrast to the 'global reporting" orientation of the MDGs.

The journey from MDGs to SDGs in India was interesting in that it began with a total hostility on part of the NDA regime. The argument was that not only had India not been consulted let alone involved in the framing of the MDGs and their targets, but in the absence of any donor commitment to provide funds, it was basically a white elephant or an "800-pound gorilla" to use the colourful description by India's Finance Ministry.

After 2004, when the UPA government came into power, MDGs gradually acquired a veneer of acceptability, given the positive attitude of the then Finance Minister who had written in support of the MDGs when not in power. Still, given the bureaucracy's preference for inertia and the Finance Ministry's habitual xenophobic posturing against global agendas, the MDG bandwagon moved rather slowly till the Ministry of Statistics under a dynamic Chief Statistician began the MDG Report process and made it an annual feature since 2008.

The MDGs triggered new alliances between UN agencies, bilateral donors, advocacy NGOs and campaigns. If we look at South Asia as whole, there was considerable progress. The region saw reduction in extreme poverty by half, near-universal primary education and gender parity in education, halving in the proportion of the population without access to drinking water, made inroads into ending malnutrition, child/maternal mortality and hunger (United Nations 2015).

Achievement of Millennium Development Goals in South Asia							
Goals	1	2	3	4	5	6	7
	$1.25 per day poverty / Underweight children	Primary enrolment / Reaching last grade / Primary completion	Gender primary / Gender secondary / Gender tertiary	Under-5 mortality / Infant mortality	Maternal mortality / Skilled birth attendance / Antenatal care (>1 visit)	HIV prevalence / TB incidence / TB prevalence	Forest cover / Protected area / CO2 emissions per GDP / Safe drinking water / Basic sanitation
Bangladesh	▶ ▶	◀ X ■	● ● ■	● ●	■ ■ ■	▶ ▶ ●	◀ ● ◀ ● ■
Bhutan	● ■	■ ■ ●	● ● ■	● ●	● ▶ ●	▶ ● ●	● ● ● ● ■
India	● ■	▶ X ●	● X ■	■ ■	■ ■ ■	● ● ●	● ● ● ● ■
Nepal	● ■	● ◀ ●	● ● ■	● ●	● ■ ■	● ▶ ◀	◀ ● ● ● ■
Pakistan	● ■	■ ◀ ■	▶ ◀ ●	■ ■	■ ■ ■	▶ ▶ ●	◀ ● ● ■ ■
Sri Lanka	● ▶	◀ ● ●	● X ●	■ ■	■ ● ●	▶ ▶ ●	◀ ● ● ●

● Early achiever ■ Slow ▶ On track ◀ Regression/No progress

However, the infographic above (adapted from UN 2015a) shows that the achievement of MDGs has been uneven across goals and targets. There are wide disparities and bottlenecks in the achievement of specific targets. "This is because many countries adopted a fragmented approach to tackling the goals, choosing only to engage with a few goals. Furthermore, the MDGs applied only to the global South, and there was very little ownership of the goals among them, being viewed as 'externally imposed' on the developing world." (Kumar and Khemka, forthcoming).

The SDGs followed a more inclusive and participatory process of framing and templates for reporting, including the latitude allowed explicitly for countries to customise the SDGs according to their specific contexts, constraints and capabilities. Here it is important to clarify that the comparison between MDGs and SDGs is not that of a competition. Nor did the SDGs come out of the MDGs. The two agendas are parallel and interlinked common streams: The concepts of sustainability arise from forest science. Human development arises from Aristotle's Nicomachean ethics and the debates over basic services and physical quality of life. Together these contributed to identifying development targets – these three streams foreshadowed and contributed to the genesis of both the MDGs and the SDGs.

Sustainable human development is at the core of the 2030 Agenda and the SDGs. The Sustainable Development Agenda is based on the interlinkage of people, planet, prosperity, peace and partnership – closely aligned with the four pillars of human development, viz., equity, efficiency, sustainability and participation,

The SDGs have also received greater traction in South Asia in large measure due to the ground-breaking work done by the Human Development Reports (HDRs) in the region. The HDRs were first launched in 1990 by Mahbub-ul-Haq and Amartya Sen with the goal of placing people at the centre of the development process. Development was characterized by the provision of choices and freedoms resulting in widespread outcomes (UNDP 1990). The HDRs highlight the Human Development Index (HDI) trends in health, education and basic living standards in recent decades. Bangladesh was the first country to prepare the National Human Development Report (NHDR) in Gender in 1993 (HDRO 2004, NHDR Toolkit). Since then all countries in south Asia have prepared their National HDRs, and the concept, methodology and process of human development reporting is part of the regular policy discourse – quite naturally because pro-poor, welfare-ist discourse is a powerful political mobilisation tool. Accordingly, the fundamental principles of human development, viz., sustainability, equity, efficiency and participation are foreground across the SDGs, particularly those pertaining to social development.

The transition from NHDRs to SDG reporting was also greatly facilitated by tool such as DevInfo, VAM, FIVIMS and ChildInfo which drew upon the data from the national and subnational HDRs and also leveraged the credibility arising from the fact that in large federal democracies like India the State HDRs combined often contradictory features of government ownership and editorial independence – underpinned by the participatory process of preparation.

The acceptability of reporting on SDGs in India therefore was facilitated by the prior presence and acceptability of state level human development reports and vision documents. Of course, the policy work entailed in availing World Bank's DPLs also contributed to an increased receptivity to evidence-based public policy in India (Kumar 2014).

In that sense, the momentum for the SDGs in South Asia is far stronger not because of the MDG reports but because of the HDRs. It is clear that the human development agenda and the human development reports in South Asia contributed to a better grounding, appreciation and ownership of the SDGs.

Sustainability is key to the SDGs and underpins all the goals, demonstrating that the environment is not an 'add-on' but is key to the development agenda. While the MDGs

maintained a narrow focus on eliminating poverty, the SDGs take the view that social, environmental and economic systems are embedded in each other rather than disparate pillars.

The prioritization of sustainable development and meeting the SDGs is consistent with efforts to adapt to climate change. In fact, the year 2030 is used as a yardstick for the SDGs as all growth trajectories require decarbonisation to occur within the next 15 years, in order to keep global temperature rising beyond 1.5 degrees.

Given that the SDGs are much more consensus-based, country-driven (not donor driven), convergent across social development, economic growth, climate risk resilience and with a strong focus on peace and justice (MDGs could for instance have been achieved by dictatorial methods), the case for treating them as new and innovative is well established.

The institutions of global, national and local governance – the rules of the game and their enforcement characteristics – need to be re-fashioned to meet the challenge of achieving SDGs. Conventionally, goals are met bey setting targets, identifying ministries and departments and implementing agencies to achieve separate targets and the providing funds and people for this purpose. In India, these are done through "flagship programmes" which is a fancy phrase for centrally sponsored government scheme. These are silos within the silos of ministries, each with its different mandates and quirks of ministers and secretaries. Given that India has more than seventy ministries and departments at the central level and on an average a state government has around fifty plus departments, this makes for a mighty machine that is mighty complicated to function with the convergence and clarity of roles and responsibilities that the timely achievement of SDGs requires.

The task of administrative reform is important but perhaps a labour of Sisyphus. It would be more useful given the short time frame for the realisation of SDGs by 2030, to focus on subnational strategies – at the state and local level. Research on policy reform in

India has shown that not only have most "best practices" arisen from innovations in specific locations upscaled by responsive state governments, but sustained reform in budgeting, implementation and monitoring has been led by state governments. Since the 1990s, when the imposition of hard budget constraint by Government of India, left the state governments holding the bag for substantial debt and liabilities, several state governments used the crisis of finance as an opportunity to innovate and put in place what were then regarded as novel solutions – mission-mode schemes, user associations, self-help and neighbourhood groups, to expand and improve service delivery. Today these are no longer risky ventures and heterodoxies but part of the routine gamut of public policy. Given the demonstrated viability of new institutional mechanisms at grassroots level, there is a demonstrable willingness to focus on issues like convergence, facilitated by advances both in technology and methodologies of micro-planning, budgeting and M&E. So it is entirely possible to fashion new bottles for the new wine of the SDGs. The challenge therefore is to harness political will and public pressure to ensure that the new wine goes of the SDGs into new bottles of planning, budgeting, implementation, monitoring feeding back into the loop of planning, implementation and monitoring.

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Samarth Bastar

An Analysis and Strategy for Bastar, Chhattisgarh

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The process of development followed in India has resulted in lop-sided spatial development along with a rural-urban divide which has led to large scale migration and rural poverty-induced urbanisation. We thus witness rural areas, without basic infrastructure or amenities, stripped of their capacities to provide decent livelihoods to the people on the one hand and overburdened urban areas with growing slums where the urban poor live in dismal conditions.

Rajiv Gandhi Institute for Contemporary Studies (RGICS) New Delhi is undertaking a research study in order to develop a framework for integrated district development and planning, called the Samarth Zilla framework that uses a regional approach. It borrows substantially from Sustainability Livelihoods Framework (SLF) so far as to include five types of capital (i.e. Natural, Human, Social, Physical, and Financial) and the constraints by which these five types of capital are bound. For an overview, please refer to Policy Watch Vol. VIII Issue 6. The study has been undertaken in at least two each districts in eight states viz. J&K, Punjab, Rajasthan, Uttar Pradesh, Chhattisgrah, Orissa, Assam and Tamil Nadu. Two districts selected for study in Chhatisgarh were Bastar and Bilaspur. A full research report on Samarth Zilla framework is forthcoming.

The framework was planned to be developed in three phases viz. i) the policy observatory phase entailing which is largely field based to capture ground realities ii) the policy repertory phase in which is problem identification, analysis and solution development iii) Policy Laboratory or Policy Lab to test finally selected policy prescriptions in a real-life situation, wherever feasible. In Policy Lab, the expertise of researchers and policymakers is leveraged with the understanding of the local officials, political and civil society leaders including those from the media and academia, as also the community members and policy users to co-design and co-implement solutions which are problem focused and people centred.

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Progress in Bastar

Bastar district of Chhattisgarh was chosen for testing the implementation of the concept of policy laboratory. The Policy Lab is to play the role of an independent actor in analysis, action and advocacy. Analysis would be based on observation, consultations with a wide range of stakeholders and research. Action entails the pilot testing of possible solutions and evaluation of results besides capacity building before scaling up. Lastly, the Policy Lab would take up advocacy for scaling up through pentagonal partnerships of (1) communities (2) civil society institutions, including NGOs, academia and the media (3) political leaders (4) business and industry (5) government agencies.

Widespread discussions were held with various stakeholders in the district to get an insight in the dynamics of the development process. Besides individual discussions, a meeting was convened in Jagdalpur on the 24th June, 2019 where the RGICS team from Delhi and the state interacted with a cross section of people. Discussions were held with people from all walks of life such as agriculturists from villages, members of women self help groups in tribal and other areas, local artisans, businessmen and officials of the chamber of commerce, young entrepreneurs, students, agricultural scientists, lawyers, members from academia and the media, officials of non-profit organisations, social and political leaders and government officials, including the District Collector and the Chief Conservator of Forests. Visits were made to the farms of the horticultural university and to the office of the Coconut Development Board as also to individual farms of progressive farmers.

The methodology adopted for the Samarth Zilla study was simple and flexible, starting with assessment of status and potential of each district under each type of capital under SLF. Along with this, three dimensions of constraints over these five types of capital viz. political economy of the district, institutional capability, and financial feasibility, presented a reasonable picture of the nature of development or underdevelopment of the district along with the requirements to reach the assessed potential.

Accordingly, the issues thrown out after the consultations with stakeholders were analysed as per the framework provided as a part of the study and as a preliminary step towards the rolling out of the Policy Lab. Considering space limitations, all types of constraints are bunched in following sections. Finally, some suggestions to make Bastar a more Samarth district are included.

Constraints on Natural Capital:

Pattern of control: Forests, which constitute one of the major forms of natural capital in the district, are controlled by the government through the Forest Department. The traditional forest dwellers, mainly the tribal groups, have limited control over the forest resources. Their right to collect minor forest produce gets translated, at best, into a subsistence wage by sale either to the government agencies or to the traders. The benefits through value addition, are thus appropriated not by forest dwellers but other agents.

Selective exploitation: For reasons of revenues to the government and existence of well-entrenched networks of traders, there is large scale exploitation of timber and produce such as tendu patta, sal seeds etc. Other non-timber forest produce (NTFP) such as tamarind, mango, mahua, chiraunji etc. and medicinal and aromatic plants have been overlooked. Currently, institutional capacity required for developing forward and backward linkages and networks with regard to NTFPs is absent. Further, financial

resources available are inadequate for large scale processing of NTFPs. At the same time, localised small processing units and groups appear to be feasible.

Underinvestment: With irrigation facilities available to mere 2% gross sown area, a second crop in the rabi season is not feasible. This results in seasonal migration to towns within and outside the state for manual labour. In spite of a heavy average rainfall of over 1600 mm annually, rabi crop is grown only on a miniscule portion of the sown area. Almost no portion of the rainwater is harvested and is allowed to be drained off. The traditional sources of water storage such as lakes and ponds are dysfunctional. Recent initiatives by government to revive traditional sources of water storage and groundwater recharge, may take some time to be visible.

Exclusion: The decisions on mineral exploitation appear to be influenced mainly by the need for revenue generation and the raw material requirements of the national industrial economy or for export earnings. There have been allegations of circumvention of safeguards such as consent of the locals through the gram sabha etc. These lead to occasional protests by the local tribal communities, sometimes on account of religious sentiments. However, impact of these protests on decision making process seems minimal.

Constraints on Human Capital:

Disparity in basics: 62% per cent of the population belongs to Scheduled Tribes and largely lacks exposure to the outside world. With only around 53% literacy level as per 2011 census, the district lacks basic wherewithal for empowerment. Among literate, barely 5% had education above the higher secondary level. With one of the lowest HDI rank, the capabilities seem to be highly skewed in favour of urban areas. The tribal and the rural population has become systemically dependent on the government officials, traders and the people of urban areas.

Scant state presence: Education in public schools (government and local self-government) needs drastic improvement. No private organisations have or can achieve the scale and reach of the government. In absence of public pressure through voluntary organisations, media etc. for better education, state presence remains scant.

Lifestyle changes: With the dwindling forest resources and abandonment of hunting, a major source of protein and diversified nutrition has been lost. A major ill afflicting the tribal society is alcoholism. There is unabated large scale over abuse of local intoxicants as well as bottled liquor, to the extent that hinders healthy development of human capital in the district.

Towards Empowerment

One of the modern-day organisations for mobilising and representing the tribal groups is the Sarva Adivasi Samaj (SAS). SAS works to bring in reforms such as curtailing expenses for marriages, rituals and festivals or discourage practices such as betting on cock fights. Some other organisations also carry out work of education and skill development in the district such as the Vanvasi Kalyan Ashram, which runs a girls' hostel in Bastar district. Some of the tribal organisations would like to revive what they consider to be the original religion of tribal people. It cannot be denied that these organisations, whether Christian missionaries or Vanvasi Kalyan Ashram, are doing commendable work in the spread of education. However, if the activities result in directly or indirectly influencing the religious beliefs of the tribal people, it could lead to fissures within the society leading to conflicts for exercising control over the social capital.

Lack of relevant skills: Skill levels of the local people, especially tribal people, are dismal. There is a complete lack of entrepreneurial skills for running micro enterprises such as small shops, service centres etc. This is reflected by near absence of small scale NTFP processing units in the area. The tribal youth have the potential to be excellent sportspeople or athletes. This is untapped due to poor facilities for sports and coaching and guidance.

Constraints on Social Capital:

Disparities: Within the district, there is a visible difference in the social and human indices - defined or implicit - of development between the tribal population and the non-tribal population. On account of absence of a single homogeneous tribal identity, social capital more pronounced among the non-tribal sections of population largely comprising of government officials and private sector employees, professionals, traders and contractors.

Lack of unity: There are a number of reformist organisations working for tribal communities, including multitude of them for specific tribes. Such multiplicity makes is all the more difficult to forge a single identity of tribal, and induces inter tribe competition and even conflict. Invaluable work of Christian missionaries in providing health and education services to the tribal groups led to conversion of considerable tribal population to Christianity. It has created another division within the tribal society which hampers bringing homogeneity further.

Limited political expression: In absence of a strong political party exclusively representing the tribal population in Chhattisgarh and the varying affiliations of the tribal legislators

to different political dispensations, safeguards such as the reservation in electoral constituencies have not prevented dilution of potential political strength of the tribal society.

Left wing extremism (LWE) has disrupted the normal process of development. While LWE is not a serious issue in many parts of the district, its presence continues to loom large over the socio-economic discourse and resolution of the issue is imperative for the healthy growth of human and social capital, as also of physical capital.

> **Government led Initiatives**
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> There have been attempts by a district collector for initiating and instituting a movement – imli andolan - for processing of imli (tamarind) in the last decade, since imli is a major forest produce of Bastar. There also exists a three-tier structure for institutional processing of forest produce with primary vanopaj co-operative sanghs forming zilla unions and finally the apex state level CG Vanopaj Sahakari Mahasangh. The imli andolan did not continue and the vanopaj sanghs are not active enough to exploit the potential to the fullest. Some other initiatives of the government such as a bazar for organic produce or formation of milk co-operative society or a mahila farmer producer company have not been successful as yet.

Constraints on Physical Capital:

In Bastar, physical capital itself is limited as compared with the developmental requirements (in terms of the model of development we have been following as a nation and society).

Neglect: The much-needed railway link between Jagdalpur, headquarters of Bastar district, and the state capital Raipur does not yet exist. Jagdalpur is, however, connected by rail to Vishakhapatnam, the port town in Andhra Pradesh. Quite clearly, economic considerations (the need for transportation of iron ore to the port town for exports etc.) have taken precedence over local needs. Chhattisgarh also does not have a state road transport undertaking.

State dominance: Largely, control of physical capital is in the hands of the government departments or the public sector. The Nagarnar steel plant being commissioned is a joint venture of the public sector corporation NMDC. Most business, largely trade and provision of services, is controlled by private enterprises which are mostly small or medium sized. There are no large physical assets by way of factories or industrial plants. There are no big dams or reservoirs or hydro-electric or thermal energy projects.

Shifting control: Community control over common resources such as talaabs etc. was a common feature in rural and tribal communities. However, such institutions have now become dysfunctional and the common resources are also dwindling.

Constraints on Financial Capital:

Pattern of control: Financial capital in Bastar is mostly controlled by traders, contractors and businessmen. Access to financial resources for rural population reliant on agriculture and allied activities is limited. This paucity is highlighted by rates of interest in informal lending market being upward of 1 % per month.

Limited alternatives: SHGs as a source of financial capital developed over the last few years. Since, SHGs have structural limitations due to the nature, scope, capacity and reach, they are inadequate to meet overall demand. Institutional finance has limitations in

terms of complexity of procedures and processing delays, limitations related to purposes and eligibility etc. Even though total demand for finance in Bastar is not very high, due to the constraints detailed above, a small entrepreneur, including a farmer, find it difficult to access timely and adequate finance.

Cultural hindrance: The tribal societies were not in need of much cash traditionally for their pattern of living. However, with the development of contact with the modern market economy (in the limited sense), these societies are also experiencing the need for finance. Temperamentally, the tribal communities do not plan or save for the future. Accumulation of capital or savings is a concept foreign to their traditional way of living. The lack of exposure; information asymmetry about the value and uses of their produce; and aversion to calculative transactions, have resulted in the tribal community losing control over markets and finance.

Inter-linkages between various types of capital:

Paradoxically, the wealth of natural resources has directly or indirectly led to inadequate growth of its physical capital but more importantly has also contributed to the seclusion of a large part of the population from the rest of the country depriving it of participation in the process of development. The remoteness and seclusion, along with other factors, has hindered the growth of human capital and also impacted the development of social capital and led to strife threatening peace and security. This, in turn, has affected the growth of financial and physical capital. One of the possible solutions could be developing social capital through strengthening of human capital by training and motivation.

How to Make Bastar District Samarth - A Strategy

It would be useful, while trying to draw up a strategy for making Bastar a more "samarth" district, to first identify the various paths which should **not** be adopted for the development of Bastar. Some of the paths on which the development of Bastar should not be based are indicated below:

   a. Excessive and unplanned extraction of minerals and establishment of large industrial units based on mining and its products (a corollary to this would be unplanned and one-dimensional urbanisation)

   b. Destruction of forests or depletion of water resources on a major scale or any undue adverse impact on any form of natural capital

   c. Large scale migration of the local youth (except migration for limited period and a specific purpose)

   d. Neglect of the traditional values of the tribal society rooted in respect for nature, co-existence with flora and fauna of the region, sustainable lifestyle without consumerist culture, trust and transparency in dealings, community bonds, freedom of action for women etc.

The point is to follow a path which does not lead to mindless destruction of natural capital and to an undesirable influence of our consumerist urban culture on the values which are integral to the ethos of the tribal society in particular and, traditionally, to the rural society in general. It is, therefore, suggested that the path to "Samarth-ness" be based on sustainable exploitation and eventual preservation and nurturing of all types of capital, especially with human and social capital acting as the main players managing the nurturance of all types of capital. People would have to come together to form institutions and make them samarth to take up sustainable development. The key then would be to

develop human capital and energise it by developing leadership to strengthen social capital with consequent nurturing of natural, physical and financial capital. This action would lead to a virtuous cycle of nurturance with the strengthening of each form of capital.

Natural Capital:

Forests with biodiversity and water (including rainfall) are two resources which the district enjoys in relative abundance. However, both these resources need to be nurtured

- There is scope for increasing the area, the density and diversity of forests. The Forest Department could get more forest produce yielding trees planted, though the effect could be visible only in the medium to long term.

- NTFP processing must be taken up in a more organised manner. Small **community groups and SHGs** could be encouraged to take up **processing and trade of minor forest produce**.

- Promote **horticulture**. Cashew plantation, which was taken up by government efforts about three decades ago has been quite successful. The Shaheed Gundadhur Horticulture College scientists are working on projects for cultivating kinnow, coffee etc. The Coconut Development Board has successfully introduced coconut plantations in and around Bastar district.

- Cultivation of medicinal and aromatic plants could be encouraged by exploiting the currently available species and using the locally available traditional knowledge.

- **Harvesting of water and recharge of groundwater**. Tanks or talaabs on community lands, which were traditionally used need to be rejuvenated.

- **Organic farming, diversification of crops** etc. to increase the quality of soil and better remuneration. Crops such as millets, pulses which would also improve the nutritious content of the food could help improve human capital.

- **Fisheries and animal husbandry**, especially rearing pigs, goats, poultry and milch animals in some areas could help in deriving better income.

Human Capital:

A samarth district is made of samarth people.

While people of Bastar have some unique capabilities, these need to be aligned with the current social needs and certain latent capabilities would have to be strengthened. The need is to ensure that the people get the benefit of public education provided by the government and that a large part of the population is trained in various skills to utilise various livelihoods opportunities. Micro entrepreneurship as well as institutional entrepreneurship needs to be developed.

A plan for samarth human capital in the context of Bastar would mean:

1. There is an urgent need to raise the level of education with improvement in the quality of education in public schools through

   a. Monitoring of functioning of schools and work of teachers etc.

   b. Equipping teachers with the right skills and knowledge through training

   c. Use of web based and computer-based teaching aids

   d. Ensuring proper infrastructure, delivery of other facilities including mid-day meals etc.

    e. Empowering community and making them aware of the need to demand provision of proper education.

2. Developing appropriate **skills for livelihoods** of local people.
   - Training in **skills for processing NTFP** and also **rudiments of trading, either collectively or individually**, without getting exploited.
   - **Skills related to agricultural activities** such animal husbandry, use of implements for agriculture, making of organic manure and pesticides, vermiculture etc. can be taught.
   - **Non-farm-based skills** such as driving, masonry, running of small businesses, tailoring, etc. to reduce excessive reliance primary activities for livelihoods.
   - Training in **hospitality related skills**, especially related to nature based responsible tourism, including running of home-stays.
   - **For the educated youth**, basic skills in computerised accounting, maintenance of computerised records, working in retail sector etc. and **financial sector** could be useful.

3. Micro-Entrepreneurship training needs to be imparted for small businesses such as retail shops, dairy units, small restaurants or tea stalls, transport related activities etc. **Handholding** and guidance is extremely important.

4. The most relevant training may be **to run community organisations** such as SHGs, producer groups, co-operative societies, associations etc. More than training, this would require patient **hand-holding**.

5. The potential of tribal youth in **sports and athletics** must be tapped by encouraging sports and providing training and necessary facilities. Specialised academies on the

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Institution of Change: Mata Rukmini Sewa Sansthan

An organisation which has made a silent but major contribution in the field of education of tribal girls for almost five decades is the Mata Rukmini Sewa Sansthan which runs girls' residential schools at 37 centres. Founded by Shri Dharampal Saini, a nonagenarian follower of Shri Vinoba Bhave, who came to Bastar in the seventies to start his work of spreading education in the tribal society, the organisation believes in Gandhian values. Thousands of its alumni are today working in various fields including government service and in local governance. The schools not only impart education as per the syllabus but also attempt to emphasise the importance of values. An interesting part is the encouragement given to sports due to which many girls have won laurels in football at state and national level.

model of Bhaichung Bhutia Football schools or the Bridges of Hope Sports model could be set up.

6. Provision of nutritious local food would go a long way in improving the health of the population and the cognitive abilities of children.

7. A specially devised programme for leadership development should be launched extensively. The emphasis should be on practical and "on-the-job" training as well.

Social Capital:

The key to equitable development would be nurturing of human capital followed by strengthening of social capital. It requires nurturing the culture of functioning through institutions.

One of the initial measures for developing social capital could be by providing training and hand-holding for formation of community groups for various purposes, linked to each type of capital.

1. Groups of forest dwellers engaged in collecting minor **forest produce** could be trained to undertake collective trading followed by primary processing of produce, beginning with operations on a small scale.

2. **Agriculturists** could be organised in small producer groups initially for collective purchase of inputs and sale of produce, eventually leading to FPOs and federations.

3. Groups of villagers could be trained to provide **home stay or other forms of tourist services** providing an experience of rural or tribal life.

4. **SHGs and their federations** could be strengthened. **Credit co-operative societies** could be formed to meet the needs of agriculturists and small businesses. SHGs have also proved to be good instruments of ushering social change.

5. **Sports teams and clubs** etc. could be encouraged to develop sports through community organisations.

6. **Groups of citizens**, both in urban and rural areas, could be formed to improve governance and participation in local self-government.

7. The influence of **cultural groups or even religious and identity-based groups** could be used to bring desirable social change such as control of addiction, extravagant expenditure on rituals, preservation of nature, etc.

The aim in promoting all these groups should not just be the achievement of professed purposes or functions of the groups but also ushering in the culture of socially active organisations and collective functioning.

Physical Capital:

Connectivity to Raipur from Jagdalpur by rail could give a boost to tourism as well as trade. Road network could also be improved. There is a need to improve the transportation facilities and the possibility of having a government promoted or a PPP model-based road transport corporation.

There is good scope for development of water bodies and other common resources with community control. Talaabs could be repaired and new water storage structures as well as small check dams etc. could be constructed.

A network of small warehouses and cold-storage units could be formed, for storage of forest and agricultural produce which could be helpful in mitigation of risk due to price fluctuations.

Financial Capital:

Government funds, including the District Mineral Fund (DMF) resources, would be adequate for the developmental needs of the district, if their utilisation is targeted efficiently.

The needs of business enterprises are relatively on a moderate scale due to the low level of operations and would not pose a challenge if viewed at the macro level. Small Finance Banks and micro-finance institutions, which are well suited for meeting the needs of the district should be encouraged to widen their network.

The SHGs and their federations need to be strengthened further as they are good source of finance in times of needs to the members. Co-operative societies also could be encouraged.

The state government or institutions such as NABARD should institute **a special fund such as a "Tribal Area Micro-Venture Fund" for providing the initial needs of financial capital of community organisations** such as producer groups etc. engaged in production, trading and processing of agricultural and forest produce. Once the groups become viable and capable of raising finance from banks etc., these could be weaned away.

The capital needed for irrigation and water harvesting investments could be from an Irrigation Development Fund created by the state government. NABARD could also provide refinance from the Rural Infrastructure Development Fund (RIDF).

Eventually, the overall needs of all organisations could be effectively met through community resources, supplemented by banks and financial institutions.

Challenges in the way to altering the existing patterns of control:

The ways of strengthening the various forms of capital in Bastar present some challenges and conflicting outcomes.

Challenges in the development of social capital:

The history of development of social capital through building of organisations and institutions shows that such attempts have not met with much success. Of course, the reasons for these could be manifold. One of the reasons could be that most such attempts were by official agencies.

There do not appear to be many people-led spontaneous initiatives which is a socio-cultural feature needing attention. Encouraging such initiatives would need efforts for development of local and regional leadership, beginning on a small scale initially.

Conflicting outcome between physical and natural capital:

Firstly, the development of physical capital – which is one of the prerequisites for overall development in the current model of our economy- would entail destruction of part of the natural capital. Striking the right balance between the two would be a highly complex task needing the reconciliation of conflicting priorities and ideologies.

The conflict is perhaps most complex in the matter of extraction of mineral resources and development of industries based on minerals.

Conflicting outcome between social capital and other forms:
Preservation of the tribal way of life while aiming for growth is desired. However, strengthening of social and financial capital would involve establishing better connectivity not just in physical terms but also by way of greater contact with the outside world. A part of the suggested strategy for growth of social and financial capital is the linking with markets for the forest produce, agricultural products as also for services of tourism etc. For all the good, the risk of contact with markets corrupting the tribal way of life is quite high. With high levels of deprivation in terms of material comforts for ages, any connect with the outside world could easily lure them to the consumerist and profiteering practices. The conflict is not just a matter of tactics or implementation. It is a matter which needs to be addressed at the conceptual level while formulating any strategy for altering the status quo.

Suggested strategy for overcoming the challenges:
Clarity of purpose and goals is a pre-requisite for overcoming the challenges. Discussions with local population to understand their needs and priorities would be a must. Once clarity of the goals and the path is achieved at least to some extent, sustained discussions with cross-sections of the community would be required for implementation. Patient hand holding for nurturing the culture of community action would be needed to ensure a more equitable pattern of control with sustainable use of resources.

Universal Health Care in India

Policy Implications and Governance Issues

Somnath Ghosh[1]

Abstract: India's public health care system is considered as broken. This paper analyses the reasons thereof, and suggests policy options, governance mechanisms and development measures to set things right.

Evolution of Health as Right

 In October 1943, the Government of (British) India constituted a Committee to make a broad survey of health conditions and health organisations and to make recommendations for future developments. After an exhaustive three-year survey, the Bhore Committee (as it came to be popularly known) submitted its report that called for (a) integration of preventive and curative services at all administrative levels, (b) development of primary health centres (PHCs) in two stages, and (c) major changes in medical education which includes three-month training in preventive and social medicine to prepare "social physicians". Almost without exception, experts in public health care underscore the continuing significance of Bhore committee report (Duggal 1991; Bajpai & Saraya 2011).

But it was the Declaration of Alma-Ata which was adopted at the International Conference on Primary Health Care (PHC), at Almaty, Kazakhstan in September 1978 that underlined the importance of primary health care. The primary health care approach has since then been accepted by member countries of the World Health Organisation (WHO) as the key to achieving the goal of "Health for All".

Last year, member countries gathered in Astana, Kazakhstan to mark the 40th anniversary of the Alma-Ata Declaration and to affirm that strong primary health care is essential to achieve universal health coverage. Interestingly, while WHO had defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", Alma Ata extended WHO definition to include social and economic sectors within the scope of attaining health and reaffirmed health as a human right.

In India, the right to health is outlined in the Directive Principles of State Policy (Article 42 and 47 outlined in Chapter IV) and the Fundamental Right to Life as stated in Article 21.

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The Contextual Reality

Just recently (July 30), *The Times of India* carried a front-page news of a poor tribal from a village – "which has never seen electricity, while nearest hospitals and schools are miles away and literacy is low" - in Rajasthan's Banswara district selling his 12-year son for Rs. 30,000 to work as child labourer. This is not surprising and is in line with India's ranking in 2018 *Global Hunger Index* where India was ranked 103rd out of 119 qualifying countries. The *Global Hunger Index* 2018 report was prepared jointly by global NGOs namely, Concern Worldwide (Ireland) and Welthungerhilfe (Germany). (Pruthi 2018)

The state of public health (PH) in India therefore cannot be appreciated unless pitted against the canvas of governance and development under the overall rubric of social justice. For the rich and powerful, issues of governance and development are not of concern; crony capitalism fashions them as per their needs. It is the poor and the marginalised sections of society who need governance and development to ensure their survival. And it is in this triad of poverty, governance and development that policies and practices in public health system in our country need to be fashioned.

Status of Public Health in India

While this is quite a complex field, for reasons of space we will restrict ourselves to a few parameters that give a fair idea of the state of public health. First, we focus on infant mortality rate (IMR) and maternal mortality rate (MMR). While India has made significant progress over the past few decades, the current IMR of 34 per 1,000 live births is still worrisome especially compared with our poorer neighbours like Sri Lanka (7.45), Bangladesh (26.9) and Myanmar (7.88). In the field of MMR, according to *National Health Profile 2018* released by NITI Aayog in June 2019, India's MMR is 167 per 100,000 live births. Here too, we compare poorly with Sri Lanka's figure of 30 and China's score of 19.6.

Second, we focus on infrastructure available for primary health care delivery system. Primary Health Care, or PHC, refers to "essential health care" that is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community. In India, we have a three-tier system that forms the core of National Health Mission which is derived from the Bhore Committee recommendations mentioned earlier. At the base, we have the sub centres (SC) covering 3,000 to 5,000 people, and primary health centres (PHCs) covering 20,000 to 30,000 people which are the first points of contact for the patients with the government health system meant to provide basic set of services, which includes conducting normal deliveries. If specialist requirements are needed, patients are then referred to the next tier: the Community Health Centre (CHC) which is supposed to have a physician, a gynaecologist, a surgeon and a paediatrician. If needs are beyond the capacity of a CHC, the patient is referred to the district hospital (called the tertiary centres). Table 1 provides a snapshot of PH infrastructure available in our country:

Table 1: PH Infrastructure – All India (2017)				
Sub Centres	PHCs	CHCs	Sub Divisional Hospital	District Hospital
156231	25650	5624	1108	779

Third, we consider the availability of medical professionals. At the very basic level, the efficacy of structural arrangement is as good as the number of doctors available at these places. While the WHO has mandated 1 doctor for every 1,000 persons, the situation is

quite alarming in our country, with just 1 doctor for 11,000 people. In Table 2, we have presented the data pertaining to some of the states in India:

Table 2: Shortfall of Physicians at CHCs as on 31/3/2017						
State	Required	Sanctioned	In Position	Vacant	Shortfall	%
AP	193	65	56	9	137	70.9
Gujarat	363	62	9	53	354	97.5
Haryana	112	12	4	8	108	96.4
Rajasthan	579	665	189	476	390	67.3
UP	822	523	103	420	719	87.5
All India	5,624	2,945	864	2,150	4,760	84.6

The figures for shortage of the four specialties mentioned above are given in Table 3:

Table 3: All India Shortage of Doctors in Public Health System			
Surgeons	87%	Physicians	85%
Gynaecologists	74%	Paediatricians	81%

Fourth is the question of poor quality of services. The recent deaths at BRD Medical College Hospital, Gorakhpur being one - when in August 2017, sixty-three children died at the hospital after the hospital's piped oxygen supply ran out.

Dimensions 2 to 4 mentioned above severely impact the poor's capacity to access healthcare services. According to *Lancet* study, while India has improved its ranking on a global healthcare access and quality (HAQ) index from 153 in 1990 to 145 in 2016, yet it ranks lower than neighbouring Bangladesh and even sub-Saharan Sudan (136), Equatorial Guinea (129), Botswana (122) and Namibia (137). Even conflict-ridden Yemen (140) performs better than India.

Fifth is the dumbing down of surveillance as a result of shift in focus from preventive to curative. As a result, we see incidents of chikungunya and AES resulting in many preventable deaths, as in the case of recent outbreak of AES in June 2019 that occurred in 222 blocks of Muzaffarpur and the adjoining districts in Bihar as a result of which 85 children died at the Sri Krishna Medical College and Hospital (SKMCH), one of the largest state-operated hospitals in Bihar. This is however a continuing trend. In India, preventive services take a back seat to curative care. Writing in *The Telegraph* (15 October 2006), TV Jayan points out that chikungunya and dengue are after all the outcomes of the shift in focus from surveillance and prevention (of vector borne diseases) to treatment and cure (when actually there isn't any cure):

> *"…the first chikungunya case in Karnataka was accidentally spotted in November last year by researchers from the National Institute of Virology, Pune. The scientists alerted the state health department last year; but the state government took six months to act. The result was a whopping 7.5 lakh cases".*

Then again, he quotes an insect control expert who also heads a national laboratory:

> *"In the old days… insect surveillance was part and parcel (of program). Today, there is not a single entomologist worth the name. Even if somebody happens to be still employed they are (sic) either manning stores or are in charge of distribution of insecticides."*

Sixth is the related issue of absence of public health orientation in the planning, design and delivery of primary health care. For example, most states – more so the larger ones – experience significant regional variations in health outcomes. But rarely does the health plan of the Directorate of Medical Health of any state reflect this reality in terms of taking cognisance through monitoring, review and analysis, much less working out action strategies.

Impact on the Poor

In context of poverty, access to public health systems is critical. Yet we have simply not learnt although since 1990s, the public health system has been collapsing and the private health sector has flourished at the cost of the public health sector. According to Nobel Laureate Amartya Sen,

> "in some ways we have gone particularly wrong here. I think public sector resources have to provide basic medical care for all, basic medicine, basic diagnosis, blood and urine tests, x-rays and so on, which go with the normal practice of medicine, and providing treatment for well known ailments and doing the best that the doctors can to help the patient, without going into an extremely expensive system of medical care… Rather than the public sector providing basic coverage to all Indian residents, you end up in a situation where a large proportion of the population remains under-protected by the public health sector.
>
> We need a radical change in the way health delivery in the public sector occurs. India spends a lower percentage of GDP on public health than almost any other country, including those of similar income levels. The neglect here is massive, particularly because this has led to both the substandard delivery of public health and the development of an immensely exploitative private enterprise in healthcare that survives on the deficiencies — and sometimes absence — of public health attention."

What does this mean in a country where as per government figures (IHP 2018; p. 50) 21.9% of the population is below the poverty line? Poverty and ill-health go hand-in-hand, and limited income means a limited capacity for health spending. For the poor, therefore, health care is often the last priority, affordable only if there is money left over

after paying for more immediate needs such as food. For rural poor households, illness represents a permanent threat to their income earning capacity. Research shows the enormous importance of health and health-related debt on the likelihood of slipping into poverty. Since the public health care system is so inadequate, patients end up with what's known as out-of-pocket (OOP) expenses. OOP health expenses drove 55 million Indians – more than the population of South Korea, Spain or Kenya – into poverty in 2017, and of these, 38 million (69%) were impoverished by expenditure on medicines alone. These calculations by the Public Health Foundation of India (PHFI), an advocacy, were released on June 6, 2018, (Business Standard, July 19, 2018)

Besides, cost of medicines being so high, there is tendency on the part of the poor not to take the prescribed dosage, leading to recurrence of ailment and the disease becoming drug resistant. Absence from work leads to loss of income, and with OOP, the poor often fall in poverty trap. If we consider that 21.9% of Indians fall below poverty line (BPL), the tragedy that plays out due to poor primary health care becomes evident. It is in this context that India's commitment to reduce inequality assumes significance. UK based Oxfam International's "Commitment to Reducing Inequality (CRI) Index" ranks India 147th among 157 countries analysed, describing the country's commitment to reducing inequality as a "very worrisome situation":

> *"Oxfam has calculated that if India were to reduce inequality by a third, more than 170 million people would no longer be poor. Government spending on health, education and social protection is woefully low and often subsidises the private sector. Civil society has consistently campaigned for increased spending. The index finds that while the tax structure in India looks reasonably progressive on paper, in practice much of the progressive taxation, like that of the income of the richest, is not collected."* (*The Economic Times*, October 10, 2018)

Policy Implications

Given the above, we may cull out the following policy implications:

- *Increase public spending on health:* While studies have shown a direct linkage of health spending with health outcomes, India spends little on healthcare. As per official data released by NITI Aayog, India spend a low of 1.15 per cent of GDP in 2016. This is nothing short of a scandal considering the country sends mission to the moon. Consider also that WHO recommends that countries spend 4-5% of their GDP on health to achieve universal healthcare. Further, in most countries, the government takes the lead in social sector expenditure. For instance, in China, of the total expenditure on healthcare, 55 per cent is spent by the government. In the UK and Europe, government expenditure on healthcare is even higher at 75-80 per cent, whereas in India it is at a low of 31 per cent. This has resulted in poor state of India's healthcare sector.

- *Abolish User charges in government hospitals:* For some years now, the government has been advocating user charges in public hospitals, arguing that while it is committed to basic health care (family planning, immunisation and selected disease programmes) people should pay for other services. This has been opposed by many health activists on the grounds that user charges actually reduce poor people's access to essential services.

- *Financial protection:* A few years ago, this aspect has been well considered by a team of competent subject experts in a paper published by Lancet (Shiva Kumar, et. al: p. 675). According to them, the financial protection offered by (various

government medical insurance) schemes remains insufficient. First, many schemes target only poor families; they are not universal coverage. Second, most schemes cover treatment costs of hospital admission or serious illnesses, and not outpatient care. Third, many of the schemes do not reimburse costs of drugs – a major out of pocket expenditure. So, among other things, they suggest *universal financial protection* based on *single-payer system* wherein the government would collect and pool revenues to purchase health care services for the entire population from the public and private sectors; establish uniform national standards for payment, and regulate quality and cost by use of appropriate information technologies. But from where would the money come from? They suggest increased taxation, especially on products that harm public health such as all tobacco products, alcohol, high calorie foods that have little or no low nutritional value, and energy inefficient and polluting vehicles.

- *Replace CHC with satellite hospitals:* The purpose of creation of CHC as the middle tier of public health care system was to relieve pressure from district hospitals. As early as twenty years ago, at the instance of the erstwhile Planning Commission, the Programme Evaluation Organisation (PEO) undertook a study to evaluate the functioning of the CHCs and their effectiveness in bringing specialised health care services within the reach of rural people. On the basis of data that PEO gathered, it concluded that the shortage of specialised personnel and equipment had made the CHCs as good as non-functional. If we compare PEOs findings with current data, we find the situation has only deteriorated: the shortage of health specialists and lack of equipment has only worsened, concomitantly increasing overcrowding and burden on district hospitals. So, as a policy measure it would make sense to replace a clutch of 4-5 CHCs in a region, free up the personnel and equipment and position them in a 300-bedded satellite hospital.

- *Budgetary support for civil society working in health sector:* The private sector won't go to an area or sector where it can't earn sufficient ROI, and the government's outreach is limited by paucity of human and technical resources padded with the reluctance to serve in difficult terrain. In the process, the most disadvantaged are more excluded. In these inhospitable condition, NGOs and other civil society organisations have stepped in to render yeoman service. For example, Jana Swasthya Sahyog, an NGO, operates a hospital located 20 km away from Bilaspur town in the village of Ganiyari at the site of an abandoned irrigation colony that is leased to them by the Government of Chattisgarh. It has an operating theatre complex, diagnostic laboratory, and a low cost pharmacy, apart from a crèche. Since opening in 2000, over 100,000 patients have come for over 230,000 consultations. In 2008, there were 33,752 consultations at the Ganiyari OPD, and 40,155 total consultations, including the outreach clinics. There were 1286 inpatient admissions, and 1385 surgical procedures. A total of 49,007 investigations were conducted, 44,650 of which were at the Ganiyari laboratory. Since it is rendering a service which should have been rightfully done by the state, there is no reason not to extend them financial support and leave them to their own devices to raise resources. Since Jana Swasthya Sahyog is but one example, the policy implication is clear: make budgetary provision for civil society functioning, just as the government does for some of its own organisations, projects or schemes.

Governance

UNESCAP's (2009) take on good governance is a useful guide for us to draw up an action

Characteristics of Good Governance
(Source: UNESCAP)

agenda to fix the broken public health care system of our country. While UNESCAP lists eight characteristics of good governance, from our perspective we can draw on some of those which have greater relevance. First, we may consider "accountability". The starting point here is to strengthen the regulatory provisions. In a scathing op-ed in The Hindu, "No sweetening this bitter pill", K. Sujatha Rao, former health secretary to the government of India makes a telling statement: *"The absence of a well thought out policy framework for strengthening the health system is the most important issue facing the health sector in India"*, and *"unless the government regulates the growth of the private sector and makes it accountable, the worn down public health infrastructure cannot be revitalised"*. She takes the example of government sponsored insurance scheme under which the government buys the insurance on behalf of the people for providing cashless service for inpatient care, the providers charge on a DRG basis, the insurance companies have assured incomes and the entire risk is borne by the government. While access has been increased, the scheme has generated fraudulent and corrupt practices, "with negligible impact on reducing catastrophic expenditure, impoverishing millions in the process". The need therefore is to control provider behaviour through well laid down protocols and SOPs, penalties and incentive structures.

The next characteristic of governance in the context of our PHC system would be to make it equitable and inclusive. One way to achieve these is to ensure that it is participative, which is but another characteristic of good governance. These could be achieved by involving the participation of civil society in decision making and implementation process. Here, the participation of NGOs like Jana Swasthya Sahyog could play an effective role.

We would also need to consider two other characteristics of good governance. Our PHC system needs to be responsive as well effective and efficient. These could be achieved by "intensive use of technology that enables electronic transmission of samples for diagnosis at centralised laboratories, pricing of services, use of IT systems to closely monitor not qualitative but qualitative outcomes as well, put in place grievance redress systems, tightening and insulating the enforcement system at all levels".

Capacity Building

Lastly, to augment the availability as well the quality of human resources in PH domain, it would be necessary to design and implement specific capacity building programmes in at least the following areas. Since AYUSH is already an integral part of PHC system, the Ayurveda specialists who are in any case Bachelor of Ayurveda, Medicine and Surgery (BAMS) can be trained in surgical procedures that are more appropriate at PHC level. Next, ANMs can be trained to become GNMs, and GNMs Nurse Practitioners. A very important agenda should be to **mainstream** public health discipline in the working ethos of general health practitioners if the space of preventive cure has to be reclaimed for effective delivery of universal health care. To ensure this, it should be made mandatory for every mid-level doctor to undertake courses – albeit short-duration – in any of the streams of PH that are more relevant for the design and delivery of universal health care.

Concluding Remarks

What have been mentioned in the foregoing sections have been well known, though this knowledge has been scattered across the spectrum. It would make sense not to scatter our energy and resources in mindlessly responding in knee jerk fashion but develop a cohesive strategic action frame, to be implemented in a realistic time-frame.

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