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**Local Governance: Bureaucratic Performance  
and Health Care Delivery in Calcutta**

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## Abstract

This thesis is based on a comparative case study of two *bustee* neighbourhoods located in two separate wards of Calcutta, and of the factors which have affected the performance of public officials providing primary health care services to their inhabitants. It is argued that poor bureaucratic performance and a lack of accountability lie at the heart of problems with the health system in West Bengal. The thesis evaluates the effectiveness of 'governance' reforms, comprising decentralisation and the application of the principles of New Public Management (NPM), on the performance of public officials.

NPM and decentralisation apply the core assumptions of neo-classical economics to the study of bureaucratic decision-making. The thesis argues that local officials in Calcutta may not always have chosen to behave in a way which maximised their personal welfare, but that history, culture and politics may have affected the choices that they made.

The thesis questions the view that decentralisation necessarily leads to greater community participation challenges contemporary notions of what constitutes 'civil society' and suggests a more nuanced view of the relationship between civil society and good government.



It questions NPM's claims to universality, which have resulted in its widespread application without due regard to local context, and argues that NPM inspired reforms have had a limited effect on health officials in Calcutta, in part, because of their failure to address the underlying causes of poor bureaucratic performance. The final chapter argues that the political influence of public sector workers has affected the willingness of the ruling Party to enforce the incentives to improve the performance of health care officials in West Bengal.

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### List of Abbreviations

<b>BC</b>	Borough Committee
<b>BCC</b>	Borough Committee Chairman
<b>BHU</b>	Basic Health Unit (Ward Level Health Unit)
<b>CHGs</b>	Community Health Guide
<b>CMC</b>	Calcutta Municipal Corporation
<b>CMDA</b>	Calcutta Metropolitan Development Authority
<b>CMHO</b>	Chief Municipal Health Officer (CMC)
<b>CMO</b>	Chief Medical Officer (District Level)
<b>CMUHO</b>	Calcutta Metropolitan Urban Health Organisation
<b>CPI</b>	Communist Party of India
<b>CPI (M)</b>	Communist Party of India (Marxist)
<b>CSIP</b>	Calcutta Slum Improvement Programme
<b>CUDP</b>	Calcutta Urban Development Programme
<b>DCMHO</b>	Deputy Chief Municipal Health Officer (CMC)
<b>DFID</b>	Department for International Development
<b>DYFI</b>	Democratic Youth Federation of India
<b>EHO</b>	Executive Health Officer (Borough Level)
<b>FP</b>	Family Planning
<b>FW</b>	Family Welfare
<b>GoWB</b>	Government of West Bengal
<b>GoI</b>	Government of India
<b>HHW</b>	Honorary Health Worker
<b>IAS</b>	Indian Administrative Service
<b>ICDS</b>	Integrated Child Development Scheme
<b>IMR</b>	Infant Mortality Rate
<b>MCH</b>	Maternal and Child Health
<b>MIC</b>	Mayor in Council
<b>MO</b>	Medical Officer (Ward Level)
<b>MNCs</b>	Multinational Corporations
<b>MPHW</b>	Multi-Purpose Health Worker
<b>MPHA</b>	Multi-Purpose Health Assistant
<b>ODA</b>	Overseas Development Administration
<b>OPD</b>	Out patients department
<b>PRI</b>	Panchayati Raj Institution
<b>SC</b>	Scheduled Caste
<b>SFI</b>	Student Federation of India
<b>SFW</b>	Senior Field Worker
<b>ST</b>	Scheduled Tribe
<b>TMC</b>	Trinamul Congress
<b>ULB</b>	Urban Local Body
<b>WBCS</b>	West Bengal Civil Service
<b>WBIDC</b>	West Bengal Industrial Development Corporation
<b>WC</b>	Ward Committee
<b>ZP</b>	Zilla Parishad

### Glossary of Terms

The spelling used in the text is a simplified and common version of the correct transliteration.

<i>Bari</i>	commonly means home. It is used in the text to refer to a slum hutment (which is then subdivided into <i>ghor</i> )
<i>Bariwalla</i>	hutowner, formerly a <i>thika</i> tenant
<i>Beri</i>	water body
<i>Bhadrolok</i>	literally the 'gentle folk', English speaking, generally middle class men from the three upper castes.
<i>Bhai</i>	younger brother
<i>Bharatia</i>	tenant, a hut occupier
<i>Borolokh</i>	the rich
<i>Bustee</i>	a registered slum
<i>Chadda</i>	donations
<i>Chakri</i>	paid (regular) employment
<i>Chottolok</i>	the common people, a disparaging term used to refer to those diametrically opposed in the social hierarchy to the <i>bhadrolok</i> , ie those that worked with their hands, without any of the privileges of class, caste and education
<i>Dada</i>	elder brother/term of respect
<i>Gali</i>	a narrow lane or alley between bustee hutments
<i>Ghor</i>	literally means room, but used by people in the bustee to refer to their house (which is usually one room)
<i>Kothabari</i>	brick built house
<i>Mandir</i>	temple
<i>Mastaan</i>	local don
<i>Neta</i>	leader
<i>Thika Tenancy</i>	a system of urban land tenure unique to Calcutta, whereby a <i>thika</i> tenant rents land from a <i>zamindar</i> and build hutments, later to be divided and rented tenants. After the abolition of <i>zamindari</i> , the land passed to the state. <i>Bariwalla</i> pay a monthly due to the state.
<i>Para</i>	neighbourhood
<i>Pandal</i>	an awning, which houses effigies of deities
<i>Prasad</i>	offerings
<i>Zamindar</i>	landowner

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## **Chapter I**

### **Introduction**

#### **1.1 Background**

Access to basic health care is a fundamental right of all human beings. It is essential for a decent standard of living and a good quality of life. Whereas the policies of the Left Front (LFG) government in West Bengal over the last quarter of a century have had a significant impact on the indices of rural poverty, in addressing other aspects of well-being, notably health care, the state's performance has been rather disappointing (Gazdar and Sengupta, 1997). This is particularly curious given that West Bengal has been governed continuously for the last 24 years by a "well organised and disciplined Party committed to social reform (Robinson, 1998:182), which is widely considered to have taken pioneering steps to reinvigorate local government, through the decentralisation of powers to the newly revitalised panchayati raj institutions (PRIs) and urban local bodies. Given the uninterrupted rule of a pro-poor political regime, and the existence of a favourable institutional framework, the research has tried to examine why qualitative improvements in basic health care services have lagged behind.

On account of the paucity of academic work on reforms to local government in Calcutta, and given that according to Chatterjee, "development and provision of services in urban areas are clearly not issues on which the Left Front Government in the West Bengal can congratulate itself" (1997:171), The research has focused on local governance in Calcutta, the biggest urban agglomeration in Eastern India, and the delivery of basic health care services to inhabitants of the city's *bustees*.

#### **1.2 Governance**

In the 1990s, "good governance" was in the vanguard of debates about development. Governance refers to, "the mechanisms, processes and institutions, through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences" (UNDP, 1997:3). "Good governance is...participatory, transparent and accountable" (Ibid). Governance reforms grew out of the disillusionment with traditional, centralised bureaucracies which had been responsible for delivering services, and a belief that

the role of government in the delivery of services needed to change. Developing countries, often at the behest of donors, undertook a series of reforms to make government more accountable and responsive, through decentralisation and the application of incentives inspired by the doctrines of the New Public Management (NPM).

Decentralisation, by “bringing government closer to the people” (World Bank, 1997), was meant to make public policy more attuned to people’s needs, and public officials more responsive. It was also seen as an end in itself, as a way to deepen democracy at the local level, through the participation of previously excluded groups in the political process. NPM reforms were concerned with enhancing organisational performance through the application of market-like incentives to public bureaucracies, designed to make officials more flexible and responsive in their ways of working.

### **1.3 Local Governance and Basic Health Care in West Bengal**

The Left Front Government (LFG), a coalition of left parties dominated by the Communist Party of India (Marxist), the CPI (M), has ruled the state of West Bengal since 1977. Shortly after coming to power, the LFG embarked on a vigorous process of equity-orientated reforms including the most comprehensive agrarian reform programme to date in India. The programme ensured that roughly 90% of landless families received land (Sengupta and Gazdar, 1997:142).

The government also introduced significant political changes in both rural and urban areas of the state. The LFG introduced legislation which led to the revival of the *panchayati raj* institutions (PRIs) in rural areas. Some political power and certain administrative responsibilities were decentralised to these elected local government bodies. Furthermore, the election of panchayat members on the basis of regular and competitive elections and the reservation of seats for traditionally marginalised groups, provided for the first time the opportunity for previously excluded members of the rural population to play an active role in the political process. PRIs were found to have played an important role in the implementation

of poverty alleviation programmes by correctly identifying beneficiaries from the proposed target group (Westergaard, 1986; Webster, 1990).

West Bengal also witnessed significant changes in the system of local governance in urban areas. In particular, the Calcutta Municipal Corporation Act (1980), which replaced the Calcutta Municipal Act (1951) attempted to create more autonomous local political institutions in Calcutta, as a way of enhancing local democracy and making local government more responsive. The CMC Act (1980) included plans to devolve powers to lower administrative levels through the constitution of Borough Committees (BCs), whose role was to perform local service delivery functions for which both administrative and financial support were ensured in the Act, and to serve as a platform through which local inhabitants could pressurise elected officials (Ghosh, 1996:6-7). This Act also introduced a cabinet system of government for Urban Local Bodies (ULBs) in the state. Under this so-called 'strong mayor system', the Municipal commissioner, the principal executive officer of the corporation, was made to function under the supervision and control of the mayor, the elected official.

Reforms to local governance in urban areas have received little critical attention, relative to that given to the issue of agrarian change in the state. The redistribution of assets and reforms to local governance in rural areas have been well-documented in the literature, where it has been argued that by these changes have contributed to a reversal of the pattern of rural pauperisation (Harriss, 1993; Lieten, 1996) and agricultural *impasse* that had plagued the region since the 1950s.<sup>1</sup> Scholars have also suggested that the political changes in the state, in particular the reforms to local governance, created the opportunities for significant public policy interventions that could have a meaningful impact on prevailing patterns of deprivation. As Sengupta and Gazdar put it, "if the old patterns of political power...acted as a constraint on the expansion of public services, then the

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<sup>1</sup> Boyce (1987) showed that the growth rate of agricultural production in West Bengal since 1950s was far below the rate of population growth, largely due to institutional factors-inequitable land tenure arrangements and the inability of poor peasant farmers to gain access to necessary inputs such as water, fertiliser and credit.



changed balance of power in rural West Bengal certainly opened up new possibilities of more development-orientated governance" (1998:185).

Twenty years after the reforms were implemented, it has been noted that the indicators of well-being in West Bengal suggest that pervasive patterns of deprivation continue to exist, particularly in terms of the access to basic health care and primary education amongst the most marginalised sector of the population.<sup>2</sup> It would appear that, in the provision of such essential goods as basic health and primary education, the achievements of the LFG have been limited.

### *1.3.1 Health and the Urban Poor in Calcutta*

Least impressive in this regard has been the provision of basic health care to the poor in urban areas. Chatterjee has noted that, "development and provision of services in urban areas are clearly not issues on which the Left Front Government in West Bengal can afford to congratulate itself. In fact, those issues constitute the Left Front's Achilles heel..." (1997:171). In terms of socio-economic development, some scholars have suggested that urban West Bengal has fared less well, relative to the achievements in rural areas. Prolonged industrial stagnation and decline, growing unemployment and increasing casualisation of labour arrangements (Mukhopadhyay, 1998),<sup>3</sup> has meant that, "poverty reduction in urban areas seems to be beset with more problems than in rural areas" (Bagchi, 1998:2977).

Although compared to rural areas, cities have a higher concentration of health professionals, a well-developed physical infrastructure, a network of health facilities which are close at hand, and which receive a significant portion of national health budgets (Rifkin, 1987),<sup>4</sup> there is cross national evidence to suggest that the health conditions of the urban poor in developing countries is in many ways worse

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<sup>2</sup> See Sengupta & Gazdar, (1997:182-199) for a good discussion of this.

<sup>3</sup> Cited in Bagchi (1998:2977).

<sup>4</sup> Chapter Three presents evidence to support this from West Bengal.

than that of corresponding rural groups (Tabibazeh et al, 1989; Rossi-Espagnet, 1984). Epidemiological data in which the status of the urban poor is disaggregated provides ample evidence of stark intra-urban health differentials.

For example, Rifkin (1987), quoting an unpublished WHO report, has commented that the TB rate in Manila slums is 50% higher than in the rest of the city, and that the dysentery rate in Madras is three times higher in squatter settlements. Rossi-Espagnet (1984) has argued that “the urban poor are at the interface between underdevelopment and industrialization and their disease patterns reflect the problems of both. From the first, they carry a heavy burden of infectious diseases and malnutrition, whilst from the second they suffer the typical spectrum of chronic and social diseases.”

Calcutta, once at the forefront of industrialisation, whilst still the hub of the largest economic complex in Eastern India (Sivaramakrishnan & Green, 1986:140), witnessed a decline in its economic predominance which has contributed to a slowdown in the process of urbanisation over the last twenty years. The city's administration has always struggled to provide the basic services to meet the population's needs, for which the city's poor have tended to suffer the most. Relative economic decline combined with the need to provide for a burgeoning population, exposed the inadequacy of the city's public health infrastructure, with the result that recurrent outbreaks of epidemics characterised the post-independence period.

A WHO report into the outbreak of a devastating cholera epidemic in the city in 1958, concluded that concerted public action was needed to address the risks to public health and prevent the recurrence of such epidemics (Bhattacharya, 1991:18), caused by “...overcrowding, degradation of housing, health hazards, primitive water supplies, lack of space for new industries...” (Wolman et al: 1960).

The WHO Report led to the eventual establishment of Calcutta Metropolitan Development Authority (CMDA), a parastatal organisation which since 1970 has taken charge of planning in the metropolitan area and has coordinated efforts to

bring much needed basic improvements to the city's *bustees*, using a novel 'Sanitation Model'. The Sanitation Model comprised the following works:

- Conversion of service latrines
- Connection of Private water taps
- Surface Drainage facilities
- Construction and Widening of Roads and Pathways
- Provision of Street Lighting and Waste Disposal facilities
- Construction of Community Facilities<sup>5</sup>

Recently, it was estimated that 42.5 % of households and 42.6 % of people in the CMC area live in slums (Chatterjee, Bhattacharya and Halder, 1999). Slums are defined as, "clusters of hutments comprising several rooms constructed with temporary building materials, where each room is inhabited by a family sharing a common latrine, without arrangement for water supply, drains disposal of solid waste and garbage within the slum boundaries" (Chatterjee et al 1999: 50).<sup>6</sup> The CMDA has identified some common defining characteristics of Calcutta slums. It found that most slum dwellers lived in *semi-pucca* huts, in one room measuring on average 161.8 square feet, where on average 3.9 people reside. Most slum dwellers share a community tap and toilet with other households. The majority of slum households earn less than Rs 3,000/month. The figures show that almost one half of the city's population continues to live on low wages, in cramped and

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<sup>5</sup>This model emerged following the failure of slum policy orientated towards slum clearance (see Dutt et al, 1997) and subsequently, slum redevelopment (see Chakrabarti & Halder, 1991). It formed the basis for donor-funded Slum Improvement Programmes (SIPs), such as the World Bank funded Calcutta Urban Development Programme (CUDP) implemented in three phases starting in 1974. By the third phase (CUDP III), which began in the late 1980s, a comprehensive primary health care service covering maternal and child health, immunisation and family welfare programmes had been added. An income and employment generation was also included in the package under the Small Scale Enterprise Programme (SSEP) and subsequently some primary schools were set up in slum areas. A DFID/ ODA funded Calcutta Slum Improvement Programme, conducted in two phases starting in 1990 (CSIP 1a and 1b), adapted most of these features and added a significant community development component.

<sup>6</sup> It should be noted that not all slums are necessarily *bustees*, although all *bustees* are slums. This research focussed on the inhabitants of *bustees*. A *bustee* is a legal entity. In Calcutta, according to the Municipal Corporation Act (1980), "*bustee* is an area of land not less than seven hundred square meters in area occupied by or for the purpose of any collection of huts used or intended to be used for human habitation".

unsanitary conditions - all factors which Rossi-Epagnet (1984) has identified as contributing to the bad health of the urban poor.

#### **1.4 Primary Health Care and Bureaucratic Performance**

There is clearly a need for the effective and equitable provision of health care services to the urban poor in Calcutta. The concept of primary health care (PHC), enshrined at Alma Ata (1978), is particularly useful for it widened the perception of health care as not being simply disease orientated, linked it to the wider process of development and bound it to broader concepts of environmental and socio-economic issues. PHC was defined as: "essential health care made universally accessible to individuals and families in the community, by means accessible to them, through their full participation and at a cost that a community and country can afford" (Primary Health Care: Health for all, No1, 1978). Traditionally applied to rural populations, the primary health care concept (PHC) is clearly pertinent to the urban poor in a city like Calcutta. For the purposes of this dissertation, primary health care services will be taken to refer to basic, low-level, community orientated services.

Health is of intrinsic and instrumental value, both to an individual and to the development process at large. After the underestimation for a long time of the extent and severity of urban poverty, including the health needs of the urban poor, research is now emerging to show that despite enjoying a greater proportion of resources, people in urban areas have extensive health problems. In particular the urban poor are faced with the double burden of communicable and non-communicable diseases, and in many cases suffer higher rates of infection than their rural counterparts. A combination of social, economic, psychological and environmental factors contributes to the increasing health burden of the urban poor, and lasting improvements demand progress in each of these areas. Nevertheless, better access to health-care services can also lead to improvements in the health status of the urban poor. In fact, the poor themselves have emphasised the value they place on improved provision of health-care as a way of mitigating the devastating impact that illness can have on household poverty

(DAG; 1997). A well-developed system of public health is central to the pursuit of social justice.<sup>7</sup>

Chapter Three concludes by suggesting that the main constraint on the more equitable provision of health care to the poor in the state is poor bureaucratic performance. Indiscipline, in the form of gross absenteeism, shirking and malfeasance; poor staff motivation and a lack of accountability have contributed significantly to this state of affairs. Whilst these problems have been shown to affect the public health system as a whole in India (Banerji, 1985; Jeffery, 1988), the view taken in this dissertation - corroborated by successive Legislative Committee Reports on Health and Family Welfare published since 1986, as well as from extensive observation and interviews in the field over a period of 12 months - is that in West Bengal the problem is acute.

This poses a critical conceptual problem, which has guided the research from the start. Namely, that the need to reform the state, to make it more responsive to the needs of its people and accountable, especially to the poor and marginalised, has been at the fore of development debates since the early 1980s. Decentralisation has been one of the main recommended policy prescriptions to help bring this about and West Bengal is widely considered to have been at the forefront of implementing such reforms. Given the existence of such a favourable institutional framework coupled with the fact that the state has been ruled uninterruptedly for the last twenty-five years by a supposedly pro-poor political regime, the research tries to understand why basic health care services have not been provided more equitably provided in the state.

This dissertation focuses on the effect of governance reforms on the delivery of primary health care services to the urban poor in Calcutta. It evaluates many of the assumptions upon which governance reforms are premised on the basis of empirical evidence collected during fieldwork in Calcutta comparing the performance of public health care officials in two wards of the city.

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<sup>7</sup> See Drèze and Sen (1995: 99-101) and references therein.

## 1.5 Outline

Chapter Two, which explores the theoretical rationale for these governance reforms, argues that they share a common theoretical background. Public choice theory and New Institutional Economics (NIE), both of which extend the basic assumptions of neo-classical economic theory to public administration, have influenced decentralisation and NPM. Officials working in the public sector are assumed to be rational, self-interested, utility maximising individuals. Based on this assumption, public choice theory holds that they are intrinsically unresponsive and unaccountable to citizens. NIE attempts to modify some of the basic assumptions of neo-classical theory, by arguing that rational, utility-maximising individuals may be constrained by 'bounded rationality' and imperfect information. NIE holds that institutions, the rules that structure and constrain human interaction (North, 1995), shape the behaviour of human beings, by affecting the quality of information on which an individual can make a choice. Based on these assumptions, efforts to improve governance have given rise to reforms that change the shape of administrative structures and modify organisational rules, to establish incentives for officials to perform more effectively.

Decentralisation is premised on the assumption that officials choose to behave in an instrumentally rational way. Thus, it was believed that bringing consumers and providers closer together would result in officials being more responsive and more accountable to citizens. Through greater physical proximity it was assumed that citizens (principals) would be better informed of the activities of local officials (agents), and thus be in a better position to be able to appraise their performance. Being closer, it was assumed, would make it easier for citizens to exert pressure on officials to address their needs more effectively. It was also assumed that greater public scrutiny of the work of public officials would reduce the incentives for them to behave opportunistically.

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Decentralisation was seen as a way to enhance the participation of the previously excluded groups in the policy making process, both as a means of empowerment, and to ensure that their needs were addressed in policy outcomes. It assumes that the poor comprise a homogenous group sharing common interests and concerns, and that they are prepared to act together. Related to this is the notion, implicit in calls for decentralisation, that the roots of good governmental performance lie in a robust and autonomous civil society, which acts to keep the state in check. This way of conceiving the relationship between civil society and the state has a long tradition in contemporary liberal theory, and may be traced to the work of De Tocqueville [1835] (1990). Its current popularity can be partly attributed to Putnam (1993), in whose study of the performance of local government in Italy it is argued that social capital - stocks of which are created in a particular area through a history of civic associationalism - is one of the key determinants of institutional performance in Northern Italy.

Also based on the assumption that public officials choose to behave based on a systematic calculation of personal advantage (Sen, 2000:270), NPM inspired reforms were introduced in a number of countries. Influenced in part by private sector styles of management, NPM reforms were meant to lead to greater competition in the public sector, more hands-on professional management and an emphasis on output and performance, to create incentives for enhanced performance of the public sector and more accountable public officials. NPM reforms carried great intuitive appeal based on its claims to be applicable to different contexts. Moreover, the reforms held out the promise of cutting costs and so of providing more for less, through administrative changes to public bureaucracies and more efficient, results orientated management.

The dissertation aims systematically to explore each of these assumptions in the light of empirical evidence. Chapter Four provides a comparative case study of social relations in two Calcutta *bustees*, through which the assumption that the 'poor' comprise a homogeneous group with common interests and concerns is challenged. Chapter Five is a comparative case study of the performance of health care officials in two wards of the city. It is shown that officials in one ward

performed better and were more responsive to the needs of local inhabitants, than in the other. The chapter explores the factors which may have led to this better performance, suggesting that external pressure exerted by local inhabitants through civil society organisations may have proved decisive. It attempts to modify current notions about the relationship between civil society and good government, however, and questions the discrete separation between the two categories, which liberal theory proposes. Chapter Six begins by critically examining the view that decentralisation leads to a reduction in information and transaction costs, making it easier for local inhabitants to hold local health care officials to account for their actions. It then questions the behavioural assumptions that underlie the public choice/new institutional rationale for governance reforms. Through a brief review of the history of Calcutta Corporation, it highlights the role that 'informal constraints' may have on the performance of CMC officials, and underlines the role that politicians have played in legitimising certain norms of behaviour. The chapter ends by looking at the effect of NPM inspired reforms on the performance of Honorary Health Workers (HHWs) working in one ward of the city. It argues that the success of organisational changes depend on an appreciation of the local context, arguing that such efforts must be rooted in an organisational culture favourable to these changes. Chapter Six suggests looking beyond organisations to identify the roots of poor performance, and concludes by echoing Sen's (2000) call for a need to trace the roots of successful organisational change to the attitudes and conduct of those in positions of authority. Chapter Seven evaluates the role that politicians and bureaucrats have played in the failure to improve standards of performance of health care officials in West Bengal. It argues that the ruling coalition in the state has failed to enforce the incentives to make health care officials accountable, because to do so would risk alienating a small, yet highly organised and influential group of supporters.

## **1.6 Methodology**

### *1.6.1 Case Study of the Bustees*

I undertook a case study of the health care bureaucracy in Calcutta, comparing the performance of health care officials working in two wards of the city, and a



comparative case study of two *bustees* in two separate wards of the city, which were purposively selected.<sup>8</sup> The purpose of the research was to evaluate the effectiveness of the institutional arrangements in regulating the performance of health care officials. I needed to examine the extent to which the theoretical assumptions implicit in calls for decentralisation, actually held true. Effectively I wanted to ascertain whether decentralisation had led to a reduction in information and transaction costs and thus resulted in local inhabitants exerting pressure on local officials. This required a study of 'voice' (Hirschmann, 1970),<sup>9</sup> and of the limits to its effectiveness in achieving qualitative improvements in bureaucratic performance and service provision. I needed to identify the political organisations, social groups and networks that existed in the local area and that might have enabled the poor to exert leverage over bureaucrats; to evaluate the efficacy of these - by examining the extent they served to affect bureaucratic performance - and to identify the factors which have served to enhance or limit their efficacy.

The research was exploratory and thus I decided on a comparative case study, of two *bustees* in two separate wards of the city and of the performance of local health care officials in both of these, as the most appropriate type of enquiry for the questions I was trying to answer. A case study design was chosen because, according to Robson, "case study is a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context using multiple sources of evidence"(1993:5). Furthermore, Yin (1994) has suggested that case studies are the most relevant form of research strategy when the investigator has little control over events, and when the focus is on a contemporary phenomenon in a real-life context and when the research is exploratory in nature.

The comparative case study of the two *bustees* included a household survey, observation, informal interviews and documentary evidence - published ethnographies, project reports and newspaper cuttings. I also interviewed a range

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<sup>8</sup> Here Calcutta refers to what is often known as the 'core' Calcutta area, namely what falls within the boundaries of Calcutta Municipal Corporation (CMC).

of people who were in a position to provide some extra information about the research areas, including: academics, journalists, civil servants as well as long-term local inhabitants. To administer the questionnaires and for some in-depth interviews with *bustee* inhabitants, I elicited the help of two female research assistants, a different one for each *bustee*.

## 1.7 Selection of Case Study Sites

### 1.7.1 Wards

My intention was to select two wards of the city, one with high health status and one with lower health status, so as to ascertain what the institutional factors were that might have contributed to this difference. Following a thorough search through all the relevant sources located in the various government offices and departments responsible for planned interventions in the city, I discovered that there was insufficient disaggregated data to show the health status of people in different wards of CMC.

Hence I selected a ward where no donor interventions had taken place, assuming this to have an average health status, and compared it to a ward where a Slum Improvement Project (SIP) had been implemented, and the local population were shown to have a higher than average health status.<sup>10</sup> Documentary evidence in the *Bustee* Cell and the Health Department, both in the CMC, revealed that there was a cluster of wards in the CMC area, where no external donor intervention appeared to have taken place - neither under CUDP III, nor CSIP nor ICDS.<sup>11</sup> I also discovered from the CMC *Bustee* Cell that *bustee* surveys had been conducted in most Calcutta wards except in those that were part of this cluster. All

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<sup>9</sup> See Chapter Two for a discussion of this.

<sup>10</sup> The CMC had data to show that in areas of the city where donor funded SIPs had been implemented, the population had a higher health status than the average for urban West Bengal.

<sup>11</sup> Integrated Child Development Scheme (ICDS) is a WHO-funded initiative which employs HHWs to provide nutritional supplements and health screening for under-fives from low income families. Table 5.1 shows the distribution of donor-funded health care interventions in Calcutta.

the wards were located in Borough VIII, and I visited the Executive Health Officer (EHO), the head of CMC health services in that Borough, for advice as to which ward to choose.

I felt uncomfortable with the pressure being exerted by the EHO and his deputy (DEHO) to select certain wards and not others. I also discovered that in one of the wards being recommended to me, there was a well-known local NGO that had been working with slum dwellers for some time. It became clear through contact with this NGO that they were reluctant to give me the autonomy that I required to carry out my research in that ward. Neither the DEHO nor the EHO seemed willing to discuss alternatives to the ward they had suggested and so I decided independently to make contact with three ward councillors from other parts of the Borough. One referred me to his aide, who turned out to be too much of an unsavoury character, with a dubious and violent past for me to want to have anything to do with him. The other was the Borough Committee Chairman (BCC), with whom I wanted to build a rapport as a key informant, and I therefore decided to avoid working in his ward. This left ward 85, which I discovered was the largest ward in the Borough. It was diverse in terms of its ethnic and class composition, comprising *kotahbari* (brick houses) inhabited by middle class Bengalis and around 16 *bustees* with Bengali as well as non-Bengali inhabitants. I discussed the project with the councillor, who helped me to list the *bustees* according to size and arranged for me to be taken around some of these. I also visited others alone.

I decided to choose one of the wards shown to have a higher than average health status as my comparative case study ward. Local experts recommended Kasba, Ward 67, situated in the southeast part of the city. Apart from its better health status, I chose this ward on account of the fact that it had been recommended as a best case to UN Habitat of how an Urban Local Body (CMC), in conjunction with the local population, had sustained local services and upgraded infrastructure.

### 1.7.2 Selecting a Bustee

Shortly after moving in to ward 85, I befriended the workmen carrying out repairs on the apartment where I lived, who introduced me to a *bustee* nearby, where they lived. After a short period, I decided to focus on this *bustee*, DT, as my first case study research site. By that stage I had visited a number of *bustees* in different parts of the city, and decided on this as it seemed fairly typical in terms of living conditions.<sup>12</sup> I also chose this *bustee* because of its size - it comprised approximately 150 households and was therefore manageable for me as a lone researcher to be able to study in depth. It was also very close to my place of residence, and I felt this proximity would provide me with easy physical access. Physical proximity also meant that I would be able to carry out my research in an unobtrusive way and take part quite easily in local social activities.

Initially in ward 67, I was shown around all the *bustees* by a local health official. I also discussed possible research sites at length with local officials and the councillor. Eventually, I decided on a *bustee* of roughly equal size to DT, located at a discrete distance from the *bustee* held up by local authorities as a model. The first time I visited this *bustee*, I was greeted and welcomed by a man who I was told was the *bustee* representative. His encouragement led me to assume that the initial process of gaining access and acceptance from the local community - essential for the research project to progress - would be facilitated. These two factors helped me to decide on this as my comparative research site.

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<sup>12</sup> A CMDA survey provides a vivid description of the socio-economic status and living conditions of both slum and non-slum households in Calcutta (Chatterjee, Bhattacharya and Halder, 1999). It was on the basis of this data that DT was judged to be 'typical'.

## 1.8 The Survey

### 1.8.1 Sampling, Piloting and Problems

A component of the case study was the survey. Through the use of a survey my intention was to develop a profile of the respondents: their socio-demographic and economic characteristics; levels of morbidity and mortality as well as their patterns of health-care utilisation, providing them with a choice of options to explain these.<sup>13</sup> It was decided for practical reasons that for a *bustee* with approximately 150 households, the questionnaire would be administered to fifty households, to two people per household, usually the household head and spouse. Driven by the desire for external validity, to minimize bias and to make the data as representative as possible, I intended on random sample of fifty *bustee* households. However, I was unable to compile a full list of the local population, in order to make an adequate sampling frame for a random selection of households. Hutment owners (*bariwallas*) were very suspicious of my attempts to compile a list of their tenants, and became quite hostile when I persisted. Other researchers have encountered similar problems, Ward (1993) and Bulmer (1993) found that suitable sampling frames were often lacking, and where they have existed (in the case of some Indian villages) Lipton and Moore (1972) found them deficient. Given my desire to limit the scope for possible biases as much as possible, I decided against relying on purely non-probability sampling techniques, such as snowballing, and chose instead to select my sample systematically. Having chosen a number between one and three, I started at one corner of the *bustee*, at the first hutment and administered the questionnaire to two inhabitants in every third hutment after this.

The survey was piloted in two separate settings - first to five women who lived in slums, whilst they waited in a government clinic, and then to five men living in a *bustee* in a neighbouring ward. Some questions were found to be ambiguous and thus caused difficulties for the respondents, as well as for the research assistant.

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<sup>13</sup> A sample questionnaire is attached, see Appendix 1.

Based on the experience of the pilot, I decided to shorten the list of questions and also changed the way that some questions had been phrased.

Despite all my efforts at compiling my sample, administering the survey gave rise to considerable suspicion and hostility. In fact, much of the rapport that I felt had been built between me and local inhabitants of the *bustees*, was undermined during this process. In both *bustees* some of those in the sample set refused to answer questions. There was a higher rate of refusal in DT than SL, hence in neither case did I manage to reach my sample target of one hundred respondents. Whilst the survey did not provide as complete a profile as hoped of the two *bustees*, this does not undermine the arguments presented later on social relationships in the two areas (see Chapter Four). The differences that were noted in that Chapter emerged from long periods of time spent living in the two areas. My arguments are based mainly on my experiences of living in these areas and interacting with the inhabitants there. The survey data has helped to substantiate some of my observations but has not formed the basis for the arguments contained in this dissertation.

### **1.9 Preliminary Information: Key Informants Mapping and Group Interviews**

Before any questions were asked, I spent some weeks familiarising myself with the research sites with the help of key local informants or 'gatekeepers' - "those that control access to the information which the researcher seeks" (May, 1997:54) - to be able to generate a detailed contextual picture of the *bustee* and its inhabitants. I was interested in gathering information about the history of the *bustee*, as well as its present economic and social characteristics. I also needed to understand the local political context: who were the people's political representatives, why were they elected; who were the power brokers in the area; how did the local inhabitants relate to one another?

Within a short period of entering both of my research sites, I was fortunate to be introduced to one key local informant in each area. In a sense these individuals could be considered gatekeepers, as they provided me with useful background

information about the demographic characteristics of the *bustee* and some valuable insights into the political, social and economic background to the areas where the *bustees* were located. It is probably also true to say, in hindsight, that they ensured my physical safety, gave me a sense of legitimacy and provided access to certain people and situations for the purposes of my research. However, I also realised through time that my being associated with these gatekeepers was serving to limit my access to other local informants who for their own reasons disliked these individuals. There is also a well-recognised risk of bias and distortion from relying on a few key informants (Patton, 1990:264). I decided to diversify my contacts, but by doing so was often accused of being closer to one group than the other, or at times, of ignoring my initial contacts. Field work in the *bustee* involved a constant balancing act of trying to interact with as diverse a set of informants as possible, whilst maintaining a good relationship with those who had been prepared to help me so much initially.

Towards the end of the familiarisation period, I tried to check some of my initial observations and information gathered informally, by undertaking some social mapping exercises and focus group discussions. In a recent participatory impact assessment of SIPs in Calcutta carried out on behalf of DFID (CMDA, 1997), social mapping was used as a way of building rapport with the local residents. It was also used to construct a more detailed physical layout of the *bustee*, to provide insights into the exact size and location of different communities, to locate major landmarks and to understand the relationship between the inhabitants and service providers.

For my research, social mapping provided very little of a holistic picture of the *bustee*, and gave little indication of the relationship between the inhabitants and those providing health care services in the area. The social maps which residents drew were exclusively of their residential cluster or enclave, what they considered to be their neighbourhood or *para*, which was very different to what I understood by the term - namely the layout and key landmarks of the *bustee* as a whole, and certain key locations outside the *bustee* which for the residents were significant.

Crucially, though not expected, social maps provided important insights into the relationship between different groups inside the *bustees*.<sup>14</sup>

Focus group discussions were also used to explore in greater depth the social relations within the *bustee*, and to gain a deeper insight into the nature of *bustee* politics. It should be noted that the group discussions did not follow the pattern often suggested in the literature on the subject, based on experience of using this technique for commercial purposes (c.f Greenbaum, 1998). The groups were often unequal in size, members left and joined according to personal convenience. Rather my decision to use group discussions was based on an appreciation of the principles behind the use of such a methodology, and through a desire to harness the *gestalt* of group discussions. Group discussions are supposed to result in a higher level of emotional interaction, rarely seen in individual interviews. Group discussions are also said to give rise to spontaneous and often polarized points of view. I found group discussions to be an efficient way of collecting data, as groups were formed almost spontaneously at particular intervals, for example around the water tap, as the local women waited to take their turn to fill their jerry cans.

Furthermore, group discussions were an effective way of eliciting, especially, women's opinions. Many of the social constraints which often prevented me, as a male researcher, from talking to a woman alone in her house during the day, were avoided when talking to a group of women in a public place, such as near a hand pump in the street. Group discussions also proved a valuable way of verifying information. Often in the course of a group discussion, usually with women, many of the opinions which had previously been expressed to me, and which I had assumed to be representative of the *bustee*, were refuted. For example, in the part of DT *bustee* where I was working, there was no local club, and local men convinced me that this was necessary by extolling the virtues of clubs in the local area. It was only through group discussions with women in DT, that I discovered that clubs were lowest on their list of priorities for ways of improving the local area.

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<sup>14</sup> This is discussed further in Chapter Four.



In fact the women were actively opposed to the establishment of a club in that part of the *bustee*, clubs they claimed were the source of hassles (*jhamala*), for example fighting and extortion. The women also opposed clubs because these tended to exclude them. It was pointed out that women were not allowed to participate on the committees of local clubs, nor were they allowed to take part in any of their social or sporting activities.

### **1.10 Studying Local Politics: Listening, Observing and Asking Questions**

Informal interviewing was an effective way of building rapport and becoming familiar with some of the rudimentary aspects of *bustee* life. Social maps provided important insights into social relations within the *bustee*. Group interviews were an efficient way of collecting data and helped me to enrich my contextual picture of *bustee* life, often by verifying comments and observations made. My preliminary information gathering allowed me to become familiar with my informants and with some social and economic aspects of the *bustee* and the local area. It gave me some idea of how people perceived their local service providers.

In addition, I needed to explore the factors that affected the behaviour of local officials and political agencies were seen as important to this. I needed to identify local political agencies, to explore their activities and to evaluate their effectiveness - whether and in what way they helped local inhabitants to exert pressure over local officials and gain better access to services. Finally, to help me to analyse the factors affecting the efficacy of these local organisations, I needed to test some of the hypotheses set out in my conceptual framework. This would involve examining the nature of patron-client ties within the *bustees*, between local actors, intermediaries and elected representatives. Were material (or even social or cultural status) inducements still proffered in exchange for political support? Did the provision of material inducements by local politicians undermine the capacity of local actors to engage in collective action? I felt it important to note the role of the local state in mediating conflict. What were the mechanisms used by the state for mitigating or else supporting popular dissatisfaction and political protest? To what

extent were local organisations autonomous and separate from the state? What was the history of these and how had they emerged?

I began by asking *bustee* dwellers about any political organisations, social groups and networks that existed in their areas and helped them to improve their access to services. I wanted to know who were the local actors who exerted influence, for example a *dada*, a *bustee* representative, local politicians, or clubs whose help they could call on to ensure their needs were met expeditiously. This line of questioning yielded very little – few people reported making a complaint to the councillor if they encountered a problem in their locality - hence their responses revealed very little about local politics in these areas.

I began to realise that direct questioning on such sensitive issues made respondents apprehensive. This was similar to what Whyte (1955) experienced while studying politics and social structure in Cornerville.<sup>15</sup> On account of his insights, I began to focus more on observing and recording daily life in the *bustees*. This ultimately revealed much more of the informal aspects of local politics that I was so keen to learn about, in each of the research areas. By undertaking an ethnography of the *bustees*, I was able to build up a clearer picture of social relations and identify those political groups, organisations and networks that intermediated between *bustee* dwellers and those responsible for providing them with basic services.

In particular, I found that the best way to analyse how these organisations operated and to evaluate their effectiveness in improving the poor's access to good quality services, was to pay regular visits to the local ward office where ward level health officials were located. I managed to build up a very informal and friendly relationship with ward officials in one ward (67). It was during my morning visits to these offices that I discovered that there were various local 'community'

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<sup>15</sup> See Doc's advise to Whyte, "Go easy on that 'who', 'what', 'why', 'when' and 'where' stuff, Bill. You ask those questions and people will clam up on you. If people accept you, you can just hang around, and you'll learn the answers in the long run without even having to ask the questions." (Whyte, 1955:303).

organisations active in this area, which worked closely with local officials to ensure that the services they provided were in tune with local people's needs.

The main criteria for judging their effectiveness was by examining the extent to which the actions of these groups and organisations resulted in better services being provided for the poor over the long term. Evaluating 'output effectiveness'<sup>16</sup> included looking at the issue of general bureaucratic responsiveness to popular needs and demands. This meant asking *bustee* dwellers and secondary stakeholders to identify and evaluate any changes that they may have perceived in service quality and in the general responsiveness of local officials. I found the usefulness of this method of enquiry to be limited. *Bustee* dwellers complained that services were not being properly provided, their needs were not being met and local problems were left unattended. Their replies gave me little scope to evaluate the responsiveness of one set of local officials in one ward relative to others located in another ward. To obtain a more objective picture of the effectiveness of these organisations in making local officials more responsive, I began to note for myself health crisis episodes in the *bustees* - broken sewage pipes or the discovery of mosquito larvae - and waited to see the steps taken to address these by local officials. According to Burgess, a focus on these so-called social 'dramas' enabled him to, "examine the social processes involved when conflict occurred, how it was handled and the basis on which it was handled" (Burgess, 1984:72).

Thus, in order to answer my final set of questions about the efficacy of local organisations in improving bureaucratic responsiveness and performance providing better access to health care for *bustee* dwellers, I employed a variety of rather informal methods. I found it difficult not to ask direct questions to those involved - the local councillor, slum leaders and local officials - but found that through having built up a good relationship with a variety of local actors (from professionals to sweepers) and through spending long periods of time in both research sites, I gained important insights to many of these questions, often unsolicited. Participant observation, assiduous listening and recording of oral evidence (gossip, rumour, and conversations) proved invaluable. In order to gain a

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comprehensive understanding of the historical, political and social context, I read extensively about my two research sites in back copies of the Statesman newspaper and other secondary sources. I also interviewed civil servants, journalists, politicians and academics familiar with the two areas. These separate sources provided useful insights, which I was able to verify through more formal interviews at the local level.

## **1.11 Comparative Case Study of the Health Care bureaucracy**

### *1.11.1 Target Group*

My set of respondents comprised public bureaucrats from national (IAS) and state level cadres (WBCS), as well as municipal employees. There is an apex committee on health, comprising medical practitioners and representatives of voluntary groups such as the Lions Club and Rotary club, as well as public officials from the state, national and municipal services. I interviewed as many of those public officials as I could contact, and who agreed to be interviewed, focusing on those who were responsible for the formulation and implementation of health policy in Calcutta. In each of the wards, I interviewed all those employed by the State to provide health services. This included doctors, nurses, health visitors and community health care workers. Due to the myriad of private providers working in slum areas of the city, I tried to interview those private health care providers most commonly cited as used by *bustee* dwellers.

The case study of the health care bureaucracy was conducted using semi-structured interviews and observational strategies, with a view to addressing the three sub-questions outlined below.

- *To what extent do bureaucratic rules and regulations affect behaviour?*
- *What is the effect of internal norms on bureaucratic behaviour?*

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<sup>16</sup> This phrase I have borrowed from Crook and Manor (1998).

- *To what extent do pressures from clients and/or politicians affect bureaucratic behaviour?*

Semi-structured interviews were conducted on the basis of a clear topic guide, which helped to shape the conversation between the interviewer and the informant. This method of enquiry was chosen for three main reasons. The time constraints and the elite identity of the informants meant that a high level of organisation and preparation were needed for the interviews. Semi-structured interviews allowed for open-ended questions to be asked, which enabled me to probe further in order to seek elaboration or clarification on answers given by the informant (May, 1997:111). According to Bernard, through a semi-structured interview the interviewer can demonstrate a degree of competence and establish some control of the interview process (1994:210), which can help to create a good impression. This, I felt, was particularly important when interviewing senior officials.

### **1.12 The Effect of Rules and Regulations on Bureaucratic Behaviour**

There were two stages to answering this question. The first involved finding out what these rules and regulations consisted of; the second stage involved trying to discover to what extent and in what ways they affected bureaucratic performance.

Initially, I set out to identify the official rules and regulations that public bureaucrats were subject to. This involved buying and studying copies of "West Bengal Service Rules", in the case of Government of West Bengal employees. I also studied a guide for government health care officials, which included some rules of conduct, job descriptions and described the responsibilities of different categories of health officials in the state. This was last published in 1969. With some difficulty, I managed to acquire a copy to study. In the case of CMC officials, who do not have an official rulebook, I made copies of different directives and circulars that were posted in CMC offices. I also interviewed the head of personnel at CMC. For

Honorary Health Workers, I read the project documents for CSIP, held at CMDA library.<sup>17</sup>

I wanted to see to what extent top-down targets had affected the way that bureaucrats performed. Those officials, with whom I had managed to build a good relationship, would often inform me of directives issued by the higher authorities, either in the CMC, GoWB or central government. I asked all my informants specifically about any targets that they had to reach.

The second stage was to ascertain from individual bureaucrats, how these affected their behaviour and the type of service that they provided. I found that asking officials, directly, whether their behaviour was affected by official rules and regulations was of limited use. Most of my informants were not aware of what these regulations actually consisted of. Instead, I found that I could get a better picture of the affect of these by watching officials at work. Participant observation by the researcher sitting in clinics and witnessing therapeutic encounters helped to provide a fuller picture.

To improve the validity of the data, these two methods were complemented by exit interviews of those emerging from therapeutic encounters and the use of putative or dummy patients. In both cases, patients (real and putative) were asked to provide therapeutic narratives, describing how they had been treated, and whether they had been coerced or cajoled into following a certain course of treatment.

### **1.13 Internal norms**

Some scholars have called for an examination of bureaucrats' professional ethos, personal prejudices, motivations and predilections, arguing that these may provide powerful internal norms that affect bureaucratic performance (Taub, 1969; Madan, 1972; Bhambri, 1979). Attempts to elicit this type of information from bureaucrats

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<sup>17</sup> Calcutta Metropolitan Development Authority (CMDA), Unnayan Bhavan, Salt Lake, Calcutta.

has proved difficult in the past although it has been successfully undertaken using semi-structured interviews (Madan, 1972) or else anonymous questionnaires (Bhambri, 1979). I chose not to use anonymous questionnaires, fearing that it may have resulted in a limited response rate. Through semi-structured interviews, I asked health care officials their reasons for: a) joining public service and b) working in health care. I tried to limit the scope for respondent bias by careful consideration of how the questions were constructed and ordered. Various questions were asked to get at the same point. I piloted the questions, based on my topic guide, with retired or acting officials who were either friends or relatives. Piloting proved useful in ensuring that the questions were relevant and unambiguous.

#### **1.14 Pressure from Clients and/or Politicians**

I wanted to examine the extent to which “voice” (Hirschmann, 1970), the articulation of protest and feedback to change a state of affairs in the public sector felt to be unacceptable, affected the performance of local officials. Wade (1984) has highlighted how local elites and politicians (MLAs) can have an important bearing on the ways that public bureaucrats perform. Such pressure, he has argued, can serve to limit the effectiveness of policy implementation. The research also sought to evaluate the effect of recent administrative reforms (74<sup>th</sup> Amendment), complemented by reforms in local governance introduced at the state level in West Bengal which, in theory, created the potential for the poor and marginalised to exert political pressure to improve service delivery.

I set out to ask providers:

- a) What was the nature of the pressures placed upon them; whether they included demands for longer opening hours, more efficient, equitable or polite service, or the preferential treatment of a particular group
- b) In what ways these pressures were brought to bear on them; whether it was directly or through an intermediary, a broker (slum leader), a political representative like the MLA or the councillor.
- c) To what extent this affected the way they carried out their work.

I managed to collect very little data by simply asking officials in semi-structured interviews. It became essential, therefore, to spend extended periods of time with local providers in the communities chosen, to get a feel for the sort of political dynamics at play, to catch a glimpse of the flash-in-the-pan protests or demonstrations that occurred, and to see how, subsequently, these impacted on bureaucratic performance. I found it useful to refer to such events in discussions with local officials, about the factors which affected their performance.

In the case of senior officials, I was only able to collect data on these issues through in-depth, informal interviews with a self-selecting group of informants, on the conditions of anonymity. Usually these issues were discussed after three or four meetings with the same person, usually after office hours or in an out-of-office setting. I made friends with a number of senior officials working in Calcutta, and was invited to social events that many of their colleagues would also attend. At these social events, there would be considerable discussion about the relationship between politicians and bureaucrats in the state. I interviewed senior bureaucrats managing other social sector departments to get a general picture of the volume, nature and source of pressure exerted on other parts of the higher bureaucracy, and the effect that this has on policy making in their departments.

During the last few months of research, I tried to interview senior politicians, mainly from the ruling Party, but also from the opposition. I included many of the themes, which had emerged from the research as a basis for these interviews. After many unsuccessful attempts to contact these people by letter, I relied on personal contacts and sometimes cold-calling to arrange meetings with them.

### **1.15 Conclusion**

This introductory chapter has laid out the rationale and discussed the methods employed for conducting this research. It has presented an outline of the chapters and introduced in brief, the basic conceptual issues which have guided the study. The next chapter explores these issues in greater depth.



## Chapter 2

### Governance, Decentralisation and Bureaucratic Performance in Service Delivery

#### 2.1 Introduction

This dissertation sets out to investigate the proposition that at the heart of the problem with primary health care provision in West Bengal is the issue of governance. This is substantiated as much by personal observation and experience over 15 months of field work in Calcutta (see chapter 5), as it is by the secondary literature on health care provision examined in the next chapter. Weak incentives and accountability structures have resulted in notorious examples of negligent and poorly performing officials. The reports of all-party Select Committees provide glaring examples of administrative failure within the system that result in poor staff performance and lack of discipline. At one stage it is stated that, “the work culture has so much degenerated that even the minimal routine work is unusually delayed...”(1998:6). As a solution it was noted that “the optimisation of functioning of the department needs a system of punishment for delinquency and reward for good work which at present does not exist.” (ibid)

Numerous examples of similarly poor bureaucratic performance in post-colonial societies across the globe fuelled a flurry of academic analysis in the 1970s, which applied the methodological tools and theoretical assumptions of neo-classical economics to the study of public administration and the processes of bureaucratic decision-making.<sup>18</sup> Various terms ‘the new political economy’ or public choice theory, it led to the *a priori* demonisation of the state as a vehicle for promoting

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<sup>18</sup> I am referring to methodological individualism and the assumption of rational, utility maximising man. Niskanen’s view that, “an assumption about the objectives of individuals is a necessary element in any theory of social behaviour... Purposive behaviour by individuals is the essence of social behaviour” (1971:20) exemplifies the trend towards methodological individualism in such analysis. See also Buchanan’s introduction to Tullock, “it is not from the benevolence of the bureaucrat that we expect our research grant or welfare check but out of his own not the public interest (1987:2).”

economic development and social justice.<sup>19</sup> In its place lay the concept of the state as a predator, comprising individuals (bureaucrats) whose sole concern was to extract revenue from the people, which they use to expand their own departmental budgets (and commensurately, their own power); in other words to maximise their own utility.<sup>20</sup> Centralised bureaucracies and state run agencies came to be characterised as unresponsive and self-interested, essentially lacking in accountability.<sup>21</sup>

The theoretical analyses spurred policy prescriptions recommending reforms in governance, or, “the processes by which authority is exercised in the management of a country’s social and economic resources; and the capacity of governments to design, formulate and implement policies, and, in general, to discharge government functions” (World Bank, 1992:58). More broadly, governance looked at the relationships between citizens (consumers) and the local state (service providers). Faced with an unresponsive and unaccountable state, governance reforms were recommended with a view to providing consumers, or principals, with the information and the means to hold officials/providers, or agents, responsible for their performance and the result of their decisions. The emphasis was on enhancing accountability and cost effectiveness, which was said to comprise two basic sub processes (Cassels, 1995). Firstly, reforms to ensure more transparency in the delivery of services, so the performance of providers may be monitored and appraised; but also a sanctioning process through which good performance is rewarded and bad performance punished.

Governance reforms have focussed on bringing about changes to public bureaucracies using two main components - both seen as universal panacea to

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<sup>19</sup> The defining work of the new political economy (NPE) was Krueger (1974) on rent seeking in India. She argued that foreign trade controls created windfalls for government servants, and those privileged to be granted permits. Ultimately these trade controls stimulated corruption and unproductive activities in developing countries. See Toye (1993) for a lucid critique of NPE and Krueger’s work in particular.

<sup>20</sup> “A bureaucrat’s utility need not be strongly dependent on every one of the variables which increase with the budget, but it must be positively and continuously associated with its size (Niskanen,1971:22-23)

<sup>21</sup> See Macintosh (1992) for a cogent exposition of the ideas of the ‘new Right’ and the context for their emergence in development thinking.

the problems of public sector service delivery- decentralisation and the application of the doctrines of the new public management (NPM). Both have become an integral part of public sector reform packages, including health sector reform, around the world.<sup>22</sup> Indeed, decentralisation has become a central feature of health sector reform with a view, primarily, to enhance accountability (Harpham and Tanner, 1995). NPM-inspired reforms of bureaucratic systems were intended to make them more lean, honest and robust (Hood, 1991:11). This chapter presents the theoretical rationale for these reforms, and highlights some of the weaknesses in the theory.

## 2.2 What is Decentralisation?

Decentralisation is defined by Rondinelli & Nellis (1986:5) as, “the transfer of responsibility for planning and management, and resource raising and allocation from the central government to a) field units of central government ministries or agencies; b) subordinate units or levels of government; c) semi-autonomous public authorities or corporations; d) area-wide regional or functional authorities; or e)NGOs/PVOs”. In a later paper, he identified four distinct organisational forms of decentralisation (Rondinelli et al, 1989). In its minimalist form lies delegation and deconcentration. Delegation refers to the transfer of specific functions by the centre to an agent, with the centre retaining authority and ultimate responsibility. Deconcentration involves, “the shifting of workload from central government ministry headquarters to staff located in offices outside the national capital” (Rondinelli et al, 1989:76). Devolution entails the creation of local units of government outside the control of central government, which are independent and autonomous and have the power to design and implement policies, for which they are politically accountable to the local electorate. A fourth form of decentralisation distinguished by Rondinelli is privatisation. This is mostly treated as an entirely

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<sup>22</sup> Cassels (1995) identifies four components of health sector reforms in developing countries: reforms of the civil service, through a reduction in personnel and a separation of health ministries from the rest of the civil service; reorganisation of national ministries of health by removing MOHs from responsibilities for ground level management and service delivery, instead confining them to a monitoring, coordination and regulatory role; managed competition, opening the possibility of competition between providers through contracting out and decentralisation through the devolution of responsibilities to local government agencies (c.f. Conyers et al, 1984).

separate institutional mechanism, which involves the transfer of responsibilities for the delivery of services to the voluntary or, in some cases, the private sector. (ibid). It will not be discussed in this chapter, because it is irrelevant to the West Bengal case.

“The term decentralisation can be articulated into a monetarist discourse, but alternatively it can be linked into a discourse that combines ideas of collective empowerment, democracy and socialism” (Slater, 1989:523).<sup>23</sup> Proponents of decentralisation see it, axiomatically, as an end in itself, as a means to deepen democracy; as well as a means to an end, to improve governmental performance in providing services to the people. The argument runs as follows. By bringing government closer to the people, policies more attuned to people’s needs will emerge. Government at the local level is more cognizant of local circumstances and closer proximity to the people in turn makes it more vulnerable to citizens’ pressure. It will be more accountable because local inhabitants will be better informed about what government is doing, and more able to complain and seek redress. The rationale is neatly reflected by the World Bank which has stated that, “reinvigorating public institutions must then begin by bringing government closer to the people...bringing popular voice into policy-making...opening up ways for individual users, private sector organisations and civil society to have their say...it also means greater decentralisation of government power and resources...carefully managed decentralisation can do much to improve state capability creating pressures for the better matching of government services to local preferences, strengthening local accountability...”(WDR:1997).

The above quote quite neatly encapsulates the arguments of proponents of decentralisation, who, as has been noted, hail from different ideological positions. Unsurprisingly therefore, it exposes some of the contradictions in the decentralisation literature. For instance, under the watchword of increasing cost

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<sup>23</sup> The appeal of decentralisation to those of different ideological hues is perhaps best illustrated in the case of India. Although support for decentralisation in the writings of Gandhi is clear, also included in the list of proponents of decentralisation are such disparate figures as M.N. Roy and E.M.S Namboodiripad (Ghosh, 2000).

effectiveness, state capability has often been run down. It is not at all clear how cost-effective service delivery and increased state capability are at all compatible with decentralisation. Rather than seeking to enhance state capability, it may be argued that a strong anti-statist agenda has seemed to unite those from the Left as well as those from the Right in support of decentralisation.

### 2.2.1 *Democracy, Popular Participation and the Valorisation of the Local*

Decentralisation has been introduced in a number of developing countries as a way of institutionalising the participation of the local community, the poor or 'lower strata', and of countering the traditional dominance of 'elites' in policy making.<sup>24</sup> Enhanced community participation in decision-making and service delivery has been established as a normative goal of development agencies in the last decade, as a way of improving the design and implementation of development programmes.<sup>25</sup> It is also seen by its advocates as a means to empower local people, and thus as an end in itself in the development process (Marsden & Oakley, 1990).<sup>26</sup>

Critics of the idea that greater popular participation can improve the quality of service delivery have highlighted the difficulties in reconciling the need for hierarchy and expertise, required for the delivery of certain goods and services, and the bottom up control needed to ensure more efficient and accountable organisations (Brett, 1998). Furthermore, the desire for greater community participation contains a whole series of assumptions, most notably about what the local community actually represents, which has led some contemporary scholars to qualify the prevailing enthusiasm for such local participation. Though often posited as a means for the 'poor' or 'lower strata' to exert their rights in opposition to 'the elites', as some theorists have pointed out, the concept of community carries

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<sup>24</sup> "To make democracy real it is necessary to close the gap so that the state ultimately becomes coterminous with society...structures of governance have to be organised in such a manner as would enable people to wield sovereign power effectively...from day to day...to be real, democracy must be direct...In so far as democracy is not government of the people and by the people, it is not democracy" (Roy 1960:67).

<sup>25</sup> Greatly inspired by the participatory development movement and the works of Robert Chambers.

<sup>26</sup> Gandhi advocated his form of decentralisation, *gram swaraj*, "to awaken villagers themselves and make them capable of tackling their own problems" (1957:60).

connotations of consensus and homogeneity,<sup>27</sup> which in reality communities seldom display.<sup>28</sup> This consensual view hides the actual divisions, differences, inequalities and sectionalism of most 'communities'. Nevertheless it is startling to note how integral the concept of a homogeneous and consensual community is to those who advocate decentralisation as a means of enhancing community participation. Those who should know better seem to want to cling to this concept, based on some plainly utopian vision of a classless and casteless society.<sup>29</sup> Yet, as Wood has noted for the Dhaka slums, "the poor are not necessarily a 'group', nor therefore a unit of social action (2000:675)."

Evidence has emerged from the comparative experience of decentralisation in different countries, which shows how community participation often results in the *de facto* participation of an unrepresentative few. At the same time it disguises the potential role for powerful, local interests. Elite capture is a real threat to the equity enhancing claims of decentralisation proponents, as Ostrom (1993) and Crook and Sverrisson (1999) have noted.<sup>30</sup> Even in West Bengal, where it is acknowledged that the participation of the poor had increased in the aftermath of *panchayat* reforms (Webster, 1990), it was the case that those hailing from the 'middle strata' - from the middle classes and the middle castes - had a significant presence on these institutions of local government (Echeverri-Gent, 1992). Moreover, the evidence seems to suggest that the meaningful participation of the poor has remained low. As has been noted, "it is crucial to make a realistic assessment of the 'social representativeness' of the participation delivered by these direct methods, if their bold claims are to be fairly judged." (Crook and Sverrisson, 1999:9).

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<sup>27</sup> Nelson and Wright 1995

<sup>28</sup> Chapter Five provides an illustration of this

<sup>29</sup> I am referring to the writings of Jayprakash Narayan on communitarian society. (1970) See also Ghosh (2000)

<sup>30</sup> It is by no means inevitable if a counter-elite (of the poor) is mobilized, as in the case of West Bengal. This counter-mobilisation of the poor seems to be waning, with middle class/caste individuals increasingly occupying leadership roles on panchayats (Echeverri-Gent, 1992). However, Tendler (1997) has shown that elite capture may not necessarily result in policies which are adverse to the interests of the poor.

It is assumed that decentralised administration can improve micro planning, enhance intersectoral collaboration and ensure that programmes are more suited to local needs and conditions. Local level government has the potential to raise local resources for local development. All this leads to the almost intuitive belief that somehow local government has a comparative advantage in the delivery of certain types of public goods and services. Accentuating the value of 'the local' set out to reverse the prevailing tendency in development to ignore or subordinate local knowledge.

However, the uncritical adoption of decentralisation has led to scepticism of outside knowledge and interventions reflected in the feeling that outsiders have little to offer local development and that the way forward is to focus on local knowledge, local insights and the self-reliance of local communities (Burkie, 1993). Critics have argued that it has led to too much of a focus on the outsider/local division as an obstacle to development (Mohan and Stokke, 2000). At the same time, it seems to ignore the fact that whilst local knowledge may have something worthwhile to contribute in terms of the choice and location of local infrastructure or services, the long-term financing of these has to come from outside, often central government - many localities tend to have too few resources to make long-term local financing a realistic goal.<sup>31</sup> Tandler's work shows how outside interventions can actually contribute positively to local development. She notes how many of the positive features of the Ceara experience were the result of the initiatives taken by central government, not the result of the assumed comparative advantages of local government and NGOs in addressing local people's needs (1997:143).

### 2.2.2 *Civil Society and the State*

A number of influences, including the need to 'valorise the local' and a focus on the importance of community participation, have led to the belief in policy circles that

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<sup>31</sup> I am grateful to Mohan and Stokke (2000) for enlightening me on these points. It depends very much on the 'locality'. A metropolis, for example, is better placed than a small town in the middle of a stagnant local economy to raise the resources for local financing.

good government is a function of a robust, local civil society.<sup>32</sup> In this sense, civil society is conceptualised as comprising autonomous and private individuals and bodies, independent of government, who act to monitor government and keep it in check. Civil society represents the needs and desires of citizens and acts to protect and provide for neglected groups. (Tendler, 1997:145).

This partial view of civil society merely reflects contemporary liberal-democratic thinking on the subject, although it has become popular of late and has come to be accepted uncritically in discussions of democratic governance. The roots of such contemporary notions about civil society can be traced to the work of de Tocqueville (1835) [1990], who saw intermediary associations as unequivocally good, the repositories of democratic values and liberty, and a check on an intrusive state (de Tocqueville, 1835 [1990]).<sup>33</sup>

The influence of 20<sup>th</sup> century North American political science and the ideas of pluralism (Trueman, 1953) and 'civic culture' (Almond and Verba, 1965) reinforced and popularised the concept of civil society as a counter-balance, acting to try and limit the state. The work of these political scientists built on assumptions, traceable to de Tocqueville, about the values, institutions and inhabitants that were thought to comprise civil society: an area of rights, rule of law, freedom and citizenship seen as vital to the establishment of democracy (Chandhoke, 1995: 26).

This notion of civil society, with its overtly positive connotations, has also emerged from disenchantment with the state – particularly with what has been considered to be its overbearing role – in both the economic and political sphere. In the political sphere the dominant position of the state was thought to have repressed the vibrancy of civil society (Chandhoke, 1995:27-28), whereas liberal economists have warned of the state's tendency to sap creativity and individualism destroying the entrepreneurial spirit assumed innate in all human beings (Friedman, 1962;

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<sup>32</sup> For further exploration of some of these influences, see Chandhoke (1995) and Foley and Edwards (1998).

<sup>33</sup> "An association for political, commercial or manufacturing purposes...is a powerful and enlightened member of the community...which by saving its own rights against the encroachments of the government saves the common liberties of the country" (De Tocqueville, [1835]1990: Vol 1, p324).



Hayek, 1944). Contemporary notions of civil society may be construed as being anti-statist, as Chandhoke states: “the argument for the sphere is a conscious attempt to limit the boundaries of the state and expand those of the non-statist sphere” (1995:30).

Notions of civil society as a sphere where free individuals as citizens with rights protected by law are able to engage in discussion and debate on equal terms, as a check on, and a balance to, an intrusive state and therefore crucial to the survival of democracy, are implicit in the contemporary discourse of decentralisation. This trend has given rise to the view of civil society as the repository of all that is good, thereby confining the state’s role in societal projects to the margins.

This view is analytically shallow and reflects ignorance of centuries of scholarly writing on the subject. For one, it fails to disaggregate the various elements that make up civil society and the conflicts that arise between them. The term civil society has come to be used to refer to associations and activities outside the control of the state, regardless of whether these contribute or detract from the promotion of democratic values. The virtuous attributes of civil society stressed by liberal theory stand in stark contrast to the way in which Marx, Hegel and Gramsci conceptualised this sphere. Civil society was the arena where “social processes constitute, incorporate and reflect the material world of the capitalist economy”, and thus for Marx, it was the site of class oppression (Chandhoke, 1995:38). This view of civil society as a zone of confrontation between unequal actors confronts the harmonious and homogenous image that liberal theory has created. It suggests, “civil society is not always marked by civility” (Chandhoke, 1995:37).

The currently popular view of civil society and the state as separate and opposed to one another is not particularly a faithful description of the historical relationship between the two. There have been other, quite different, conceptualisations of this relationship. For Hegel civil society was an intermediary stage in the formation of the state, whilst for Marx, the historical processes which gave rise to modern society, also constituted both the state and civil society (Chandhoke, 1995:35-37). Gramsci, who wrote extensively on the subject, never defined civil society in

opposition to the state. As he says, "in concrete reality, civil society and the State are one and the same thing". Gramsci inverted the Tocquevillean concept of civil society as an individual's protection against the predations of the state by arguing that the state, by hegemonising civil society, turns it into a protective layer for itself. As such civil society became the 'first line of defence' for the State, helping it to resist in the face of a frontal assault upon it. In some instances he defined it in the opposite way, with the State on the outside, defending civil society. The point is they were never defined in terms of oppositional categories. Rather, civil society was comprised of competing classes and groups buttressing the state and ruling class interests. Those who controlled the state hegemonised civil society. As such civil society was responsible for manufacturing the social consent, needed to make the capitalist state politically viable, the so-called "fortresses and earthworks" protecting capitalism (Gramsci 1976:238).

### 2.2.3 *Social Capital*

Contemporary liberal-democratic notions of civil society resonate with Putnam's argument explaining the comparative performance of regional government in north and south Italy. The performance of local government and different levels of socio-economic development in different regions of Italy was, he argued, determined by the level of 'civicness', reflected in a vibrant associational life, newspaper readership and political participation at the local level. The cooperation needed for this vibrant associational life depended on trust and norms of generalised reciprocity, 'social capital' as he famously termed it. Social capital that facilitated collective action at the local level leading to higher levels of socio-economic development in the north of Italy, was a historic endowment of certain communities. Further civic collaboration could help to reinforce this (1993:174). Where this does not exist, no suggestion is made of how it may be constructed, and instead those communities seem destined to face a vicious circle of amoral familism. Putnam invokes the concept of path dependency to substantiate his point.

Harriss and De Renzio (1997) have presented a coherent summary of the criticisms of Putnam's concept of social capital. They discuss the problem,

unresolved by Putnam, of how to construct social capital where it seems to be missing, and highlight the circularity in his argument. From where do the norms of reciprocity - which give rise to social capital that facilitates cooperation, and reinforces reciprocity - actually emerge? Putnam's analysis, it is held, ignores how politics may affect the creation of social capital and particularly the critical role that the state has to play in fostering or undermining civic life. For example, Tarrow has shown how the semi-colonial status in which the south was held in relation to the North of Italy, helped suppress associational life. He concludes that, "the operative cause of the performance of regional institutions in both north and south is neither cultural nor associational life, but political (Tarrow, 1996:394).<sup>34</sup> Similarly, Putzel (1997) has drawn attention to how political organisations like communist trade unions, through their mobilising activities, helped promote civic life in areas of the North, said, by Putnam, to be rich in social capital. Similar points are made by Evans, who argues that, "creative action by governments can foster social capital; linking mobilised citizens to public agencies can enhance the efficacy of government (1996:1130)."

Scholars have also questioned the unilinear causality between networks of civic engagement and good government. On the one hand they criticise the consensual and harmonious notion of 'the local community', which is implicit in this argument, and that ignores the divisions and conflicts which tend to be a feature of most 'communities'. However, there is also a considerable body of empirical evidence which suggests that it may not be sufficient - and may in fact be counter-productive - to rely simply on the 'community' or local associations to provide the incentives for officials to perform well.

Granovetter (1985) has argued that trust may be enhanced and malfeasance discouraged when transactions and agreements are 'embedded' in a structure of social networks. Subsequently Wade (1988; 1992), Moore (1989) and Tandler (1997) highlighted the importance of 'embeddedness in social structures for ensuring good bureaucratic performance and accountability amongst public

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officials. For example, Moore has shown that local 'embeddedness' exposed Taiwanese irrigation managers to pressure and censure by members of irrigation associations, and made it practically impossible for them to ignore the needs and concerns of their clients (1989:1742). Nevertheless, the same authors have also qualified their support for 'embeddedness' as a means of improving bureaucratic performance. Moore (1989) has shown that even when legal, socio-economic and institutional barriers have been reduced, local communities may still not pressure their irrigation officials. Furthermore Wade, through an analysis of the performance of irrigation officials in Korea, has been careful to point out how too much 'embeddedness' can result in "cosily-corrupt networks" developing between officials and local communities (Wade, 1992). Their evidence suggests that well performing governments are not simply a function of robust civil society/networks of civic engagement and instead has underlined the need for a 'Leviathan' - some sort of third party, usually the government, which supervises and monitors the institutional arrangements in place, and when necessary enforces management control. Tendler's (1997) explanation of the good performance of health agents in Ceara (Brazil) lends support to these insights. Whilst she admits that the success of the health agents program may be attributed to the fact that the agents were recruited and subsequently employed to work in the areas they resided, she points out that this was only a partial explanation. Crucial to their success was the role played by the state government of Ceara which, through the 'socialization' of all job candidates, instilled a sense of duty in those candidates that were selected, but also encouraged those not selected and the population at large, by means of public education campaign, to monitor the performance of health agents at the local level. In each of the success stories highlighted by Tendler, central government played a proactive role "doing things it had not done before and more of certain things it had done previously" (Tendler, 1997:147).

#### 2.2.4 *State-Society Synergy*

Tendler's findings challenge much of the contemporary theorising on the role of the state, which seeks to confine it to regulation and monitoring, standard setting

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<sup>34</sup> Quoted in Harriss and de Renzio (1997:927)

and activities involving externalities and economies of scale. Her conclusions resonate with those of Evans (1996) who, by summarising the results of research into successful development strategies in five separate settings, has highlighted the importance of “state-society synergy”, comprising both “complementarity” and “embeddedness”. Complementarity requires the state to go beyond merely the provision of a rule-governed environment, and involves “the public provision of intangibles” (Evans, 1996:1120), such as media publicity, which proved so effective in enhancing the performance of health agents in Ceara. As he puts it, “it is not just about government providing inputs that its scale and bureaucratic organisation allows it to provide more effectively... complementarity supports day-to-day interactions between public officials and communities” (ibid: 1121). In the case of Ceara, Evans argues that making public officials part of the communities in which they worked, thereby enmeshing them in local networks of social relationships, meant that they could not avoid criticism if they were not performing their jobs effectively, and also provided the officials with an incentive to build relationships of trust within the community. Through ‘embeddedness’ networks of trust were generated which span the public-private divide (ibid: 1122).

Thus according to Evans, ‘synergy’ emerges through a mixture of ‘embeddedness’ and complementarity, but he also emphasises the key roles played by competitive political regimes, robust bureaucracies and egalitarian social structures in facilitating its emergence. Robust bureaucracies are those with a strong organisational capacity - the ability to actually deliver the goods. In addition, he argues, they also need to embody traditional Weberian features, as it is these which prevent officials from engaging in rent-seeking alliances with local elites, despite the opportunities that exist. Similarly, he argues taking the example of Kerala, that political competitiveness can have a positive impact on service delivery because it means that citizens’ reactions have to be valued by the government. The final condition for the construction of synergy is the existence of egalitarian social structures. This is clearly problematic for most parts of the developing world, but may be overcome by efforts to construct social identities amongst marginalised groups, which enable them to unite across social boundaries (Evans, 1996:1129).

### 2.2.5 *Enhancing Governmental Performance*

The belief that decentralisation could enhance governmental performance was partly premised on arguments valorising the local and the potential for popular participation that it held. Local government was meant to be better informed of local needs and more effectively able to answer local demands. Local 'communities' were meant to be better placed to provide the incentives for local officials to perform effectively, than a hierarchical, bureaucratic, centralised state. Analytically the rationale for improving governmental performance builds upon a choice-theoretic approach embedded in neo-classical (micro) economic theory—with its inherent assumptions about humans as rational individuals uniformly dedicated to maximising their own individual utility. This is where the influence of theories of public choice and the new political economy (NPE) is most keenly felt.

The neo-classical assumption is that an individual acts in a given situation based on a prior calculation of the costs and benefits of a particular course of action. The New Institutional Economics shares some of the same theoretical foundations of neo-classical economics, but has offered a critique of many of the assumptions of this orthodoxy. On the one hand it does not challenge the basic neo-classical proposition that opportunism is a fundamental characteristic of self-interested individuals. Nor does it question the viewpoint that choices are exogenously defined by formal institutions (Hodgson, 1989; 1993), which affect the quality of information available, and thereby influence the types of actions that individuals may take. However, NIE does involve the view that an individual's ability to make a rational judgement is 'bounded' by imperfect information. Furthermore, whilst it doesn't question the assumption of the opportunistic, self-interested individual, NIE holds that some institutional arrangements privilege opportunistic behaviour while others constrain it.<sup>35</sup>

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<sup>35</sup> Behaving opportunistically means "behaving in a deceitful way intended to improve one's own welfare at the expense of others" (Ostrom, 1993:46)

Institutional reform - designing the right institutional arrangements - was considered critical for guiding rational utility maximising individuals, towards socially optimal choices.<sup>36</sup> Bringing government closer to the people through decentralisation promised to reduce the 'agency' (information and transaction) costs arising from the provision of public services by centralised bureaucracies.<sup>37</sup> On the one hand, this would increase the likelihood of the use of 'voice' by principals, as elucidated in Paul's (1991) classic treatise on public accountability. Paul argued that a reduction in the agency costs would result in the use of 'voice' by principals to ensure greater accountability (and thus better performance) from agents. The assumptions about rational behaviour were also applied to agents and thus it was assumed that reduced transaction costs would expose the agent to the positive influence of local criticism - fuelled by better information - providing a disincentive to behave opportunistically. Although he shows some appreciation of the importance of educational and socio-economic constraints, for Paul the use of voice was primarily seen as a function of the 'costs' involved.<sup>38</sup>

### *2.2.6 Rational Individuals, Social Norms and Informal Rules*

Critics of this choice theoretic rationale question the validity of seeing institutions as merely transaction cost reducing devices (Stein, 1995). They also challenge the notion that individual behavioural choices are the result of a purely cost-benefit analysis of a given course of action, with institutions affecting that analysis by the quality of information which they allow to filter through.

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<sup>36</sup> See Williamson (1975) and Ostrom et al (1993) for a lucid presentation of this approach, and Hodgson (1989; 1993) and Bates (1995) for critiques.

<sup>37</sup> Principal agent theory states that the principal, deprived of perfect information, is at a loss to judge whether the agent is performing her/his duties adequately or not. Thus a smokescreen exists for the agent to behave opportunistically. (Pratt and Zeckhauser, 1985). The principal refers to what is sometimes called the consumer or client; the agent refers to the provider. North defines transaction costs as, "the costs of measuring the varying attributes of what is being exchanged, the costs of protecting rights and policing and enforcing agreements" (North, 1990:27 in Platteau, 2000:7). Harriss-White has described them as the costs of information, monitoring and enforcement involved when making and enforcing contracts"(1995:99).

<sup>38</sup> See Paul (1991: ii and 47).

For the proponents of the old institutionalism (OIE) institutions are not merely sieves of information, enabling utility maximising individuals to transcend social dilemmas. They are the social norms that emerge over time resulting from a pattern of routine actions and habits-“through the operation of tradition, custom or legal constraint”, which in turn give rise to, “durable and routinised patterns of behaviour” (Hodgson, 1989:10). At the same time, OIE laid out the real possibility, denied by rational choice theory, that people's actions, choices and behaviour, may also be embedded in the “habits of a group or the customs of a people” (Veblen, [1919] 1994:239). The significance of this approach is that it does not take the individual as the basic unit of analysis. Rather, the emphasis on group habits and popular customs reflects an appreciation of the role of history and culture in the shaping of choices, thereby suggesting that preferences may be endogenous.

It has been difficult for proponents of the NIE, married as the discipline is to neo-classical economics, to distance themselves from methodological individualism and assumptions about rational utility maximisation. Nevertheless NIE theorists have shown an appreciation for the role of history and culture in helping to define choices, whilst modifying the notion of instrumental rationality (North, 1995). North has argued that “informal norms and enforcement characteristics” unique to an environment, have underpinned successful economic performance (North, 1995). Informal constraints to human behaviour are different from formal institutions such as property rights. Instead they consist of “conventions... norms of behaviour... and self-imposed codes of conduct that become ingrained in individuals through learning, schooling and family life” (North, 1989:239). Informal constraints, he says, refer to what is often termed ‘culture’. Their importance lies in the fact that they are both “tenacious” and “pervasive in defining the characteristics of a society” (ibid). The role of history must be examined in any discussion of the pervasive effects of informal constraints, “the past carries over to the present and makes those informal constraints important sources of continuity in long-run societal change” (1990:37). By endorsing the notion of path dependency, North has highlighted the role that history plays in shaping individuals' choices. “Path dependency means that history matters. We cannot understand today's choices



(and define them in the modelling of economic performance) without tracing the incremental evolution of institutions” (North, 1990:100). If we are to accept the role of culture in shaping institutional outcomes (choices), we must accept that this may result at times in productivity constraining outcomes.

So far it has been suggested that history and culture can shape choices; the other message that emanates from much contemporary scholarship on institutions is that *so can politics*. This is not just because formal institutions such as property rights are defined and enforced by political organisations - as North says, “politics shapes economic performance because they define and enforce the rules of the game” (1995:25) - but because of evidence which suggests that institutions “are created to serve the interests of those with bargaining power to devise the rules” (North, 1990:16). The work of Bates (1988; 1989) has been important in this regard. His analysis of policy making in Africa has shown how powerful societal interests have been able to shape institutions in their favour, giving rise to outcomes which were often socially inefficient. Similarly, Khan found that the outcomes of institutional arrangements depended on the balance of power between different groups in the political context (Khan, 1995). The evidence runs contrary to neo-classical theory, which sees institutions emerging in response to market failure to help rational individuals overcome social dilemmas, in other words that institutions are created to be socially efficient. The evidence has spurred Bates call for embedding institutionalism in a study of politics (Bates, 1995). The literature on enhancing organisational capacity for effective and equitable provision of services takes history, culture and politics as given. Nowhere is this better illustrated than in the decentralisation literature and in the doctrines of NPM, which I shall refer to later in this chapter.

If we accept that history, culture and politics have a bearing on the way that individuals choose to behave - that individual choice may not always reflect a desire to maximise personal welfare - then this must lead us to question the choice theoretic reasoning which assumes that decentralisation, by reducing agency

costs, results in officials opting to behave less opportunistically.<sup>39</sup> Indeed it holds out the possibility, in theory, that years of behaving opportunistically without risk of punishment may have helped to establish and legitimise patterns of behaviour within an organisation that have proved adverse to producing socially optimal outcomes, resulting in an unresponsive bureaucracy providing poor standards of public service. There is the possibility that perverse social norms may have become engrained by the political legitimaton of opportunistic behaviour, in the sense that shirkers and opportunists have had their interests protected by different power groups. In sum it holds out the possibility that certain organisations may be resistant to behavioural changes, when these are premised on narrowly rationalistic assumptions.

The criticisms of instrumental rationality refer to principals as much as agents. So, just as agents may not behave rationalistically in response to a reduction in transaction and information costs, neither may principals. Rondinelli et al (1989:67) recognise this in their discussion of service users' (principals') engagement with decentralised institutional structures. They note that, "political constraints, social taboos, religious principles and well-ingrained economic practices - even inefficient ones - can restrict people from pursuing their concepts of rational self-interest". Principals may not 'participate' and may not exercise 'voice', even though officially the channels are available and easily enough accessible for them to be able to do so, as Moore (1989) has shown.

The first part of this chapter has tried to highlight some of the basic assumptions about human beings and their choices, as well as about the nature and role of 'civil society', which lie at the core of decentralisation as a policy measure. Many of the weaknesses in the theory that have been highlighted here are further explored in Chapter Six. The empirical evidence from fieldwork in Calcutta calls into question many of the assumptions of choice theoretic reasoning highlighted in the previous discussion. Chapter Six tries to disentangle many of the assumptions bound up in the theories behind decentralisation, and systematically seeks to test the validity of

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these. For example, have agency costs been reduced, and do officials actually respond to this by changing their behaviour from opportunism to social optimisation? Or, alternatively, do historically evolved social norms that have emerged within the CMC bureaucracy result in enduring patterns of opportunistic behaviour? Guiding the analysis of primary health care delivery in two wards of the city lay the critical question of whether decentralisation in the administrative functions of Calcutta Municipal Corporation (CMC) has actually resulted in improved standards of service provision. If it has not, why not? The next section examines the second major policy component of governance reforms, the application of the doctrines of new public management (NPM).

### **2.3 New Public Management**

Of the four components of health sector reform laid out by Cassels (1995), the first three: civil service reform, managed competition and the reorganisation of national ministries, are part of a set of doctrines which have come to be known as the New Public Management (NPM). At heart NPM may be summarised as advocacy for the application of market-like incentive structures to improve the accountability of public sector units.

#### *2.3.1 Theory*

NPM emerged out of a belief that the traditional, Weberian model of bureaucracy characterised by hierarchy, formal political control, merit-based recruitment and permanent tenure, which was considered an antidote to earlier models of administration characterised by patronage, nepotism and corruption, was failing in its objectives. In particular, criticism of the theory of political control, which questioned assumptions about the separation between bureaucrats and politicians and the proposition that organisation based upon rational/legal authority was always the most efficient (Hughes, 1994:ch2), fed a growing disillusionment with the traditional model.

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<sup>39</sup> That is if decentralisation actually results in a reduction of agency costs.

It was found that there was no clear separation between bureaucrats and politicians and that administration and policy were often complementary. Furthermore it was held that rational/legal bureaucracy was no longer the most efficient form of organisation. Rather it was argued that such a model produced a poorly accountable, risk-averse, wasteful and inert public sector.<sup>40</sup> Rationality, hierarchy and rigidity served as adverse incentives for bureaucrats to be more democratically accountable; whereas secure employment tended to encourage 'time-servers'- those who worked under-par, safe in the knowledge that they could not be dismissed, simply buying time until retirement (Hughes, 1994:41-50).

The loss of faith in traditional rational/legal bureaucratic systems provoked a fundamental re-appraisal of the role that government should play in the delivery of public services like health care (Bennet and Muraleedharan, 2000:59). The contemporary view held that government should not be the sole provider of services, but rather should confine its role to formulating policy. Government, it was felt, should co-ordinate actors, regulate, facilitate and provide information (ibid; Batley, 1999a:755). The traditional model was also undermined by the onslaught of public choice theory, which applied the models of neo-classical decision making to the behaviour of public officials. Public officials were assumed to be rational utility maximising individuals and as the market allocates resources most efficiently, public choice theory provided the justification for the application of market like incentive structures to public bureaucracies as a way to make them more efficient and better performing. Finally, the influence of professional managerialism and its emphasis on organisational outputs and performance had an important impact.<sup>41</sup>

Each of these viewpoints may be reflected in the set of doctrines which have come to be known as the New Public Management (NPM). Although regarded as a very

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<sup>40</sup> In the case of health, for example, see World Bank, 1993 and Bossert et al, 1998.

<sup>41</sup> All these influences and the basic underlying intention of the NPM package have been described in the World Bank's, "Running Public Enterprises on Commercial Principles". Two instruments for improving the effectiveness of the public sector are highlighted: corporatisation - making public entities independent and thus insulating them from non-commercial (ie political pressures) and explicit contracts between government and bodies responsible for infrastructure services, which specify performance objectives and cost recovery mechanisms (WDR, 1994: 37).

loose term, there are said to be seven doctrinal components of the NPM (Hood, 1991:5):

- a) hands on professional management in the public sector
- b) explicit standards and performance indicators
- c) emphasis on output controls
- d) disaggregation of public sector units
- e) greater competition in the public sector
- f) adoption of private sector style of management practice
- g) stress on discipline and parsimony in resource use

These doctrines have resulted in policies that in practice have led to cutting back on the size of bureaucracies, reducing staff and exposing those that remained to incentives that were to encourage them to be quicker and more flexible in their ways of working. The focus of these changes has been on outcomes and results and less on process and procedure.

NPM's attraction lay in its applicability to different contexts and its perceived political neutrality. Furthermore, its promise to cut costs and provide more for less, through better management and structural reforms in public bureaucracies carried enormous intuitive appeal. Yet these, perhaps the key to its popularity, have been extensively criticised.

## **2.4 Criticisms of NPM**

### *2.4.1 Low Morale*

Hood (1991) has presented a coherent summary of the common criticisms of NPM which bring into question many of the factors that make it so attractive. Recent evidence from the application of NPM in ten developing countries further highlighted these. For instance, Hood has noted how NPM reforms have damaged

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public service whilst not delivering on its central claims of enhancing efficiency and accountability. The evidence referred to by Warrington seems to support the first part of this claim. Warrington highlights the paradox, in many countries, whereby NPM reforms, which are meant to empower and reward officials, in most cases have resulted in retrenchment, redundancy and the displacement of long-established expectations. This he observes has been, “demoralising for individuals but also debilitating for organisations” (Warrington, 1997:6).

#### *2.4.2 Accountability*

Similarly a core objective of NPM has been to create stronger incentives for performance and ensure greater accountability (Bennet and Muraleedharan, 2000:59), through contracting out to the private sector as well as through the separation of regulatory and supply roles. However, the evidence from NPM reforms in ten developing countries was far from convincing. Summarising this evidence, Batley has claimed that, “accountability to public politicians has hardly increased and may have become more opaque; the main gainers from reform are senior managers of service delivery organisations in the public and private sectors” (Batley, 1999b:765). This would appear to also support another of Hood’s criticisms- that NPM is a vehicle for private gain (of senior managers, consultants) rather than, what it is meant to be, which is a vehicle for public good (better services at lower cost).

## **2.5 Ignoring the Local Context**

### *2.5.1 Changes to Relationships within the Executive*

Critical to the popularity of NPM have been the claims by its proponents of its universality. The assumption was that NPM inspired reforms in places such as New Zealand or the UK could be transposed to other countries regardless of their constitutional arrangements and their level of socio-economic development. The extent to which reforms altered relationships within the Executive in these countries was often not recognised, yet NPM inspired policy innovations had

“altered the conventions underpinning important constitutional roles and relationships, notably between ministers and civil servants” (Warrington, 1997:5). The subsequent difficulties encountered in implementing NPM reforms elsewhere in the developing world may be attributed to this fact. As Warrington has pointed out, in most Commonwealth countries, “it is far less easy to modify relations within the Executive or to revise procedures for appointing and removing senior public officers and decentralise human resource management than it was in Canada, the UK or New Zealand” (Warrington, 1997:5). This is one example of how NPM has been applied without sufficient regard to the broader policy environment.

### *2.5.2 Organisational Capacity and Systemic Constraints*

Another criticism is that NPM has been applied without due regard to local context in terms of the organisational capacity of public bureaucracies. Experience from developing countries, especially in sub-Saharan Africa, has revealed how the organisational context, particularly whether the skills exist to perform the new tasks assigned, has a crucial bearing on the success of NPM reforms (Batley, 1999b:761 and Russell et al, 1997 for the case of Zimbabwe). Furthermore, systemic constraints such as centralised accounting structures and financial regulations were seen to have hindered the capacity of ministries in contracting out, monitoring contractor performance or decentralising financial authority to ensure greater financial accountability. Weak personnel management structures have resulted in overstaffing and a weak link between performance and reward and centralised systems of personnel management curtailed managers’ ability to hire and fire. The prevalence of such centralised and weak human resource management systems was found to undermine managers’ efforts to improve performance (Batley, 1999b:762; Bennet and Muraleedharan, 2000).

Systemic constraints were noted to be significant in limiting the success of NPM reforms in the health sector in Tamil Nadu, India. The government there is making some changes to the way in which it provides health care, moving to a more regulatory role and contracting out certain services (See Bennet & Muraleedharan, 2000). However the effects of the reforms have been mixed. Problems arose out of

political resistance to the changes in power structures that NPM implied. The piecemeal application of NPM against a background of more traditional methods of bureaucratic management was seen as a constraint. In particular, the management of personnel on traditional lines - the prevalence of overstaffing, inflexible contracts and the weak correlation between pay and promotion prospects - was seen as a source of problems in efforts to implement NPM (ibid: 65-67).

### *2.5.3 Organisational Cultures*

Russell et al (1999:771) has been alleged that NPM was applied without regard to prevailing organisational cultures. There is a growing recognition that, "organisational culture is more important as a determinant of performance than structures for remuneration and control" (Grindle and Hildebrand, 1995:444). In general, organisational culture has tended to be used in an unspecific way, often seen as a residual - the missing factor that serves to explain the failure to implement reforms successfully. Thus, according to Hughes, "accountable management can only develop to meet the purposes and conditions of the public domain, if it is set in an organisational culture supportive of that domain" (1994:163); and in the specific case of health sector reform in developing countries, organisational cultures characterised by patronage and based on hierarchical command were said to have prevented the effective implementation of contracting out and attempts to make hospitals autonomous (Russell et al, 1999:773).

A focus on organisational culture means looking at the deeper factors underlying why, for example, patronage and nepotism persist. It requires an understanding of the "informal constraints" - to recall North's terminology, discussed earlier in the chapter - which he argues are so pervasive in defining how people behave. Only by understanding local patterns of thought and behaviour and the social relations on which they are based can we understand why things are done in a certain way.

It is important to note at this point that the term 'organisational culture' is being used here to refer to the assumptions, values, norms and customs of an organisation's members and their behaviour. It is being used in a very specific



way to refer to the fact that individuals may not always behave in an instrumentally rational way in response to the opportunities and constraints placed upon them by organisational rules and incentives. Rather, their behaviour may be guided by conventions and norms that have become ingrained through learning, schooling and family life, in other words through a process of socialisation.

For example, merely to recognise that patronage and nepotism have constrained efforts towards merit based recruitment is not enough, it is also important to be aware of the factors which have promoted such practices and to recognise that these are likely to exist just as long as the underlying factors remain in place.<sup>42</sup> Warrington notes that they may have arisen on account of economic insecurity. It is also often the case that such practices may have arisen to reward people for their political support, and as a means to expand a political party's influence at the local level.<sup>43</sup>

The final observation made from evidence of the implementation of NPM reforms in developing countries is that a commitment to management from those at the highest level of political authority is essential to the successful implementation of management innovations (Kaul, 1997:25). This may also be inferred from the findings of Grindle and Hildebrand's case studies (1995). They argue that the most important features of organisational culture are those that inculcate "a mission focused mystique", in other words the message that performance is important (1995:457-458). They cite Tendler's work in Ceara to support their argument. This, it may be recalled, was a clear case of a state government committed to reform reinforcing the message about public sector performance and consistently taking the necessary steps to ensure this. One of the major problems encountered in Tamil Nadu was the considerable political resistance to the changes in power structures which NPM implied (Bennet and Muraleedharan, 2000:65).

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<sup>42</sup> In a way that resonates with North's comments about informal constraints, Warrington has stated "habits of thought and patterns of behaviour are likely to exist as long as the circumstances which give rise to them" (Warrington, 1997:11).

<sup>43</sup> Which appears to have been the case in West Bengal, as discussed in Chapter Six.

Political authority devises and enforces the formal rules, but local politics also has an impact on how institutional arrangements are enforced, as North has pointed out. For example it was noted that in Sri Lanka, bribes to politicians affected contracting procedures and capital investments were driven by the need to provide electoral and political patronage (Russell and Attanayake, 1997). Just as economic insecurity may promote nepotism, so may political interests. Managers may be pressured by politicians to recruit staff from amongst party supporters. Politicians may use this as a source of patronage, to reward loyalty or to redress historical imbalances in recruitment.

## **2.6 NPM and the Bureaucracy in West Bengal**

The bureaucracy in West Bengal, as with the rest of India, was modelled on the traditional, rational/legal type discredited of late. Despite their influence around the world, NPM doctrines took some time to have an effect on administration in India. A thorough review of the functioning of the bureaucracy in the state, commissioned by the newly formed Left Front government, underlined the need to address much criticised aspects of bureaucratic performance in the state, not least the lack of accountability and indiscipline, but made no reference to NPM.<sup>44</sup> This would seem strange given their popularity at this time in other parts of the globe.<sup>45</sup> Instead it placed great importance on recognising the rights and improving the working environment of state government employees. Rather than focusing on rules and structures to provide incentives, which were meant to motivate rational, utility maximising public officials, the authors appealed to public employees' sense of commitment and dedication.<sup>46</sup> This is reflected in the concluding observations, "a

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<sup>44</sup> The Report of the Administrative Reforms Committee GoWB, April 1983. The erstwhile Finance Minister, Dr. Ashok Mitra, chaired the Committee.

<sup>45</sup> In 1984 New Zealand began introducing NPM reforms to their public sector (Hood, 1991).

<sup>46</sup> This is unsurprising given the fact that public choice theory, which underlies many of the doctrines of the NPM, has long been associated with conservative elements and the New Right; whereas the authors of the Report are intellectually as well as politically closely associated with the Left.

system, and the quality of its performance, are determined not so much by rules and codes, but by the sense of commitment on the part of those who are involved in it. Unless such a commitment pervades the administration at all levels, the Committee's recommendations by themselves are unlikely to transform the situation" (1983:28).<sup>47</sup>

NPM's claims to universality which have resulted in attempts to implement similar policy reforms across the globe without due regard to local contexts, may be traced to the theoretical assumptions on which it is premised. This may be traced to assumptions about individuals as instrumentally rational, which have provided the theoretical underpinning to NPM doctrines. Getting the incentives right by changing organisational structures was thought to be enough to make rational, self-interested public officials perform effectively.

#### *2.6.1 NPM and the Health Bureaucracy in West Bengal*

Given the contextual factors that have constrained the application of NPM elsewhere, outlined above, it is open to conjecture whether NPM doctrines could have led to a transformation in the performance of the bureaucracy in West Bengal. The health care bureaucracy, for example, is characterised by strong control structures and is highly centralised. Even fairly mundane decisions such as the contracting out of service or the disciplining of a member of staff have to be referred for consideration to the Director of Health Services (DHS) and sometimes even to the Principal Secretary (PS) Health. One health centre that I was observing went without medicines for eight weeks because of problems with a collection van. The option of simply hiring a taxi and charging it to the department - by far the most practical - was considered impossible owing to the long procedures for seeking permission and eventually reimbursement for such a simple act. As a

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<sup>47</sup> The behavioural assumptions behind the 1983 Report represent a bias towards "high minded sentimentality", and as such represents the polar opposite to the assumptions behind NPM, which may be seen to reflect "low-minded unsentimentality". Both, according to Sen, are unreal assumptions (Sen, 2000:280).

result of this, children in the area were denied vaccines for eight consecutive weeks.

The bureaucracy in West Bengal is characterised by systems of personnel management which are likely to weaken managers' attempts to improve performance. Overstaffing, especially at junior levels, is common; there is a weak relationship between performance and reward or promotion, creating negative incentives for individuals' to push themselves to shine, and it is practically impossible to dismiss staff or make them redundant. Such ways of managing human resources, by no means unique to the bureaucracy in West Bengal, would be considered by the proponents of NPM as fundamental in supporting ways of working characterised by inefficiency and sloth.

In response to falling standards of health care provision and particularly poor discipline and accountability in the health care bureaucracy, a committee of MLAs appointed by the West Bengal Legislative Assembly, and led by the health advisor to the State Planning Board, has made a number of recommendations in their yearly reports evaluating the performance of the health department.<sup>48</sup> These bear conspicuous similarities to NPM inspired reforms implemented in other parts of the world. For example on account of the lack of discipline at all levels of the health care infrastructure, the 1987 report recommended that disciplinary powers be given to CMOs for all medical and non-medical staff. In this way, they would not have to continually refer even minor disciplinary issues to the Director of Health Services (DHS) in Calcutta. The reports have repeatedly emphasised the need to fix lines of control - focal points of responsibility at each level, with officers assigned specific responsibility and accountability. This would mean that hospital superintendents would be answerable to CMOs in matters other than direct medical care to patients. In the early 1990s other solutions were suggested. These included the involvement of local self-government bodies, and the involvement of people's representatives through management boards and advisory

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<sup>48</sup> Report of the Subject Committee on Health and Family Welfare, West Bengal Legislative Assembly (1987-1999).

committees. The creation of boards is a well-worn strategy to give hospitals greater autonomy, and the incorporation of people's representatives in these is considered a means of strengthening mechanisms for downward accountability (Bennet and Muraleedharan, 2000:64).

The Subject Committee noted that where changes were enacted and lines of control fixed, officers have often been unwilling to take action in cases of indiscipline. It also remarked that management boards had not been set up throughout the state, and that where they did exist, were seen to be malfunctioning. The 1998 Report observed that the department itself has very weak administrative control over its staff members, thus causing even poorer standards of functioning.

Unsurprisingly widespread shirking and malfeasance are reported to continue unchecked as rules are seldom implemented.<sup>49</sup> In part, this is a result of the slow and laborious disciplinary processes that exist, as well as of fear of reprisal from individual employees backed by their trade union or a political leader.<sup>50</sup>

It is tempting to see such behaviour as a means of expressing resistance by public officials - "ordinary weapons of relative powerless groups" - to defend their interests against attempts of the authorities to make them change their behaviour (Scott, 1985). Indeed there are features of the behaviour of public officials which are similar to the "everyday forms of peasant resistance" described by Scott (1985). Despite this, however, we should reject the temptation to see the behaviour of public officials in West Bengal as necessarily "weapons of the weak". Firstly, public officials in West Bengal are not powerless, but unionised by a trade union with close links to the ruling political Party, which has a long tradition of mobilising and agitating in defence of their interests.<sup>51</sup> Moreover they comprise a

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<sup>49</sup> See Subject Committee Reports (1987-1999). The English-language press provides examples of this almost daily. For example see The Statesman Editorials: "Sick Hospitals" (7/07/2000) and "Just Criminal" (31/07/2000).

<sup>50</sup> See Chapter Five for further discussion of this.

<sup>51</sup> See Nossiter (1988) and Chapter Seven, later, for more on this.

privileged minority in the state, with regular, relatively well-remunerated and permanent employment. Secondly, there would seem to be no logical reason why public officials in West Bengal, with a history of confrontation with those in authority, should adopt forms of resistance used by some peasants to avoid confrontation with authority. Finally, whilst such forms of resistance are suited to the social structure of the peasantry, who tend to be scattered and lacking in formal organisation, there is no reason why these should be favoured by public officials who, in West Bengal at least, are well-organised along the lines of a rational Weberian bureaucracy. It is worth challenging colloquial perceptions of 'shirking' or 'laziness' on behalf of health care officials in West Bengal, but the analogy with Scott's notion of "everyday forms of peasant resistance" would seem inappropriate.

The Subject Committee Report (1996) pointed to the role of irresponsible trade unionism in creating a culture of fear, fomenting indiscipline and then interference in administrative issues. It stated, "the work culture among most of the employees of the health dept leaves much to be desired. One of the contributory factors for such an unwelcome situation is, perhaps, militant and irresponsible trade union activities of all sections of the employees... past experience suggests that such interference by the unions, in certain cases, stood in the way of posting the right person for the right job and posting a person away from one station to another on very good and cogent grounds" (1996:16).

Once again we are reminded of the crucial role that politics can play and the organisational culture, in determining the success of institutional reforms. If the organisational structure is hostile to changes and political interests ensure that those who err are protected, then it is likely that even the most carefully planned changes in organisational structure, will bear little fruit.

The doctrines of the NPM have begun to creep into some aspects of health care delivery in Calcutta, mainly in the parallel bureaucracies established by donor agencies (CSIP/CUDP) for providing primary health care to the doorsteps of deprived sections of the community. Chapter Six shall consider the effect of these

on service delivery, particularly bureaucratic performance. It will consider the case of the health component of CSIP in one ward of the city and in particular how changes in organisation design, influenced by NPM, have affected the performance of HHWs in the field.

## **2.7 Conclusion**

This chapter has presented an analysis of the theoretical arguments behind policies which seek to enhance the performance of public officials in the delivery of services. Decentralisation and reforms inspired by New Public Management have been at the heart of public sector reform packages, especially health sector reform, with a view to making government more efficient, responsive and accountable.

Decentralisation and NPM have received support from those holding contrasting ideological positions, as a way of improving the governmental performance in the delivery of services - although in the case of decentralisation, many of its proponents have considered it an end in itself, as a means to deepen democracy by facilitating the incorporation of the lower strata in the political process. This chapter has shown that both propositions are premised on a choice-theoretic rationale, with its core assumptions about individuals as rational utility maximisers. Certain institutional arrangements are considered to privilege opportunistic behaviour, while others constrain it. Hence decentralisation is seen as a way of improving the performance of government by making the work of officials more transparent, and by creating the opportunities for principals to pressure agents so as to improve their standards of performance. Similarly, NPM reforms have led to the restructuring of public bureaucracies to cut costs and make them more transparent, and through the application of market-like incentives to public bureaucracies to make them respond more quickly and perform better. Furthermore it has been argued that decentralisation as a policy measure has been premised on the view that much of the motivation for good governmental performance will come from civil society - seen as an autonomous sphere separate from the state, comprising free individuals as citizens with rights, protected by law,

able to engage in discussion and debate on equal terms to act as a check on the state.

The chapter has highlighted some theoretical weaknesses in these arguments. The choice theoretical rationale, it has been shown, excludes the possibility that informal constraints - often referred to as culture - and history and politics affect the choices that individuals make, and thereby shape their behaviour. Informal constraints can give rise to organisational cultures that have proved resistant to NPM inspired policy innovations. Similarly, support from the highest political authority is necessary to devise and enforce rules, although the interests of different groups in a political context often also help to undermine the effects of organisational changes, such as the creation of hospital boards, merit based recruitment practices and contracting out of capital inputs.

As a way of institutionalising the participation of the local community, decentralisation has seldom achieved its objectives. Local communities are rarely the consensual social units that they are imagined to be, and hence decentralisation has resulted in the participation of an unrepresentative few. It has also been argued that the claims made on behalf of local communities and civil society as the repositories of the incentives for good performance are overblown. Rather, civil society is a zone of confrontation between unequal actors, often comprising groups with competing interests, some of which are neither democratic nor tolerant. It is optimistic to expect that these will necessarily have a beneficial effect on the state. Furthermore, the separation between the state and civil society which the decentralisation literature assumes, is a contemporary construction which does not reflect the fact that for centuries scholars had never conceived of them as oppositional categories, but rather have held that the state has helped to constitute civil society, and at times has even used it for its own benefit.

The work of Wade (1988; 1992), Moore (1989), Tendler (1997) has challenged the popular view that civil society and local communities can provide the incentives for local officials to perform well. Evidence of improvements to the performance of local officials in different parts of the developing world, presented by Evans (1996),



suggests that positive changes have occurred instead through state-society 'synergy'. This is where the state ensures a rule governed environment and also plays an active role supporting the day-to-day interactions between officials and the public, but also sees a value in enmeshing local officials in the communities in which they work.

This chapter has raised doubts, based on the secondary literature, over the effectiveness of decentralisation and NPM to improve the performance of public officials in the delivery of services. These will be investigated and evaluated in Chapters Four, Five and Six.

## Chapter 3

### Health Care in India and West Bengal\*

#### 3.1 Introduction

Access to basic health care is a human right. A well-developed system of public health is central to the pursuit of social justice.<sup>52</sup> It is of both intrinsic and instrumental value. For the individual, access to health-care is critical to the expansion of human capabilities - expanding the range of options available to people to decide upon the sort of life they wish to lead. As such, it is part of a bundle of goods that people require, helping secure entitlements to a decent standard of living. Good health enables the use of available social and economic opportunities. Furthermore, health can be an important variable in a country's process of economic development. India's inability to provide for the health needs of the majority of her population has been seen by many as crucial to explaining the limited success of India's development efforts since independence (Drèze and Sen, 1995:14).

Health and poverty seem to share a symbiotic relationship - one that the literature on the subject has seldom failed to notice. Shortly after independence in India, the Report of the Health Survey and Development Committee (Bhore Committee, 1946) highlighted that, "unemployment and poverty produce their adverse effect on health through the operation of such factors as inadequate nutrition, unsatisfactory housing and clothing and lack of proper medical care during illness". At the same time, good health is a prerequisite for gainful employment. It is an asset in itself, but also one that can improve security and facilitate the enhancement of other assets that can help to mitigate the poor's vulnerability.

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\* In this chapter, the words Committee, Subject Committee and Report, all refer to the Reports of the Subject Committee on Health and Family Welfare, West Bengal Legislative Assembly (1987-1999). Exact dates for each of the references to these Reports are provided in parentheses in the text.

<sup>52</sup> See Drèze and Sen (1995: 99-101).

"Illness is obviously one of the most widespread causes of human deprivation and economic insecurity in India." (Drèze and Sen, 1995:101). Whilst access to regular, gainful employment is an important determinant of urban poverty, slum dwellers in Indian cities have identified physical incapacity to work, through illness, disability or old age, as the main obstacle to gaining employment. Illness features prominently in discussions with slum dwellers, who consider it to have a double impact on household poverty. Illness leads to a loss of earnings and indebtedness, the latter out of the need to pay for medicines and (often private) health-care. Furthermore, permanent or long-term illness and disability forces others within the household to undertake caring roles, undermining their ability to earn income, which in turn compounds household poverty and vulnerability (DAG, 1997).

This chapter begins by briefly describing the health system in India and some of the problems identified with it in the secondary literature. In the light of this, the chapter goes on to discuss problems with the health care system in West Bengal, combining evidence from the secondary literature with data collected through primary research. Whilst there are some issues of concern shared with the evidence from an all-India perspective, the chapter argues that the state is quite generously endowed with infrastructure and resources. Rather the problem lies in poor planning, inadequate information and, in particular, poor and ineffectual performance by health care officials - a pervasive scenario, perpetuated by a governance structure which has ensured that providers are barely accountable to patients. The chapter ends by identifying some of the proposed solutions to improve the "organisational incentive regime" (WHO, 2000:65) of health care delivery to ensure greater accountability from health care officials. These measures shall be discussed in more detail in subsequent chapters, but tentatively I suggest that the effectiveness of changes in the incentive structure of the health system depends on the extent to which political actors are aligned to these objectives.

### **3.2 Challenges to Effective Health Care Provision in India: Equity and Efficiency**

Health policy in India has tried to honour a basic ideological commitment to redressing inequalities in the light of the totemic Bhore Report (1946). This recommended a system of public health provision, comprising preventative and curative services, offered by full-time paid professionals, in tandem with efforts to improve public health, nutrition and general living standards, seen as major determinants of health. It provided the vision for health policy in independent India.

The public health-care system in India is in principle free and available to all. In practice it is neither, and fails to address most of the criteria for equity. In some states, Drèze and Sen claim, “the system is little more than a collection of deserted primary health care centres, filthy dispensaries, unmotivated doctors and chaotic hospitals” (1995:101). Equal access for equal need has been understood as the underlying principle for equity in health care (Gilson, 1989:324). Abel Smith has identified four determinants of equity in health: geographic proximity; financial accessibility; cultural accessibility - the provision of a service relevant to people’s needs and in line with their cultural practices and functional accessibility - the right care for those in need when in need. (1994:108). Equity along with access have dominated thinking on health policy in general. Access involves the costs that people incur in obtaining health care (Van Doorslaer, 1993:14), which can be both monetary and non-monetary. The concept is notoriously difficult to define. Yet according to Markides, it is related to three elements: “the structure of the health system, the behaviour of health professionals and the characteristics of the population seeking health” (1992:621).

### **3.3 Sources of Inequity**

#### *3.3.1. Urban-Rural Differences in the Distribution of Resources*

In the developing world, the public health system’s human and financial resources tend to be disproportionately distributed- concentrated in urban areas, on mainly

curative services and tertiary facilities (World Bank, 1993). India is no exception to this (Cassen, 1978:201; Jeffery, 1988:115).

In India, there is an undeniable 'urban bias' in health care spending. Almost 70% of the total number of hospitals in India can be found here (Directory of Hospitals, 1988<sup>53</sup>), and per capita spending on health in urban areas far exceeds the amount spent on rural areas (Duggal et al, 1995:836). The table below provides some evidence of the extent to which health resources are disproportionately distributed in the state of West Bengal.

**Table 3.1 Some Aspects of the Distribution of Health Resources in West Bengal**

YEAR 1987	RURAL	URBAN	TOTAL
Population (a)	45,138,547 (73.83%)	16,000,222 (26.17%)	61,138,769
Beds (b)	19,348	45,981	65,329
Bed-Population Ratio (c)	1:3159	1:1329	1:2244
% of Beds Distributed by Area (d)	29.62	70.38	100
Total Number of Registered Allopaths with Addresses (e)	9,005	20,704	29,709
% of Total No Registered Allopaths distributed by Area	30.31	69.69	100
Doctor-Population Ratio (f)	1:5013	1:773	1:2058

*Source: Adapted from Table 1&Table III- Report of the Subject Committee on Health and Family Welfare, 1989-90 (West Bengal Legislative Assembly Secretariat)*

Clearly scarce resources are not being directed to where they are most needed - where the majority of the population resides. The rural-urban differences are stark

<sup>53</sup> In Bhat (1993:48)

and are most clearly shown by the figures in row (c) onwards. Whereas more than 70% of the population of the state live in rural areas, almost the exact same percentage of health care resources- in terms of hospital beds and registered allopaths with addresses-are concentrated in urban areas. There appears to be an inverse relationship between the distribution of population and that of health care resources.

### *3.3.2 Barriers to Access in Urban Areas*

In spite of the greater concentration of resources in urban areas, the urban poor's access to public health care services remains limited. Despite comparatively easier geographic proximity (than in rural areas), distance remains an important constraint to access for the urban poor (Rifkin, 1987). Distance combined with poor quality service (long waiting times, poor testing facilities, inadequate referral system and unavailable medicines) augments the overall resultant costs of using public health care services. These are further heightened once incorporated with the opportunity costs of labour time lost - significant, particularly for the urban poor.<sup>54</sup> These overall costs, not the availability of services, prevents the poor's access to government health care facilities (Kundu, 1993:265). In a survey undertaken in an urban Delhi slum, 82% of respondents claimed that long waiting time, and the resulting loss of wage hours, was the main factor stopping them using public hospitals (ibid).

Yesudian (1988) has shown that for slum dwellers in Bombay, long waiting times and minimal contact with doctors act as disincentives to the poor's use of public health services. Slum dwellers in Calcutta reported valuing government health services primarily in times of emergency and for prolonged periods of hospital based treatment. Lower income groups reported using these services more frequently, but in general, they were perceived as distant and generally unsatisfactory due to prolonged waiting times and the rude attitude of staff (CMDA, 1997).

Kundu also makes the point that the public health care system in urban India is biased in favour of the organised sectors of the economy, yet discriminates at every level even within this sector, between state and central government employees, organised and unorganised workers. It is the unorganised workers, those employed in the informal sectors who comprise the largest portion of the urban poor. People of higher wealth and status are provided for best (1993:89-90). Attempts to target benefits to the poorer sections of society have failed due to a failure to identify potential beneficiaries, resulting in benefits leaking to non-specific beneficiary groups.

### *3.3.3 Misplaced Priorities: Curative Care and Doctors*

In terms of the type of health care that resources are channeled towards the distribution is also unequal. Financial resources are concentrated on curative services, and personnel have traditionally been occupied in delivering vertical (top down) programmes, such as those associated with family planning, with set targets fixed by central government.

Spending on primary health care remains disproportionately less than that on curative care. In the case of West Bengal, the government has been unable to match its rhetoric of expanding promotive and preventative care.<sup>55</sup> Curative services still consume the lion's share of resources. For example, in 1992, out of a total estimated health budget of Rs 5038542 crore, the amount allotted for curative care was Rs 363,9238 crore; for public health, Rs 62,5693 crore and for family welfare, Rs 77,3611 crore. If the amounts for Family Welfare and public health are added together, they amount to less than 28% of the total health care budget for the state. The 8<sup>th</sup> Report (1994-95) calculated that only 13.72 % of the total budget was for public health, and 14% for family welfare. Most alarming was the fact that of the total budgeted sum for health, 70.7% is spent on salaries and wages,

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<sup>54</sup> Who are forced to depend on a wage income to survive in a highly monetised economy.

<sup>55</sup> See the Budget Speech of the Honourable Minister for Finance, Govt of West Bengal, 1990.

16.12% is spent on establishment costs and only 13.18 goes for drugs, diet, materials and supplies.<sup>56</sup>

The emphasis given to curative care is reflected in the strong bias towards the employment of doctors as opposed to nurses and other health care professionals. Curiously, national reviews have tended to encourage this imbalance in staff strength. For example, the Mudaliar Committee (1961) recommended a ratio of one doctor for 3,500 population and one nurse for 5,000 population. It is thus not surprising that health care planning in the West Bengal has reflected these imbalances. According to the fifth Report, "the imbalance between Medical and paramedical personnel is remarkable. The imbalance requires rectification by restricting the number of clinicians and increasing the number of nurses, etc" (1992:5). The imbalance in staff composition has been said to undermine the performance of the health care infrastructure. For example, community health centres (CHC), the second tier of the rural health system, were designed to comprise thirty beds, attended by eight doctors and eight nurses. The small number of nurses, compared to doctors, was found to be one of the factors undermining the effective functioning of these centres (Dutta, 1993:322).<sup>57</sup>

### *3.3.4 Medicare and Vertical Programmes*

Inequities extend to the type of services provided by the public system, and particularly the emphasis on vertical, targetted programmes. Once family planning (FP) services dominated the public health system (Gupta et al, 1992). FP programmes consumed a large chunk of the available resources and the performance of health workers was judged by their ability to fulfil a set of family planning objectives (Jeffery, 1988:168-169). In fact, the pressure to meet FP targets meant that other health care activities were put aside (World Bank,

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<sup>56</sup> The figures have been gleaned from the Report of the Subjective Committee on Health and Family Welfare, West Bengal Legislative Assembly (1994:3).

<sup>57</sup> West Bengal has a remarkably low doctor-population ratio, 1:700 if all systems of medicine are included. This is five times higher than the doctor-population ratio recommended by the Mudaliar Committee (Dutta, 1993:323).



1989:142). FP affected the quality of care provided by the public health system, resulting in a service that was inappropriate to the needs of the majority.

According to Jeffery, the emphasis on FP has contributed to undermining staff-client relationships. It has led to erosion of the trust and confidence that should, ideally, exist between patients and staff (1988:298). This is especially pertinent in the case of poor women. It has been suggested that poor women, who have amongst the worst health status in India, may find the public system, whose efforts and resources are concentrated towards affecting their reproductive health, culturally alienating. For them, using public services carries with it the prospective chance that a consultation may result in sterilization either by coercion, deception or unbearable pressure (Jeffery et al, 1989; Basu, 1990).

After independence, the primary responsibility for health matters was given to the states in India. The Union government, in theory, only retained control over international aspects, quarantine and the control of communicable diseases. After 1983, the states have been subservient to the National Health Policy of the Union government, and they have been forced strictly to apply the different parts of this policy. FP is just one example of the many vertical, centrally driven programmes that states have had to implement, often with a significant contribution of their own human and financial resources. These have often been target-based programmes and, just as with FP programmes, are alleged to have adversely affected the provision of primary care to patients. Jeffery (1988:175) has argued that target-based approaches to health care mean that staff rush to meet their specific targets often at the expense of general health care duties. The 6<sup>th</sup> Report (1993:6) also highlighted this problem in the case of Multi Purpose Health Workers (MPHWs) in West Bengal.

Primary care suffers as a result of vertical programmes, but the economic cost, and particularly the leakages due to corruption are held to be significant as well. It has been noted that FP targets encouraged corruption and fraud (Jeffery, 1988:298). For example, it has been estimated that of the total budget for FW in West Bengal (1998-99), approximately one third, Rs 11.16 crore, was dispensed

as incentives for reaching FP targets. This was mostly given to regular employees of the DOH, who were carrying out these tasks during their 'working hours'. These employees in addition to their salary were thus gleaning incentives which they were not strictly entitled to.

### *3.3.5 Gender Inequality and Health Care*

Gender relations within the household may be considered one of the key sources of health inequities, given the disturbingly low female-male ratio in India (Drèze and Sen, 1995:141). Whereas there are regional disparities in the decline of female-male ratios in India since the beginning of the 20<sup>th</sup> century, it has been noted that in West Bengal it has stagnated (ibid: 147). Among the lower age group, this has been attributed to the neglect of young girls in the allocation of resources within the household, particularly in terms of spending on health care and nutrition (ibid: 144); whereas in the case of older women this has been ascribed to women benefiting disproportionately less from improvements in living conditions and medical care (ibid: 154). In either case, it is in part gender inequities in access to health care which are seen to have been crucial in explaining the phenomenon of 'missing women' in India today.

Whilst addressing systemic problems within the health care system is no doubt important, it has been argued that women's health should be seen as embedded in a system of social relations (Jeffery et al, 1989:222). The nature of social relations within the household in parts of India has meant that women are often to be found in the conflicting situation of being 'guardians of the household health', yet systematically prevented from taking decisions about health within the household (Chatterjee, 1989). This is a feature of some of the social and cultural aspects of Indian society. It is argued that unless the status of women within the household and their own self-perception is raised, addressing the systemic issues will be of limited effect (Jeffery et al, 1989).

### *3.3.6 The Bureaucracy: Health-Care Providers*

Abel Smith has noted that one of the key impediments to the poor seeking out health care can be the treatment dealt to them by health care workers (1994:110). Banerji (1985) has advocated focusing on health bureaucracies and particularly health bureaucrats, to examine how their behaviour constrains the effective and equitable functioning of the health-care system. Jeffery (1988) has argued that the poor motivation and performance of health-care workers is a major impediment to the provision of an equitable client orientated service. Such attitudes and behaviour are considered to add to the non-monetary costs of using the public health-care system by the poor in India.

This brings to the fore another common problem associated with the contemporary public health system in India, namely the ubiquity of poorly motivated and rude staff, failing to perform their duties effectively and/or treating clients in an offensive or demeaning way. There is considerable empirical evidence of the latter, from south India (Zubrigg, 1984) as well as from the north (Jeffery et al, 1989). Poor management has been blamed for this situation. Health workers are not performing their primary duties properly, Jeffery (1988) has suggested, because of hierarchical, management structures, in which managers (senior officials) are detached from pervading ground realities, and elicit good performance through coercion. This, he argues, is not conducive to ensuring motivation, enthusiasm and job satisfaction (1988:274). Furthermore, such structures reinforce upward accountability and compound the weakness of client-based organisations. Few incentives exist for providing a better service to clients and thus accountability to clients is minimal. Other reasons have been suggested, and these will be considered in the next section.

### 3.4 Explanations

#### 3.4.1 Political Economy Approaches

The reasons why some of the highlighted problems have arisen, and continue to pervade the system are intriguing, and merit analysis. A tendency, in India at least, has been to interpret this from a Marxist viewpoint, by arguing that, in general, the health system in India reflects the interests of the ruling classes and is used as a tool of domination and control over the masses. Banerji, who has been a leading exponent of this view, has argued that there is a glaring disparity between community health care needs and health care provision, because planners and health professionals alike hail from the upper classes whose priorities are not necessarily to address the health requirements of the masses (Banerji, 1985).

Poorly motivated and rude staff, Marxists argue, exist because health care workers are merely reflecting the needs and interests of the dominant classes to which they belong (Banerji, 1985). Bhadwaraj (1975) extended this explanation to incorporate caste as a factor. He has argued that the lack of empathy, understanding and respect proffered by government allopaths to their patients derives from deep-rooted class and caste-based prejudices, and is reinforced by an exclusive and elitist education and training.<sup>58</sup>

Jeffery (1988) has incorporated some aspects of class analysis into a political economy approach. Whilst he has argued that health services are not central to class interests in India, and that conflicts usually emerge between practitioners over their respective share of benefits, not between classes as such; he does accept that class is an important component of health care in India. He points out that the class structure of medical professionals and traditional beneficiaries has

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<sup>58</sup> The importance of caste prejudice in influencing the way that health care personnel treat their patients - for example, cases of upper caste health care personnel, particularly nurses, being reluctant to touch lower caste patients and particularly their bodily fluids - has also been pointed out to me by Prof. A.K. Bagchi (personal communication, Calcutta June 2000) and Prof. D. Banerji (personal communication, New Delhi August 1999).

changed little since independence and this has impeded changes that could benefit the majority. Further, he adds that the class links of the medical profession (helped by the work of international aid and MNCs) has meant that they have dominated the rewards from this system (1988:175). Jeffery also highlights the enduring influence of colonial ways of thinking and practices on the ways that the system is shaped today (ibid). He claims that these are unsuitable for local conditions.

### 3.4.2 *Transfer Mechanism*

Jeffery points to the transfer mechanism as a case in point. This characteristic procedure in the Indian system of administration was inherited from its colonial past, and involves transferring officials from one posting to another every few years to enhance their exposure and experience and to prevent the development of corrupt relationships between these officials and local elite. Bureaucratic transferal procedures, Jeffery claims, limit the acquisition of adequate context specific knowledge and experience by health workers and undermines attempts to build trust between client and provider-which he claims, "could be the difference between success or failure of a health program" (1988:270).<sup>59</sup> Further, Bhardwaj (1975) argues that the 'social and cultural distance' between clients and public providers (of education, class and caste) is exacerbated by bureaucratic transferral procedures (Bhardwaj 1975).

This wider political economy approach resonates with the views of the Subject Committee on Health and Family Welfare, West Bengal Legislative Assembly. This yearly exercise in self-monitoring and evaluation, unique in India, has consistently argued that deficiencies in the public health system in West Bengal may be traced to a combination of factors, comprising those already mentioned, plus, crucially, a conceptual lacunae in the understanding of health.

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<sup>59</sup> The issue of recruitment and transferral procedures of Indian bureaucrats, and its effects on public policy has been discussed at length by Wade (1988; 1992). He has argued that it is one of the reasons why the Indian state is no good at development (Wade, 1984).

### 3.4.3 Conceptual Lacunae: Health Care v Medicare

There is a tendency to confuse healthcare with medicare, some scholars claim, and therefore good health is equated with an absence of disease through the provision of medicines. This may be traced to India's colonial past, to the Royal Commission (1859) and the subsequent acts which specifically set out to control and cure disease, given the manpower losses this was proving to cause, particularly in the armed forces.<sup>60</sup> The Bhore Report, recognised for its emphasis on the need for proper preventative and promotive care, has also been accused of providing a justification for the subsequent emphasis on curative care or medicare in post-independence India (Dutta, 1993: 326). This is because the Bhore Report concluded by saying, "in view of the complexity of modern medical practice the health service should provide, when fully developed, all the consultation laboratory and instrumental facilities for proper diagnosis and treatment". Finally, the focus on medicare as health care, has been traced to the fact that medical education in India has adopted the western model, without making the changes necessary to adapt to its new environment, wholeheartedly borrowing its focus on diagnostic and therapeutic procedures, at the expense of the analysis of the social causes of disease. (2<sup>nd</sup> Report, 1990:4)

The view of the Subject Committee has consistently been that, far from being simply the absence of disease, health cannot be separated from the broader issue of socio-economic development; that "health comprises the physical, mental and social well-being of the individual" (Alma Ata, 1978:15). As such the good health of the population depends on the universalisation of social justice.<sup>61</sup> The Reports emphasise that most of the health problems in a country like India are linked to malnutrition and unhygienic living conditions. These, it is claimed are, on the whole, easily diagnosable and treatable not to mention preventable, without recourse to sophisticated medical technology and expensive drugs. The continued emphasis

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<sup>60</sup> The 1859 Royal Commission highlighted the fact that disease induced manpower loss in the army far outweighed the casualties due to war and other unrest (quoted in 6<sup>th</sup> Report, 1993:2).

<sup>61</sup> Personal Interview Prof Dr. G.P. Dutta Special Advisor on Health, State Planning Board, GoWB (Calcutta, 3/09/99).

on medicare together with its corollaries, it is further argued, is the means by which the ruling classes, in collaboration with international pharmaceutical companies, keep the “means of health care under their control...and in a form most suitable for their political and economic gain” (1990:5). The same Report adds, “the training of medical manpower along with drug and therapeutic appliances are designed to satisfy their commercial and political interests”(ibid).

It is held that target-based vertical programmes like FP, which stand accused of undermining the work performance of health care officials, have arisen out of a failure to understand the meaning of health and results from equating it to medicare. The 15th Report concurs with this, by highlighting that the confinement of para medical personnel to immunisation and FP activities, has meant that other key points in PHC have not been taken seriously (1998:9-10).

### **3.5 The Scenario in West Bengal**

Many of the problems highlighted above may be considered to be generic to the health system in India. But it may be worth reconsidering all of the factors shown to undermine the equitable provision of public health care in India, in relation to the actual situation in West Bengal.

#### *3.5.1 FP and Vertical Programmes*

In the 1988 Report, it was noted, “subcommittees were surprised to find that Multipurpose Health Workers were keen in bringing tubectomy cases to the camp as they got financial incentives for the purpose and implemented the immunisation programme in the subcentres in a perfunctory manner”(1988:8). In this sense the situation in West Bengal was not drastically different from that of the rest of the country.

Whilst the state still has a long way to go in terms of abandoning (or probably more sensibly, adapting) top-down, centre-driven target-based approach to health-care, it is surely a positive development that vertical target-based FP programmes have

now been replaced in West Bengal, by a more bottom-up, participatory model of family planning.<sup>62</sup> It would appear that the state is no longer compelled, as it was previously, to adhere mechanically to central directives on health programming. The change has come largely due to a new phase in federal relations between the centre and the state, promoted by the UF government in the Centre (1996-1998).<sup>63</sup> The 14<sup>th</sup> Report announced that, "this time the Centre has on principle conceded to the autonomy of the state in the implementation of the Centrally Sponsored/Assisted Schemes and Programmes" (1997:1)...It is allowing the implementation of vertical programmes more attuned to the states' needs and wishes" (ibid: 7).

### *3.5.2 Distribution of Resources*

It cannot be denied that the state reflects the countrywide tendency towards urban-based, curative care and tertiary facilities; or that the rural urban differentials in terms of the distribution of health care resources are stark (as Table 3.1 has illustrated). But, in terms of infrastructure, what exists on paper in the state exceeds most recommended levels as well as the achievements of other states of the Union, with the possible exception of Kerala. It is with no hint of exaggeration that the Subject Committee Reports repeatedly refer to the state's substantial infrastructure for primary and secondary care (1999:3), noting in its first Report that, "so far as the superstructure and infrastructure for the Health Care Delivery System is concerned, the State perhaps occupies the highest position in the country"(1988:1).

If we consider once again Table 3.1, it may be seen that in terms of the doctor-population ratio, the state's position exceeds the Mudaliar recommendation of 1:3500. Indeed in urban areas, the ratio is five times higher than this. The first

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<sup>62</sup> Since 1997 the Govt of West Bengal has taken a Community Need Assessment Approach to FP, in which health workers agree FP targets for the forthcoming year with the community. (Personal Interview with Additional Secretary Family Welfare, GoWB 17/11/99 Calcutta).

<sup>63</sup> The Left parties, of which the CPI (M) is the biggest, were key coalition partners of the UF government at the Centre 1996-98. Jyoti Basu, the former CM of West Bengal, was the favourite for PM in the UF government.



Report also noted that the state has the second highest bed-population ratio after Kerala. West Bengal has sixty State General and Special Hospitals - intermediary static units between the block and subdivision, which is unique in India (5<sup>th</sup> Report, 1992:4). The state's health-care infrastructure is extensive and needs rationalisation - a point which has been reiterated by the Subject Committee (see for example, 1997).

Moreover, a primate city like Calcutta would seem to be positively well endowed with health care facilities and personnel. In Calcutta, government health care facilities include OPDs attached to the big hospitals in the city, all under the jurisdiction of the Government of West Bengal Health Department. Calcutta has four main teaching hospitals, in addition to a number of general as well as specialist hospitals for women, children, infectious diseases and cancer; all have OPDs. The Labour department (GoWB) is also a significant provider of (public) health care in the city. The Labour department runs the Employees State Insurance Scheme (ESI), which provides free curative and preventative services to organised sector employees and is financed by a combination of contributions from employees, employers and the GoWB. There are ESI hospitals in the city, insured medical practitioners (IMPs) as well as Rastro Bimar Osudnagar (RBO) state medicine shops. There are also central government dispensaries and a certain number of beds reserved in public hospitals for central government employees under the Central Government Health Service Scheme (CGHS). Indian Railways also run hospitals and a limited number of clinics for its staff and their relatives. There is a hospital and OPD for dockworkers and a Port Trust hospital for central government employees employed in shipping and port related activities.<sup>64</sup>

In addition, four separate governmental organisations are now working in the core Calcutta area to provide primary health care to the population, especially to the poorer sections. Calcutta Municipal Corporation was traditionally meant to provide preventative services-water, sanitation, conservancy vector control and some immunisation activities. According to the Municipal Commissioner and CMHO, its

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<sup>64</sup> I am grateful to Prof. G.P. Dutta for this information.

role has now been expanded to include promotive and basic curative services. The CMC also runs a TB hospital and fourteen maternity homes. Calcutta Metropolitan Urban Health Organisation (CMUHO) works in the greater Calcutta area, including the core city, to provide preventative, promotive and basic curative services. Vector control has been its main area of activity, but CMUHO is also responsible for MCH, FP&W and the prevention and control of epidemic diseases. CMUHO is also meant to provide basic curative care in its static health units. Two foreign donor-funded slum improvement programmes, which latterly have included a significant health component, have spawned their own health delivery system which is responsible for providing primary health care only to *bustees*. These are Calcutta Slum Improvement Programme (CSIP) initiated by DFID/ODA, and Calcutta Urban Development Project-Phase III (CUDP III) a World Bank funded project. These two programmes cover 87 of the 141 wards in the city. In addition an Integrated Child Development Scheme (ICDS) has also been established and is working in a number of wards in the city. Recently, with World Bank funding, another delivery system has been established called India Population Programme 8 (IPP8) scheme. This is functioning in the wards on the periphery of the city, as well as in the greater Calcutta area.

### 3.5.3 Finances

Contrary to popular misconceptions financial resources are readily available, yet it would seem that they are not being used optimally. This is pertinent to West Bengal where financial resources though scarce (as they are anywhere), do exist and are accessible. It is the manner in which they are used which is the problem, or not used, as is the case of West Bengal. The 15<sup>th</sup> Report noted the inability of the Department of Health (DoH) to use its allocated funds from the 1997-98 budget (1998:16). By the following year, it is highlighted that the Plan Outlay of the DoH had increased by around 74% of the previous year's plan outlay (1999:17). Whilst clearly good news, the same Report notes with some concern that the DOH was only able to utilise 71% of the previous year's Plan Outlay, and that some branches of the Department had not utilised even 50% of money allocated from

1997-98 budget. The Committee deemed unsatisfactory the reasons given for this (1999:17).

#### *3.5.4 Medical and Paramedical Personnel*

There has been a bias in favour of employing clinicians, instead of nurses and paramedical personnel. However, it should be noted that the state has invested heavily in expanding its cadre of para-professionals especially in urban areas, in part supported by aid from foreign donors like DFID and the World Bank. The Janata government in 1977 established the concept of Community Health Guides (CHGs). The idea was to choose a cadre of volunteers from amongst the local population, and train them to impart health education and preventative health care. These were to be controlled by the community and paid a small stipend. West Bengal was estimated to have 42 thousand of these CHGs in the field (6<sup>th</sup> Report, 1993:4). In addition Multi-purpose Health Workers (MPHWs) were also introduced in the state. They were to provide Malaria control, the TB and infectious diseases programme and Family welfare planning, all in one package to the doorstep of beneficiaries. Different paramedical staff from the DOH had previously provided these. MPHWs were meant to be competitively selected and given the pay, perks and status of government employees. There are three tiers of supervisors for MPHWs. In Calcutta, in addition to the considerable cadre of paramedical staff already employed by the Calcutta Corporation (CMC) as well as Calcutta Metropolitan Urban Health Organisation (CMUHO), the health components of donor funded slum improvement programmes (SIPs) also introduced voluntary health workers, as have the WHO inspired Integrated Child Development Schemes (ICDS). The model on which the idea of the honorary health worker of the CUDPIII and CSIP 1 projects was based, was that of the CHGs.

### **3.6 Primary Health Care and the Extension of Social Justice**

If health depends on the universalisation of social justice, then West Bengal seems to have done more than most to progress in this regard, according to the Subject Committee. It has noted that, the "the key philosophy of the Left Front government

is to provide social justice to the unserved and underserved people by enhancing their self-respect and self-confidence. The endeavour was partly successful because of land reform and land distribution to the underprivileged population of the state. This qualitative social change has been reflected in food production, food consumption and limited financial affluence of the poor and marginal farmers..." (16<sup>th</sup> Report, 1999:2).

This view is supported by two decades of scholarly work on West Bengal. The state is considered to have implemented the most far reaching land reforms in independent India, involving the redistribution of land and ensuring tenure for tenants (Sengupta and Gazdar, 1997). The "revitalization" of the *panchayati raj* institutions (PRIs) has resulted in the incorporation of the rural poor in the planning and implementation of programmes (ibid; Lieten, 1992; Webster, 1990). Together with the impact of technological changes, these reforms have helped to boost agricultural productivity significantly, and accelerate the reduction in the trends of inequality (Sengupta and Gazdar, 1997:174).

Scholars have also underlined the huge potential of these reforms for the state's efforts at social development and poverty eradication. Sengupta and Gazdar have noted that, "the political changes of the type experienced in West Bengal can expect to have a major impact on prevailing deprivation...the changed balance of power in rural Bengal certainly opened up new possibilities of more development orientated governance" (1997; 185).

Initially, the effects of extending social justice were said to be reflected in the state's health indicators (5<sup>th</sup> Report: 1992). The 14<sup>th</sup> Report notes that the state had done better than the all India average. According to the Health Information of India (Gol, 1987),<sup>65</sup> West Bengal had a birth rate of 28, ranking it third on an all-India level; a crude death rate of 8.3, ranking it also third on this count and an IMR of 70, placing it fourth in the rankings. By 1999 it was reported that the vital health indicators in the state had improved dramatically: for example, CDR was 8.1 and

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IMR had been lowered to 55(16<sup>th</sup> Report, 1999:8). This was attributed in part to the “improvement of the socio-economic situation of the erstwhile deprived section of the people” (ibid).

So far this chapter has argued that West Bengal possesses a good health care infrastructure, as well as ample financial and human resources. Urban centres and particularly Calcutta - even given the important barriers to equitable health care for the urban poor which have been shown to exist - enjoy a disproportionate share of health care resources: doctor: population and beds: population ratios exceed that of other states as well as targets which are regularly recommended. Moreover, the state has been ruled by a well-disciplined and organised Left coalition committed to equity orientated reforms, which has made significant progress in terms of redistributive reforms and participatory democracy - meant to enhance the universalisation of social justice, the basic component of good health. Whilst West Bengal is not exempt from the pervading inequities in the health system in India, it must be recognised that on many counts, it fares better than most states. This begs the question, what’s the problem; indeed, is there a problem?

### **3.7 The Problem**

#### *3.7.1 The Re-emergence of Fatal Diseases*

The Reports of the Subject Committee, which provide considered authentic and mostly non-partisan insights on the performance of the department by state legislators, and as such constitute a valuable resource, claim that there is a problem with the health care delivery system in the state. As early as 1992, the Committee reported that, “the functioning of the health department has become a major point of criticism against the Left Front Government” (5<sup>th</sup> Report, 1992:2). Three years later, the situation does not seem to have improved, now there is the suggestion that the social benefits which the “universalisation of social justice” was felt to have brought, are coming to an end. “The LFG in the last 18 years have instituted the remarkable qualitative and quantitative changes in the concept and

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<sup>65</sup> Quoted in Dutta (1993:318).

lifestyle of people of the State. This is unfortunate that in the recent years of the Third Session of the LFG stagnation has become a marked phenomenon" (1995:1) As time progresses, the Reports become less guarded in their criticism. In 1997, it is reported that, "the overall impression of the health situation is still extremely gloomy" (1997:3) By 1999, it is accepted that the much vaunted link between socio-economic improvements for the majority of the population and better health, is fraying. With the utmost frankness, the Report says, "in one word even with the increased socio-economic status, Health Care situation has not been optimally improved" (16<sup>th</sup> Report, 1999:9)

One alarming consequence of this has been the reappearance in the state of fatal communicable diseases like Kala-azar and Malaria, which had been kept under control and were considered to be practically eradicated. The year 1999 saw a re-emergence of malignant malaria in the city, which resulted in significant increases in levels of morbidity and mortality amongst the general population. This was attributed to "lacunae in public health management" (16<sup>th</sup> Report, 1999:9). The same Report notes a rise in the incidence of TB, and highlights the continued failure to control the major causes of morbidity and mortality in the state: gastroenteritis and other diarrhoeal diseases, as well as acute respiratory infection.

In addition, scholars have criticised West Bengal's failure to emulate Kerala - a state with a similar record of redistributive reforms and left wing activism - in improving key indicators of well-being, through better access to health and education (Nag, 1989). In fact West Bengal has exceeded Kerala in terms of the amount of land redistributed, and has been a recognised pioneer in democratising local governance, through the revival of the *panchayat* system. However, these changes have brought limited improvements in terms of expanding social opportunities and improving key indicators of deprivation (Sengupta and Gazdar, 1997). In terms of vital indicators for education and health, West Bengal stands some way below Kerala in the rankings.

There is evidence to suggest that the department of health (GoWB) has been performing poorly for some time. The Subject Committee suggests three reasons

for the poor performance of the health department (12th Report, 1995:1) – administrative breakdown, including bureaucratic performance, improper planning and the inefficient communication of information both to providers and, perhaps more importantly, to clients. The rest of the chapter explores each of these reasons.

### **3.8 The Roots of Poor Planning: Lack of Relevant Data on Which to Evaluate Performance, Prepare Budgets and Develop Policy**

It has already been established that West Bengal has an extensive health care infrastructure, is well endowed in terms of human resources and that apparently the DOH has more financial resources than it is able to spend in one budgetary year. Calcutta fares better than the rural areas of the state on the first two counts. However, according to the 9<sup>th</sup> Report, “the Committee painfully noted overcrowding of patients in one hand and malutilisation of the resources in the other”(1994:2). My frequent visits to OPDs and other government health centres in Calcutta were revealing in this regard. The scene outside OPDs resembled that of a train station, not a hospital. From early morning crowds of people can be found waiting for treatment. Milling around amongst them are a motley crew of hawkers, magicians, soothsayers and touts-often indistinguishable from hospital employees - the scene sometimes interrupted by a fight amongst those jostling in the queue. One is left with the impression of a system on the point of collapse, apparently unable to bear this huge strain on its resources.

By talking to those waiting, one discovers that many have come from the outskirts or even further afield, from the rural areas. They have travelled long distances to seek treatment for usually quite minor ailments - fractures, acute sore throats and chronic diarrhoea - serious problems no doubt, but ones that could easily be dealt with at lower levels of the health care infrastructure. Even primary health centres, 917 of which are scattered throughout the state in rural areas, are meant to be sufficiently equipped to be able to provide a limited number of beds for indoor care. The fact that people are prepared to travel such long distances to urban teaching hospitals suggests that the facilities lower down are not functioning. According to

the 9<sup>th</sup> Report, "The overcrowding of the hospitals is due to the rush of patients from the periphery of the District and the subdivisions. The centres below the level of Subdivision, ie State General, Rural and Block Hospitals are not providing the desired secondary care to the people for which these units are meant" (1994:6).

The Subject Committee has attributed the situation described to poor planning. There has been a mushrooming of, often unnecessary, civil works - hospitals and health centres have been built when only a up-grading of the existing facilities was needed. There is a problem with overstaffing, with new staff still being recruited without first assessing the performance and workload of the staff already in place. Then there are some inexplicable oversights such as the purchase and distribution of new technology, like X-Ray machines, which have subsequently been abandoned for lack of the necessary technical staff, a dark room or a suitable room for installation (9<sup>th</sup> Report, 1994). Primary health care centres were found in Calcutta to be empty and inactive for want of slides, or test-tubes, a functioning fridge or other such basic equipment; similar cases of poor planning abound in the Reports. Duplication of activities is another common problem. In Calcutta, some wards enjoy the services of four separate PHC delivery systems - CMC, CMUHO, CSIP/CUDP and ICDS. In some wards, including one of the research sites, ward 67, three organisations - CSIP, CMC and CMUHO are all working to provide basically the same types of services - vector control, health promotion and the treatment of common ailments.

Since its inception the Committee has consistently lamented the lack of decent base line data required for the health department to draw up a state health policy. There are no data on the functioning of the different wings of the DOH, no idea about the exact number of employees that belong to the DOH and no data on mortality and disease patterns. This lack of relevant data was seen as hampering the ability of the department to evaluate the performance and functioning of its various wings. Furthermore, it left it with little capacity to make an accurate assessment of its needs and priorities for planning (1992). In 1993, it claimed that the lack of "thorough analysis or assessment of the different units of the health dept, was affecting attempts to bring about improvements in the functioning of



health care delivery. It was undermining the dept's ability to coordinate its activities and ensure maximum output of its various wings and huge infrastructure (1994). The failure to produce relevant base-line data shows, according to the Committee, that the DOH is, "neither aware nor concerned about the appalling state of affairs prevailing in the infrastructure. Consequently this dept has a very low accountability of its performance" (1994). By 1999, the committee reported little improvement on this count - startling, considering the level of criticism sustained over the previous 13 years - saying that, "no effort had been made by the department to assess the performance and work load of the department, to facilitate planning and help maximise the use of existing resources."

Linked to this has been the issue of budgetary formulation. The Committee suggested in 1992 that the "budgetary formulation of the state is not based upon the performance of the department, but on the mechanical increase of the amount of demand which they have traditionally incorporated into budgetary heads" (5<sup>th</sup> Report, 1992). In 1994, it went even further, analysing how the budget for health was worked out each year. This was done, it claimed, as part of a pre-fixed proforma. Increased funds are demanded for ensuing years on the basis of actual expenditure and revised budget estimate of the previous year. Due to the lack of assessment of its own functioning, it concluded that, "budgetary allocation becomes mechanical", without a proper assessment of needs and performance.

### **3.9 Poor Information**

Given the poor quality of the information that the department claims to possess about the functioning of its different wings, its total number of employees and other important information, it should be of little surprise that officials within the department are equally unaware of the roles and responsibilities of different wings of the same department. Even less extraordinary is the extent to which the general population is poorly informed about the services offered by government facilities, leading the 5th Report to claim that, "the transient benefit (of social justice for the poorest) will be lost in the near future, unless various programmes are coordinated and recipients are educated about all these programmes. The

community should know about the infrastructures that have been provided for their health care" (1992:6).

Sections within the DoH are unaware of the activities of the other sections within the same department. This remarkable state of affairs was confirmed to me during my initial period of research. I asked IAS officers and other senior bureaucrats within the health department where I could find baseline data on urban health and health care services. On the whole they suggested that I make inquiries at CMDA or CMUHO-both of whom have very little data of this kind. Surprisingly, not one official suggested visiting the CMC, the body mainly responsible for preventative and promotive health care in the core Calcutta area. Even after I had ascertained where to locate the data required, very senior officials in the DoH during interviews, would continue to direct me to people and to organisations where I knew from experience that the data were not available.<sup>66</sup>

At a lower level, researching in two *bustees* of the city, I became aware of the extent to which local level health care officials were ignorant of the activities of other agencies responsible for providing primary health care in the same area. The Borough Committee chairman (BCC) of Borough VIII where DT bustee is found, and under whose direction was a dedicated cadre of CMC employees representing different departments including health, confessed to knowing nothing about the work of CMUHO, nor of the new responsibilities of the CMC (to provide basic curative as well as preventative and promotive care). In ward 67 the local CMC medical officer, was unaware of the activities of the Honorary Health Workers (HHWs) belonging to the CSIP programme - he knew neither when they met, what they were actually doing nor what they were meant to be doing. Yet these CSIP workers were to have been incorporated into the CMC system on completion of the ODA/DFID scheme and he was, in theory, meant to be supervising them. Where CMC and CMUHO were found to be working in the same area, CMC staff had very little knowledge of the activities of CMUHO staff and vice-versa.

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<sup>66</sup> The fact that even 'friendly' informants did this has led me to interpret this as ignorance, rather than as a deliberate attempt to mislead.

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Predictably, the inhabitants of the local *bustees* were unaware of what to expect from the governmental agencies providing health care in their area. One common misconception was that CMC is only responsible for vector control, when according to the Mayor and the CMHO, the CMC was meant to be providing preventative, promotive and basic curative services. Nobody knew that CMUHO staff as well as the HHWs of CSIP were meant to pay occasional visits to vulnerable households to check on those felt to be at greatest risk of morbidity and mortality. It was not known either, for example, that HHWs were meant to visit households at least twice a month and compile health records for under fives.

Poor information has meant that local communities do not know what to expect from the State. Not knowing what to expect, they have no way of holding state officials to account, creating an incentive for these officials to behave opportunistically. Belief in the public system has reached such a low ebb that the bustee dwellers whom I interviewed came to see any service given to them free of charge as a favour- for which high standards could not be expected and for which it would be ungrateful to complain. Often people resigned themselves to the poor treatment and filthy surroundings of a government hospital, as it was a service that was free and used, mainly, by poor people. One young mother who was rushed to a government hospital after suffering from malaria-like symptoms for some days (a shortage of beds meant that the preferred local hospital, Ram Krishna Mission could not admit her), and luckily survived, described the hospital in the following way. "In Sombunath (Sombunath Pandit, the local government hospital), everything is done in a rush, they don't take care to give good treatment. For us poor people, Sombunath is OK, it'll do. Sweepers just come and barely sweep the floor. There are no proper light or fans. Sushor Mongal (Ram Krishna Mission) is much better because you pay; since you don't pay in a government hospital, you can't expect good service."

Poor information has also extended to poor people's understanding of illness therapies. The idea that sickness could be cured without recourse to drugs was unanimously alien to all my informants. Similarly foreign was the fact that some

medicines, notably antibiotics, had to be taken as part of a course lasting a number of days. Cost was clearly a constraint here, but allied with this was the widespread ignorance about the need to adhere to a prescribed course. Even when a full course was prescribed, local pharmacists reported that people rarely bought more than a couple of tablets/capsules at a time. It was common to hear people report that they had bought one capsule, often an antibiotic, to alleviate some minor symptom like a sore throat. This carries a number of implications for the individual as well as for health care providers serving bustee inhabitants. Clearly *bustee* inhabitants were unaware of the fact that prematurely curtailing a course of prescribed drugs such as antibiotics could undermine their long-term effectiveness. It also meant that providers were pressured to prescribe medicines, even when these were not required. In the case of private providers, who also often dispense, this was a sure way of both keeping the patients happy and also of maximising profits. For the government provider there is no such profit maximising incentive. Rather directives exist to discourage the unnecessary prescription of drugs; but a doctor who does not prescribe as he is expected to, risks the wrath of his patients. There is a common adage which I often heard amongst bustee dwellers in Calcutta that, "there is no such thing as a good doctor, whoever gives the medicines that work is a good doctor".

Poor information has meant that people are more likely to bypass free government services in favour of the private sector. This exodus to the private sector has been fuelled by the propagation of myths and prejudices about government health services. This has been in part from bad experiences suffered in the past, by individuals or those known to them; but also it has also resulted from ignorance about what the government services actually provide. These findings are illustrated in the responses to one of the survey questions asked to a sample of respondents in each of the *bustees* studied. Respondents reported visiting government providers least when they experienced an illness episode - in DT 7.7% of respondents reported visiting a government provider when ill; in SL this rose to 24.5%. The reasons given are illuminating, and an analysis of these responses has been complemented with data from group discussions and in-depth personal interviews.

SL				DT			
Reasons	Male	Female	Total	Reasons	Male	Female	Total
7	10	9	19	7	7	7	14
6,8	4	9	13	8	4	9	13
8	3	3	6	1	3	3	6
6	4	3	7	12&13	3	0	3
6,8,12,13	5	0	5	1,12&13	0	2	2

Table 3.2: Five most compelling reasons for least using a health care provider Ward 67 and Ward 85 disaggregated by sex.

**Table 3.2** Key to Reasons : 1= Far away; 2= No dispensary; 3=No relation; 4=Different Caste; 6=considered not very good; 7=charges high; 8=treatment do not alleviate symptoms; 9=due to nature of illness; 10=rude and unkind; 11=place is dirty and unwelcoming; 12=slow service; 13=long waiting times

For the respondents of both ward 67 and ward 85, high charges were the main deterrent to using a health care provider. The fact that respondents cite high charges in relation to a government provider (the least commonly visited in both wards) would seem incongruous, for OPDs as well as CMUHO do not charge fees. Hence this was explored in group discussions and individual case histories with groups of women in the bustee.

### *3.9.1 Misconceptions and Distrust at the Community Level*

The first point to note was the prevailing distrust and suspicion on the part of the women that a free dispensary actually existed in their area. In SL, CMUHO was known for its malaria testing and treatment, but not for its basic curative care. This conviction was reflected in the words of one of the women, "when the patient becomes serious, there is no other way than to go to a private doctor. But we often don't have the money to go" They also felt that for attention at CMUHO, some kind of appointment slip was needed. Without this, women said that the attendants there shouted them at. A common perception was that a 'letter'-something akin to an informal letter of referral-was needed so as to be able to avail

of treatment at CMUHO. The other complaint was that CMUHO wrote long prescriptions for medicines which did not seem to instantly cure; thus the women reported being told to buy a series of drugs, many of which had very little immediate curative effect. It was reported that if they visited CMUHO with a symptom, they often left without even a prescription. Instead, they were advised to go for further investigations-often involving blood tests, scans and/or x-rays. Thus it was felt that CMUHO rather than giving them something to relieve their symptoms, often directed them in such a way that would mean them having to incur more costs.

The case of one 35 year old women, Rita, with a recurring fever for over one month is revealing. Rita had been off work for one month and had not even been able to perform her household duties, both of which was making her very depressed when we met. She had visited two private doctors, which had cost her Rs 150 in total. One doctor had taken some tests that cost her about the same amount again, and diagnosed typhoid and suggested some treatment. When we met she was still incapacitated and was deciding whether to visit a teaching hospital, roughly five kms distance away. She wouldn't go to the CMUHO clinic (five minutes walk away) because she was afraid of being shouted at for not having her 'slip' - which she claimed to have lost. I persuaded her to visit the CMC doctor, who was also close by, and with whom I had built a rapport. Despite assuring her that the doctor would see her immediately without a charge, Rita insisted that I write a letter in English to the doctor, as she was convinced that only this would ensure proper treatment. I insisted that this was not necessary and eventually she went with her teenage son, only to return later, disappointed, because the doctor had advised her to go for a chest x-ray and had not prescribed her any drugs as she was expecting. She visited a local religious charity that charged her Rs40 for the x-ray, and asked her to return four days later for the results.

When I next saw Rita, she regretted having ever been to the CMC doctor. She had not received a diagnosis, was not given or recommended any medicines, spent more money on further investigation and even then was no clearer about her

illness and no closer to finding a solution. In the meantime, she was still sitting around unable to work in the house or outside - as a domestic servant in other people's houses. She thought that if only I had written a letter, then she would have been 'well treated' to by the CMC doctor. For her, to be treated well, meant being given injections and medicines

It was surprising that given that CMUHO was at such proximity to SL *bustee*, many of the inhabitants reported not visiting it as their first choice. Almost half of all respondents cited it as their least used provider. Many people were unable to give a reason for this. High costs were often cited, but this did not accurately reflect their underlying motivation for not using this service. High costs did not appear to have much to do with direct costs of availing that service, but the eventual costs that using that provider would lead to, as seen in the case of Rita. It could also have been a convenient answer, reflecting a deep-seated prejudice that there was no such thing as free curative care.

Perceptions of a service as being poor, possibly born out of prejudice, possibly out of bad previous experiences, were important in determining why respondents used a service least. It is not clear whether respondents themselves experienced that the treatment given did not alleviate symptoms in the past, and so considered it not very good; or whether other people's experiences of not being cured, had affected their opinion, in saying that the treatment was not considered very good.

The respondents from DT gave high charges and ineffective treatment as the first two reasons they had, in common with the respondents of ward 67, for visiting least a government provider (in this case it was the OPD). Distance, slow service and long waiting times were also cited as reasons for using a provider least. The distance of the OPDs from ward 85 (mentioned previously), together with the fact that these departments in city hospitals are heavily overcrowded, are facts that are entirely congruent with the responses given.



### **3.10 Administrative Breakdown**

#### *3.10.1 The Condition of State Health Care Facilities*

It has already been mentioned earlier in this chapter that while the urban poor have better physical access to public health care facilities, the opportunity costs of time spent travelling and waiting to be attended were considered to be significant barriers to the use of public facilities by poor people. This was confirmed by residents in both SL and DT through their survey responses, and women during focus group discussions in at least one of the *bustees* (DT) reported distance as an important reason for not using government facilities - in this case the local hospital OPD, located no more than half an hour from the *bustee*. These women also cited a lack of cleanliness as another major reason for not using such facilities. One hospital dedicated exclusively to women and children, within relatively easy access to their place of residence, was cited in relation to this. Opposite the hospital entrance was a festering garbage dump. As well as being hopelessly overcrowded - sometimes more than four hundred people wait to be attended by a handful of doctors working only during the morning hours - the hospital was in a wretched condition. Broken furniture and old files had been discarded into a central courtyard, surrounded by broken pipes and open drains emitting putrid looking liquid which dripped down the walls. Inside, the walls were stained and covered in grime. People had made their homes on hospital property, wherever there was a free space. As with other government hospitals in the city, the place was unkempt, dirty and often dilapidated.

One aspect of administrative failure that the Subject Committee has repeatedly emphasized has been the critical condition and outright neglect of many of the state's health care facilities. In 1987 it was reported that the majority of the subsidiary health centres were not functioning, with buildings throughout the state in disrepair. Frequent references have been made to the appalling state of affairs inside hospitals and their compounds, particularly the lack of basic cleanliness and hygiene in health care institutions. In 1999, the committee noted, "lack of

cleanliness within and around the hospitals. Labour rooms, operation theatres, indoor and outdoor patients departments are dirty and utterly unhygienic. The hospitals should be neat and clean. The surroundings of the hospitals should be attractive and assuring to the patients...cleanliness should and can be achieved with minimal financial help."

Concern not only exists for the state of dirt and disrepair, but also for the physical safety of patients and staff alike. Doctors and nurses working in government hospitals report being regularly intimidated and sometimes assaulted by dissatisfied patients, their relatives and sometimes even staff. The ransacking of government hospitals has become, sadly, a frequent occurrence in Calcutta. In 1988, the committee stated, "hospital compounds have become havens for anti-socials, animals etc". Six years later, it reported, "after evening the hospitals become a hunting ground for the anti-socials. They operate through a section of the delinquent staff of every category. No-body dares to protest. This is the horrible state of affairs in many of the district, sub-divisional and rural hospitals"(1994:7). The members reported discovering touts roaming freely inside the hospital, trying to take patients to private nursing homes, and outsiders doing plasters, injections and charging fees in the hospital building using hospital materials (ibid).

### *3.10.2 Bureaucratic Performance*

One government clinic under study, belonging to CMUHO and responsible for providing primary health care to a predominantly poor population located in a part of the city prone to floods and epidemics, was unable to provide regular immunisations for a period of eight weeks. Sometimes this was on account of the state of disrepair of the collection van, at others it was due to the unaccounted absence of the store manager, and the refusal of his deputy to go in his place. The centre was seldom manned at more than half strength. Staff came and went as they pleased and even the senior doctors in charge seldom arrived before midday. Desperate to find a good example, I visited other centres run by the same organisation in different parts of the city. One of these was located on the site of

the oldest and grandest medical college in India. The fact that staff from the local hospital had no idea about the whereabouts of this particular centre did not bode well. When I finally reached the sub zonal health unit, I found the place empty of patients with staff sitting around, drinking tea and chatting. Any suggestion on my behalf to accompany them on their 'field visits' was fiercely resisted. I eventually built up a rapport with some of the field staff, who allowed me to accompany them at an immunisation camp that they were holding. Finally, I felt that I would be allowed to witness the work that this organisation carried out. On the day of the camp, I was disappointed to see that people were being turned away as there were no vaccines available. The vaccines had been stored at the local CMC office, and on that exact day the office was closed.

On daily visits to government health care facilities, both within my research sites and beyond, I encountered shirking in different forms – absenteeism, dereliction of duty, chatting, gossiping, drinking tea and reading the newspaper. Staff attending to patients were visibly condescending, abrupt and rude.<sup>67</sup> Those that acceded to being interviewed recognised that there was a lack of supervision and monitoring, no rewards for hard work and no risk of punishment for not performing their duties. They also, on the whole, recognised that the service being offered was of a very low quality.

It has been already mentioned how a lack of motivation, rudeness and poor performance of health care personnel has been a constraint on the equitable access to health care for the poor in India. The most damning and recurrent criticisms in the Subject Committee Reports are directed at health care personnel from all groups and at all levels, confirming the perception that the situation is grave in West Bengal. They are accused of being corrupt, lazy and undisciplined. For instance, the 12<sup>th</sup> Report stated, "patients do not receive proper care and attention from the doctors, as also from the nursing and paramedical staff..."

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<sup>67</sup> By accompanying informants to attend these facilities and as a non-participant observer, I managed to gather considerable first-hand experience of this. For a further discussion of the methodological tools employed in this study, see Introduction.

(1995:13). In 1996, the 13<sup>th</sup> Report noted, "the work culture among most of the employees of the health department leaves a lot to be desired". The following year, it claimed, "indiscipline is rampant amongst almost every section of the staff working in institutes or in the field"(14<sup>th</sup> Report, 1997:2).

The Subject Committee has frequently condemned the performance of government doctors. They are accused of being unwilling to work in rural areas, and of leaving health care units (static units) unmanned. The 14<sup>th</sup> Report states, "in the new PHCs even though doctors are posted, they are not attending their units regularly. There are instances, that sometimes they go once a week, there are instances also that they only come on the payday"(1997:3). It has been alleged that, "patients do not receive proper care and attention from the Doctors and other staff in those units, including State General...hospitals" (ibid). On one occasion, the Subject Committee complained that doctors show more concern for their private practices than for their patients in government hospitals (12<sup>th</sup> Report, 1995:13).

The Subject Committee places the blame for this state of affairs upon "the virtual collapse in the administration department." The 12<sup>th</sup> report goes on to note, "it is felt that the Medical Administration System is in the doldrums and unless remedial measures are taken and meticulously implemented, the matter will go beyond control. " (1995:12). In 1997 it was noted that, "nobody could be blamed for any lapse that could have occurred at any place and time, it was observed that the administration was in crisis - the administrators "begged to be relieved of their duties". The Subject Committee has lamented the existence of a system where nobody can be blamed for any lapse (1988), and chastises supervisors for not using the administrative powers which they have been given (ibid). Administrators are accused of being inexperienced and incapable. But these are merely symptoms of a deeper malaise. Contrary to the argument that coercive management techniques were a source of poor motivation, which Jeffery (1988) has presented, the evidence from West Bengal suggests that supervisors are in fact reluctant to take action against delinquent staff.

### 3.11 Accounting for Bureaucratic Failure

All the government doctors that were interviewed were unanimous in their frustration and disillusionment with the system. Staff were divided as to the reasons for this administrative breakdown, seen through the poor performance of government health care personnel and the critical state of government health care facilities. Some saw the problem as being something innate in their colleagues, a lack of commitment. For one hospital superintendent, the desire to help poor people - which drew him in to the health profession - was being frustrated by the "lack of commitment and moral fibre" of his fellow colleagues, doctors and non-doctors alike. "People know their duties but will not work...there has been a degeneration in people's nature and their morals. This is the main problem with the health service".<sup>68</sup>

For others it had to do with the incentives under which health care officials worked in the state. Focus group discussions with a group of post-graduate medical students, most of whom had already worked for some years in the public system, proved illuminating in this regard. In rural areas, they reported, staff appear sporadically, clinics are thus unable to perform to full capacity and local people start to go elsewhere. The point which they reiterated was that nothing can be done about staff members who fail to turn up to work. A number of doctors agreed that, "there are no incentives and no punishments". One gave the following example, "say there are four doctors working, two are working well, and two are working lazily. Those two working well will not be rewarded, and those two who are lazy will not be punished". They also highlighted the weak institutional mechanisms that exist for redress, for patients to complain about the quality of service being provided. Although in theory a complaint procedure does exist, they claimed that it was practically out of the reach of the majority of (poor) patients. The complaint has to be written and sent to the Superintendent, and it is his prerogative whether to pass it on to the relevant higher authorities. It was pointed out that if a poor person does manage to write a letter of complaint, unless some

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<sup>68</sup> Interview with Hospital Superintendent (identity withheld) Calcutta, 11/11/99.

authority backs it up (a local politician, a gazetted officer or some other professional) more often than not the letter is simply disposed of.

### **3.12 Accountability**

From the previous discussion it appears that the institutional mechanisms of accountability in the health system in West Bengal are weak and thus government health workers are not accountable to those they serve. Accountability carries a number of connotations, but holding office bearers responsible for their performance and the results of their decisions may be an adequate definition of the term (Cornwall et al, 2000:3). It means giving those receiving a service the ability to exert pressure on those responsible for providing a service (Banerji, 1985; Jeffery, 1988). In the terminology of principal-agent theory, in which the literature on accountability is often couched, it involves creating "organisational systems (that) allow principals to exert exit, voice and reciprocity in their dealings with agents (Brett, 1998:8). According to Cassels (1995), accountability is a two-step process. First there is a need to specify to whom the provider is accountable, and then to invest the power of sanction with that person/body to which accountability has been fixed. This is akin to the sub-processes of appraisal and sanctioning, which Moore has said comprises the process of accountability (Moore, 1993). In the case of public urban health care, the system is in part to blame, as there is no clear single line of accountability.

The Corporation runs CMC basic health units, whereas the state government runs hospital OPDs and Calcutta Metropolitan Urban Health Organisation (CMUHO). It is not quite clear who is responsible for CSIP and CUDP personnel - the GoWB pays their honoraria and provides their drugs and equipment, the CMC is meant to guide and supervise them. GoWB employees are in no way answerable to Corporation councillors and CMC staff are not answerable to GoWB representatives. Dissatisfied patients would be forced to use a number of different and unclear institutional channels to have their voice heard - councillors for CMC services, MLAs for GoWB services. However, it is far from clear that there actually exists some means by which bureaucrats are made subordinate or answerable to

these elected officials. Even where there is some institutional means of redress for principals against agents, the agents themselves (doctors) accepted that once entered, these channels are time-consuming, and higher officials may easily fudge the process at any time. To embark on the process requires considerable amounts of education, knowledge and, most importantly, support from those with power and status. All of these are assets which are least possessed by the poor. The system requires a transparent and independent complaints procedure which is easy to use and accessible to the poor and illiterate. But as a whole the system is wracked by poor information, as has been pointed out, and thus hardly anyone knows what to expect from the public system. Consequently it is difficult to monitor or make judgments (appraise) about the performance of providers, and therefore hold officials to account. To confound the situation, the fact remains that government employees are extraordinarily well protected in India and the sanctioning procedure is fraught with obstacles. "There is an in-built long term procedure for taking disciplinary action against a government employee... it can take a long time and effort."<sup>69</sup> Constitutional provisions exist, making it very difficult to dismiss a government employee.<sup>70</sup>

### **3.13 Institutional Arrangements for Ensuring Accountability**

The governance structure of the health care system in West Bengal is debilitated by poor information, the high transaction costs, especially for the poor, involved in using (obscure) channels for redress and the constitutional impediments to sanctioning public employees. In response to this the Subject Committee has recommended a number of administrative changes in the health system, many of

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<sup>69</sup> These were the insightful words of a secretary (IAS) in the DoH, GoWB. Personal Interview, Calcutta 24/07/2000.

<sup>70</sup> Enquiry and disciplinary procedures relating to the conduct of state as well as central government officials are subject to Article 311 of the Indian Constitution (Arora and Goyal, 1996: 609). Even after the 42<sup>nd</sup> Constitutional Amendment Act introduced during Emergency in 1976, Article 311 (2) stated that no person who holds a civil service post under Union or a state, shall be dismissed or removed or reduced in rank, "except after an inquiry in which he has been informed of the charges against him and given a reasonable opportunity of being heard in respect of those charges." According to the Santhanam Committee, "Article 311 of the Constitution as interpreted by our courts had made it very difficult to deal effectively with corrupt civil servants." (1964:10-11).

which have been implemented in recent years. These draw from the contemporary 'toolkit' of institutional reform and include: the decentralisation of health administration; the enhancement of popular participation in the management of hospitals, through the formation of health advisory committees; precise job descriptions and the identification of focal points of responsibility, with officers at each level held accountable for ensuring that the area under their control is properly attended. There has been encouragement for better coordination between departments within government as well as with quasi government agencies, to avoid duplication. The extension of the Consumer Protection Act 1986 (COPA) to cover health care services presents patients, who have suffered at the hands of negligent health care officials, with legal recourse to complain and seek compensation.

The following section will briefly discuss the proposed institutional changes. Chapter Two has presented a more substantive discussion of the theoretical rationale for these changes. Chapter Six discusses the effect of such changes on primary health care provision to *bustee* dwellers in Calcutta

### *3.13.1 Consumer Protection Act 1986 (COPA)*

Recently, the introduction of a Consumer Protection Act (COPA) has provided the faint hope that patients may be able to seek redress against medical practitioners, through consumer councils which are meant to be quicker than the civil courts and able to financially reimburse those whose claims were upheld.<sup>71</sup> Although the Act was initially only applicable to private practitioners, it was as an important step towards the regulation of this group. The usual interest groups (doctors and their professional associations) opposed this Act, but despite their protests it was introduced and cases have been brought against private providers using the means provided. In 1999, in what has become a test case, an aggrieved family used the Act to bring a case of negligence against doctors working in a well-known

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government hospital in Calcutta. Until the case was brought to court, the COPA had only been applied in cases where payment was made for a service. It was argued by the hospital that it was not applicable to 'free medical' treatment given at a government hospital. Eventually, in May 2000, judgment was made in the High Court that since some beds and cabins in a government hospital are paid for by patients, then the service offered in government hospitals cannot be considered to be totally free, and "hence, the case is maintainable to be processed by Consumer Protection Councils under COPA (1986).

Whilst it is a positive development, considerable obstacles remain for the aggrieved consumer's (patient) use of COPA. For example, if a doctor has acted according to general and approved practice, he cannot be charged under COPA for adverse effects which may affect the patient, as these are considered to emanate from the imperfections and risks inherent in medical practice. Clearly these obstacles increase if the person is poor. Furthermore the onus of proving medical negligence is on the complainant. Evidence shows that complainants have found it hard to get medical practitioners to testify on their behalf, whereas doctors, who are defending their position, have not experienced the same problem. Thus the transaction costs for the complainant far outweigh those for the defendant (Bhat, 1996).

### *3.13.2 Health Advisory Committees and Decentralisation to Panchayats*

The calls for the establishment of Health Advisory Committees and for the decentralisation of health administration to local government, as noted in Chapter Two, is a strategy to give hospitals greater autonomy. The incorporation of people's representatives in these is considered a means of strengthening mechanisms for downward accountability (Bennet and Muraleedharan, 2000:64). In the contemporary West Bengal context, the strategy seems to fall in line with the Left Front's commitment to enhancing local governance.<sup>72</sup>

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<sup>71</sup> See Bhat (1996) for an excellent discussion of COPA and its implications for regulating health care providers.

The DoH's stated intention of involving local self-government bodies and people's representatives through management boards and advisory committees has attracted considerable praise from the Subject Committee. It has noted that, "the Left Front's political sustenance depends on its ability to develop and enhance popular participation and planning from the grassroots" (1999). However, it was predicted that the lack of information about the functioning and performance of the different aspects of the department would undermine the ability of these local bodies and advisory committees to do their job effectively. In practice, advisory committees' performance has fallen short of expectations, in part due to information problems, having "no clear cut understanding and directions of their responsibility, authority and functions" (9<sup>th</sup> Report, 1994:7). In other instances the Subject Committee discovered them to be inactive or malfunctioning - "their activity has been creating difficulties for the administration, rather than helping its proper functioning" (12<sup>th</sup> Report, 1998:5). The reconstitution of these bodies together with a review of their functions, and the elaboration of specific guidelines for functioning was recommended (1998).

In 1998, the health minister called for further decentralisation and the need to increase people's participation in health care delivery. For some time, the Committee had recommended involving local bodies (both rural and urban) in health care delivery. Initially it was proposed that CHGs and MPHWs would be controlled by the *panchayat* system, as the first step in the gradual handing over of the health administration to the *Zilla Parishads* in consultation and co-ordination with the corresponding urban bodies (1993). In 1995, the 12<sup>th</sup> Report recommended giving the *Panchayats* and Municipalities more regulatory functions over the traditional administrative apparatus. In 1998, it was noted that many of the institutions deemed necessary for people's participation through decentralisation had been established in the state. These were district planning committees and *sthaayi samities* for health care constituted by elected representatives. At the *panchayat samity* level it was reported that *Sthaayi samity*s for health care had

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<sup>72</sup> Discussed in Section 3.6.

been established, with one member of the *Gram panchayat* responsible for looking after the health care activities of the department and other health care related organisations. However, the Subject Committee found them not to be functional, leading to the conclusion in 1999 that, “the committee has recommended times without number to involve the *panchayat* in a more effective manner in health care delivery...although principally accepted, this suggestion has not been translated into action” (1999).

### 3.13.3 Fixing Lines of Control

In its first report, the committee recommended giving CMOHs administrative power commensurate with their responsibilities - making them responsible for the entire health care superstructure in the districts. This included carrying out essential repairs and taking disciplinary action for medical and non-medical staff. The committee has repeatedly insisted on clear job descriptions which are then properly implemented. It has reiterated the need to fix focal points of responsibility at each level, with officers assigned specific responsibility and accountability; for example by making superintendents answerable to CMOs in matters other than direct medical care to patients. Yet, it notes with dismay that officers are unwilling to take action in cases of indiscipline. It has also remarked that given that the department itself has very weak administrative control over its staff members, it is not surprising that lower level officials are reluctant to use their disciplinary powers. Even to this day interviews with senior health dept officials point out that power to take disciplinary action against class C and D staff rests with superintendents. For class A and B staff it is in the hands of the secretary of health, thereby making a mockery of all the statements of intent on behalf of the department to devolve these responsibilities to lower administrative levels.

The governance structure of the health system in West Bengal is weak. Information is poorly disseminated and owing to the high transaction costs involved, the chances of seeking redress through the channels which exist are slim. These factors merely compound the challenges which already exist in disciplining public officials. Changes in the institutional arrangements to enhance the accountability of

the public health care officials in West Bengal have been attempted, but so far the evidence suggests that these have failed to make the expected improvements. The effectiveness of COPA to bring public officials to account has yet to be proved, whilst the transactions costs involved in its use remain formidable.

### **3.14 Conclusions**

This chapter has argued that health is neither equitably nor efficiently provided by the government system in India. Health care resources have tended to be concentrated in urban tertiary, curative care, and on target-driven, centrally sponsored programmes such as family planning. The health care bureaucracy has tended to focus its efforts on selective, target-based interventions, often in return for financial incentives and at the expense of primary care. This has been one of the factors which has contributed to the continued presence of rude and poorly motivated staff serving the public.

Whilst these sources of inequity are reflected in the health system in West Bengal, as they are in the rest of the country, the chapter makes the point that the health system in West Bengal compares favourably on many counts compared to that of most other states in the country. It has an extensive infrastructure in terms of civil works and is well endowed in terms of personnel - a considerable proportion of whom are now non-clinicians. Finances do not seem to be a constraint, and the state has been ruled for almost 25 years by a left of centre political regime that has introduced pioneering redistributive reforms as well as changes to the system of local governance, attracting much acclaim for this. It was hoped that political changes in the state had created the potential to address key aspects of vulnerability and deprivation. However, in terms of improving access to basic health care, the state has not been able to fulfil expectations. Though the state has shown improvements in some health care indicators, it is widely accepted that these are by no means commensurate with what could have been achieved given the favourable political changes and the ample resources at its disposal. Lately, a process of stagnation seems to have set in - fatal diseases thought to have been eradicated have begun to make a reappearance and the huge infrastructure

seems to be beset by problems: dirty and dilapidated health care installations, some of which are hopelessly overcrowded, and others which are grossly underutilised; no proper planning; poor information of what services are on offer; fraught with labour problems and with clear evidence of a pervasive lack of accountability. Indeed even those sympathetic to the LF government describe health care workers as negligent, corrupt and undisciplined.

The chapter concludes by arguing that the institutional mechanisms for ensuring accountability in the health care system in West Bengal are either weak or non-existent. I have documented some of the latest efforts to remedy this. For example, there is now the possibility of recourse to the law, using the Consumer Protection Act (COPA, 1986) so as to seek compensation for the negligence of medical staff, including doctors. The full implications of COPA are currently being worked out in the courts. In any case there exist considerable barriers to the poor's ability to use this legal mechanism. The Subject Committee Reports have recommended a number of administrative changes in the health system - to increase popular participation in health care administration through decentralisation, including regulatory functions, to the three tier panchayat system and the urban local bodies and the establishment of health committees and councils to help oversee the running of hospitals and other aspects of the infrastructure at the local level. It has advocated the establishment of identifiable and measurable indicators of performance, to minimise duplication and overlap and to establish focal points of responsibility throughout the health system.

Efforts to improve downwards accountability through the establishment of hospital boards and management committees have proved unsuccessful, in some circumstances giving rise to perverse outcomes. It would appear that the decentralisation of health administration to local government bodies, despite what seemed like progress initially, has in fact remained at the level of rhetoric. Fixing lines of control seems to have had little effect in changing practices. The procedures for disciplining officials remain cumbersome, and still "no-one can be blamed for any lapse".

The Subject Committee has blamed lower level administrators for being unwilling to use the incentives at their disposal to ensure higher levels of performance from those below them, whilst accepting that the DoH has weak control over its cadre of employees. It has also attempted to blame officials in the DoH for poor planning and the consequences of this, illustrated earlier. However, there are clear parallels with unsuccessful attempts to implement similar changes in other parts of the developing world under Westminster style political regimes and similar bureaucratic systems discussed in Chapter Two. In West Bengal, whilst attempts were made to devolve lines of control, personnel management remained centralised. It is unsurprising, then, that this has led to an undermining of local efforts to improve performance. This last point is a good example of how reforms when implemented in a piecemeal fashion, against a background of more traditional bureaucratic management, are likely to be of limited effect. Systemic constraints are not enough to explain the lack of success of these administrative reforms.

The view, forwarded in the previous chapter, that organisational culture may be more of a determinant of performance, warrants some consideration in this context. There is clearly opposition within the organisation to transparency, information sharing and self-evaluation. There is a tradition whereby patronage in the recruitment of paramedical health workers has undermined attempts to make them responsive and accountable deliverers of health care to the poor. Before reforms can be successfully implemented there is a clear need to understand why things are done in a given way.

In 1995, two Reports that were published which highlighted the perverse effect of political and union interference. In its report on Nursing, the Committee reported that politicians and unions are supporting nurses who refuse to perform regular duties. This has even interfered with the implementation of 'orders' from headquarters and, it is alleged, has perverted the whole transfer system. In the 12<sup>th</sup> Report, the Committee note that, "there is no gainsaying the fact that the work culture among most of the employees of the Health Department leaves much to be desired. One of the contributory factors for such an unwelcome situation is

perhaps militant and irresponsible trade union activities of all sections of the employees. There are instances of unhindered interference of the Union in the day-to-day administration of the department”(1995:16).

The suggestion is that in the case of the DoH, politics can have a bearing on why things are done in a given way, and thus there would seem to be a strong case for looking beyond the DoH and its officials to higher levels of the organisation, particularly to politicians, to understand why the health system in West Bengal continues to underperform.

## Chapter 4

### Demographic Characteristics and Social Relations in two Calcutta *bustees*

#### 4.1 Introduction

It is important to note how integral the concept of 'community' is to the concept of decentralisation as a way of improving the performance of government. Yet the desire for greater community participation contains a whole series of assumptions, most notably about what the local 'community' actually represents, which has led some contemporary scholars to qualify the prevailing enthusiasm for such local participation. Though often seen as a means for the 'poor' or 'lower strata' to exert their rights in opposition to 'the elites'; the concept of 'community' participation carries connotations of consensus and homogeneity which in reality communities of residence seldom display. This consensual view hides the actual divisions, differences, inequalities and sectionalism of most such (residential) 'communities'. This chapter sets out to illustrate this argument through a detailed description of the demographic characteristics and social relations in two registered slums (*bustees*) in Calcutta. It begins with a brief background description of the two research sites, before presenting the results of a household survey undertaken in each of the *bustees*. The survey, though useful, fails to bring out the key differences that actually exist between the inhabitants in each of the neighbourhoods. Although ethnic and linguistic cleavages were most obvious, class differences and kin ties also divide the inhabitants of the two *bustees*.

#### 4.2 The Research Areas: Garcha and Kasba

##### 4.2.1 Garcha

The neighbourhood known as Garcha is lodged between four arterial roads: Hazra Road to the north, Rashbehari avenue to the south, Gariahat Road to the east and Sarat Bose Road (Landsdowne Road) to the west. It forms part of the South Calcutta Lok Sabha constituency, with Mamata Banerjee of the Trinamul Congress



(TMC) as its MP and also is part of the Rash Behari Assembly seat, whose MLA is Shobondheb Chattopadhyay, also of the TMC. Garcha comprises what are now two Corporation wards, ward 85 and ward 86. The *bustees* that were studied are located within ward 85. In the 1995 municipal election the ward 85 council seat was reserved for a woman candidate. Mrs Josoda Ghosh (Congress), the wife of the previous incumbent was elected to represent the ward, although for all practical purposes her husband continued to fulfill most of the obligations of councillor, and all but appeared at council meetings.<sup>73</sup> There was no attempt made to disguise this. In the last municipal elections, held in June 2000, the seat was won by an independent candidate, Deba Kumar, who had established his own party after being denied the official backing of the TMC for this seat. After his victory, Kumar was welcomed back into the fold of the TMC and became the official TMC councillor for ward 85.

Ward 85 is the biggest ward of Borough VIII, and the area is known as a typical south Calcutta, mainly Bengali, middle-class area, but with large residential pockets of non-Bengali working class inhabitants. The ward has 16 *bustees* - the largest number of *bustees* concentrated in any ward of this borough. The bustee selected for in depth study were 11,12, 13&14 Dover Terrace, which were of manageable size and appeared to contain a mixed population of Bengali and non-Bengali (Hindi and Oriya) speaking inhabitants.

#### 4.2.2 Kasba

Situated in the southeast of the city, directly to the east of ward 85 - at a distance of approximately three kilometres - Kasba also borders Ballygunge. The area is part of the same south Calcutta Lokh Sabha constituency as Garcha, with Mamata Banerjee as the local MP. It falls within Ballygunge Assembly constituency, with Robin Deb of the CPI (M) as MLA. The CPI (M) won the seat from Congress (I) in the watershed 1977 assembly elections, and has held it ever since. Since elections

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<sup>73</sup> Reservation for SC/ST and women candidates in urban local bodies became mandatory under the provisions of the 74<sup>th</sup> Constitutional Amendment Act (1992). In 1995 municipal elections, 47 seats for reserved for women and 9 for SC/STs (including three for women) in the CMC.

for councillors were re-introduced in 1985, the CPI (M) candidates have held the seat, each one serving for one term only. In the last fifteen years, for each separate Corporation election, a different person has been nominated to stand as the official CPI (M) candidate by the local Party. In the last municipal elections, the seat was reserved for an SC candidate, and was won by a convincing majority by Chottu Choudhury of the CPI (M).

Kasba constitutes a large area, in the same way as Garcha, divided into at least two Corporation wards - 66 and ward 67, both of which are part of Borough VII, a CPI (M) dominated borough. The research site was located within ward 67. Kasba has been traditionally a working class satellite settlement, predominantly comprised of *bustees* and inhabited largely by Bengali Hindus-migrants from east Pakistan (now Bangladesh), or from the district to the south of the city, mainly South 24 Parganas. The area was selected on the basis of its superior health status, which surpassed that of other urban areas of the state. The ward fell within the target area for the first phase of ODA/DFID Calcutta Slum Improvement Programme (CSIP-Phase 1), and the former British Prime Minister, John Major, visited one of its upgraded bustees. Recently, it has been proposed that the area be presented to the UN as model case of how the local community has participated with the Corporation for the upkeep and maintenance of inputs. The *bustee* selected was 52, 53, 53a Swinhoe Lane, on the same street, but at the opposite end to the *bustee* made famous by the visit of Mr. Major.

#### *4.2.3 Historical Background of Research Sites*

Kasba lies beyond the railway tracks, which symbolically makes it peripheral to what is considered core Calcutta. Previously the area fell within Tollygunge Municipality, and was only included as part of Calcutta Corporation after 1965. It borders the Eastern Metropolitan Bypass and is connected to the rest of the city by the 'Bijan Setu' bridge. These civil works are relatively recent phenomena, built in the last thirty years, and have been crucial in the incorporation of the area to the

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rest of the city. Kasba's geography and its topography have helped create a sense of isolation. It was a water body (*beri*); some claim even an island surrounded by water, into which the excess rainwater from Southern Calcutta drained for many years. Although now most of the lakes and ponds have been filled, Kasba's topography continues to give the impression that it is isolated, and makes it prone to floods during monsoon.

On the main-line railway track joining Calcutta with southern Bengal, Kasba was a convenient place to settle on account of its proximity to the city. Nearby lies the staunchly middle class neighbourhood of Ballygunge, which has been a source of employment opportunities for local residents. The area was relatively uncluttered - surprising given its proximity to the city - largely due to its neglected condition and relative underdevelopment. Furthermore, Kasba has always had an unenviable reputation for violence and criminality, which persists to this day.<sup>74</sup> Isolated and marginal relative to the rest of the city, on account of a few unsavoury incidents, the area, with its inhabitants, has acquired the stigma of social marginality.

The area was the scene of considerable bloodletting during the tumultuous decade, 1967-77. The cities were wracked with labour disputes and industrial stagnation, whilst in the countryside the agrarian situation was becoming increasingly polarised, with the growing pauperisation of the majority of the rural populace. From 1967-70, two democratically elected left dominated coalitions, the United Front government (UFG), were toppled and replaced by President's Rule from the centre. Avowedly, this was to curb what many perceived to be excessive political violence and terrorism in the state. The streets of Kasba witnessed the bloody apotheosis of the political rivalries being played out on a local and national scale. The area was singled out as a den of criminals, 'anti-socials' in local parlance, and

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<sup>74</sup> "Kasba, the dingy congested suburb in South Calcutta, was fast earning a fearsome reputation...it was a politically complex area...lawlessness has been a feature. The area contains a huge concentration of refugees, most of whom live in sub-human conditions..." The Statesman 26/04/68 'Massive Drive to Rid Kasba of Rowdies'.

a hiding place for Naxalites.<sup>75</sup> A campaign of state sponsored violence by the security forces and local criminals, with backing from the Congress Party, was unleashed on the area. Disappearances, assassinations and extortion became commonplace, leaving Kasba with the indelible stain of lawlessness.

The *bustees* of Garcha share a history similar to that of many such residential units in the city, but different to those of Kasba. At the beginning of the century, the area was largely uninhabited 'jungle' owned by an absentee landlord or *zamindar*. Garcha is part of a wider area known as Ballygunge - traditionally part of the city inhabited exclusively by Europeans (Moorhouse, 1974). With the rise of a Bengali professional middle class at the turn of the century, wealthy Bengalis soon began to settle in the southern parts of the city. The *bustees* emerged to house the economic migrants from Calcutta's traditional hinterlands, who flocked to the area to take advantage of employment opportunities in local businesses and to work in the houses of the new Bengali urban middle class. The eldest inhabitants of the area report that once a small Muslim population used to reside here, and a few *kattals* (cattle pens for supplying milk, usually owned by migrants from UP) also dotted the area. The historian P. Sinha has noted that amongst the slum population of Ballygunge, milkmen from Bihar and UP were quite prominent. He also noted that the slum population had a larger proportion of people dependent on middle class households, as servants, and on middle class consumption - selling milk or other goods and services to these (1978:247).<sup>76</sup> Mutual dependence is a major feature of the area even to this day, as shall be discussed later in this chapter.

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<sup>75</sup> The Naxalites were a radical movement, inspired by the Chinese Revolution and the political ideology of Mao Zedong. The movement emerged out of land disputes in Naxalbari (North Bengal) in the late 1960s, and by the end of the decade had become a much feared urban guerrilla movement, comprising mainly, middle class intellectuals and college students. There have been some interesting discussions of the naxalites, for example Ray (1988) and Chatterjee (1997).

<sup>76</sup> Exhaustive searches provided little in terms of written history of this area. Hence, the information included here is drawn from oral accounts, elicited from senior members of the bustee, and triangulated through group discussions.

### 4.3 Demographic Characteristics of the Research Sites

Both Garcha and Kasba are large areas comprising many possible research sites, *bustees*, within their boundaries. I purposively chose two *bustees*, one from each ward, of roughly equal size - 150 households. This section presents the demographic characteristics of the two research sites from the results of a household survey. This quantitative data supplements the results of detailed ethnographic fieldwork, carried out over a period of 14 months, which sought to understand, in depth, the social relations in the two sites. A closed-ended questionnaire was administered to approximately 30% of households in each *bustee*.<sup>77</sup>

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<sup>77</sup> The criteria and process of selection of the *bustees* has been outlined in the introduction.

#### 4.3.1 Comparative Ethnic Composition: SL (Ward 67) and DT (Ward 85)

PLACE OF ORIGIN	KASBA SL (N=98)	GARCHA DT (N=91)
Calcutta	44%	42%
Rest of West Bengal	37%	21%
Bihar	13%	27%
Orissa	0%	6%
Bangladesh	4%	3%
Other parts of India	1%	0%
Other parts of subcontinent	0%	1%
Don't know	1%	1%

Table 4.1: % Distribution of Households by Place of Origin SL & DT

PLACE OF ORIGIN	% DISTRIBUTION OF HOUSEHOLDS
CMC	50.6
Rest of WB	16.9
Bihar	15.7
Other States	7.3
Bangladesh	9.4
Others	0.3

Table 4.2 Percentage Distribution of Households by Place of Origin-CMC  
Source: Chatterjee, Bhattacharya & Halder, 1999:28a

For each of the research sites, a large proportion of respondents gave Calcutta as their place of origin - in both cases slightly less than 45% of respondents gave this

reply. The majority of respondents gave their place of origin as Bengal (including Calcutta) in both sites, although SL has a far higher proportion of respondents reporting this (81%) than DT (63%). DT has a higher proportion of inhabitants claiming non-Bengali origin (34%) than SL (14%). In DT, over one quarter of these give their place of origin as Bihar, twice as many as in SL. In fact, DT has a far higher proportion of inhabitants with origins in Bihar, than the city as a whole for which they represent 15.7% of the total (see Table 4.2)

It is worth mentioning that in the DT sample, the figure for Biharis would have been higher still if all those asked who consider themselves Hindustanis, commonly communicate to one another in Bihari vernaculars and whose parents have migrated from Bihar, had given their place of origin as Bihar. But even as they stand, the figures show the ethnic heterogeneity of 11,12,13&14 Dover Terrace (DT). By contrast, the data for SL seems to confirm what secondary sources have said about the Bengali dominance of Kasba, although this is by no means absolute as the figures also show the limited, but real, ethnic heterogeneity of 51,52, 53 and 53a Swinhoe Lane (SL), the comparative research site.

#### 4.4 Comparative Socio-Economic Characteristics

SCHOOLING (1)	MALE		FEMALE		TOTAL	
	SL (2)	DT (3)	SL (4)	DT (5)	SL (6)	DT (7)
No schooling	31.8% (14)	24.5% (12)	44.4% (24)	45.2% (19)	38.7% (38)	34% (31)
Primary or less	9.1% (4)	22.4% (11)	7.4% (4)	14.3% (6)	8.2% (8)	19% (17)
Upper primary or less	27.3% (12)	22.4% (11)	20.4% (11)	30.9% (13)	23.57% (23)	26% (24)
Secondary or less	27.3% (12)	14.2% (7)	27.8% (15)	7.1 % (3)	27.6% (27)	11% (10)
High School or less	0	14.2% (7)	0	2.4% (1)	0% (0)	9% (8)
Diploma or less	0	0% (0)	0	0% (0)	0% (0)	0%(0)
University or more	4.5%(2)	2.0% (1)	0	0% (0)	2.0% (2)	1% (1)
TOTAL	100% (44)	99.7%(49)	100(54)	99.9(42)	100% (98)	100%(91)

Table 4.3: Educational Status of Respondents for DT and SL, disaggregated by sex.

Comparable numbers of respondents in both *bustees* -more than one third of the population of both SL and DT- have had no schooling. However, when the total figures are disaggregated by sex, they show that in both *bustees* more women than men reported not having attended school, the difference between the sexes was greater in DT than in SL. In DT, almost twice as many women as men reported not having gone to school.

More than twice as many respondents reported studying up to secondary school in SL than in DT. This was true for a similar proportion of men and women in SL (around 27%), whereas in DT more than twice as many men than women had reached this level. Particularly striking was the comparison between women in each of these *bustees*. More than three times as many women reported having reached secondary education in SL than in DT.



#### 4.4.1 Occupational Status

OCCUPATION	SL(N=98)		DT(N=91)		TOTAL	
	MALE	FEMALE	MALE	FEMALE	WARD 67	WARD 85
Housewife/ Husband	2.27%(1)	66.67% (36)	2.04%(1)	73.81% (31)	37.76% (37)	35.16% (32)
Manual	79.5%(35)	29.63% (16)	87.76% (43)	19.05% (8)	52.04(51)	56.04% (51)
Administrative	6.8%(3)	0% (0)	6.12% (3)	0	3.06%(3)	3.296% (3)
Professional	2.27%(1)	0%(0)	2.04%(1)	0	1.02% (1)	1.099(1)
Other	9.09%(4)	3.70%(2)	2.04%(1)	7.14%(3)	6.12% (6)	4.40% (4)
Total	99.93%(44)	100%(54)	100%(49)	100% (42)	100%(98)	99.99% (91)

Table 4.4: Occupational Status of Respondents for DT and SL, disaggregated by sex

Figures suggest that the two *bustees* were very similar in terms of the occupational status of their inhabitants. Almost the same proportion of inhabitants in each *bustee* reported involvement in each of the four main occupational groups: home, manual, administrative and professional. Over half of the respondents in both *bustees* reported being manual workers. For men, in both cases, almost a quarter were drivers - either taxi drivers or chauffeurs. Of the rest, in ward 85, most exercised a trade - either as mechanics or as masons; whereas in ward 67, of those that were not drivers, many sold fish in the local markets. Some also sold cooked food on the street and a few rode rickshaws. Less than 5% of the respondents from either *bustee* occupy professional or administrative jobs. The one professional in the two *bustees* was a man, working as a tutor.

The total proportion of manual workers in each *bustee*, disguises notable differences between the sexes. At least 80% of men from each *bustee* reported being manual workers. While in both *bustees* the proportion of women reporting

themselves to be manual labourers was small, there were more female manual labourers in SL than in DT. Female manual workers in both SL and DT were mainly employed as domestic servants. A few worked as cooks. Nevertheless, in both *bustees*, the vast majority of women reported housework as their main occupation, although slightly more women gave this response in DT than in SL. These figures merely confirm what has been reported elsewhere about the low levels of female participation in the labour force in West Bengal (Standing, 1990).

Differing levels of participation in the manual labour force between men and women may be attributed to the fact of men, on average, having benefited from more years of education than women have. Different levels of participation amongst women from the two *bustees*, may reflect differences in educational status - women in SL have on average more years of education than those of DT. But this is unlikely to be the only reason. Low educational status should not be a barrier to female participation in manual occupations and clearly significant numbers of men with little or no schooling manage to take an active role in manual occupations. Other factors must also play their part.

In the course of my fieldwork, I perceived there to be distinct differences in gender relations between a *bustee* with a significant Bihari population and that with a significant Bengali population. This was manifested in a number of ways. In the Bihari segments of DT, women of child bearing age were rarely seen in public spaces. Instead they would be occupied in their *ghor*, or sit chatting on the corner of their *galis*. Both men and women concurred that it was not appropriate for women of such an age to be seen "out, roaming around". Young Hindustani women in DT never ventured out of the *bustee* without a chaperone, often a man, but sometimes another woman relative. When asked if they worked outside of the home, most Hindustani women would reply that they didn't work outside the home, and seemed horrified at the mere suggestion. Surprisingly, the few that did work were not themselves the subject of social ostracism or criticism. Instead their husbands were gossiped about disparagingly, and referred to as uncaring, irresponsible and lazy.

By contrast, women of comparable age and marital/childbearing status in SL, were usually very active outside the confines of their *bari*, even if they didn't work outside their houses. The women in SL would visit the market alone and for the most part move freely without a chaperone outside the *bustee* - usually to visit family, collect children from school and visit a doctor. Questions about work, when asked to women in SL, were answered at face value, without a hint of offence and without making the interviewer feel that the question was impertinent.

#### 4.4.2 Household Income

HOUSEHOLD INCOME/MONTH (RS)	SL (N=98)	DT (N=89)	TOTAL (N=187)
<=1,000	5.10%(5)	3.37%(3)	4.28%(8)
1,000-2,000	48.98%(48)	23.60% (21)	36.90%(69)
2,000-3,000	28.57%(28)	40.45%(36)	34.22%(64)
>3,000	17.35% (17)	32.58%(29)	24.60% (46)

Table 4.5: Distribution of Monthly Household Income in SL and DT<sup>78</sup>

In DT, two respondents declined to give their average household monthly income. The figures reveal slight differences in income between the two *bustees*. Almost 54% of households in SL reported a monthly income of less than Rs 2,000, whereas only 27% of households in ward 85 reported a monthly income of less than Rs 2,000. On the opposite end of the scale, 46% of households in SL reported earning over Rs 2,000, whereas 63% of households in ward 85 reported earning more than Rs 2,000/month. Households in DT reported a higher average monthly income, compared to households in SL. To give a more consolidated picture of the comparative wealth of the households in the two research areas, a list was compiled of household assets.

<sup>78</sup> In SL, the mean was Rs 1-2000.  
In DT, the mean was Rs 2-3000.

#### 4.4.3 Distribution of Household Assets

Asset	SL (N=98)	DT (N=91)	Total
Pressure cooker	53%(52)	45%(41)	93
Fridge	3% (3)	2% (2)	5
TV (b&W)	73%(72)	69% (63)	135
TV (Colour)	8% (8)	8% (7)	15
No TV	18% (18)	23% (21)	39
Radio	39%(38)	43% (39)	77
Tape	31% (30)	36% (33)	63
Fan	87% (85)	90% (82)	167
Car	0	1% (1)	1
Scooter	2% (2)	1% (1)	3
Bicycle	16.3% (16)	19% (17)	33

Table 4.6: Distribution of Household Assets for SL and DT

Despite having different average household incomes, with DT appearing to be more prosperous, the two communities seem to have a comparable distribution of assets. In this sense, the income disparity between the two communities is not reflected in their possession of assets. SL has slightly more TVs, pressure cookers and fridge owners than DT. However, DT has a marginally higher number of respondents who reported possessing radio, tape, fan and bicycle, than in SL.

The survey data from the two research sites provides an insight into the socio-economic characteristics of the two *bustees*, and suggests that in socio-economic terms, there are broad similarities between the two. The men are mainly involved in manual labour, whereas on the whole women work within the household. The inhabitants of both *bustees* seem to share a broadly similar relationship to the means of production. Although the inhabitants of DT appear on average to earn higher incomes than those of SL, there is no significant difference in the household

distribution of assets between the two *bustees*. It has been noted that SL has more space, but the average household size is the same for both areas. So as to gain a richer picture of life in the two *bustees*, the next section will present comparative ethnographic data on social relations.

#### **4.5 Social Relations: Dover Terrace, Garcha**

##### *4.5.1 Residential Characteristics and Kin Ties*

The evident ethnic diversity of DT does not mean that the different groups are evenly scattered throughout this *bustee*. The same applies to SL, where there is a small, yet perceptible non-Bengali population. Instead, the clustering of ethnically homogeneous groups is a prevalent aspect of both these research areas, as it has been in the city as a whole (see Bose, 1965), and each of the *bustees* is separated into ethnically homogenous enclaves.

DT is divided between a predominantly 'Hindustani' segment (#13), a Bengali segment (#11&12) and a small enclave located within the Bengali segment, occupied by Oriyas (#14). The inhabitants of #11 &12 hail from the districts of the centre-south of West Bengal, mainly from 24 Parganas (South) - around the Diamond Harbour area, and a few from what is now Bangladesh. There are a handful of Christian families in this part of the *bustee*. 11 and 12 DT are almost exclusively Bengali, with a handful of Bihari families.

#14 Dover Terrace is a walled enclave in the middle of 11&12. The 15 households are all occupied by Oriyas, mainly from Cuttack district. This community is relatively small in number and physically isolated from the surrounding *bustee* population. The Oriyas live in a self-enclosed residential unit, with rooms joined by a narrow corridor through the middle. The unit is almost entirely male dominated, with only two of the fifteen *ghor* containing non-male inhabitants. As a rule, wives and children stay in Orissa, whilst men migrate to Calcutta for work, returning perhaps once a month, and sometimes for prolonged periods at times of crisis.<sup>79</sup>

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<sup>79</sup> After the Orissa cyclone of 1999, the 'oriya bari' remained deserted for at least 14 days, whilst the inhabitants had rushed home to see to family and property.

Their attachment to Calcutta would seem entirely for economic reasons. Most of the day is spent working and the rest of the time, resting or doing household chores. Participation in social activities is avoided and interest or awareness of local issues is minimal.

It is estimated that the settlement now called #13, is approximately 80 yrs old. The older men in #13 *bustee* (those of 50 years or more) say that their grandfathers settled here. The majority of the older inhabitants claim to hail from Munghir District (Bihar), some from Dharbanga and Bhagalpur and one household from Madhumani district also from Bihar. As such, the inhabitants are mainly Magahi speakers, with those from Dharbanga speaking pure Maithili. The first generation of migrants were mainly masons (*mistri*) and adopted the title 'mistri' in addition to their surname/title, Gupta. Some were weavers, but also hold the surname Gupta. In fact every non-Bengali household in #13 except for three - Mahato, Misra and Das - has the surname Gupta. Just as the Bengali part of the *bustee* has a few Bihari families, so #13 also has three Bengali families, two of whom are related.

The ways in which the *bustees* have been occupied and settled has reinforced the separation between the ethnic groups. The pattern suggests that previously the *thika* tenant rented his *ghor* to his kinfolk.<sup>80</sup> For example the sons of the *bariwalla* would settle with their wives in the huts adjacent to that of their father. Often a wife's relative would then come and occupy another hut in the same *bari*, and in this way all the huts would be rented out. The pattern was broken most often if the *bariwalla* had only female offspring, in which case custom held that the daughter should marry outside her own community and move to live with her in-laws. In this case, although kinfolk were often preferred, necessity meant that friends, acquaintances and even those recommended by others, ended up renting rooms.

For example in #13 Bithun (Mistri), Mahabir (Mistri) and Kaila (Mistri) were three brothers all of whom worked as masons and arrived from Bihar more than seventy

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<sup>80</sup> Calcutta *bustees* have traditionally been organised on a three tier tenancy system, known as *Thika* Tenancy. *Zamindars* rented land to individuals *thika* tenants (*bariwallas*) who built hutments on the land and then rented these out to tenants (*bharatias*).

years ago. They rented some land and built a *bari* with *hutments*. Kaila married and occupied one room. There he brought up his four sons and three daughters. Three of his sons continue to live with their widowed mother in the room, together with two of his daughters - one separated and one unmarried. Next door lived his brother, Mahabir with his three daughters and one son. His son and second daughter live in two separate rooms, adjacent to one another, whilst his widowed wife, Radha, lives in the converted cattle pen which the three brothers once owned. People who occupy the other rooms in the *gali* have no kin ties within the *bustee*, and I suspect belong to different castes - one Brahmin, one Kayasth and one Kurmi - of which two, of the three families, are Maithili speakers, who arrived from different parts of the city after hearing from friends that there were rooms available. Hence, although *baris* were once settled along kin lines, the recent settlers here seem to have diluted this.

#### 4.5.2 Social Life and Worship

There is no community space except for the road and street corner, and it is here that the children play and adults congregate. The residential segregation of the *bustee* along ethnic lines is the aspect that is the most easily noticeable to the researcher. Only through chronicling social life do some of the other divisions within as well as between the different ethnic groups become manifest. People do not habitually visit neighbouring *bari*, but inhabitants of, say, #13 will meet and interact in the public space of a street corner or the road.<sup>81</sup> However, the inhabitants of the Bihari, Bengali and Oriya parts of the *bustee* do not mix, even in public spaces. To the observer, this is curious, particularly as they live adjacent to one another, or at least no more than 20 metres apart. 11,12&14 have a youth club in the local vicinity, Five Star, used *only* by the (Bengali) male youths from the *bustee*. Local clubs and societies often take the leading role in organising sporting

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<sup>81</sup> When I first visited the *bustee*, inhabitants of one *bari* were pleased to introduce me to their neighbours, but refused to venture into even the adjacent 'gali' for the same purpose. *Bari* commonly means home. In this context it refers to a *hutment*, which is often divided into separate rooms (*ghor*), each one occupied by a separate family. A *gali* is the narrow lane between *hutments*.

and cultural events, yet those participating will often be exclusively from one part of the bustee, and hence are usually ethnically exclusive.

Differences amongst ethnic groups crystallize during times of religious festivals. Bihari and Bengali *bustee* inhabitants living practically adjacent to one another, organise and celebrate their own religious festivals, largely to the exclusion of the other group. Inhabitants of each part of the *bustee* are meticulous about preserving their customs and cultural traditions, particularly those that are manifestly different to those of their neighbours. For example for *Durga Puja*, the most popular Bengali festival, the Bengali part of the *bustee* erected a *pandal* and collected donations, whereas no such effort will be made by the inhabitants of #13 - many of whom have lived in Calcutta for over three generations. *Durga Puja* is not perceived to be their festival. But, on the occasion of *shothpuja* - the biggest festival of the year for Biharis - the inhabitants of #13 were busy preparing themselves weeks in advance, whilst for those in 11,12 &14 the event will pass off without so much as gesture of solidarity.

In this *bustee* not only do the different ethnic groups live, socialise and worship separately. At the bottom line there seems to be a prevailing animosity that is quite palpable between the two communities. Residents of each cluster seem distrustful and suspicious of one another although rarely did this descend into open conflict during the period that I spent there. The reason for this enmity is unclear, although it was suggested by older middle class resident Bengalis that this stems from Bengalis' sense of superiority over non-Bengali speaking migrants from Bihar and Orissa, who they have tended to marginalise and look down upon.<sup>82</sup> Adding to this, the vernacular of the Bihari inhabitants in Garcha, most of whom are Magahi speakers, was traditionally considered "boorish and rude by speakers of other Indian languages". This may have influenced Bengalis' attitude to Biharis speaking Magahi.<sup>83</sup>

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<sup>82</sup> Bengalis looked down upon the Biharis and considered them dirty- Sinha (personal communication).

<sup>83</sup> Imperial Gazetteer of India: Provincial Series Bengal Vol 2 (1979:150).



Unsurprisingly in such a densely congested living environment, there is high pressure on scarce local resources. Disputes over access and sharing of water are common in the *bustee*, according to my informants. As each cluster of the *bustee* has its own taps and tubewell these disputes never seem to acquire an openly ethnic dimension within the *bustee*. Where these do occur between representatives of two different ethnic groups, however, this dimension does surface and often serves to fuel the dispute. After one such incident, a Bengali *bustee* inhabitant, living in a predominantly Bihari *bari*, referred to her Bihari neighbours as uncouth, uncultured and dirty. I have even heard the accusation that Biharis are not of the same *jat* as Bengalis, but are actually descended from Muslims.<sup>84</sup>

#### 4.5.3 Occupation and Educational Status

Differences in socio-economic terms, though less severe than those between different groups of inhabitants within the ward, were nevertheless a source of cleavage and conflict which cut across other important affinal ties like ethnicity. Take for example the case of #13, a predominately Bihari part of the *bustee*. The young men living here clearly separated themselves into different groups on the basis of their education and occupation. One group was comprised of those who have studied up to and beyond their HSC and, possibly, possess degrees. The other group comprises those who have studied at the most to upper primary level but mostly those who have not studied at all.

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<sup>84</sup> Stories of the Bengalis distinctiveness to other regional groups in India are legend. This is the staple of most conversations with Bengalis of all classes and status, although most common in middle class circles. It is beyond the scope of this chapter to explore this issue at any great length; suffice to say that although the region shares some affinities with other parts of India, it is nevertheless distinct from the north and the south. Peripheral to the subcontinent in geographic terms, as well as to the dominant Vedic Brahminical culture and Hindu empires, it was also largely beyond the reach of the early invaders. These basic differences were then extenuated with subsequent early contact with the British, which had a long-lasting effect on the industrial, agrarian, commercial and political development of the region. Coupled with this is the feeling, prominent amongst many Bengalis, that the fertility of the land, which allows for more time to be spent on life's luxuries; the climate, which encourages the pursuit of leisure and the racial composition of its people are unique attributes of the region and help account for the 'genius' inherent to Bengali people (See Franda, 1971b: 5,56).

Whereas the former group members aspired to clerical, administrative or skilled employment - one of the members of the group is a computer operator, another an insurance clerk - the members of the other group aspired to nothing more than a regular job as a chauffeur, at best, and would settle for regular employment as masons and mechanics. Members of this second group, whilst occasionally successful in securing temporary employment, tended to spend most of their time sitting around, playing cards, running errands and, eventually, drinking. Whilst the members of the former group were similarly unsuccessful in reaching their aspirations, they tended to deprecate the way of life of their less educated neighbours. In the end, it is they that keep themselves separate from the rest.

Another group comprised those of similar ages who were barely schooled but who, due to their family contacts, had managed to secure stable employment in manual occupations. This small group was keen to disassociate itself from the drinking and gambling of those of comparable educational status, but who were unemployed. Equally, it chose not to associate with the educated but partially employed. Another discernible group was comprised of moderately educated men (with class 6-8 education), with secure jobs as chauffeurs. Members of this group chose not to associate themselves with any of the other three groups. Due to their higher educational status and regular employment, they had little in common with the second group of unemployed and illiterate men. Driving a car gave them a status, which set them apart from regularly employed manual labourers of the third group. And finally, the fact that they settled for jobs such as driving, rather than sticking it out for a slightly more lucrative and undeniably higher status clerical job marked them apart from the first group of educated yet unemployed men.<sup>85</sup>

Divisions also appeared between landlords/ hutowners (*bariwallas*) and tenants (*bharatias*). In terms of declared income and assets, there was no significant difference between the two. Admittedly, some colour TV owners were *bariwallas*, but there were also colour TV owners who were not. The only perceptible difference in their standard of living was that *bariwallas* occupied bigger rooms, in

general, than their tenants. However, despite the absence of any overt divergence in prosperity there nevertheless existed a pervasive sense of distrust and suspicion between the two.

*Bariwallas* would complain to me that their tenants paid them too little rent, too infrequently, which they used as a justification for not carrying out any of the necessary repairs or improvements on their properties. Tenants in turn would report constantly being under pressure to pay more in rent and of having to shoulder the costs of upkeep and renovation themselves. There would be frequent hushed accusations of landlord avarice at the expense of the general living conditions of the area. The building of second floor rooms, by landlords, for rent at ten times the average area rent whilst the level of facilities remained the same, was cited as an illustration of this. Further fears that in fact landlords would collude with land speculators (promoters) to have them evicted also seemed to be a prominent concern, which was only really spoken about in the concluding months of fieldwork and only in one part of the *bustee*, #13.

For the researcher, the logic of this was hard to fathom. The inhabitants of DT, as registered *bustee* dwellers, are protected by the terms of the *Thika* Tenancy Act.<sup>85</sup> Nevertheless, they feared that at some stage the terms would be ignored, and they (*bharatias*) would be offered money to give up their plots (and their rights). Those that refused would be forcibly evicted. On the one hand, whilst they knew that they could not be simply evicted without compensation, they were also aware that the hutments were not theirs to sell. The suspicion was that some sort of cash inducement would be offered to lure them away, but it would be the *bariwallas* who would receive the lion's share and have most to gain from this. They knew that it

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<sup>85</sup> This group of young men for the most part, fell out of the sample set-which included only household heads and their spouses.

<sup>86</sup> To gain control of the land so as to more effectively upgrade *busteas*, the state tried to abolish the three-tier tenancy system in 1981, through the introduction of the *Thika* Tenancy Act. All *bustee* land was vested in the state and every *thika* tenant (*bariwallas*) would pay the state a rent equivalent to what s/he had paid the landlord (*zamindar*). *Bariwallas* were permitted to convert their properties into multi-storey buildings to accommodate more tenants, and landlords (*zamindars*) were compensated for the loss of their income. It is beyond the scope of this paper to discuss the impact of these changes, suffice to say that they have not been as successful as expected. See Ghosh (1992).

would be in the interests of some, particularly the *bariwallas*, to accept this, and that those that did not would then be pushed out.

The likelihood that *bariwallas* would accept the inducements was considerable in this area given another aspect of this *bustee* that the survey failed to reflect, namely the fact that many inhabitants, and most *bariwallas*, owned property elsewhere in the city on its periphery in places like Kasba and Subhas Gram. Whereas they rented in DT, the properties in the periphery were owned and now either rented or occupied by other family members. With an exit option available to them, the feeling was that should a cash inducement be offered to move from the *bustee*, many of the inhabitants having an exit option would probably accept.

According to the account of one anthropologist who researched the *bustee* adjacent to my research site, there had always been a simmering tension between *bariwallas* and *bharatias*. During the time that he researched the *bustee* - some thirty years ago - tenants used to protest against poor living conditions and high rents imposed on them by the *bariwallas* (hutowners). These sentiments, he recalls, helped to fuel a movement led by the local councillor at that time (Suchin Sen, later to be MLA) against *thika* tenancy and hutowners.<sup>87</sup>

The prevailing tension between the tenants and the landlords on one occasion spilled over into open conflict and hindered attempts at community improvement. Efforts to persuade the city authorities to introduce improvements in the *bustee* have been opposed by a section of the residents themselves, who feared that this would result in them paying higher rents. For example, in the corner of the *bustee*, between two walls rubbish has been piled up over time and is used by those who live furthest from it for urinating. There is a ubiquitous stench emanating from this area, which after dark becomes infested with vermin. Those living closest to the dump, the *bariwalla*, lobbied the CMC to have the area cleared and a toilet built. Attempts were made by him to block the area off to prevent further dumping and urinating. These proved unsuccessful after residents using the dump reported

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those protesting to the police, who promptly arrested and imprisoned the most prominent protester, releasing him the next day. He admitted to losing the will to protest any further after this incident.

More often than not the mistrust between the landlords and tenants hung at a level sufficient to effectively prevent or undermine any attempts at group activity. This first came to the fore when I tried to organise a *bustee* children's trip to the National Museum around *Diwali*. The chance to go to the museum was open to all the children in #13 who felt that they would be able to appreciate the trip and whose parents would allow them to join. Eventually a group of some 15 children informed me that they would be going, and when the appointed day arrived, we made arrangements to leave for the venue. Before the trip even began, it was nearly abandoned because of the mistrust and suspicion expressed by some of the children towards others. Whilst by no means unusual, the nature of the comments reflected the same sorts of views and positions adopted by their parents, and covertly expressed subsequently at various stages through the fieldwork. Children would say that they could not be in the same group as x, because he was cunning, bad, untrustworthy and greedy – because, for example, x's father was a landlord always trying to extract money from them.

#### **4.6 Social Relations in Swinhoe Lane Bustee, Kasba**

##### *4.6.1 Residential Patterns and Kin Ties*

From a reading of the survey data, the comparative research site appears less ethnically heterogeneous than DT, yet it was divided along ethnic lines. SL has a sizable Hindustani population comprised of migrants from Bihar and UP who have dominated one *bari* of the *bustee*, #53. There are three Bengali households in #53. Whilst, as in DT, inter-*bari* communication and interaction is rare, except in public spaces on the thoroughfare itself, as between Hindustanis and Bengalis it was non-existent. In over 6 months spent studying the *bustee*, not once did I witness a

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<sup>87</sup> Personal Communication, Interview with Dr. Dixit Sinha Santineketan, 20/03/200. See also Sinha (1972).

conversation between, on the one hand, Bihari and UP women of #53, and, on the other, Bengali women from the other *bustee bari*.

Ethnic cleavages dividing the local population crystallised on numerous occasions during my time in SL, of which three examples follow. Separation between the two ethnic groups first became apparent during the construction of a social map, about one month after arriving. The children of #53 were asked to draw a map of their '*para*', their neighbourhood. Of a group of about ten children, three drew, guided at times by the rest. The result was a detailed map of their *bari*, with all the main points of reference - the *mandir* (temple), the tree, the water tap - clearly marked. When asked to describe the picture, the children described it as a map of their *para* (neighbourhood), when clearly what they had drawn was map of their *bari*. I tried again, by asking them why certain features of the neighbourhood (what I considered to be their '*para*') were not included. The children replied quite unequivocally, that the points of reference that I had mentioned were from another *para*, a neighbouring *para* not their own.

Just as in DT ethnic divisions were further highlighted during the celebration of religious festivals. #53 had its very own places of worship - a Shitala and a Shiv Mandir - that replicated those that already existed elsewhere in the *bustee*. I first encountered the residents of this *bari* as they were celebrating *puja* for the goddess Shitala. Whereas the celebration of *Shitala Puja* is not unusual, the fact that they chose to celebrate it almost one month before the rest of the *bustee* (and Bengal), to celebrate it amongst themselves and, not in the open but inside the courtyard of their *bari*, was certainly strange.

Similarly, though *Durga Puja* was celebrated with some style in this *bustee* - donations were collected, a *thakur* (an image sculptor) employed, bamboo rented, a sound system installed and a *pandal* erected - the non-Bengali (Hindustani) inhabitants took no interest whatsoever in these events. The presence of a large *pandal* erected no more than ten metres from their *bari*, seemed to make no difference to their attitude. Whilst the children seemed excited at the thought of there being a celebration and all that this entails-music, food, dancing, new

clothes-their elder siblings and the adults around them quickly doused such enthusiasm by reminding them that this was not 'their *puja*'. When I went to visit SL during the height of the *puja* celebration, I found the street lit up, mantras mixed with film music were blaring out of loud speakers arranged around the *bustee*, and crowds of people were flocking to visit the *pandal* in their street. But for the residents of #53 it was if nothing was happening. I found them going about their evening's activities as usual. They seemed to completely ignore what was occurring around them, except to complain about the noise and the ostentation of the festivities.

When asked as to the reasons for this separation, older inhabitants of #53 informed me that there was a 'communication gap' between them and the rest of the *bustee*. The source of this was unclear, and they were obviously embarrassed to explain their gripes about their Bengali neighbours in front of two Bengalis- my research assistant and myself. Although language was cited as barrier to open conversation, it should by no means have been insuperable. The Hindustani inhabitants had spent long enough in Calcutta to converse in Bengali although, admittedly, they lacked confidence to be able to do this. One lady, who had moved from Garcha, confessed that she felt alienated here, because Biharis were very much in the minority. The same people also mentioned food to be a major source of difference. Bengalis, they said, went to great lengths to prepare elaborate meals, of at least five items, nearly always comprising fish and/or meat dishes. They on the other hand, kept their meals simple: *daal*, *sobji* and *roti* or rice.<sup>88</sup> Although on the surface this reason may appear minor, for the residents of #53, it was serious enough to demand mention.

#### 4.6.2 Social and Economic Differences

There were noticeable disparities in assets and income between *bari* and within *bari* in this *bustee*. For example, it was clear that the *ghor* in #53 (the Hindustani *bari*) were on average smaller and had fewer assets compared to the *ghor* in the

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other *bari* in the *bustee*, and in some cases did not even have basic amenities such as electricity. In contrast, #52 stood out, primarily, as more prosperous on account of its bigger and more ornate *ghor*.

It was also obvious that even within *bari*, there were differences in the level of affluence. For example in #53, two households stood out as exceptional in terms of their assets and the space they possessed. The first of these belonged to the landlady. It was speculated that she possessed considerable assets in her two-roomed *ghor* in SL, in addition to what she professed to own in her *desh* in Belia District of UP - namely a considerable amount of land and livestock. A Bihari Brahmin, Mr. J headed the second visibly prosperous household in this *bari*. He was the local CPI (M) cadre and *bustee* representative to the *Bustee* Federation. Mr.J's *ghor* showed unmistakable signs of being more prosperous than the rest. It had a telephone, its own separate water tap, a kitchen and two bedrooms - the second was a separate room rented in another part of the *bari* at a reduced price.

Similarly within other *bari*, notably #52, there were differences between households. Some households were considerably more prosperous than others. These belonged to the *bariwalla* and his kin, who occupied nearly all the rooms in the *bari*. Most of the household heads were close affinal kin-brothers, sisters, uncles and aunts of the *bariwalla*, and carried the surname Sardar. The men all worked selling fish in local markets, and most ran their own stalls. Only a few were not related to this kin group, and were visibly less affluent. These included one man, Mr. Mondal, who the *bariwalla* had befriended when he was sleeping rough and working as a market labourer. He was invited to live here by the landlord himself and given a room to occupy and a job selling fish, for which he has ever since been deeply grateful. The case of the second family, the Maitis, the youngest son who was jobless, was taught a trade (fish selling and filleting) by the landlord and offered a job in the fish market.

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<sup>88</sup> Lentils, vegetables and unleavened bread



Within the *bari* there was little discernible resentment towards the Sardars', despite the fact that some of their neighbours were not property owners, earned less and had a lower standard of living. Curiously, throughout the time spent in the *bustee*, neither was there any resentment expressed on the part of the inhabitants of #53 towards either of these two individuals who clearly were so much more affluent than they were.

In #52, one reason for this may have been due to the predominance of one kin group. Kin loyalties proved a powerful bond between the majority of the inhabitants of the *bustee*. For those *bari* members who were not related to the Sardars, the livelihood opportunities provided by the landlord had resulted in a deep and intimate loyalty to him and his relatives, extinguishing the possibility of conflict which the other differences could have otherwise caused. Probably for these reasons, material differences did not emerge to divide the inhabitants of this *bari*.

For the Hindustanis of #53, the sharing of a common culture, language and ethnicity, seemed to provide a sense of security - enhanced by the sense of isolation and alienation that they felt living in a predominantly Bengali *bustee* - which helped to overshadow the potential divisions which differing levels of affluence could have produced. Mr.J's political prominence - as a member of the Bustee Federation and a CPI (M) member - meant that loyalty and allegiance to him could carry benefits (access to social goods, security, employment), which almost certainly would not arrive if mutual antagonism was allowed to flourish. In the prevailing atmosphere of alienation and isolation in which they lived, political allegiances were essential to add to their sense of security. The need to survive and feel secure in a hostile environment, for the inhabitants of #53, meant that solidarities based upon ethnic lines came to the fore to subsume the sorts of class divisions that the clear differences in assets and income could have produced.

Far more noticeable were the disparities in assets and income between *baris* in the *bustee*. # 52 stood out as the *bari* with, on average, the most prosperous households. Strong local kin ties and privileged access to lucrative employment opportunities helped explain these differences and were the source of

considerable resentment within the *bustee*. In #52, the *bariwalla* belonged to the oldest and numerically dominant family in the *bustee*, the Sardars. Not only were they all related to one another, but all the male heads and most of their male offspring, worked selling fish, mostly in their own stalls, in local markets. Selling fish (or in their case, previously, tortoise) does not carry a particularly high ritual status in Bengal. But it is lucrative - especially for the person who sells from his own shop, and would place him in an economic position superior to that of his neighbours in the *bustee*.

The Sardars perceptibly greater affluence was not the only source of division between them and their neighbours. Whilst their comparative economic prosperity was palpable, as a group they wielded considerable social power and political influence throughout the *bustee*. This was largely on account of the strength of their local kin ties and their dominance of the ritual affairs of the *bustee*.

#### 4.6.3 Kin Ties

The *baris* in SL are comprised of a mixture of kinfolk as well as outsiders. The vast majority of the local inhabitants hail from South 24 Parganas, from villages around Joynagar, Laksmikantipur and Diamond Harbour. There are two families from Murshidabad in north Bengal. #53 was the exception, being predominantly Hindustani. In general, no *bari* is dominated by one kin group - kin ties seemed to cut across *bari* boundaries - except in the case of #52, which was dominated by the Sardar family.

The first settlers to this part of Kasba were the ancestors of the present day Sardars. According to local accounts, the great grandmother of the present landlord, Haridasi Sardar, was the first person to settle in this area of Kasba. She probably came from the 24 Parganas (South) region, or the Sunderbans (which may have been indistinguishable at that time). Haridasi married Moti Singh, who after marriage left his parent's home and settled in Kasba with Haridasi, assuming her surname. He used to sell tortoise in Gariahat market.

They had a daughter nicknamed Kalaburri. Kalaburri continued in the tradition set by her mother. After marriage, her husband also joined her at Kasba and adopted her surname. They had three sons and three daughters. The three sons were Khadu, Probod and Ajit. All Kalaburri's sons lived here, as do their male offspring. The three daughters were Rajubala, Jamuna and Annarda. After marriage they also all stayed in Swinhoe Lane, where they were joined by their respective husbands and assumed their husband's surname. Kalaburri's property passed both to her sons and also to her daughters. The last two features mark them out from mainstream Bengali Hindu society, which is patrilineal and uxorilocal.

The already significant Sardar clan that had decided to settle in the *bustee* was consolidated by the fact that on many occasions the Sardar men, Kalaburri's grandsons, had fallen in love with and married girls from neighbouring *bari* in SL, a practice widely frowned upon. Kin ties thus extended beyond #52 to the other *bari* in the *bustee*, ensuring for the Sardars a prominent social position in SL. In the words of one resident, "They're uneducated, you know I don't think any of them have been to school. And they've married all the girls in the vicinity and had loads of kids. That's all they know, marry the local girls and have lots of children. That's how they've become so powerful".

#### 4.6.4 A Dominant Role in Ritual Life

The Sardars have gained prominence locally through their role in the ritual life of the *bustee*, particularly their control of the main place of worship in SL, and on account of their leading role in the organisation of religious festivals. It is a role that has given them a certain social status, which is resented by other inhabitants of the neighbourhood.

All *bustees* have places of worship, usually a Shiv temple and a Kali temple. The central point of reference in SL is a Shitala Mandir (temple) which occupies a whole *ghor*, exactly mid-way along SL. Given the acute shortage of space in all *bustees*, even though SL is comparatively more spacious than DT, to see a whole *ghor* dedicated to a goddess is unusual. A picture of Kalaburri, who was said to be

a staunch believer in Shitala (the goddess of the underworld and the person prayed in order to cure pox), adorns the wall of the Shitala *mandir*. People claim that the *mandir* in fact occupies the room that she once lived in, and this 'family connection' goes some way to explaining the size and prime location of this particular *mandir* in relation to the rest of the *bustee*.

It is traditional amongst farming castes in southern Bengal to worship the goddess *Shitala* (*Shitala devi*) as a way to ward off illness. Many of the present day inhabitants of SL - with titles like Halder, Mondal and Dass - belong to these castes, making the *mandir* an important place of worship for the *bustee*. As the *mandir* marks the start of #52, the Sardar's *bari*, and is clearly situated in what others consider to be their *para*, in a room formerly occupied by Kalaburri, the *mandir* is inextricably linked with the Sardar family. They control access to the *mandir*, which is used to reward those regarded as friends, and to punish those considered to be enemies. Allies were given the keys to the *mandir* and allowed to clean and decorate it with *prasad* (offerings). Those that were disliked, for whatever reason, were prevented from having access to the keys, and so had to worship from a distance, without being able to leave offerings.

This organic attachment to the *shitala mandir* provided a platform from which the Sardars managed to branch out to take the lead in other religious festivals, most notably *Durga Puja*. For the last seven years, they have collected the donations from the other *bustee* inhabitants, have hired the artisans to sculpture the statues of the goddess and have made all the necessary arrangements for a *pandal*. Their dominance of ritual life in the *bustee*, not so much around *Shitala*, but certainly around *Durga Puja*, would seem to be a potent symbol of their local power and influence, although entirely incongruous with their ritual status. Although by no means categorical, it may be assumed that Sardars are of low status in the Bengali caste system. Their line of occupation, selling tortoise flesh, further confirms this notion.

Many residents of neighbouring *baris* resented how the Sardars had monopolised ritual life in SL. The Sardars controlled access to the Shitala Mandir, dominated

the Puja Committee and collected *chadda* (donations). Resentment particularly surfaced at the way that *chadda* was collected, and allegations were rife about its eventual destination. Some residents spoke of the rich making themselves richer. It was alleged that most of the *chadda* was channeled into the upkeep of the *Shitala Mandir* and for their own personal consumption, rather than into the Puja celebration. Although donations were avowedly voluntary, non-payment was said to result in quite severe social sanctions. It was alleged by inhabitants of neighbouring *bari* that the Sardars picked arguments with them and intimidated those that didn't pay. Furthermore, informants that confessed to challenging the collection of donations claimed that they were subsequently prevented from giving offerings at the *Shitala mandir*.

Though *chadda* was collected from all inhabitants, Puja celebrations seemed somewhat exclusive, adding to the resentment felt by local inhabitants towards the Sardars. The *pandal* was set up at the entrance to #52, and effectively resembled an extension of the Sardar's *bari*. The way that Puja actually took place reinforced the sense that this was a family affair, rather than a bustee affair. Rows of chairs were set up inside the awning (*pandal*), but only members of the Sardar family could be seen sitting on these. The young women married to Sardars distributed the food, whilst the young Sardar men fiddled with the display and made sure that all the technical aspects were in order. Sardar offspring played around the *pandal* in their new clothes. The suspicion that this may be a family affair was confirmed when Dilip Sardar welcomed me into 'amader bari puja' (our house's Puja).

The inhabitants from neighbouring *baris* looked on, some in curiosity, others with quite apparent disdain. Few had bothered to get dressed up, and even fewer ventured into the *pandal* to say a prayer or give an offering. During the evening, I saw one woman from a neighbouring *bari* venture in to pray. She literally ran in to the *pandal*, hurried through her mantra, gave her offering and rushed out again, all the while avoiding eye contact with any of those seated.

Divisions became manifest in this *bustee* at different times, on account of ethnicity, kin ties, prominence in ritual affairs and economic affluence. The point is that at

times, cleavages could be noted which also cut across important social categories such as ethnicity. Different levels of affluence divided the Bengalis in SL, as did the monopolisation of ritual life that one family seemed to enjoy. The poor Biharis of #53 did not seem to resent their more affluent Bihari neighbours, possibly on account of a common ethnicity and language, but more likely due to the security which these more affluent, and in one case politically well-connected, neighbours could provide. Far from being a harmonious or consensual unit, despite being predominantly ethnically Bengali, jealousies mistrust and resentment over a whole range of issues served to divide the local inhabitants of SL.

#### **4.7 Conclusion**

Through the use of survey data and detailed ethnography, this chapter has presented an account of social relations in two Calcutta *bustees*. The chapter has highlighted the differences between inhabitants living in two separate *bustees* of the city. Cleavages, conflict, divisions and differences between inhabitants characterised social relations in each area. Most obvious were the divisions along ethnic lines - members of different ethnic groups (mainly Biharis and Bengalis) socialised and celebrated religious festivals separately, as well as residing in ethnically homogeneous clusters. However, it was shown that differences emerged which served to divide those of the same ethnic group, cutting across broad categories such as ethnicity. For example, within the broad ethnic clusters of DT, there were clear differences of education and occupational status, and these affected associations within this segment of the *bustee*. In the Bengali cluster of SL, divisions along class lines as well as kin lines emerged. The largest kin group exerted a great deal of influence and social power within the *bustee*. This was partly on account of their economic position as fish sellers and stall owners, and partly on account of their ancestral ties, which had given them access to and control of key aspects of local ritual life. This was the source of jealousy and resentment amongst their neighbours - mainly Bengalis. In some instances it was shown that solidarities were forged in spite of these differences, often based on a rational decision by some inhabitants to ensure their own personal security, in terms of physical well being and access to livelihoods.

The view of the local community as a consensual and homogeneous group, which is prepared to act collectively to exert pressure on government, is at the heart of the concept of decentralisation. The description of the divisions and differences amongst local inhabitants in these two neighbourhoods challenges this notion of the 'poor' as a harmonious group with common interests and concerns, and serves to qualify the assumption that decentralisation will necessarily result in the greater participation of the local community in local government. This is not to say that on account of these differences, that collective action is impossible - indeed Chapter Five shows that community participation has been a feature of one of the areas that was studied - but that it is not as straightforward as perceived by proponents of decentralisation.

The chapter has also tried to make a methodological point. It has been argued that whilst the survey highlighted some clear comparative similarities and differences between the two *bustees* - for example how the inhabitants of DT on average earned more than in SL, but in terms of occupational status, household size and asset distribution, the two *bustees* were quite similar - it gave no indication of the extent to which the inhabitants of these two areas were divided along different categories.

## Chapter 5

### Comparing the Performance of Local Health Care Officials in Ward 67 and Ward 85

#### 5.1 Introduction

This chapter presents a comparative case study of the health care bureaucracy working in each of the wards where the *bustees* are located. Key differences were noted between the two wards in terms of the performance of local officials, and an attempt was made to analyse the reasons for this using a conceptual framework devised for understanding the factors which may affect bureaucratic performance. The chapter argues that the exercise of 'voice', through vibrant local civil society organisations, was decisive in explaining better bureaucratic performance in one ward. It then considers some of the theoretical perspectives on the conditions necessary for collective action, in order to try to understand the reasons for the vibrancy of civil society organisations in one ward. The chapter concludes by questioning contemporary notions about the relationship between civil society and good government.

#### 5.2 Government Funded Primary Health Care in Calcutta

##### 5.2.1 CMC

In West Bengal, public health receives approximately one tenth of the state health budget, of which 73% is spent on prevention and control of disease. Public and preventative health care is the responsibility of CMC. Under Calcutta's cabinet form of municipal government, the portfolio for health, public safety and sanitation is the responsibility of one nominated member mayor in council (MIC).<sup>89</sup> From 1990-2000 this post remained vacant, and the mayor assumed the municipal health portfolio in addition to his other portfolios. According to a one senior municipal officer, the Left Front partner (RSP) to whom this portfolio had been allotted refused to assume the seat (for unspecified reasons), after which it remained vacant. In a city the size of Calcutta, with its history of poor public health

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<sup>89</sup> See Chapter Six for a detailed description of municipal government in Calcutta.



and sporadic epidemics, there would seem a clear need for there to be an elected representative with exclusive responsibility for public health and sanitation. The absence of such a person for a period of almost ten years is astonishing. Both elected representatives and senior officials considered that allocating the health portfolio to the Mayor, already burdened with numerous other duties, was an unsatisfactory arrangement. The failure to deal effectively with the outbreak of malignant malaria in the city in 1999 exposed the weaknesses of such an arrangement, and the stark inadequacies of the main nodal agency responsible for public health care interventions in the city.

A health care infrastructure providing primary health care within easy reach of the population, similar to that in rural areas, does not exist in Calcutta, except for the wards covered in the CUDPIII and CSIP projects. This lack of public, community based primary health care services is seen as a major shortcoming by some bureaucrats, especially given the perceived success of the health care infrastructure model attempted in CUDP III and CSIP projects. In 1996, a decision was taken by the Mayor in Council Health (MIC Health), to rectify this. The objective was, "decentralisation of primary health care services to peripheral ward level for better coordination with ward committee, surveillance, monitoring, prompt interventions and providing service facilities closer to the population".<sup>90</sup>

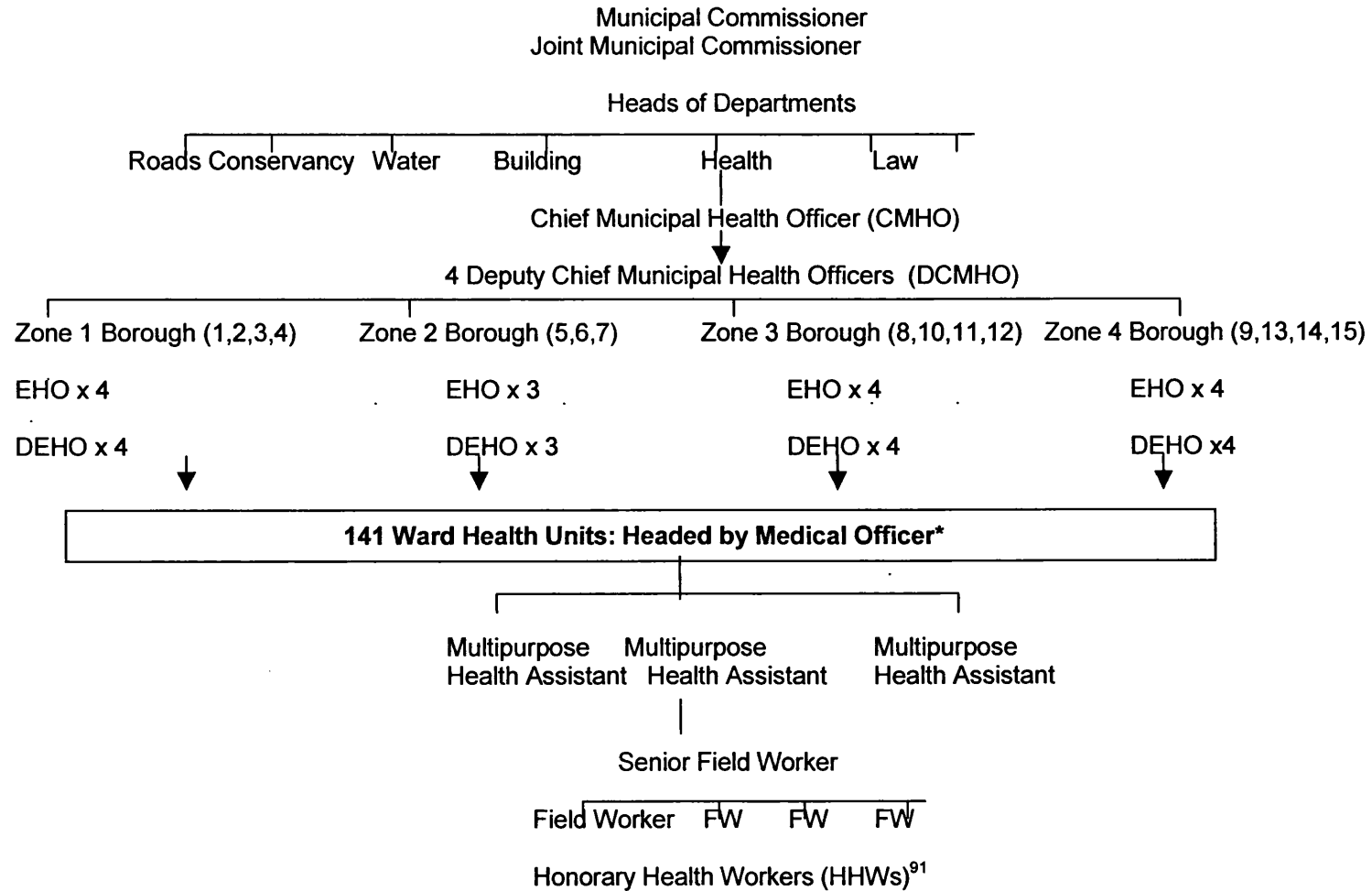
CMC is attempting to establish a decentralised health care infrastructure of its own throughout the municipal area, based upon the model used in donor assisted projects mentioned above. According to the Chief Municipal Health Officer (CMHO) each ward is meant to have one basic health unit (BHU), to which 3 multipurpose health assistants (MPHAs) and 4 field workers (FWs) would be attached, providing both preventative, promotive and basic curative services (see fig 5.1). Staff would get their orders from the executive health officer, who in turn would be under the direction of Borough Committee Chairman (BCC), as well as the CMHO. In practice, the BCC is powerless to do more than suggest a course of action. Ultimately the decisions of the MIC Health are percolated through the

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<sup>90</sup> Agenda 18, item 14 MPL Meeting 19/12/96, approved by the MIC (Health) 27/12/99.

Health Department in the form of directives from the CMHO. It is the MIC (Health) in consultation with senior health officials (CMHO, DCMHO) who decides what action health workers will take at the local level. Line departments can only morally oblige the employees to perform their duties satisfactorily. In the case of non-performance, it is left to the Municipal Commissioner to take disciplinary action.

**Fig 5.1 Calcutta Municipal Corporation: Executive Body Organogram (Health Dept)**



<sup>91</sup> The idea of employing HHWs was initiated in the CSIP and CUDP project areas. It has since been expanded to all CMC wards. \* There have been only 80 Ward Health Units Established (09/99). The rest are either under construction, or else the search is still on for suitable land and/or accommodation

### 5.2.2 Calcutta Metropolitan Urban Health Organisation (CMUHO)

Calcutta is unique in having a health care infrastructure and bureaucracy, parallel to that of the municipal body, which is also responsible for public and preventative health care interventions (see fig 5.2).<sup>92</sup> This emerged due to the corporation's shortage of manpower and resources to carry out these tasks satisfactorily in the past. In 1984, two bodies, Calcutta Metropolitan Immunisation Organisation and Malaria Eradication Urban maintenance Organisation were amalgamated to constitute Calcutta Metropolitan Urban Health Organisation (CMUHO), under the Directorate of Health Services (DHS), GoWB. The aim was to provide, " a good public health infrastructure in Greater Calcutta region for the Control of Communicable Diseases and also for the rendering of other public health services, including MCH, Family Welfare etc".<sup>93</sup> The overall objective was "Health for all by 2000 A.D. " Under the same directive, it was stated that 10 municipal wards of the city would not be covered by CMUHO, but would remain the sole responsibility of CMC. Eight out of the Ten wards affected fall under Borough 8, and include the ward 85, where DT is located. Ward 67, and hence SL, does fall under the purview of CMUHO activities. It is worth noting that CMUHO administrative units are not conterminous with CMC administrative boundaries. Thus CMUHO zones are not the same as CMC zones, as for example the case of CMUHO Zone 3, which covers 28 CMC wards and a population of approximately 1,066,074.

The responsibilities of CMUHO include:

- 1) Anti-malarial activities
- 2) Immunisation of Infants below 1 year with BCG, Polio, DPT, Measles.
- 3) To provide Vitamin "A" in oil and to protect expectant mothers by TT vaccines.
- 4) Prevention and control of epidemics by surveillance of diseases

Maternal and Child Health (MCH) and Family Welfare Programme (FW), through distribution of oral pills and nirodhs (condoms). Distribution of Vitamin "A" in oil,  
Iron

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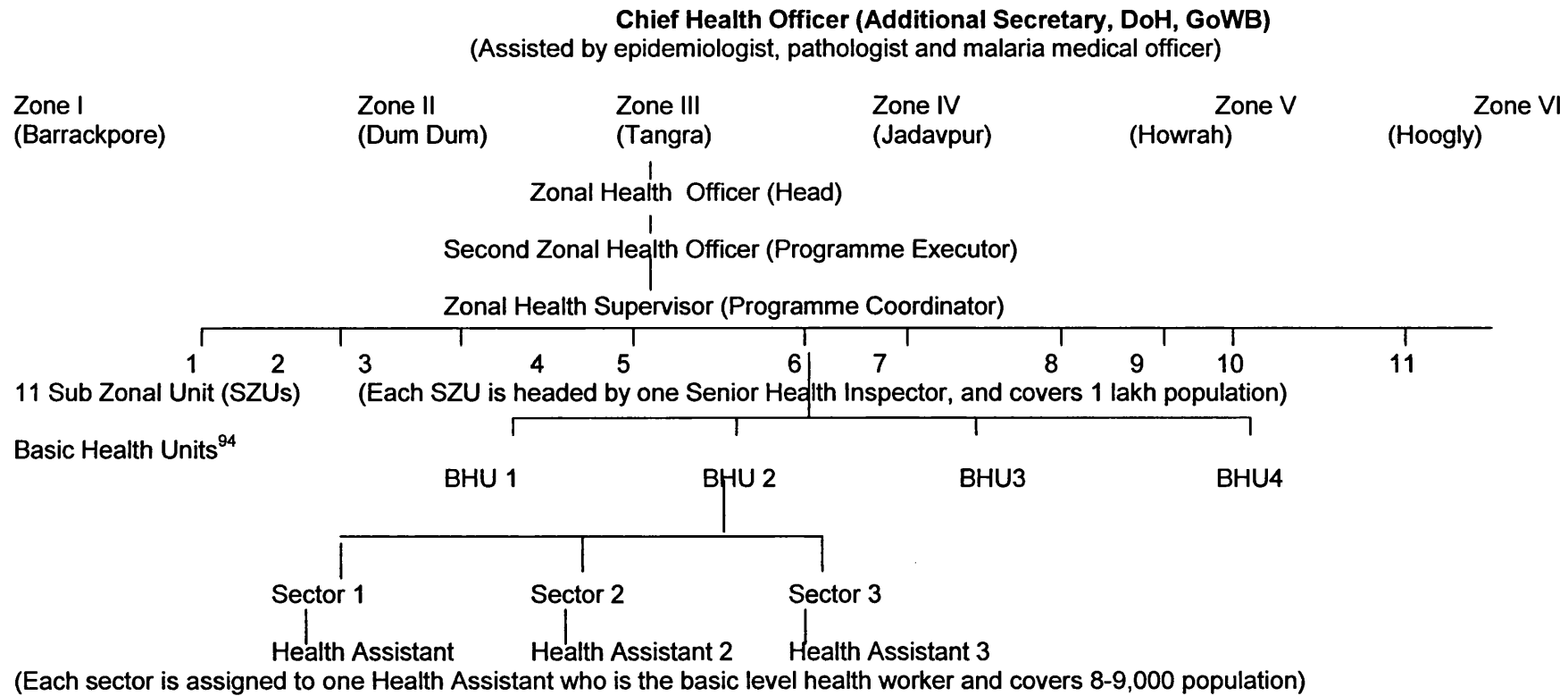
<sup>92</sup> Most of the information about CMUHO has been provided by senior bureaucrats working in the system, from both Medical and non-medical technical cadres. The insights that they have provided have proved invaluable.

<sup>93</sup> Memo: PH 1730 2M-20-84, DHS, GoWB (18/10/84)

and Folic acid tablets

5) Enumeration, vital statistics, reference of cases to hospitals.

**Fig 5.2 Organogram of Calcutta Metropolitan Urban Health Organisation (CMUHO)**



<sup>94</sup> One sub Zonal Unit (SZU) is divided into four basic health units (BHUs). Each BHU covers a population of 25,000 and is headed by a paramedical Health Inspector. BHUs are divided into three sectors.

### 5.2.3 Calcutta Urban Development Programme III (CUDP III) and Calcutta Slum Improvement Programme (CSIP 1)<sup>95</sup>

After a successful trial in the late 1980s, donors began to incorporate a health component in to slum improvement programmes (SIPs). The aim was to deliver primary health care services to the doorsteps of beneficiaries in *bustees*, through community based Honorary Female Health Workers (HHWs). A cadre of middle aged women with class 8 standard education, was to be recruited from amongst the beneficiary communities and paid a monthly honorarium of Rs 300 (p53ff). They were to be provided with a kit of basic medicines and responsible for educating selected beneficiaries about family welfare, nutrition, personal hygiene, general cleanliness and government health care facilities available locally.

The HHW was the link to the community of another separate health care bureaucracy, comprising a Health Administrative Unit (HAU) and subcentres. HAUs were to be under the administrative control of elected local representatives, who were to be formed into a local coordination committee. In the case of CSIP, all project components were supported by ODA for five years, after which technical staff were to come under the control of the CMC, whilst being paid by the GoWB, which was also responsible for providing the medicines.

The donor-funded model described above was implemented in 97 wards of the city including one of the research sites, ward 67. Data showing the distribution of health care interventions in the city at the ward level, in the table below, shows that on the whole interventions have taken place in boroughs of the city which contain large bustee populations: boroughs 15,3,1,7 (see Table 5.1). The correlation is by no means perfect. Boroughs 2 and 8 with comparable numbers of *bustee* dwelling units, received a different share of donor funded

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<sup>95</sup> The information in the following paragraph was gleaned from, Calcutta Slum Improvement Project Phase 1 Project report CMDA, Calcutta August 1990. For a fuller discussion of CSIP in Ward 67, see Chapter Six.

health care interventions. Whereas all the wards in borough 2 were fully covered by projects, a cluster of wards, in borough 8, remain uncovered.



Table 5.1 Boroughs, Borough Committees and their Chairmen; Distribution of dwelling units, households and Population of Registered Bustee Premises by CMC Borough, and Ward-wise Distribution of Health Facilities by Foreign Agencies in Urban Slums Under CMC (valid until June, 2000)

Borough Number	Wards	No of Dwelling Units (of registered bustee premises) <sup>96</sup>	No of Households (of registered bustee premises) <sup>97</sup>	Population (registered bustee premises) <sup>98</sup>	Wards covered by CUDP III	Wards covered by CSIP	Wards Covered by ICDS	Uncovered Wards
1	1,2,3,4,5,6,7,8,9	3,680	23,920	119,600	1,2,3,4,5,6,	Nil	1,2,3,4,5,6,7,8& 9	Nil
2	10,11,12,15,16,17,18, 19&20	1,232	8,008	40,040	10,11,12,15, 16,17,18,19&20	Nil	17,18,19& 20	Nil
3	13,14,29,30,31,32,33, 34&35	6,261	40,697	203,483	13&14	14	13,14,29,30,31,32,3 3,34&35	Nil
4	21,22,23,24,25,26,27 28,38 & 39	1,314	8,541	42,705	26,27,38&39	Nil	38	21,22,23, 24 & 25
5	36,37,40,41,42,43,44,45,48,49 &50	735	4,778	23,888	36,37,40,44, 48&49	Nil	40&44	41,42,43, 45 &50
6	46,47,51,52,53,54,55, 60,61&62	1,484	9,646	48,230	Nil	Nil	54,55,60,61& 62	46,47,51, 52 &53
7	56,57,58,59,63,64,65, 66&67	3,485	22,653	113,263	58,59,65,66	59&67	56,57,58,59,63,64,6 5& 66	Nil
8	68,69,70,71,72,73,84, 85,86,87&90	1,224	7,956	39,780	Nil	Nil	Nil	68,69,70, 71,72,73, 84,85,86, 87&90
9	74,75,76,77,78,79,80, 82,83&88	2,621	17,037	85,183	74,76,77,78 & 79	Nil	74,75,76,77,78,79,8 0& 82	83&88
10	81,89,91,92,93,94,95,96,97,98 ,99&100	192	1,248	6,240	89,91,92,93	Nil	89,91,92,93,94,95,9 7,98,99,100	81&96
11	101,102,110,111,112, 113,114	Data unavailable	Data unavailable	Data unavailable	101,102,110, 111,112,113, 114	Nil	101,102,110,111,11 2, 113&114	Nil
12	103,104,105,106,107, 108&109	Data unavailable	Data unavailable	Data unavailable	103,104,105, 106,107,108& 109	103,104,106,1 07,108& 109	104,105,106,107&1 09	Nil
13	115,116,117,118,119,	Data unavailable	Data unavailable	Data unavailable	115,116,117, 118,119,	117&118	Nil	nil

<sup>96</sup> CMC 1999 reproduced in CEIP Final Report (ADB/CMC: 2000)

<sup>97</sup> CMC 1999 reproduced in CEIP Final Report (ADB/CMC: 2000)

<sup>98</sup> CMC 1999 reproduced in CEIP Final Report (ADB/CMC:2000)

The rest courtesy of the Health Department, CMC (1999)

	120,121,122&123				120,121,122&123			
14	124,125,126,127,128, 129,130,131&132	Data unavailable	Data unavailable	Data unavailable	124,125,126,127, 128, 129,130,131&132	Nil	Nil	Nil
15	133,134,135,136,137, 138,139,140&141	10,650	26,106	153,822	133,134,136,139, 140&141	133&134	133&141	nil
<b>TOTAL</b>	<b>141</b>	<b>32,878</b>	<b>170,588</b>	<b>876,232</b>	<b>79</b>	<b>15</b>	<b>81</b>	<b>29</b>

### 5.3 Health Indicators

Disaggregated ward-level data relating to health is notoriously hard to come by in Calcutta, except in the case of malaria infection. Indicators exist to depict the health status in urban areas of the state. In addition, where donor funded projects have been implemented which carry a health component, figures have been compiled which display the vital health indicators previous to project initiation and subsequently after project completion. The table below presents a comparison of basic health indicators for urban areas of the state and for wards covered under ODA/DFID's CSIP. The data shows the health status in the CSIP wards to be better than urban West Bengal as a whole.

Vital Health Indicators/thousand pop	Calcutta CSIP 1a & 1b <sup>99</sup>	West Bengal (Urban) 1996 <sup>100</sup>
Crude Birth rate	10.2	16.0
IMR	34.0	44

Table 5.2: A comparison of health care indicators for Urban West Bengal and CSIP Project Areas

Based on this information, in addition to extensive consultations with relevant experts and a survey of the available literature on the subject, one ward of the city with average health status (Ward 85) was chosen as a case study and compared to one ward where the health status was known to be higher than average (ward 67).

### 5.4 Comparing Infrastructure

Comparison of infrastructure (civil works and staff) shows that ward 67 is endowed with more than 5 times as many govt health care workers as Ward 85. The three main government health providing bodies are all present in Ward 67 whilst in Ward 85, only the Corporation health services are available.

<sup>99</sup> CSIP Health 1a & 1b CMDA-figures refer to all CSIP wards covered, and are not disaggregated by ward, for the year 1995-96.

<sup>100</sup> "Health On the March: West Bengal 1996-97" pp 21-22.

Agency	Ward 67	Ward 85
CMC	1 MO; 1 MPHA; 1SFW; 4 FWs	1MO; 1 SFW; 4 FWs
CMUHO	1 MO; 1Pharmacist;1 Nurse; 3 HAs; 1 HI & 1SHI	None
CSIP	2 MOs;1 FTS; 1 STS; 12 HHWs	None
Total	31 health officials	6 health officials

Table 5.3 Distribution of Health Officials for Wards 67 & 85<sup>101</sup>

Despite what the figures show, for the first four months of research in ward 85, neither personnel nor infrastructure were visible. Local people reported no ward health unit, no multipurpose health assistants and no field workers active locally. A Borough health office was situated close to ward 85, where malaria testing and dispensing of malaria drugs took place. The Executive Health Officer (EHO) and Deputy Executive Health Officer (DEHO) were in this office engaged in administrative, not therapeutic activities

Four months into the research the DEHO and the local councillor gave repeated assurances that a Basic Health Unit (BHU) had been established, in accordance with the reforms sanctioned by the MIC (Health) on 27/12/99, whilst at the same time CMC field workers in the area consistently denied the existence of such a health unit.<sup>102</sup> The search for a BHU in ward 85 continued to prove elusive. A building housing the prospective BHU, which had been completed one year previously, stood empty and inactive for no logical reason. Instead, a makeshift BHU was established in a derelict factory, inside a room used for storing toxic chemicals. On 22/04/2000, a purpose-built structure was publicly inaugurated amidst great fanfare as the local BHU. Eight months had passed since I had first moved in to the area.

In sharp contrast, Ward 67 had the benefit of a purpose built ward office to accommodate the entire CMC staff for this area, courtesy of CSIP. The second floor of the ward office served as the HAU, with dedicated CSIP personnel. Dispersed throughout the ward were in total seven subcentres. In addition, at

<sup>101</sup> Medical Officer (MO); Multi-Purpose Health Assistant (MPHA); Senior Field Worker (SFW); Field Worker (FW); Health Assistant (HA); Health Inspector (HI); Senior Health Inspector (SHI); First Tier Superintendent (FTS); Second Tier Superintendent (STS); Honorary Health Workers (HHWs).

approximately 200 yards from the ward office, was CMUHO, located in a separate building with its own cadre of dedicated staff. Hence for a population of approximately 80,000 inhabitants<sup>103</sup>, there were 31 health officials - giving a ratio of roughly 1: 2,500.

In addition to the government services available in the local area, in both wards a plethora of private providers were available to treat patients. For both research sites, these were the most popular source of therapy amongst my informants. No NGOs worked in the research sites, although religious organisations ran clinics located nearby.

### 5.5 Assessing the Performance of Health Care Officials

For a period of six months, the activities and performance of health care officials were observed in each ward of the city. Differences were noted in the level of performance of local officials in each of the areas chosen. Performance was analysed using a set of subjective measurable indicators suggested by Crook and Manor for judging bureaucratic performance: effectiveness; responsiveness and process (1998:8-10).

*Effectiveness* refers to the amount of development projects and services measured in relation to official objectives and targets and to previous pre-reform levels of output. It also looks at the institution's capacity to be effective, and thus focuses on role commitment of officials, internal accountability systems and budgetary process (1998:9). *Responsiveness* refers to the degree to which the public values activities and expenditure: "the degree of congruence between people's perceived needs and govt policies, but also look at which sections of the population are being responded to...". It includes a reference to the speed and quality of responses as important factors to bear in mind (ibid:10). *Process* refers to the means rather than the ends " legal and political norms embodied in the modes of operation of decentralised institutions." How do officials deal with members of the public when providing

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<sup>102</sup> One time, whilst sat in the DEHO's office, I was part of a discussion whereby the DEHO was telling me all about the BHU in ward 85, whilst the MPHA was all the time denying that a BHU even existed. Eventually, the MPHA was asked to leave the room, as the DEHO continued with his explanation.

<sup>103</sup> According to the Chairman of the Nagorik Committee.

services, implementing consultation procedures or trying to deal with grievances?

#### *5.5.1 Bureaucratic Performance of Health Care Officials in Ward 85: Confusion and Lack of Transparency*

Even after it was inaugurated the local health officials seemed unclear about the role of the BHU in ward 85. The CMHO and DCMHO were categorical that its responsibility would be to provide, “complete health service for the people of an area: mainly preventative and promotive, but also basic curative services”. The former Municipal Commissioner preferred to emphasise their preventative and promotive role: “health education, vector control, community hygiene, public health, MCH.” It was strange then to hear the local councillor inaugurate the BHU in ward 85 as a “malaria testing centre”, and to witness health officials, locally echoing this by informing local people that it is a place they should visit if they “have a fever” for a malaria test.

Similarly, was difficult to establish the responsibilities of health staff, and practically impossible to ascertain their whereabouts on any working day. No information was available in the previous makeshift BHU, and enquiries there were met with rude rebukes or else embarrassed silences. Enquiries with the councillor proved similarly fruitless. Though more courteous, he was unsure about the whereabouts of health staff, the opening times of the BHU or the stipulated working days of the MO. Indeed, he was unable to provide the medical officer’s correct name. On the basis of this, it was largely impossible to determine whether employees were absent, late or actually working. Once the stipulated working hours of the medical officer were established, he was discovered to be mostly ‘unavailable’ during these times. On the rare occasions he was seen at his desk, he was found gossiping, reading the newspaper, and in general engaging in activities other than those he is employed to carry out.

A short story may illustrate the level of prevailing confusion regarding the state of health services in this area. In mid-November 1999, I met the Deputy Executive Health Officer (DEHO) for Borough VIII. He was trying to find the councillor to inform him that there would be a polio immunisation camp held that Sunday (three days later). The councillor was out of town, so the DEHO

proceeded to inform the different CMC outposts in the ward: the BHU, the spraying depot and one other Corporation owned office. I accompanied him. First stop was the BHU, which the DEHO was at first unable to find! Inquiries with local inhabitants failed to shed any light on this 'centre' which according to official sources was functioning. Eventually, when found, the BHU looked splendidly painted, but was closed, and according to the neighbours had never been opened.<sup>104</sup>

We then proceeded to visit the other centres where the camps would be held. One by one, the DEHO grew visibly more embarrassed and frustrated as each of the centres was either closed or empty, with the staff that were meant to be on duty, nowhere to be seen. When eventually staff were located, they expressed complete bewilderment at the thought that an immunisation camp would be held within the next three days in their workplace. The story I hope illustrates the level of shirking amongst health department officials in this ward, as well as the total confusion and lack of information about which health care facilities were actually functioning, especially amongst those that should know, like the DEHO and, lastly, his complete powerlessness to do anything to rectify the situation.

Given this scenario, it was an arduous task to get a clear picture of health interventions undertaken by CMC in this research area. In the case of malaria, the local councillor had reported that spraying of insecticide and bleaching of water tanks was irregular and sporadic, due to a shortage of manpower, equipment and materials. He claimed that there were three spraying machines and only four people to work them for the whole of ward 85. Bleaching powder, he said, was often not available. The Borough Committee Chairman echoed these complaints. In contrast, a senior official in the Health department denied these allegations. He maintained that resources were available in sufficient quantity, but were being used inefficiently by locally elected representatives. However, he did accept that the supply of bleaching agents and insecticide was controlled to prevent their "injudicious use" by locally elected representatives who may be keen to boost their own popularity by excessive spraying, which may be unnecessary. *Bustee* inhabitants reported an upsurge in spraying in

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<sup>104</sup> This is the BHU referred to in a previous section, which was eventually inaugurated on 22/04/2000.

the period October – December 1999, which also happened to coincide with a sharp increase in reported cases of malaria deaths in the city.<sup>105</sup>

The health care provided by the sole government agency working in ward 85, the CMC, was at best poor and at worst non-existent for most of the period spent living in the area. It took a long time for the planned basic health care infrastructure, once built, actually to become operational. Even then, its role remained unclear and staff continued to perform poorly.

#### *5.5.2 Bureaucratic Performance in Ward 67: Transparency and Responsiveness*

Table 5.3 shows that ward 67 was better endowed with health care infrastructure than ward 85. However, a basic comparison of what they both possess - a BHU with a handful of CMC officials - revealed the differences in the levels of performance of officials in this ward. In contrast to ward 85, local CMC officials were regularly found at their desks/places of work before the stipulated time, 10 am. The field staff from the health, conservancy and engineering departments were on their rounds before 9am each day. Senior officials, including the ward level engineer, doctor and conservancy officials were seen at their desks on the stipulated day by 9 am. Even on Sundays, officials could sometimes be found at work. These standards of punctuality and attendance were remarkable for public officials in West Bengal.<sup>106</sup>

In other respects also, their performance was seen to be much better. The health officials in this ward actually seemed to have instituted what may be described as a transparent and systematic complaint procedure. Local inhabitants would come to the ward office to highlight an issue of concern - for example a blocked drain or stagnant water. Officials kept a note of these complaints in a 'Repair Book', and each day field staff were sent to attend to them. Once the complaint was dealt with, the complainant was asked to countersign in the repair book to confirm that the task has been completed. In addition to a repair book there was a 'movement register' listing the

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<sup>105</sup> Borough 8 & 9 were the worst affected in terms of reported cases of malignant malaria. The CMC was held primarily responsible and roundly criticised by various sections of society for this.

<sup>106</sup> The Chief Minister, Jyoti Basu, was forced into the imbroglio over punctuality of government employees. In July 1999, he issued a circular insisting that staff start work, at the latest, by 10.30 am



whereabouts of each staff member, as well as the materials provided to each of them to be able to complete a job. For example, in the health department, the amount of chemicals taken by each field worker for spraying was noted down.

At the end of each day, line managers carefully examined the books to ensure that the tasks had been accomplished. In the case of the repair book, they checked to see that the person who had made the complaint had signed to say that it had been dealt with. The books were then signed by the SFW - if satisfied that the work has been completed as stipulated - and the head of the department, the MO, and eventually by the Councillor herself. Great care was taken to ensure that these books were made easily accessible both for the public as well as for higher departmental officials to inspect.

Every effort was made to deal with these complaints within 24 hours or as soon as possible thereafter. Staff were observed to be courteous and sympathetic to members of the public. Local informants criticised the doctor because he was unwilling to prescribe on sight, and instead encouraged them to go for further tests, before suggesting medication. Whilst on the one hand this may be frustrating for them, it should be commended in the light of the rash, overprescribing that characterises the health providers, especially in the private sector, in India. (Yesudian, 1994)

In contrast to ward 85, the councillor was familiar with all her ward level staff. They in turn seemed open and responsive to her advice and guidance. The overwhelming impression was that of a relatively well performing, committed and responsive local bureaucracy. The challenge lay in exploring what were the mechanisms by which this was ensured.

### *5.5.3 CMUHO: Ward 67 (Zone IV)*

During the initial months of fieldwork, I tried to analyse the performance of CMUHO Zonal Health Unit in Tangra, the flood and epidemic prone area on the eastern fringes of the city. This ZHU was nothing short of a grotesque caricature of the grossly under performing health system in the state. Lateness

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(Statesman, July 1999). Challenged over this in the Assembly (06/2000), he reported that the vast majority of govt employees were now reporting for work before 10.30.

and absenteeism were endemic. Office hours were 9.30-2.00 pm, but staff seldom appeared before 11 am. Out of a staff of 39 employees, rarely were more than 10 seen to be in the unit working at one time. During each of my visits, the head of the unit, the zonal health officer, arrived after midday. Most alarming was the fact that for a period of eight weeks, 15/09/99-3/11/99 no vaccinations took place on the stipulated day, Wednesday, for a host of what appear to be frivolous reasons. For example, one week the store manager, who is responsible for collecting the vaccines, was absent and his deputy refused to go in his place. Another week, the driver responsible for taking the store manager to collect the vaccines was absent; and on another occasion the collection van had broken down. By the eighth week, exasperated by the situation, the senior health inspector hired a taxi and went to fetch the vaccines himself.

The performance of CMUHO in ward 67, whilst by no means perfect, was comparatively better than what I had witnessed of the organisation in other parts of the city. On each of my visits, there was a full complement of staff and a doctor sitting and attending patients (albeit rather casually, and at times seemingly as a diversion from reading the newspaper). Interviews with patients waiting to be attended revealed their satisfaction with the service provided here, although many reported being too poor to go elsewhere and lamented the waiting times, the opening hours and the fact that the medicines often took some time to 'work', and sometimes didn't work at all. Immunisations took place on the appointed day (Wednesday), and a good stock of some basic drugs was always visible on display. It was clear from conversations with CMC health officials, that there was a good rapport between them and CMUHO, and although their knowledge of one another's work was scant, during major immunisation drives, some attempt was made to coordinate efforts.

Initially, a framework was developed to help analyse bureaucratic performance in the two wards. Three factors were examined for the effect that they might have on bureaucratic performance: bureaucratic rules and regulations; internal norms on bureaucratic performance and external pressures (from clients or politicians). Each one will be considered below with reference to the health officials in the two research sites.

## 5.6 Rules and Regulations: Seniority based promotion and the Transfer System

It has been claimed that the bureaucracy in India is based upon the Weberian ideal type (Taub, 1969). Two aspects of the modern-day bureaucracy in India - promotion based on seniority and the system of transfer – clearly have their roots in Weber's model. Point seven of the model states that “[service in the bureaucracy] constitutes a career. There is a system of promotion based on seniority or achievement or both” (Weber, 1947:333-334). Weber's model sees seniority and achievement as equivalent, which they are not. The seniority system works well where decisions are routine and made on the basis of clear-cut rules, but it would not seem to encourage or reward outstanding accomplishments, and hence some scholars have claimed that it does little to nurture the initiative and flexibility needed for the job (Taub, 1969:196).<sup>107</sup> Promotion on the basis of achievements, on the other hand, has more to do with solving problems and reaching goals, than of adhering to rules. It thus is more results-orientated and would seem to encourage initiative. Whilst in theory promotion in the Indian bureaucracy (both state and IAS) can be based on either, seniority not achievement has become the main criterion for bureaucratic promotion. One aim of this has been to protect lower level officers from favouritism.

The present day system of transfers - perhaps one of the most enduring and distinctive features of the Indian bureaucracy - has its roots in point nine of Weber's ideal model. This states, “the official works entirely separated from ownership of the means of administration and without appropriation of his position” (Weber, 1947:333-334). This has led to the frequent transfer of bureaucrats from post to post. The present-day transfer system is a legacy of the colonial administration, when it was believed that frequent transfer from post to post could widen the experience of bureaucrats, and limit the opportunities available to them for behaving corruptly.

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<sup>107</sup> Taub states, “the replacement of the present seniority system with a more achievement-orientated system of promotion is desirable as an incentive to innovation in the Service” (1969:197).

The transfer model, in particular, has been the subject of much debate and criticism. Scholars have repeatedly noted how this severely undermines the quality of service the public system can offer, from irrigation (Wade, 1984) to health (Jeffery, 1988). Paradoxically it has been shown that the transfer system creates incentives for officials to behave corruptly.<sup>108</sup> In the specific case of the public health-care system, Jeffery has argued that posting bureaucrats (health workers) for longer periods in the same place, can help build up important stocks of local knowledge, experience and expertise in dealing with local problems, and in building up trust with local people. This he notes, “could make the difference between the success or failure of a health program” (1988:270).<sup>109</sup>

It has been recognised that certain rules and regulations can have a perverse effect on bureaucratic performance. However, it has also been suggested that in some cases rules are ignored or else not fully implemented. For example Wade (1984) has noted that many of the regulations guiding bureaucratic behaviour, such as the pursuit of disciplinary action against officials, are absent or simply not enforced.

#### *5.6.1 Circumventing Rules*

The autonomy of the CMC as an administrative body means that it has its own set of service rules, separate from those of GoWB, which has two volume manual entitled "Service Rules". The CMC's rules are not contained in a book, but have been reproduced through circulars which apply to all CMC personnel. The last Municipal Commissioner of Calcutta, Mr. Asim Barman (IAS), as a means of inculcating a modicum of discipline in his staff, became notorious for issuing circulars - earning him the nickname 'circular Barman'. One such circular had to do with punctuality and attendance. The circular stated that: a) "every officer must note time of arrival and departure in an attendance register"; b) every officer must arrive within 15 minutes of stipulated start time of work. If s/he arrives after this time, they shall be marked as late. If the officer is late for

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<sup>108</sup> Wade maintains, “the system of personnel transfers thus constrains the extent to which development departments push forward with their objectives...indeed it even tends in some cases to move them backwards, to make the results of their programmes worse than no intervention at all” (1984:1)

<sup>109</sup> Although Jeffery does not use the term, there are clear parallels here with the concept of “embeddedness”, discussed in Chapter Two.

more than three times in one month, then a half day of casual leave will be deducted" and c) if later than 45 minutes, then s/he will be marked absent...and will not be able to take up post during that day".<sup>110</sup>

The circulars - the first of their kind in terms of dealing with punctuality and attendance - seemed to have little consistent effect on these two important sources of poor performance amongst CMC officials. This was evident from a comparison of wards 67 and 85. In one ward (67), officials were usually on time, sometimes even arriving early, and were seldom absent, except on rare occasions for extenuating circumstances. In ward (85), officials would seldom arrive on time and often could not be located, as confirmed during the visit that I made with the DEHO.<sup>111</sup>

In other CMC offices that I visited, I discovered that employees had devised rather ingenious ways of circumventing these edicts. As one junior employee often kept the attendance and time keeping books, he was usually persuaded to keep the book open and/or sign his colleagues in if they were late. Even when a senior officer was in control of the book, I observed cases of employees strolling in hours late and signing in, without the senior officer showing any response.

### *5.6.2 Enforcement*

Many confessed to fearing intimidation and retribution if they dared to implement the circulars, and indeed rules concerning the performance of officials in general, by the letter. It would seem from their responses that senior officials working in government agencies in Calcutta (CMC as well as GoWB) found the transaction costs of implementing rules and regulations too high, and discouraged them from taking such action. Simply stated, fear of retribution and/or apathy meant that senior officials would usually avoid implementing rules and enforcing sanctions.

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<sup>110</sup> Municipal Commissioner's Circular, No 32, CMC 2/08/99.

<sup>111</sup> I should add that this was probably not exceptional. My notes reveal that random visits at various times during the fieldwork, were usually unsuccessful in locating a health official in ward 85. Even when I didn't actually visit the BHU, I would ask those living and working in its vicinity if they had seen any of the staff. Their answers were revealing.

The centralised system of personnel management referred to in Chapter Two, meant that to discipline a public official was a time consuming and laborious process. For example, in CMUHO if say a HI has been found to be breaking the rules, then disciplinary proceedings against him/her would have to be started by the SHI, who must put his complaint in writing to the Zonal Health Officer. From there it is sent to the head of CMUHO (who also holds the post of additional secretary, DoH), who then has to make the decision of whether to take further action or not. In case further action is decided upon, the issue must then be passed on to the Director of Health Services (DHS), the highest ranking (medical) administrator in the Department of Health (DoH). Only the DHS can take disciplinary action against the errant official.

A similar set-by-step procedure must be followed in the case of CMC officials, with only the Municipal Commissioner able to take disciplinary action. For example, in the case of a health official of the CMC, firstly a letter of complaint outlining the misdemeanors committed would need to be written by the SFW to the MO. The MO must decide whether it is worth pursuing and if he thinks that it is, must then refer the letter to the EHO. The EHO has to then judge the merits of the complaint and if judged worth pursuing, must then send it on to the zonal health officer. In this way the process crawls along until it reaches the Municipal Commissioner. The MC is at the apex of a huge bureaucracy, and is responsible for implementing the decisions of the Mayor in Council. Disciplining an officer would probably be low on his long list of tasks. Months could pass before any preliminary action could be taken and during all this time, the errant official would continue working, often in close contact with the person who originally made the complaint.

In Chapter Three (section 10) it was mentioned that public officials in India are extremely well protected. Not only are disciplinary powers centralised, making disciplinary procedures long and arduous, but also even if a disciplinary procedure is successfully pursued, the punishments which can be dealt to an errant official are on the whole rather weak, and sacking is very rare. Together, these two aspects gave rise to a sense of apathy amongst senior officials in both the CMC and CMUHO. On almost every occasion on which I asked a

senior official about why no action had been taken against an officer found to have broken the rules, the answer was the same: a disciplinary case against an official would take considerable time to be processed, and at the end of it if a punishment was dealt out, it was rather benign. For example in one case a person working in the pharmacy of a big teaching hospital was found to have stolen drugs for resale on the black market. Although the case against the official was pursued until it reached the highest official in the DoH, the DHS - itself a tremendously long process lasting over six months - the guilty official's punishment was to be transferred to another hospital.

Senior officials also cited fear of retribution or attack as an impediment to taking disciplinary action against errant officials. This was partly a result of the slowness of the disciplinary procedure, which meant that often the complainant and the errant official would continue working together for many months before action, if any, was eventually taken. Many officials felt that this would expose them to threats and violence. Intimidation of this type was reported to be commonplace, and is mostly perpetrated by those with political and/or trade union backing. Various reported incidents suggest that their fears were not misplaced. Early in 2000, a senior official of the conservancy department who had pursued disciplinary proceedings against conservancy staff, was attacked by other conservancy staff - allegedly led by a trade union leader and local MLA - in his office in Corporation headquarters, and punched to the ground.

The point that fear has become a key impediment to senior officials' willingness to punish errant staff was emphasised by an IAS officer in the DoH, interviewed during fieldwork: "if senior staff punish someone for non-performance or dereliction of duty, they have to be able to enforce it. In theory they have the power and the means to do so, in practice if they are threatened or harassed by the person in question or his/her accomplices, then they often retract notice of disciplinary proceedings."

The enforcement of rules for officials working in the DoH (GoWB) was further complicated by the fact that the erstwhile Director of Health Services (DHS) was found guilty of a number of charges including, 'hoarding of assets

disproportionate to his known source of income'.<sup>112</sup> Instead of losing his job, he was moved sideways to less high profile position (Joint Secretary, Leprosy) and continued to work for the Department, whilst his post of DHS was left vacant for a number of months until a temporary appointment was made. The next incumbent was clearly a temporary appointment and felt that he was 'buying time'. As such, he was unwilling to do much in terms of real administration. At the time of leaving Calcutta, there had been as yet, no permanent appointment to the second most important health post in the state of West Bengal. The other point to make is that the leniency shown to the former DHS was seen as undermining efforts to maintain discipline in this department, lower down. Officials often cited it as an example of how weak the whole sanctioning process had become.

### 5.6.3 Promotions: Seniority or Performance

According to the head of personnel affairs at the CMC, promotion within the service is by both efficiency and seniority. Senior officers (line managers) are supposed to write yearly reports on their charges. The report is filed and kept confidential, but if there is anything negative or detrimental to the person concerned, then s/he has a right to read it. These reports are meant to be used to gauge a person's efficiency in their post and to help in deciding who should be promoted. However, a senior officer (IAS) confessed to me that often these reports were not compiled, or else compiled without due thought and attention. The same officer reported that often these reports were not a truthful reflection of a person's performance in the job, because in the end if anything negative is said about the person concerned, then the person appeals and the whole issue of intimidation again comes into play.<sup>113</sup>

Effectively, seniority becomes the sole criteria for promotion in public service - in both the Corporation and the State government. Seniority is also the main criteria for pay rises. All the officials when asked about this agreed that it was

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<sup>112</sup> Statesman, 1/12/99

<sup>113</sup> Central government IAS officers, who were interviewed, felt this to be an acutely Bengali dilemma. "In the north, if the senior officer deems you to have not performed your duties adequately, he'll write it, and to hell with you if you have a problem with that. And people would not dare to challenge this, if they thought it was a fair reflection. On the other hand, in Bengal you get this constant war of attrition - the cold shoulder from your staff, your room won't be cleaned etc. Moreover you are continually met with statements like, 'how could you do such a thing', 'you'll take the food out of his mouth'..."



perhaps one of the greatest disincentives to hard work and dedication. In the words of one senior official in the CMC, "That is why this place doesn't work... Take two men, let's call them A and B. A, may work eight hours/day; B, may work four hours/day, but because he is more senior in service years, B will get promoted ahead of A. Sooner or later A will ask himself, why should I work so hard when it does not affect either my salary or my chances of promotion. Rather, if I just do the bare minimum, then through seniority, eventually, I'll get promoted".

The criteria for salary increments were considered to be similarly uninspiring. In the words of one doctor occupying the position of additional secretary in the DoH, "there is no financial gain to be had in promotion. My salary depends not upon my responsibilities or in the type of post that I am in, but on the number of years that I have had in service. This is a source of frustration, for it means that a block level medical officer who is senior in service to me, will earn a higher salary, even though I am in a more responsible position than him, with responsibilities for the whole state, not just one block".

#### *5.6.4 Transfer Mechanism*

The first thing to note about the transfer mechanism is that whereas in state government service, staff are transferred every 2-3 years, in the CMC, staff are rarely transferred so frequently, and neither are employees of CMUHO. HHWs are not liable to be transferred. In the cases considered, the officials of both these organisations, CMC and CMUHO, reported remaining in the same post for five years or more.

In the DoH (GoWB), transfer is seen both as a reward and as a punishment. Transfer towards Calcutta, or better still to the city itself, is considered a reward. On the other hand, transfer away from Calcutta, in the worst case to a rural backwater in a 'backward' district, is considered a punishment.

For a middle-aged bureaucrat with a family and children at school, living in Calcutta, transfer to the districts is seen as a scourge. No effort will be spared

to avoid it.<sup>114</sup> As lucidly illustrated by Wade (1984), the transfer mechanism frequently places tremendous pressures on an official to behave corruptly - either actively, by taking bribes and showing favouritism or passively, by turning a blind eye or not collecting dues - in other words by simply not doing what he is meant to, so as not to get transferred.

Jeffery (1988) criticised the transfer model for curtailing chances to build up experience and expertise in a job. An additional secretary in the Health Department whilst recounting his own personal experience of transfer gave a good illustration of this: "I'll compare my career history to that of a colleague of mine in another state. We met on an ophthalmology course. I was made director of Ophthalmology in West Bengal and he got the same post in Maharashtra. We were sent around the country for training. Just as I was getting into my stride as Director of Ophthalmology, I was transferred into Administration and then transferred again. Meanwhile my colleague in the other state remained in Ophthalmology and was promoted upwards in the department, where he gained considerable experience and knowledge."<sup>115</sup>

Whilst the transfer model may prevent the bureaucrat from fostering 'cosily corrupt networks' with local people (Wade, 1992), it would seem to expose him to almost constant interference from politicians. Wade (1984) highlighted the deeply political nature of the transfer mechanism, when he showed that politicians were actively involved in transfers and MLAs wielded disproportionate power over the bureaucracy. One senior bureaucrat admitted that the "whole system of recruitment and deployment of staff is far from transparent and has been totally politicised. A doctor I know was appointed to Cooch Behar and within three years received a transfer to Calcutta. Another one that I know was appointed to Jalpaiguri (North Bengal) in 1974, his native home is Barrackpore (on the outskirts, north of Calcutta), despite repeated requests, he has still not been transferred." Many of the bureaucrats interviewed, privately, admitted that there was a close relationship through the

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<sup>114</sup> As one IAS officer said when referring to a colleague, "he's comfortable in Calcutta. His children are in a good English Medium school, his wife is near to her family and diverse and well stocked shops. He has the club and his friends here too. He'll be keen not to rock the boat so that he doesn't get moved from here." Transfer from Calcutta would be interpreted as leading to a significant drop in the quality of life, reduced educational opportunities for children, the severing of social networks and the loss of the comforts of modern urban life, such as access to foreign consumer goods.

cadre system between Party higher officials and lower level field workers. Hence those at the top know very well who is sympathetic to the Party cause, because they are kept informed by cadres working at the lower levels. If one of these reports that an official is being unsympathetic to the Party, then the higher officials close to the Minister and even the Minister himself, will come to hear of it, and ensure that the person is transferred to a backwater, or else if s/he is already in a back water, ensure that all requests for transfer out are rejected.

As far as performance of municipal employees was concerned in the two research sites, official rules and regulations, whilst they existed, were not clearly specified, nor widely circulated in the form of, say, a rulebook. Where they were specified and distributed to all employees, through circulars, they were seen to have minimal effect on improving bureaucratic practices. Rules were not followed because the sanctions for transgression were usually not enforced; and these were not enforced because of the high transaction costs involved. The transfer mechanism in spite of its initial objectives has been considered by scholars to adversely influence bureaucratic performance, by creating incentives for officials to behave corruptly, and by undermining the acquisition of skills and knowledge of a given context. There was little evidence of transfer being a consideration at all for municipal (CMC) employees. Similarly there was little evidence of it giving rise to corrupt practices on behalf of GoWB health care officials. However, there was some support for the view that transfer affected an individual's chances of building up extensive skills and expertise in a given area. Seniority, instead of efficiency, as the main criteria for promotion was routinely cited by municipal and state government employees alike, as providing perverse incentives, discouraging hard work and role commitment. However, it is worth noting that those factors, discussed above, which were found to adversely affect bureaucratic performance, may have done so in some, but not all cases - for it did not seem to have too much of an adverse effect on the performance of officials in ward 67.

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<sup>115</sup> Interview, 14/02/2000.

## 5.7 Internal Norms: Ethos, Motivation and Prejudices

Old Institutional Economics (OIE) has noted that choices may also be the product of internal norms, which emerge over time and are shaped by different cultural and historical influences. Veblen emphasised the endogeneity of preferences, comparing institutions to genes, sustaining and passing on characteristics through time (Hodgson, 1993:15/16). Rudolf Klein has pressed the need to consider the “appreciative framework” (values, norms and interests) of policy-makers, as this, he claims, has a bearing on the way that they interpret the facts presented to them, and in turn shape policy.<sup>116</sup>

Damle (1979) has emphasised the need to consider bureaucrats’, “predilections and prejudices...loyalties of kinship, caste, religion, language and region”. These he argues must be kept in check to ensure that the bureaucracy functions smoothly. Bhambri (1979) has attributed sub-optimal performance to the attitudes and motivations of bureaucrats, which, it is held, contradict constitutional objectives, goals and the national consensus. Taub (1969) asked new recruits to the civil service about their aspirations and expectations. He found that most joined (often through family coercion or cajoling) based on the expectation that the job would provide power, status and comfort. The failure of the job to live up to their expectations has, he holds, eroded the motivation of many in the service (p191). The findings of Madan’s study of health-care providers in Ghaziabad (1972), mirror those of Taub in many ways. Most of those interviewed became doctors through persuasion, rather than personal conviction. The opportunities for material (car, house etc) and non-material (prestige, status, respect) benefits that being a doctor would provide, also helped to convince many to join the profession.

Through semi-structured, in-depth interviews, officials from the CMC, CMUHO as well as HHWs were asked their reasons for ‘joining the service’, as well as whether there were any factors about a patient which may have affected the way that they were treated. The expectation was that in the better performing

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<sup>116</sup> Lecture LSE, 02/99

ward, respondents' answers would reveal a significant commitment to the organisation and its goals, as part of a public service ethos. It actually turned out that in some cases this was true, whereas in others respondents reported joining service for what can only be interpreted as selfish reasons.<sup>117</sup>

#### *5.7.1 Doctors*

All reported becoming doctors because they wanted to 'help others' and do 'social work'. One senior medic from the CMC reported that he made the choice of municipal public service, partly because it would allow him to continue in private practice, and partly to ensure that he didn't have to move out of Calcutta. His colleague echoed the second claim, saying that his mother was a widow and that he needed to stay in the city to accompany her.

#### *5.7.2 Paramedical Health Workers*

Paramedical health workers in ward 67 showed nothing that suggested an innate public service ethos or significant commitment to their roles. One MPHWP reported getting his job in the CMC through friends that he used to hang about with at that time. They were CMC employees, and he used to keep them company in their jobs. When the time came to look for work, he asked them to help him find a job and they obliged. Another CMC paramedical health worker got his job through political connections. He reported being a Congress activist though the 1960s and 70s and in this milieu became known to the Minister of Municipal Affairs (the current Mayor), Subrata Mukherjee. For his loyalty Subrata arranged a job for him in the Corporation.

A Municipal Service Commission has existed for some time, but has only been for the recruitment of senior officials, group A staff. Officially, the rest were recruited through the employment exchange. In practice close ties with someone already in the Corporation, usually a prominent local leader or politician, was the most popular means of entry for para-professionals - grade B,C,D employees. In the words of one employee, who has recently retired after 42 years in service, "in those days there was no Municipal Service Commission.

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<sup>117</sup> It should be noted that the CMC health officials in Ward 85 refused to be interviewed. Those in ward 67, both CMC and CMUHO, were however quite happy to answer my questions. Questions were also put to senior medics within the municipal health care bureaucracy.

I knew somebody who worked in the Corporation, who got me in. In those days, if you had a job with the Corporation, then you could get others recruited as well. I reckon that I have given *chakri* (regular employment) to over 150 people."

The CMUHO official whom I interviewed in ward 67 reported joining out of financial compulsion. He said, "my real intention was to become a doctor. I joined this service when I was eighteen years old. I really needed the money. But this is not my only job. I am a M.Comm and also give tuition classes outside of work." Other CMUHO employees reported deciding to become paramedical workers, as it seemed the best opportunity available to them at a time when they needed a job.

The desire to see a strong public service ethos, 'a calling', as a key driving force to deciding to be a health worker may be considered to the rationale for introducing Honorary Health Workers (HHWs). The job brought with it a paltry honorarium and no social benefits or protection, but rather the threat of instant dismissal should performance slack.

Of the twelve HHWs, one was quite clearly motivated and displayed what may be termed a public service ethos. She was regularly seen wandering the *bustee*, fulfilling her ascribed role. Although she complained about the small honorarium she received, she categorically and repeatedly stated how pleased she was to be doing 'social work'. She was proud of the fact that she had been commended by local dignitaries for her role in preventing diarrhoea deaths since she has worked in this area.

This woman may have represented the silent majority of HHWs, yet the responses her colleagues gave during focus group discussions, suggested other reasons were uppermost in their minds when choosing to become HHWs. Although the honorarium was paltry, most of HHWs reported joining because they assumed that as the British government was funding the project, and CMC would later assume administrative and logistical responsibilities, there was the distinct possibility that eventually they would be given a *chakri* with a government agency.

One further point which will be expanded in the subsequent chapter has to do with the issue of selection. We may recall that in the case of health agents in Ceara - said to have had a sense of 'calling' which helped make them dedicated to their roles despite meagre salaries and few social benefits - the 'sense of calling' was created not solely by their conditions of employment, but by the active role the state government played in following a transparent and merit-based selection procedure. This would appear to be in sharp contrast with the situation in ward 67 where it was widely rumoured that these women had been selected on account of their close links to the CPI (M), and particularly the councillor at the time, who was a member of the selection panel. The community was meant to play a key role in the selection of HHWs. For this purpose 'community groups' that supposedly represented the community were formed, led by the local councillor, for the selection procedure.

Some scholars have argued that a public service ethos and strong motivation are important qualities for committed public servants to have. However, the evidence from the interviews undertaken with a number of health care officials, medical and paramedical staff alike, suggests that such noble intentions did not feature in their reasons for choosing these occupations. This is not to say that a desire to serve the public was not completely absent in their decision to become health care workers. Rather, public spiritedness was combined with, and at times even overshadowed by, other more selfish considerations in helping them to decide their career choice. Yet the existence of these selfish considerations did not seem to define the way that they subsequently performed their roles; for even well performing officials did not show radically different motivations than those that performed less well.

### **5.8 External Pressures: The Exercise of 'Voice'**

In the public sector, policies are shaped and quality maintained by citizens exerting political pressure, or voice, on agents.<sup>118</sup> "Voice is the dominant mode in the public domain and has the potential to shape the nature of the services available" (Ranson & Stewart, 1994:92). In either case, it is not merely the

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<sup>118</sup> Exit and voice are a complementary set of mechanisms, identified by Hirschmann(1970) with which principals may exert leverage over agents.

existence of the right to voice or exit that is important - although this is fundamental - but the ability and willingness of principals (clients, consumers) to use the institutional mechanisms available to them.<sup>119</sup>

Recently, the work of Tandler (1997) in Brazil, has shown that recruiting bureaucrats locally, and also posting them for prolonged periods in their locality, has improved their performance and the quality of the service provided. Moore (1989) and Wade (1992) have suggested similar policies, arguing that incentives for socially optimal behaviour emerge from local bureaucrats' enmeshment in local networks of social relations (Moore, 1989: 1742). In other words, the internal norms that encourage good performance may result from a sense of belonging' to the local community. Yet even in prosperous and egalitarian societies, such as Taiwan, where principals are aware of problems, Moore (1989) notes that formal institutional channels for the articulation of protest, have not resulted in the expected changes in bureaucratic and organisational performance.

The possibility of articulating 'voice' rests on the existence of channels through which objections can be articulated, together with a strong likelihood that positive change will occur. The next part of this chapter examines to what extent pressure brought to bear on bureaucrats by local inhabitants, affected their performance. Essential to this will be an examination of local politics - both the political opportunities that the state provides for protest, as well as the political agencies at the slum level, mediating between local actors and the state.

### 5.8.1 *Voice in Ward 67*

When asked why they take so much care to note down their daily activities, maintain a repair and movement register and ensure that, generally, it is kept up to date, local officials reported that it was in order to be able to defend themselves against attacks or accusations from local inhabitants that they have been shirking their responsibilities. As one Block Sarkar said, "its for us to hold

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<sup>119</sup> As stated by Ranson & Stewart, "voice and the right to voice is a condition of the public domain" (1994:91).



up when they come to organise an *andolan* (demonstration) against us...our protection against a *gherao*.<sup>120</sup> These words seemed to encapsulate the feelings of local CMC and CMUHO health care officials working in the area.

The Block Sarkar's response reflected two key aspects of local governance in this ward, which the following section shall discuss in greater detail. Firstly, that the local population was active, organised and interested in holding local officials to account, and secondly that local officials felt sensitive enough to local pressures that they are actually prepared to react to these and to take pre-emptive measures to prevent such forms of public reaction ensuing. In other words, not only were principals willing to exercise voice, there was the likelihood that voice could lead to positive change.

Over time, working, living and interacting with the people of the area, it became clear that local civil society/community organisations were very active and took a special interest in issues around local services. The local information furnished by these groups and the pressure exerted by their members, was seen to affect the ways of working of local officials.

### 5.9 Local Civil Society Organisations in Ward 67

At least 7 apparently separate local 'community organisations' were identified as being active in this ward: *Mahila Samity*; Bustee Federation; *Nagorik* (Citizens) *Samity*; *Jonosashtho* (Health) Committee and Youth Federations (DYFI & SFI). Each of these groups has an identical organisational structure. Basically, a plethora of small units, *para* or *mohalla* committees are dispersed throughout the ward, from which members are elected to form two local committees. For example, in ward 67 there are two local (ward) committees of the *Nagorik Samity*, one representing the north of the ward, the other representing the south. Seven local committees, elect a zone committee. The process is repeated through to district, state and, in some cases, to central level. It is restricted to city level for the *Nagorik Samity* and state level for the *Mahila Samity*. These groups form a dense and intricate network of groups and

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<sup>120</sup> "A Gherao is the physical blockade of a target, either by encirclement or forcible occupation. The 'target' may be a place or a person or persons, usually the managerial or supervisory staff of an industrial

organisations avowedly concerned with local issues, and committed to improving the livelihoods and living conditions of local inhabitants, especially the poor and marginalised. Most of these bodies claimed to be independent and autonomous, open to all with no political allegiances.<sup>121</sup> The work of just two of these is highlighted below.

### 5.9.1 Mahila Samity

The *Ganotantik Mahila Samity* was established for “the upliftment and emancipation of downtrodden women”.<sup>122</sup> Organised from the grassroots level throughout the ward, up to state level committees (see diagram), it is claimed that the *mahila* samity has been very active in the campaign against domestic violence. As a result of its work, there has been a drop in the incidences of domestic violence in the ward (according to CMC officials). Where a case of domestic violence has been reported *mohalla* or *para* level members of the *samity* gather the conflicting parties together in the company of neighbourhood leaders. *Samity* members try to encourage a dialogue to discover the source of the problem. Their preferred policy is to encourage the two factions to ‘talk it out’ in the company of community leaders, after which the aggressor is ‘persuaded’ to desist from further offensive acts. If the abuse continues, then the *mahila* samity reports the incident to the local police and presses for action to be taken.

### 5.9.2 Nagorik Committee

This is another prominent local group, organised along the same lines to the *Mahila Samity* (see Fig 5.4 and 5.5) and very active in the local area. According to the secretary of the *Nagorik Samity* (ward 67, south), in 1977 the *Kasba Ganotantik Nagorik Samity* was formed for the old ward 70, by the former CPI (M) MLA, Suchin Sen. This committee mobilised people to prevent and combat anti-social activities in their area.<sup>123</sup>

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establishment...” See Chapter Seven.

<sup>121</sup> The *Mahila Samity* was the exception.

<sup>122</sup> I am grateful to the secretary of the Mahila Samity (ward 67) and to the councillor, for informing me about the work of this *samity*.

<sup>123</sup> In response to the situation of terror and lawlessness that had been presiding in Kasba since the late 1960s, a citizen’s committee was formed in 1977. (The Statesman, 24/11/77)

Since then, the *Nagorik Samity* has grown. At the grassroots level, the *Nagorik Samity* (Ward 67) has 27 units, called *mohalla* samities. An elected president and secretary head each *mohalla* (neighbourhood) *samity*, and represent their *mohalla* as members of the larger ward level *samity*. Seven ward *Nagorik Samities* form a *Nagorik* zone committee; sixteen *Nagorik* zone committees form one central committee for the city of Calcutta. Officially, the *Nagorik Samity* is apolitical, open to concerned citizens from all political hues, regardless of class, caste or creed.

The *Nagorik Samity* is involved in all sorts of activities in the Ward, including: prioritising for local planning; environmental protection - preservation of ponds and planting of trees; raising awareness of public health issues and keeping local officials informed about public health risks. For the last 7 years the *Nagorik Samity* has been campaigning for a proper sewerage and drainage system to remove the stagnant water which accumulates here during every monsoon. Finally, in 2000 the work started at a cost of Rs 60 lakhs. This is seen as quite an achievement considering that this same amount is on average what has been spent in previous years for upgrading all the services in the area.

In 1999, the *Nagorik Samity* organised a convention about malaria eradication and prevention in Kasba. Local private doctors, CMC health officials as well as health officials from GoWB and beyond were invited to discuss ways of tackling the problem. Again this was a significant and novel attempt to bring experts together in one place to tackle a serious public health risk in an area of the city.

*Nagorik* committee leaders were the most visibly active of all the local groups during fieldwork. On a number of occasions the *Nagorik* committee secretary was seen visiting the MO and SFW to discuss strategies for prevention and combating the spread of malaria in the area. He pressed for a strategy to be in place well before the malaria 'season' was due to start. The same person was also seen requesting local health care officials to issue notices against local householders whom due to a lack of care or civic sense were creating the circumstances for an incident threatening to public health. At least one *Nagorik Samity* secretary accompanies the councillor during his morning 'surgeries'. Furthermore, local health care providers, from both the private and public

sector reported occasional visits by *nagorik* committee members to urge them to take action in the event of an outbreak of a certain communicable disease (acute gastroenteritis or jaundice). No-one was seen or reported ignoring their requests.

### 5.10 Good Government and Civil Society In ward 67

In Chapter Two it was stated that proponents of decentralisation have tended to believe that good government comes about through the pressure from a robust civil society, conceived as a realm of activity separate from and in opposition to the state, made up of autonomous and private organisations. This chapter has argued so far that civil society organisations (CSOs) active in ward 67 were key to the good performance of health care officials in this ward. The local councillor corroborated their status as independent and autonomous. The parallels with the contemporary 'liberal' notions of civil society appear striking - good government was seen to result from pressure from the civic realm, which was made up of private and autonomous bodies separate from the State. Whilst tempting, it would be facile and erroneous to see such organisations in this way.

#### 5.10.1 Neither Autonomous nor Separate

A comparison of the organisational structure of these groups, seen in Figs 5.4 and 5.5, with that of the CPI (M), seen in Fig 5.3, highlights some conspicuous similarities between the two. The organisational structure of these local popular organisations would seem to mirror that of the CPI (M). Moreover, during fieldwork I found that members of these organisations perceived themselves to be answerable to the CPI (M). For example, I was asked to seek permission from the local Party office to be able to interview the secretary of the *mahila samity* or to attend the meetings that any of these organisations used to hold. It was constantly emphasised to me that no information about these groups could be imparted without prior permission from the Party. Thus, as well as sharing the same organisational structure, the organisational norms of these organisations resembled those of the Party. The CPI (M) is organised under a system of democratic centralism, and its members are expected to follow norms of discipline and hierarchy.

Historically, the origins of these organisations are closely linked with the CPI (M). In Calcutta, these are widely regarded as mass fronts organisations of the CPI (M), which undermines the claims, made to me in ward 67, of their autonomy. The fostering of mass organisations is widely recognised as the cornerstone of the Party's organisational strategy in the state, and much has been said about the strength and effectiveness of these in guaranteeing election victories for the CPI (M).<sup>124</sup> They were also conceived to monitor the performance of local officials, and since their inception this has been one of their key roles. In the words of one MLA, "we are proposing the setting up of committees everywhere, to observe how officials, including the police are working, and to suggest how they should".<sup>125</sup> Mass organisations linked to the Party have served practical purposes: they have monitored, mobilised and informed.<sup>126</sup>

The emergence of the *Nagorik* Committee in Kasba provides a good illustration of this close relationship, and supports the view that the CPI (M) nurtured these organisations mainly for practical reasons. Established in late 1977, the *Nagorik* committee was set up at the behest of a local CPI (M) MLA during the official visit of two ministers from the first Left Front Government, and in response to the situation of lawlessness which presided in the area at that time. During fieldwork, prominent local Party members recalled that after coming to power in 1977, the Party felt that it needed to be vigilant to the possibility of threats, on account of the history of political violence in this area. It was felt that mass front organisations, such as the *Nagorik* Committee, would be well placed to keep track of the movement of 'anti-socials'.<sup>127</sup>

Though clearly the *Nagorik* Committee played an important social role - its efforts were geared towards improving the living conditions of local people,

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<sup>124</sup> For example, see Chatterjee (1997). Further discussion of the CPI (M) and its 'mass fronts' is contained in Chapter Seven.

<sup>125</sup> Prabir Kumar Sengupta MLA Bansberia (Hoogly), in Sengupta (1979:28).

<sup>126</sup> For a discussion of the origins of these, see Franda (1971a: 15).

<sup>127</sup> The term 'anti-social' is commonly used to describe criminals, who during the period of terror and state sponsored violence, carried out many of the attacks on supporters of the left, locally.

particularly in terms of basic services, infrastructure and security - it would appear that groups such as this also provide an organic link from the Party to the people at the grassroots. As the local Party's proverbial 'finger on the pulse', these organisations kept the local councillor and MLA, and thus the Party, informed of local needs. If there was a problem at the local level - a broken pipe, or some kind of criminal activity - the dense network of *mohalla* and *para* committees at the grassroots level would pass the information to the ward level committee, whose leaders would ensure that local officials were informed of this, either directly or via the councillor.

Local officials were seen to comply with the requests made of them by the councillor and by the representatives of these organisations even though statutorily they were under no obligation to do so.<sup>128</sup> The local councillor, by sheer dint of being nominated by the local Party, was clearly a powerful political figure locally, which in Calcutta usually assured a considerable degree of compliance from local officials. Pressure from these organisations was usually successful because, through their links to the higher echelons of the Party under the system of democratic centralism, it was implicit that pressure exerted by them from below implicitly carried the support from the state's political leadership. It was to this leadership that bureaucratic line managers were ultimately accountable. If officials did not respond to this pressure from below as they were expected to, there was the likelihood that it could always be combined with pressure from on top - from Ministers or MICs through senior officials. Ultimately, it was the former combined with the risk of the latter, which proved decisive to influencing the performance of bureaucrats for the better.<sup>129</sup> However, on the account of the sheer power that leaders of these local organisations and the local councillor were felt to hold, rarely was pressure from on top ever brought to bear.

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<sup>128</sup> According to the Municipal Commissioner, see quote in text in Chapter Six.

<sup>129</sup> It should be noted that it was not just the CPM's authority which forced bureaucrats to be responsive. This authority was backed by the fact that the Party had a pro-poor agenda, had endeavoured to bring improvements to the *bustees* by securing tenure and introducing some basic services, like water and electricity. One key source of its power has traditionally been the low-income settlements on the periphery of the city, such as Kasba. See note 136 later.

Fig 5.3 Typical Organisational Structure : CPI (M)

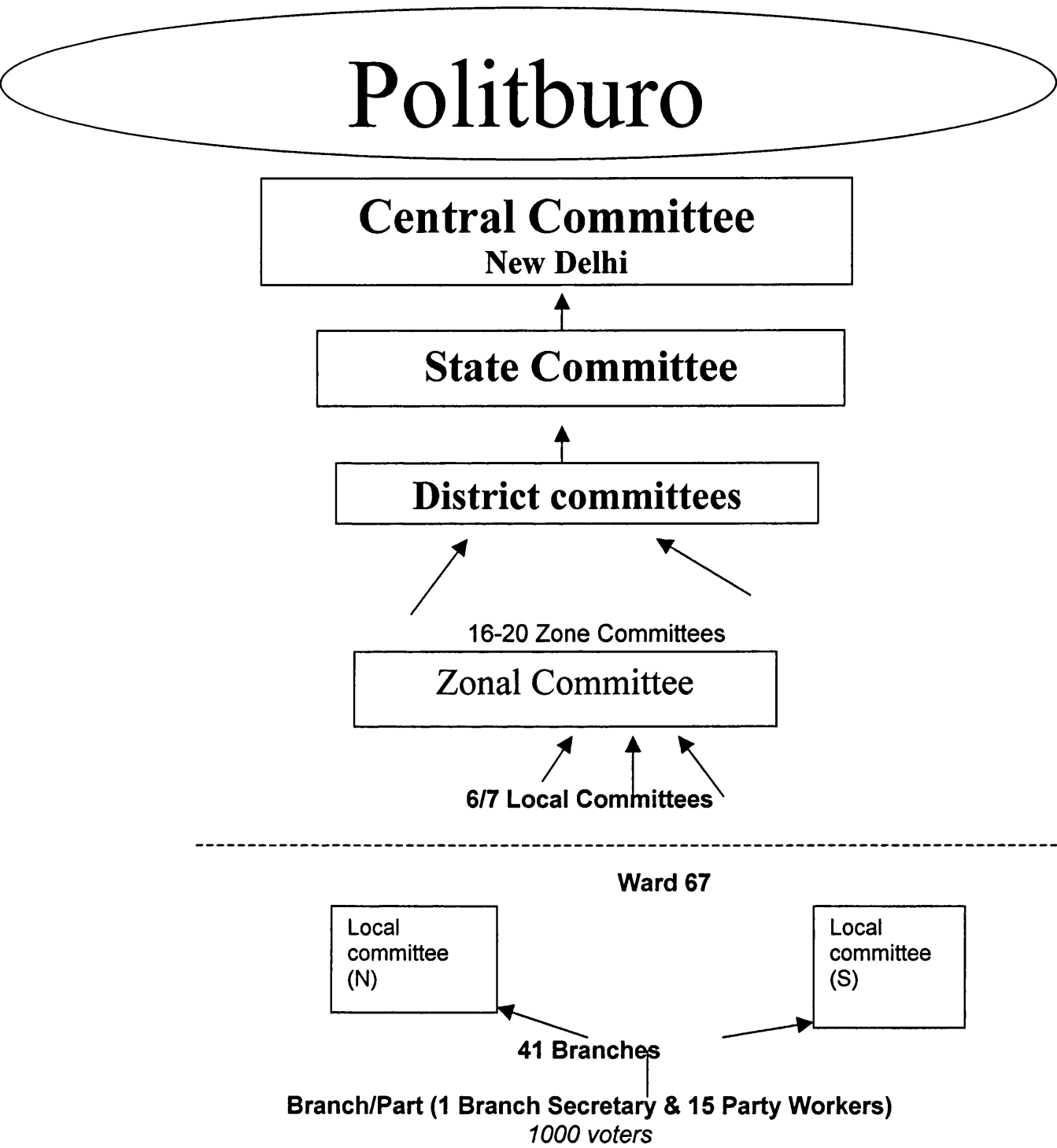


Fig 5.4 Organisational Structure: Calcutta Nagorik Samity

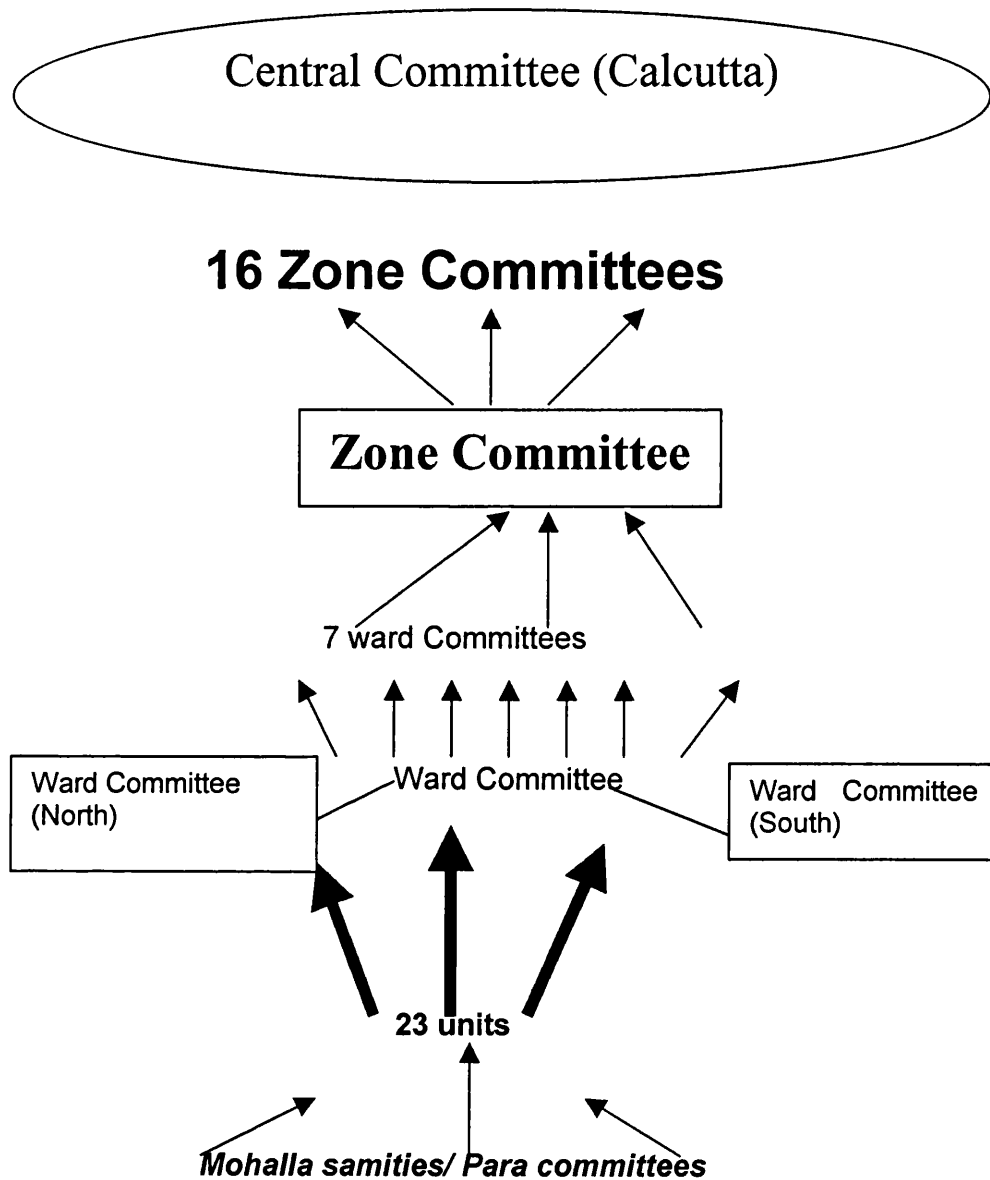
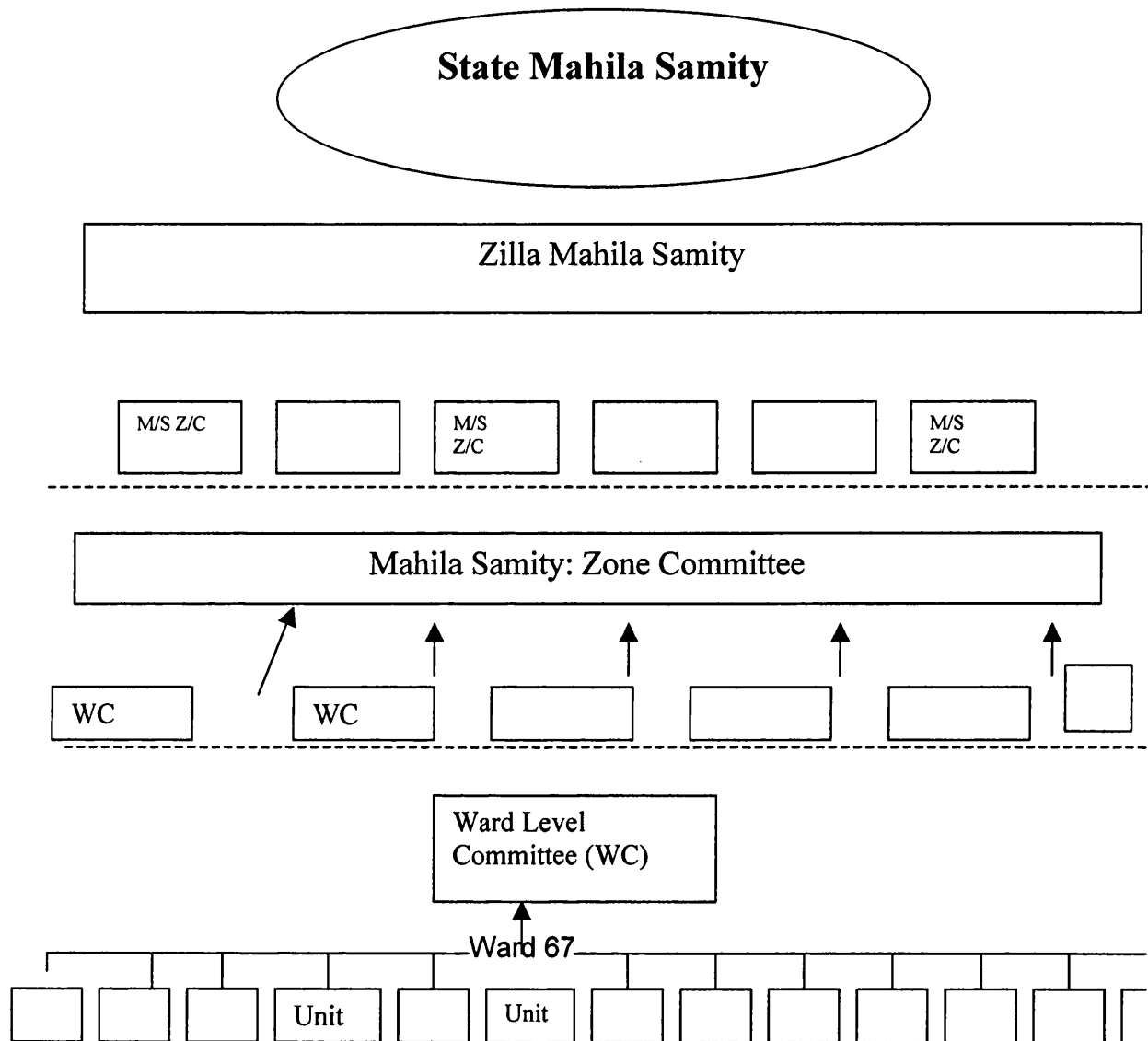




Fig 5.5 Organisational Structure: Mahila Samity



### 5.11 The emergence of collective action

Given the role as well as the effectiveness of the local neighbourhood organisations, such as the *Nagorik* Committee, in ensuring that local officials perform their duties adequately, the paper will turn to consider the conditions for their emergence in one ward (67), and not the other.

Modern scholarship on the determinants of collective action in the form of social movements may be seen as split into three main theoretical strands. On the one hand, Putnam (1993) and his disciples have emphasized the idea of historical endowments of what, famously, has been termed social capital - norms of cooperation, generalised reciprocity and trust, which have manifested themselves through time in the form of vibrant associational life, a proliferation of clubs and associations, wide newspaper readership and political participation at the local level. Prior stocks of this must exist for it to be useable, and through use more stocks are built up. For Putnam, social capital was an historical endowment of communities with a tradition of civic associationalism.

Where these stocks of 'social capital' do not exist, no ready solution is given for their creation and these communities, we can only assume, are doomed. Putnam's use of the concept of social capital as the social adhesive that allows people to overcome the dilemmas of collective action and cooperate with one another for common ends (Putnam, 1993), is allied to the liberal democratic notions of civil society discussed in the previous section. According to Putnam, in the case of northern Italy, social capital enabled people to get together and participate in local politics more actively, which resulted in higher than normal levels of governmental performance.

Another strand has focused on the structural factors affecting collective action, namely the state and the opportunities that it provides for people to join together to engage in collective action. According to Foweraker, "the form of the state which political action confronts, will have a crucial influence on the form and content of action" (1995:70) Brockett has spoken of the political opportunity structure (POS), "the configuration of political forces in a group's political environment that influences that group's assertion of its political claims" (1991:254).

The third identifiable strand is one that focuses on the common internal characteristics of the actors - their class, caste, ethnic, linguistic identity - and to the extent that these have facilitated the emergence of collective action. Scholars such as Portes have cited the concept of 'bounded solidarity', which has been central to Marxist analysis of emergent class-consciousness in the industrial proletariat. Through sharing a common situation, workers learn to identify and support one another. This 'bounded solidarity', according to Marx, comes from sharing a common fate and according to Portes (1998) can be a "powerful motivational force".<sup>130</sup> Castells (1982) has highlighted how urban social movements in Latin America have shared some common characteristics, particularly the conditions in which they have emerged and become effective.

These perspectives, which provide a useful preliminary framework for examining collective action at the local level, are split, broadly, into a focus on aspects of the state on the one hand and characteristics or commonalities shared by the local population on the other. Scholars working on India and West Bengal have tended to follow this lead by focusing on one at the expense of the other, in analysing collective action at the local level. A notable exception would be Drèze and Sen, in their analysis of 'public action' (1989), in which the second and third perspectives have been neatly combined to explain the context for public action. 'Public action', they argue, is the result of opportunities provided by the state and the political regime, which "must accept the discipline of public criticism and social opposition", and rests on the ability of the actors to get along and share enough common goals to organise effectively.

For instance, Kohli (1987) would suggest that a suitable political opportunity structure has existed for some time in West Bengal. The state, he argues, is controlled by a left of centre political regime, which is committed to equity-orientated reforms. Moreover, it came to power on the crest of a social movement for agrarian reform. This fact, together with the revitalization of local government institutions, has created the spaces at the micro-level for engagement in political action. This explanation has been challenged by Echeverri-Gent, who has noted how through the distribution of poverty

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<sup>130</sup> See Portes (1998) for further discussion of this.

alleviation programmes, the LFG nurtured patron-client relationships which were used to guarantee loyalty. This, he argues, has effectively undermined the public's ability to engage in autonomous collective action (1993:168ff). In a similar vein Bhattacharya (1999) believes that the Left front has deradicalised, and now conducts a "politics of middleness", allowing it to become the hegemonic force in the political landscape, as such leaving little symbolic space for the emergence of a political or social movement with an autonomous identity. It is not clear whether this has been inadvertent or intentional on the part of the LFG. Webster (1999) hints at the latter, arguing that the policies of the state have not supported efforts for collective action. The proclivity for collective action has been scuppered, he says, by "the politics of agrarian development at the levels of both the state and the village" (1999:334), it was nothing to do with a lack of collective will or group cohesion. On the other hand, taking the third perspective, Williams (1999) has suggested that the class consciousness needed for a collective identity, and then in turn collective action to emerge, is in fact lacking in West Bengal, contrary to the intentions and, he claims, despite the efforts of the LFG. The focus thus turns to the internal commonalities, or divisions, affecting group cohesion, and therefore collective action, although admittedly the failure of the CPI (M) - an external force - is implicit in his account.

The next section assesses which of the three strands provides the most adequate explanatory framework for understanding the emergence of civil society organisations in Ward 67.

## 5.12 Social Capital: Distinguishing Between Types of Associations and Tracing their Origins

There are two immediately perceptible problems with Putnam's analysis. The first has to do with the tendency running from De Tocqueville through to Putnam, of not distinguishing between different types of civic organisation, but seeing them all as possessing the positive qualities outlined above. Clubs and societies have proliferated in Kasba as they have done in the city as a whole, but there is little evidence that they have given rise to virtuous consequences, in terms of enhancing governmental performance, equally in the two areas that were studied. The second has to do with tracing the origins of associational life, and judging the effects of periods of rupture and conflict on stocks of social capital. Was the capacity of groups such as the *Nagorik* Committee to overcome the dilemmas of collective action - as seen through their continued vibrancy - the result of the existence of prior stocks of social capital in this area, built up through a history of associational life, as Putnam has argued in the case of Northern Italy?

### 5.12.1 Types of Association

Whether the organisation is based on horizontal or vertical ties is significant for Putnam, but whether it is political or social or cultural is not.<sup>131</sup> For Putnam, apparently, just "taking part in a choral society or a bird-watching club can teach self-discipline and an appreciation of the joys of successful collaboration" (1993:90). These in turn, he argues, "nourish wider co-operation" (1993: 175), ultimately contributing to deepen democracy. Rudolph, however, has recommended differentiating between types of associations in order to assess their effect on democracy. She argues that there is a need to question whether an association is political or not, whether it is hierarchical or egalitarian and whether it is natural or ascriptive (2000:1766).

For a start, It is probably worth questioning whether simply "taking part" in associational life is indeed enough to lead to the sort of democratic practice and good governance that Putnam eulogises. Putnam himself later qualifies this by arguing that those organisations which display certain "civic virtues such as

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<sup>131</sup> Just as it didn't seem to be for De Tocqueville, see Chapter Two.

tolerance and equality” are more likely to contribute to democratic governance. This nuance is pertinent in the case of a city like Calcutta, where associations in the form of clubs and societies abound, but do not all produce the same virtuous consequences, in terms of improved governmental performance. It was mentioned that Garcha (ward 85) was well served with clubs, yet governmental performance was poor. Merely taking part in an association, or the proliferation of associational life there has clearly not been enough to produce the sort of good governance referred to by Putnam. This may be because traditionally these associations have not, in general, displayed an interest in civic matters.<sup>132</sup> But it is also an inalienable fact that none of these associations was organised in an egalitarian way, and few seemed committed to democratic goals. The clubs in and around DT were organised in a hierarchical way and dominated by a coterie of youths. They were exclusive of non-Bengali ethnic groups, of local women and girls. It should be of little surprise that whereas these may have produced strong interpersonal bonds, because of the basic lack of any notion of equality within them, these associations have contributed little to enhancing governance locally.

While it is difficult to imagine associations that do not embody notions of equality contributing to deepen democracy locally, it is hard to think of those that are not political being able to inculcate the skills relevant to democratic practice. Putnam’s view that “networks of civic engagement” ultimately serve to consolidate democracy (1993:175), suggests that political skills and participation would be just as much fostered in a choral society as in a patients’ committee of a local hospital. But Levi (1996) has noted that there is no evidence that the skills and habits learned in such neutral associations (as, for example, choral societies) are relevant to the construction of democratic practice, or that they are transferable to the project of enhancing governance. Furthermore, Habermas has argued that historically it has mattered whether an association is political or non-political. Political associations are required for deliberative communication. By taking as an example the 18<sup>th</sup> century coffee house and political clubs, he argues that these made public what monarchs and

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<sup>132</sup> According to Weiner, this was a feature of associations in the city as a whole (1963:249).

aristocrats had kept private. Associations based on private interest, he believed would not lead to a deliberation of “matters of general interest”.<sup>133</sup>

One eminent local journalist made a relevant point about clubs in Calcutta, emphasising that it was not the fact that clubs existed, but the type of clubs that existed, which was critical. Some neighbourhood clubs, he claimed, were clearly more political than others - “look at how Ajit Panja (an Union minister and prominent local Congress politician) developed clubs in north Calcutta. He used these clubs for electoral politics, as a breeding ground for Congress supporters although he would also sponsor sports tournaments...give TVs... (Similarly) in Kasba the clubs have no choice but to get involved in real life issues - they are a more integral part of people’s lives”.<sup>134</sup>

In a similar vein, in a cross-country analysis of associational life it was shown that political, economic and community groups were more likely to be involved in political and community participation than cultural and personal interest groups. Stolle and Rochon concluded that “generalised enthusiasm for the effects of associational membership on social capital must be tempered by a specification of what types of groups we are talking about and what aspects of social capital are being considered” (1998:57).<sup>135</sup>

There is a need to distinguish between political and non-political associations, to be able to understand why some forms of associational life have led to virtuous consequences, whilst others have not. It is not enough just to associate with one another for a sense of fellow feeling to emerge that facilitates collective action, and has a positive external effect on governmental performance. From my fieldwork it was evident that many types of associations existed in both wards, but the ones that proved to be decisive in improving the performance of local officials, in ward 67, were patently political and tended to

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<sup>133</sup> I am grateful to Rudolph (2000) for bringing the pertinent views of Habermas to my attention.

<sup>134</sup> Personal Interview with Ashish Chakraborty, Coordinating Editor of the Hindustan Times, Calcutta 11/07/2000.

<sup>135</sup> They differentiate between two types of social capital: membership of associations giving rise to enhanced interpersonal trust thereby facilitating collective action; and social capital which facilitates co-operation beyond one’s own group, making possible social interaction in a region (1998:48). It is this last type of what they term “public social capital”, which they examine in their study.

be more inclusive in terms of gender, class, caste and ethnicity. By contrast in ward 85, none of the numerous clubs seemed to have any political end, but instead were places for general socialising and sometimes sports tournaments. Furthermore, it is important to emphasise what was implied in the last chapter about the exclusiveness of these clubs in Garcha. We may recall that they were organised by and for men, usually pertaining to one particular ethnic group.

### 5.12.2 *Tracing the Origins of Associational Life*

It is difficult to ascertain with any degree of accuracy whether associational life in Kasba dates back to before independence. Kasba, as an inhabited area, really only emerged in the post-independence period with mass migration from parts of West Bengal and the erstwhile East Pakistan. It is thus difficult to see how any history of associational life can be traced back to before then. Furthermore, it is likely that whatever politically orientated associational life may have existed was extinguished, or at the very least stifled, in the tumultuous period between 1967-77.<sup>136</sup> Although Putnam would accept that social capital could be put into “mothballs” and preserved through times of crisis (Rudolph, 2000:1765) - as in the case of Northern Italy, between the 14<sup>th</sup> and 19<sup>th</sup> centuries - this would seem counter-intuitive. Realistically it is hard to believe that stocks of social capital can be preserved through periods of breakdown and rupture of associational life, through an era of violence, terror and oppression.<sup>137</sup>

Nevertheless, given what has been said about the origins of organisations such as the Nagorik Committee, it is clear that politically orientated associational life in this area does have a history, although there is little evidence to suggest that this can be traced to before the late 1970s. Moreover, I have suggested that the

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<sup>136</sup> For example, “Anti-Social Elements said to be holding Kasba ransom” (Statesman 23/09/68); “Fear and tension prevail in some areas of Kasba” (Statesman, 14/12/77) Kasba in this period was the scene of considerable violence. At a macro level, the 1970s saw the rigging of state Assembly elections, and the State’s curtailment of civil, political and human rights—seen through the crackdown on left parties and the imposition of Emergency. See Chatterjee (1990).

<sup>137</sup> It depends, of course, on the type of associational life being considered. Evidence from Central America has shown that repression affects people’s inclination to join formal associations, but not so much to engage in communal activism and informal group formation. Nevertheless cross-country evidence has led to the conclusion that, “repression impedes the development of social and political capital” (Booth and Richard, 1998:42).



Party fostered these organisations mainly for practical reasons, to inform, mobilise and monitor the performance of local officials in the state. This was of particular importance in the case of Kasba, where a history of lawlessness and violence against supporters of the Left meant the CPI (M) had to be vigilant of what went on in the area. It may also be worth recalling that Ward 67 is on the periphery of the city, and as such has constituted what is considered a 'vote bank' for the CPI (M). The Left has depended on the support of such peripheral areas to win the last three Municipal Elections.<sup>138</sup> Thus, for the Party, ward 67 may be considered of strategic electoral importance.

Garcha provides a different historical and political context from that of Kasba. In the former, there was nothing comparable to the state-sponsored persecution of the Left, witnessed in Kasba. Moreover, in electoral terms Garcha is not strategically as important to the Left as are peripheral areas like Kasba. In spite of its large working class population, Garcha has traditionally been a Congress (I) bastion. Its large non-Bengali population has probably been instrumental in ensuring this. Traditionally, Calcutta's non-Bengali inhabitants have provided the main source of support for the Congress Party in the city (Ashraf, 1970:60). This has been a phenomenon that the Left has been unable to reverse.<sup>139</sup> Garcha's different historical and political context may have meant that there was less of a practical need for the CPI (M) to pursue a strategy of mobilisation through mass organisations there.

### **5.13 The Political Opportunity Structure for Collective Action**

Structural factors affecting the emergence of collective action refer to the state and the opportunities that it provides for people to come together to engage in collective action or not. The evidence of civil society organisations active in the Ward 67 suggests that the CPI (M) effectively nurtured these organisations. Furthermore, their close ties with the regime controlling the state has helped ensure that these have been effective in exerting pressure on local officials. It

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<sup>138</sup> See Thomas (1998:41-42;54-55). Many of these peripheral areas were included in the city's boundaries after 1985, as a way to ensure continued support for the LF coalition in CMC elections. For an excellent discussion of the relationship between these areas and Left politics, see Chakrabarti (1990).

<sup>139</sup> Personal communication from Prof. S. Roy Congress MLA.

may also be argued that the Party's control of the state has enabled it to provide local inhabitants in an area like Kasba with the incentives for their continuing participation in such groups.

#### 5.13.1 Access to Social Goods

From being a deprived suburb, lacking in basic infrastructure and services, where service privvies, *katcha* housing and surface drains were the norm, Kasba has witnessed significant improvements in the last fifteen years. The area itself has benefited enormously from development related funds. It is estimated by the local secretary of the *Nagorik* Committee that Rs 10 crore had been spent alone in Kasba in the last 15 years, mainly on slum improvement. Investment continues to flow into the area. At present, a new sewerage and drainage system costing Rs 60 lakh is being laid to prevent flooding, which is a perennial problem in this low-lying area. Clearly activism in such groups has its rewards. It would seem that the inhabitants of ward 67 have enjoyed privileged access to the distribution of social goods which the state controls.

Access to such 'privileges' comes at a price: staunch loyalty and a willingness to dedicate time and resources to the Party. Those who do not, for whatever reason, place themselves at the disposal of the Party, may be excluded from anything more than the most basic of services. In the case of some local services it is almost impossible to show favouritism to some individuals over others, living in a residential unit like a *bustee bari*. Yet if an identifiable group that was unwilling to play by the 'rules' - to attend meetings or to join rallies - was identified, its access to some services was curtailed. A good case in point was the *bustee* being studied. Inhabitants unanimously reported decreasing or absolutely no participation in local committees or clubs, stating lack of time as the main reason. It was not perhaps surprising to note that that local services were scantily provided - garbage clearance was haphazard, and during six months HHW were seen only once.

Hence, the CPI (M) has created the political opportunity structure for the emergent local civil society organisations and has, through its channelling of development funds in to the area, been able to reward local inhabitants for their loyalty and activism. Local inhabitants have been provided with a return on their

investment in time and resources through participation in rallies, events and meetings - which these groups, as mass fronts of the CPI (M) are involved in - by receiving privileged access to the social goods distributed by the state. This in part may explain their continued vibrancy and activism and people's willingness to participate in them.<sup>140</sup> At the same time, sanctions also seem to exist for those who do not participate in such events. This may be seen as necessary to deter free riders, but has also resulted, in parts of SL *bustee*, with some local services being poorly provided. The evidence would seem to support the view that the State has created the opportunities for local actors to come together.

### 5.13.2 *The Congress Party in West Bengal*

In contrast the absence of such organisations in ward 85 may be attributed to the fact that the Congress Party, which has dominated this area since independence, has pursued a different political strategy at the local level to that of the CPI (M). Rather than organise through broad based mass organisations, of the type seen in ward 67, Congress built a "political machine" around a coterie of key leaders who were driven by selfishness rather than moral, political or ideological principles.<sup>141</sup> The machine provided an efficient system of spoils directed towards the rural gentry and urban business community who were permitted to evade government laws and restrictions so as to pursue their own interests, in return for financial support; together with an extensive system of patronage-providing assistance to the poor and providing avenues for social mobility.<sup>142</sup> The Congress avoided bringing about any far-reaching social change through social upheaval, working instead through men who were "influential in the social structure of their localities and could sway a needed portion of the electorate by particularistic appeals" (Franda, 1971b: 99). This *modus operandi* which, according to a former leader, had turned the party into

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<sup>140</sup> Baiocchi (2000) reports that in Porto Alegre, Brazil, which has pioneered a system of participatory local governance, the poor participated in associations if they saw returns on their investment of time and resources.

<sup>141</sup> A political machine is defined as, "a party organisation held together and motivated by desire for personal gain rather than political principle or ideology" (Banfield, 1961:132) applied by Franda (1971b:89-108) to describe the Congress Party in West Bengal.

<sup>142</sup> See Franda *op cit* and Chatterji 1985(pp31-61).

“a place of spoils and gaining favours” was justified on the pretext of preventing ‘mobocracy’, which he believed would undoubtedly ensue if the Communists came to power.

Although attempts were made to pursue a wider support base through the creation of mass organisations of its own like the *Chattro Parishad* or the *Mahila Mandals* after the national split in 1969, factionalism and poor leadership have depleted their strength.<sup>143</sup> Whatever mass organisations may have existed in Ward 85 have disappeared in a maelstrom of allegations about corruption and malpractices. Local leaders show no interest in replacing them. Instead, the peddling of patronage and spoils by the candidates through a handful of locally influential bosses (*mastaans*) remained the linchpin of Congress organisation in ward 85, seen in the 2000 Corporation elections. The pretence of trying to pursue a wider support base through mass organisations has been dropped. As one prominent Congress MLA recently admitted, “Congress is not strong in mass organisations, its not in the ethos...Congress organisations depends on individual councillors-we believe that you can’t beat the personal touch, the CPI (M) organisation is too mechanical, it lacks the personal touch ”.<sup>144</sup>

The differences in political strategy between the CPI (M) and the Congress Party in West Bengal are surely part of the reason for the absence of popular organisations in ward 85. However, there is the danger of seeing the differing levels of official performance in the two wards as a consequence of the different political parties in power in each of the wards. The problem with this argument is that it leaves open to question the fact that as a whole in the state, the health system is in a very poor state and officials are known to perform generally quite poorly, despite the fact that the CPI (M) has been in control of the state for the last 25 years. Clearly, to see the better performance of officials in ward 67 solely as a result of the fact that the CPI (M) has an ideological commitment to mass organisations is too simplistic a view.

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<sup>143</sup> The indifferent response to the Bandh called in the city by the Youth Congress on July 31<sup>st</sup>, 2000, and the disassociation of the state Congress from it and its leader reflects the disarray into which one such mass organisation has fallen.

<sup>144</sup> Interview with Prof. Saugata Roy Congress MLA 30/09/2000.

Instead, the rationale for the CPI (M) to pursue such a political strategy in an area like Kasba, it has been suggested, was more likely practical than ideological, and the combination of factors that led to the formation of mass organisations in Kasba do not seem to have existed in Garcha. It would also appear that through its strategic position in relation to the state, the Party has also been able to provide the incentives for the continuing activism of local people in these organisations, thereby helping to ensure their long-term vibrancy. The Congress Party in West Bengal, on account of its disintegration and the fact that it has been out of power for so long, has probably not been able to provide incentives, comparable to those of the CPI (M) in places such as Kasba, to encourage local people to take part in such organisations. In support of this point it may be worth pointing out that ward 85 was part of a cluster of wards, all ruled by Congress, where no donor funded interventions of the type seen in other parts of the city had taken place (see Table 5.1). In this sense, the inhabitants of this ward have not been given the privileged access to social goods controlled by the state, which other areas of the city, like Kasba, have enjoyed.

## **5.19 Internal Characteristics: Commonalties and Cleavages**

### *5.19.1 Bounded Solidarity*

According to some local sources, differences in terms of demography and socio-economic characteristics may explain why such civil society organisations emerged in ward 67, but not in ward 85. Kasba was traditionally a working class area, predominantly comprised of *bustees* and inhabited largely by people who share the same language (Bengali), Hindu religion and culture. The area's demographic characteristics, its topography together with its bad image may have meant that its inhabitants were forced to share a common fate, which required them to identify and support one another. This, as Portes notes, "can be a powerful motivational force" (Portes, 1998:5). By contrast, attention is drawn to Garcha's heterogeneity, its divisions along lines of class, ethnicity and language.

The residential segregation of Calcutta along ethnic and linguistic lines, it was claimed, worked against the possibility that people from different ethnic groups would unite to tackle problems of common concern (Bose, 1965). Subsequently, there has been a tendency amongst social scientists working on Calcutta to see such cleavages as undermining concerted (and collective) political action.<sup>145</sup> The implication is that Kasba is more homogeneous and hence likely to display more of a sense of 'community' than Garcha, making the possibility of collective action that much more likely in this area.<sup>146</sup>

The perception that one area was heterogeneous whereas the other was homogeneous, in terms of ethnicity, language, is disputed by the demographic data from the *bustee* household survey presented in the last chapter. This was complemented by an ethnographic description of social relations, which showed that there were very real ethnic cleavages in SL (Kasba), just as there were in DT (Garcha). The evidence should challenge the widely held perceptions of why collective action emerged in Kasba and not in Garcha. Rather than the neat but simplistic dichotomisation which some local experts have offered - that collective action has been a feature of one area on account of its greater homogeneity - Chapter Four presented a much more complex comparative picture of social relations in each *bustee*, and demonstrated irrefutably that cleavages, conflict, divisions and differences between inhabitants characterised social relations in each *bustee*.

Furthermore, the work of social historians such as Hobsbawm (1987) and Chandarvarkar (1998) has challenged the idea that divisions and differences amongst the working classes set up insuperable obstacles to the emergence of collective action. Instead they have highlighted the important role of politics and political parties in giving rise to collective action in neighbourhoods and amongst groups of workers, otherwise divided. For example, Chandarvarkar has argued, "the political consciousness of the working class appeared to be shaped crucially by their experience of, and their relationship with, the state.

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<sup>145</sup> See, for example, quotes by Ray (1979:51) and Chakrabarty (1989:4) in support of this view.

<sup>146</sup> I am grateful to Prof. Biplab Dasgupta MP for reminding me of these points: "Garcha is a fragmented society...people are still rooted to their 'desh', often outside of Bengal, and associate along lines of ethnicity, rather than in mass based organisations which cut across social and cultural cleavages" Personal Interview 30/06/2000.

Their solidarities were not the natural outcome of popular culture or a reflex of the specific character of production relations, but rather they were politically constituted" (1998:9). Hobsbawm has noted how, "the unity of all who worked and were poor was brought into the remotest corners of their countries by the agitators and the propagandists...they also brought *organisation*, the structured collective action without which the working classes could not exist as a class, and through organisation they acquired that cadre of spokesmen who could articulate the feelings and hopes of men and women who were unable to do so themselves" (1987:125).

However, there may be some analytical mileage in focusing on the differences in class composition between the two wards, though not so much the *bustees*. The relations between the middle classes and the *bustee* dwellers in ward 85 described in Chapter Four, made it inconceivable for middle class residents to form organisations to campaign about issues of local concern with *bustee* dwellers. Furthermore the concept of what constitutes an issue of local concern would differ considerably. The middle classes viewed CMC health services (preventative and public health services) as having little relevance to them, and thus avoided this health care delivery system. Hence there was little incentive for them to press for improvements in the delivery of these services. At the same time, the sorts of reciprocal arrangements under which the middle classes and the *bustee* dwellers lived in Garcha meant that *bustee* inhabitants seldom reported a broken tube well or a damaged electricity connection to the municipal authorities. Instead it was dealt with through an appeal for contributions from local middle class inhabitants. The money collected in this way was then used to bribe local officials to expedite the necessary repairs. Finally, it may be argued that because the inhabitants of DT retained strong links to their *desh*, and owned houses elsewhere in the city, it was more likely that they would 'exit', than exert pressure on local officials through 'voice'.

By contrast in Kasba, the opportunities to 'exit' may be seen as limited. The fact that ward 67 had a higher proportion of *bustee* dwellers, who depended on such public services, meant that the need to avail of free services provided by the local municipal administration was much more acute, and provided a powerful incentive for local inhabitants to pressure for these to be provided

effectively. Similarly, there was little of the tradition of a relationship of mutual dependence with *bustee* dwellers and local middle class inhabitants,<sup>147</sup> which had developed over many years in Garcha.<sup>148</sup> This meant that for *bustee* dwellers in ward 67 there were probably fewer opportunities to 'exit', by appealing for help from local middle class neighbours, compared to ward 85, resulting in more pressure on the local administration for the delivery of basic services.

However, there are also problems with these explanations. Whilst they may have had more opportunities to 'exit' thereby possibly weakening the intensity of the pressure that could otherwise be brought to bear on the local bureaucracy, *bustee* dwellers in ward 85 still had to deal with daily aspects of bureaucratic inertia. In actual fact, the opportunities for their 'exit' may actually have been rather slim. The chance to escape from the *bustee* either back to the village or else to another property in the city, for most was not an option. Livelihood opportunities in the *desh* were few, and in any case would have to be keenly contested with kin already residing there. Prolonged absence from their source of livelihood in Calcutta would also pose a problem. Furthermore for many of the inhabitants of DT, Calcutta had become their home and many informants admitted, reluctantly, that it was in Calcutta where they felt that they belonged, not in the village. At the same time, moving to property owned in other parts of city was, in reality, not really an option. Informants reported that property was seldom empty to be able to simply move into, apart from the fact that living conditions were often worse than in DT. Easy access to their sources of livelihood was also an issue. Those that lived in Garcha usually work close by, and a shift to the outskirts was considered inconvenient.

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<sup>147</sup> The middle class inhabitants of ward 67 were recent arrivals.

<sup>148</sup> See 4.2.3 and the references therein.



## 5.15 Conclusion

This chapter has presented a comparative case study of the functioning of the health care bureaucracy in two Calcutta wards, ward 67 and ward 85. Officials in ward 67 were shown to perform their duties better than those in ward 85. Three explanations were given for why this may have been the case: on account of bureaucratic rules and regulations; on account of the ethos and motivation of local officials or due to the effect of external pressure from local citizens and politicians.

It was argued that rules and regulations had little effect on bureaucratic performance, as these were found to have been easily circumvented or else rarely enforced. For example, there was no evidence to suggest that the much maligned transfer mechanism adversely affected the performance of either CMC or CMUHO officials. Similarly, although seniority based promotion was cited as a factor undermining personal motivation by a number of officials, there were those for whom it appeared to have little effect. Despite seniority based promotion officials in ward 67 were to be performing well. The literature has also emphasised the need to consider the ethos and motivation of public officials in trying to understand what motivates them to perform their roles effectively. Yet it was found that local health care officials made their career choices partly through a commitment to public service and partly for selfish reasons. Hence, ethos and internal motivation could not be identified as decisive in explaining differences in bureaucratic performance. Finally some scholars have argued that 'voice', pressure exerted by citizens on public officials, determines the quality service which local officials provide. The evidence from the two wards would seem to support this. In ward 67, local civil society organisations were shown to play an active role ensuring that local officials, as far as possible, addressed the needs of local inhabitants. By contrast in ward 85, where health care delivery was of poor quality, no such neighbourhood groups were seen to be active.

The activism of these groups was taken as an example of collective action at the local level, and the chapter has considered the factors which may have accounted for the emergence of this. Was their emergence the result of greater

stocks of social capital which have emerged through a history of associational life in one area, and not the other; was it the result of the opportunities which the state has provided for local people to engage in collective action and the existence of sufficient incentives to persuade individuals to take part in such forms of action; or was it on account of commonalities – of ethnicity, language, kin and class – shared between inhabitants of ward 67?

The chapter has argued that in ward 67 the CPI (M), for both practical and strategic reasons, encouraged the formation of local civil society organisations, as part of its mass organisational base. By contrast, it was posited that the absence of such organisations in ward 85 was partly on account of the fact that another political party had ruled it, with a different political strategy to that of the CPI (M). However, it was also noted that the historical and political circumstances which created the need for the establishment of such organisations in ward 67, did not exist in ward 85. It was also argued that the CPI (M) was able to secure for this ward privileged access to certain social goods distributed by the state, which provided an incentive for local inhabitants to continue to be active in such organisations.

The view that collective action was a feature of ward 67 because of its greater homogeneity and sense of community has been rejected by citing data on social relations presented in the last chapter, which showed how differences divided *bustee* inhabitants in both wards, and also by referring to the work of Hobsbawm (1987) and Chandarvarkar (1998) who have argued that differences amongst the working classes have not been an insuperable impediment to the emergence of collective action. However, it was argued that differences in the social composition and the social relations in the two wards meant that the possibilities that *bustee* dwellers would exert pressure on local officials in ward 85 were diffused. In particular it was noted that the close relationship based upon mutual dependence between the middle classes and *bustee* dwellers in ward 85, and the fact that *bustee* dwellers in this ward maintained close links with their place of origin and often owned property in other parts of the city, may have made it easier for them to exploit these exit options, and therefore not to use 'voice' to pressure local officials.

The findings presented in this chapter highlight some key conceptual issues. The evidence challenges the view, implicit to decentralisation, that good government results from pressure exerted by a vibrant civil society, conceived as comprising autonomous and private organisations separate from the state. Local organisations were shown to be effective in improving the performance of local officials in ward 67, but the organisations were neither autonomous nor separate and opposed to the state, but were shown to have been fostered by the political Party that has ruled the state since the late 1970s. The findings contained in this chapter also have a bearing on the notion that collective action depends on stocks of 'social capital' in one particular place, which are built through a history of associational life. The evidence presented on the emergence of collective action modifies this notion, which implicitly minimises the role of the state in creating the conditions for people to come together and associate with one another. Secondly, the view that local participation in clubs and societies is indicative of higher stocks of social capital has also been brought into question. Participation in clubs and societies was found to be common to both wards, yet clearly in each area this produced different outcomes in terms of governmental performance. It was suggested that not all associations should be seen to produce the same virtuous consequences in terms of enhancing government performance, and thus neither the act of participating in an association, nor even the existence of associational life in the forms of clubs and societies were in themselves decisive to producing such consequences. Rather it was stated that the type of association in which people participated, and the norms embodied in such associations determined whether 'virtuous consequences' ensued or not. In this way, it was highlighted how the associations in ward 67 were political, orientated towards improving local conditions and open to members from different ethnic groups. Each of these features marked them out from the groups and associations that were proliferating in ward 85.

Rather than discount the State, the evidence shows the important role that political organisations have played in encouraging civic involvement and promoting associational life. Hence the findings suggest more of a synergistic relationship between the state and civil society than that envisaged by proponents of decentralisation, who assume a unidirectional line of causality

between civil society and good government - whereby the two distinct and separate spheres are locked in an oppositional and antagonistic relationship with one another.

## Chapter 6

### Interrogating the Governance Agenda with Empirical Evidence

#### 6.1 Introduction

Chapter Two set out the context in which 'governance' emerged as a key issue in contemporary development thinking. It showed that administrative decentralisation and the doctrines of the NPM are two of the vital components of policy prescriptions which seek to improve governance in developing countries.

It was argued that implicit in the arguments for decentralisation lie a number of assumptions, which may be summarised as follows:

- a) locally designed solutions to development problems are necessarily superior to those imposed from outside
- b) decentralisation will result in the greater participation of the local 'community' in local government leading ultimately to their political empowerment. This presupposes that the local community is a consensual, homogeneous and harmonious unit.
- c) good government comes about through the pressure of a robust civil society, comprising a realm of activity separate from the State, made up of autonomous and private organisations
- d) consumers may be inspired to exercise pressure on agents as a result of being better informed about the responsibilities of local officials and as a result of efforts to institutionalise their participation at the lower level
- e) officials as rational utility maximisers will respond to better information and lower transaction costs to exert pressure on officials by choosing to behave

in a socially optimal way - the costs of opportunism far outweighing the benefits on account of agents being closer to 'the people' and having their work more easily accessible to scrutiny.

The first part of this chapter examines the last two of these assumptions in the light of the empirical evidence on decentralisation and its effect on service delivery in two wards of Calcutta. The second part of the chapter will look at the effects of the application of the doctrines of the NPM to the organisational design of the health component of Calcutta Slum Improvement Programmes (CSIP).

## **6.2 Reforms of Local Government in West Bengal**

The last two decades have witnessed significant changes in the system of local governance in West Bengal. The revival of the Panchayati Raj Institutions (PRIs) in rural areas and the proactive role that they have played - providing an institutional platform for the implementation of redistributive reforms in the countryside - has been well documented and widely discussed in the academic literature.<sup>149</sup> Decentralisation and local governance in urban areas has attracted comparatively less critical attention.

Calcutta Municipal Corporation (CMC) is the designated Urban Local Body (ULB) for the city of Calcutta. According to the 1981 census, the CMC covers an area of 104 square kilometres. The Calcutta Municipal Corporation Bill (1979) was introduced by the then Minister of Local and Urban Development, Prasanta Sur, whose vision of municipal administration in Calcutta was "local government, which is responsive and responsible to the people at large...with powers to take major decisions locally - unfettered by too many controls and regulations by any higher form of government". The Bill was meant to be a step towards enhanced local democracy; "local democracy resumes its place as a

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<sup>149</sup> See Kohli (1987; 1990); Webster (1990); Lieten (1996); Crook and Sverrisson (1999).

major part of our democratic system itself...genuine local democracy implies that decisions should be taken as locally as possible.”<sup>150</sup>

Sur's words reflect a clear 'valorisation of the local'. The CMC Act (1980) was an attempt to create more autonomous local political institutions in Calcutta, and thus pre-empted many of the features of the groundbreaking 74<sup>th</sup> Constitutional Amendment Act. Probably for this reason, "West Bengal has been described by many as providing a model of municipal governance to be emulated by other states" (Ghosh, 1996:1).

### 6.3 CMC Act 1980

The Municipal Corporation Act of 1980 established a local government body for the city known as Calcutta Municipal Corporation. It introduced some innovative institutional features, the most important of which was the constitution of borough committees (BCs), whose role was to perform local functions for which both administrative and financial support were ensured in the Act. BCs comprised of elected local councillors representing each ward in a Borough and were to serve under the supervision and control of the Mayor, and act as a link between the people and the Mayor in council. BCs were meant to be the platform through which local inhabitants could pressure elected officials.

This Act was amended in 1981 and 1983, partly as the result of the incorporation of 41 new wards in the city limits. The most salient features of the amendments were the specification of all obligatory and discretionary functions of the corporation (1981) and increased executive powers for the mayor and the MICs (1983). The amendments of 1994, incorporated the provisions of the 74<sup>th</sup> Constitutional Amendment Act (74<sup>th</sup> CAA).

- All members were to be directly elected, and the post of alderman removed

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<sup>150</sup> Minister's Speech on Calcutta Municipal Corporation Bill, 1980. See CMG Vol XCVIII pp1600-1604, 1980. Mr. Sur was Minister-in-charge Local Development and Urban Development GoWB, during this time.

- The state election commission was to be responsible for the superintendance, direction and control of preparation of electoral rolls and conduct of elections
- Each ward of the CMC was meant have a Ward Committee (WC). The councillor was to be the chairman of the Ward Committee. The state government has determined the rules governing the composition and functions of WCs.
- If the corporation is dissolved, elections must be held within six months of its dissolution.

It also stated that the corporation was to have three authorities:

Corporation

Mayor in Council

Mayor

A so-called 'strong mayor' parliamentary system of local government for the Calcutta Corporation was introduced through this Act.<sup>151</sup> Under this system, the councillors elect the mayor and he in turn nominates a cabinet from among the elected councillors from the victorious party. The Mayor assigns each member of the cabinet, known as Member Mayor in Council (MIC), responsibilities for one aspect of urban policy, for example roads, health, water supply. Since 1985 ten MICs have been nominated for each term. Together with the Mayor and the Deputy Mayor, in total twelve members comprise the Municipal Council, the legislative wing of the Corporation.

The executive wing comprises the Municipal Commissioner, Joint Municipal Commissioner, followed by the various heads of departments, such as roads, water, buildings, health etc. The Municipal commissioner is the principal executive officer of the Corporation, and functions under the supervision and

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<sup>151</sup> The 'strong mayor' cabinet system of government was felt to be a radical departure from the colonial legacy in local government, whereby a bureaucrat was appointed to control the executive. (Bhattacharya, 1981).



control of the mayor. All officers and secretaries are subordinate to the Municipal Commissioner. Since 1980, the number of statutory officers has increased and a few new posts have been created, for example, Joint Municipal Commissioners and Chief Municipal Auditors.

### 6.3.1 Boroughs

One of the most innovative features of the new Act was the establishment of the Borough as the basic administrative unit, with specific responsibilities and personnel with which to carry them out.<sup>152</sup> Nine to eleven wards constitute a borough. There are 15 boroughs within CMC (see table below). The Act provided for the constitution of Borough Committees (BCs) made up of the councillors representing each of the wards within that borough. These were assigned a number of obligatory functions to be discharged within the boundaries of each borough, which include:

- Provision of water pipes, sewerage and drainage to premises
- Removal of accumulated water on the streets and public places due to rain or otherwise
- Collection and removal of solid wastes
- Disinfection
- Provision of health immunisation services
- Provision of bustee services
- Provision of lighting
- Repair of category IV, V and VI roads
- Maintenance of parks drains and gullies
- Other such functions that the Corporation may, from time to time, determine by regulation. CMC Act (1980) Part II; 11(6)

The establishment of Borough Committees was to ensure greater devolution of powers to lower levels of the administration (Ghosh, 1996:6-7). Borough committees (BCs) were to meet on a monthly basis, when they would make proposals about work to be undertaken within their respective boroughs. Proposals were to be sent to CMC, deliberated upon and then returned to BCs,

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<sup>152</sup> The 1951 Calcutta Corporation Act also provided for BCs, but never assigned them any functions. Consequently none were ever established.

once a decision had been made. Corporation employees assigned to a particular Borough were to be under the direction of Borough Committees, which were to guide them on which activities to carry out within the confines of the borough. The building of new establishments or the creation of new posts was not a permitted function of Borough Committees, or of the CMC.

BOROUGH No	WARD No
I	1, 2, 3, 4, 5, 6, 7, 8, 9
II	10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20
III	13, 14, 29, 30, 32, 33, 34, 35
IV	21, 22, 23, 24, 25, 26, 27, 28, 38, 39
V	36, 37, 40, 41, 42, 43, 44, 45, 48, 49, 50
VI	46, 47, 51, 52, 53, 54, 55, 60, 61, 62
VII	56, 57, 58, 59, 63, 64, 65, 66, 67
VIII	68, 69, 70, 71, 72, 73, 84, 85, 86, 87, 90
IX	74, 75, 76, 77, 78, 79, 80, 82, 83, 88
X	81, 89, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
XI	101, 102, 110, 111, 112, 113, 114
XII	103, 104, 105, 106, 107, 108, 109
XIII	115, 116, 117, 118, 119, 120, 121, 122, 123
XIV	124, 125, 126, 127, 128, 129, 130, 131, 132
XV	133, 134, 135, 136, 137, 138, 139, 140, 141

Table 6.1: List of Boroughs and Wards: CMC (as of July 2000)

### 6.3.2 Wards

CMC comprises 141 wards. Each ward elects a councillor (representing a political party) in council elections held every 5 years; the last elections were held in June 2000. The 74<sup>th</sup> CAA stipulated that Urban Local Bodies (ULBs) with populations above 300,000 people were to constitute Ward Committees (WCs) in each municipal ward, comprising an elected ward councillor along with 'notable persons' (usually professionals and social activists) nominated

from among the local population by the councillor. The West Bengal Assembly decided that all ULBs, irrespective of size, should create Ward Committees and this constituted another pioneering feature of the new Act. The responsibilities of these include:

- to oversee the implementation of development works
- to redress citizens' grievances relating to municipal services
- to motivate citizens to pay taxes
- to keep borough committees and municipal bodies informed about citizens' problems

Ward Committees were meant to convene yearly meetings of the ward inhabitants to disseminate information about the community activities of the municipal bodies' concerned - plans, budget proposals and annual administrative reports. Feedback from these should go to the Borough Committee and other municipal bodies, as a means of providing valuable insights for improving service delivery. The system is intended to create the opportunity for greater popular participation in the planning and implementation process (Jha, 1998).

## **6.4 CMC Act Applied**

### *6.4.1 Assessing the Capacity of the Borough Committees*

Borough Committees (BCs) are functioning throughout the city. There is a fully composite body of employees representing different Corporation departments (engineering, conservancy, health etc) now located at the ward level, with the executive heads of each line department sitting in the local Borough office. In the case of the health department, at the ward level there would usually be: one Medical Officer (MO); three Multipurpose Health Assistants (MHAs); one Senior Field Worker (SFW) and four Fieldworkers (FWs), supervised by an Executive Health Officer and one deputy executive health officer, at the borough level.<sup>153</sup>

Officially the BC can issue directions to all Borough-level employees, through the Borough Committee Chairman (BCC), to carry out the functions that it has statutorily been given (CMC Act, 1980:11(7)). Yet, its power to take decisions

is limited, as the Borough Committee (BC) is a deliberative body. Executive power is vested solely in the hands of the Mayor in Council (MICs); and therein lies a basic anomaly. The BC has a list of statutory responsibilities and a dedicated cadre of employees, but limited powers of decision making. As such, it is effectively restricted to carrying out basic 'housekeeping functions', like the collection of garbage, cleaning of roads and lighting (Maitra, 1981:59). Furthermore, its regulatory capabilities are also weak. BC's have supervisory powers, but no power to apply incentives or sanctions to ensure that the directives given to local officials are actually implemented. This limits their capacity to act as a platform for local inhabitants to pressurise their local officials.

#### *6.4.2 Ward Committees*

By June 2000, just one (#39) of the 141 wards in CMC had managed to constitute a Ward Committee, as there was widespread disagreement among the councillors as to who should constitute the Ward Committees. There has been a tendency for ward councillors to pack Ward Committees with their own party supporters, rather than to select an able group of committed and capable local inhabitants. This has created objections, which stalled all efforts to create more Ward Committees (CMHO: 4/09/99).<sup>154</sup>

#### *6.4.3 Mayor and Mayor in Council*

It was previously noted that executive powers have not been devolved to lower administrative units, but remain concentrated at the centre, with the Mayors-in-Council (MICs), who are widely assumed to be collectively responsible to the Corporation. Careful reading of the Act reveals that it is the Mayor who, "allocates among the members of the council such business and in such manner as he deems fit." The MICs are under the supervision and control of the Mayor thus holding little power to guide the Municipal Commissioner. Effectively the new Act confines the various MICs to be executive heads merely in their assigned areas, and in no specific way does the Act empower the

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<sup>153</sup> During my field research (1999-2000), on average, there was a MO for every two wards.

<sup>154</sup> Corroborated by the Mayor and a number of councillors.

Mayor in Council, as a body, to act as a political executive. In fact the Act gives the executive body limited powers, and instead concentrates power in the hands of the Mayor himself (Maitra, 1981:59).

#### *6.4.4 Recruitment of Personnel*

Top echelons of the Corporation are appointed by the Mayor in Council in consultation with the state Service Commission, or by the state government directly, from amongst government officers.<sup>155</sup> Though the Mayor in Council was given a greater role in personnel matters, it should be noted that officers appointed by the state government, enjoying *its* benefits and protection continue to hold senior positions. The CMC is not permitted to create any post without the state government's prior approval.

#### *6.4.5 Financial Authority*

The Act does little to confer financial autonomy on the CMC and so ensures its continued dependency on the state government. Urban local government remains a state subject, which means that the state decides on the functions to be delegated and the resources that are to be shared by ULBs. In this regard, the GoWB has opted for limited sharing of its resource bases with the CMC, but instead provides grant transfers to carry out the functions that it has delegated. For example, from its share of taxes, the government has given approximately Rs 350 crore to the CMC each year, of which Rs 100 crore was for maintenance of roads and drainage. Hence, the CMC is clearly not completely free to make spending decisions by itself, as far as the grants it receives from the state government are concerned, as these are earmarked for specific purposes.

The CMC remains heavily dependent on the state government for financial support. Often its very survival rests on the state government's continued willingness to bail it out. The state government gave Rs 17 crore of the Rs 22 crore needed by the CMC to pay its staff salaries each month, prior to the June

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<sup>155</sup> Municipal Commissioner; Joint Commissioner; Controller of Municipal Finance; Chief Municipal Auditor; Municipal Engineer in Chief; Deputy Municipal Commissioners and Chief Municipal Engineers; Chief Municipal Architect; Chief Municipal Health Officer; Chief Municipal Law Officer and the Municipal Secretary.

2000 election. The state government provided Rs 4 crore to pay for the pensions of retired employees. In the past, when the CMC has been unable to pay for an electricity bill for example, the state government has paid instead.<sup>156</sup>

Since the change in municipal government, fear of non co-operation from the state government has loomed large over the CMC.<sup>157</sup> Civic officials noted that development work could stop if the state government delayed or stopped sanctioning funds. It was feared that failure to comply by the letter with the provisions of the CMC Act may result in funds being delayed or refused to the CMC by the state government. The failure to establish Ward Committees (WC) is a case in point. Prior to June 2000, the failure to constitute WCs for most of the wards in the city had not affected the flow of funds to the CMC. Yet, the state government would be fully within its rights to use this as a reason, following the accession of the Trinamul Congress (TMC), to delay disbursement of some funds to the Municipal Corporation.

Financial decentralisation within the administrative structure of the Corporation has not been commensurate with the level of functional responsibilities decentralised to lower levels. For example, in the health department, BCs are given a nominal amount of money, Rs 5,000, to be able to carry out their work. Any project costing Rs 50,000 or less has to be referred to the Zonal Head - in the health department it would be the DCMHO. Only the Chief Officer (CMUHO, Chief Engineer) can sanction projects in excess of 1 lakh.

Borough Committee Chairmen argue that some level of funds, in excess of what already is allowed, must be held and managed at the Borough Committee level, at least, to enable them to carry out their statutory responsibilities. Without at least a modicum of financial autonomy, they are confined, allegedly, to the most basic of 'housekeeping functions', which blunts their capacity to

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<sup>156</sup> The financial estimates given in the two paragraphs were taken from an article in the Statesman, 28/06/200.

<sup>157</sup> Since it was re-established under the aegis of the CMC Act (1980), the Corporation has been run by the Left Front, who have also been in power at the state level, continually since 1977. Elections in 2000 brought a change at the helm of municipal government. The Left Front lost the elections, marginally, to the Trinamul Congress although it continues to hold a majority in the State Assembly.

respond to local needs effectively, even when these fall within their stipulated responsibilities.

It may be argued that the CMC Act (1980) has not resulted in greater participation or locally designed solutions to development problems. The State government effectively takes the major policy decisions for Calcutta and allocates grants to finance these. So far, the hope that decentralisation would allow for more 'locally' devised solutions to local problems has proved elusive, in Calcutta at least. The creation of different platforms for community participation such as the Borough Committee and Ward Committee, in theory, created the possibilities for greater community participation and ownership of local government policies. But, by ensuring that decisions continue to be taken at the centre - in actual fact by the Mayor - the Act has simultaneously disempowered these same local platforms. Finally, the failure to devolve regulatory control to the Borough level has further weakened the role of these local level organisations as platforms from which local inhabitants can pressurise local officials.

### **6.5 The CMC Act Reconsidered: Reduced Agency Costs and Improved Governmental Performance**

Whilst the impact of the 1980 Act has been limited in terms of enhancing community participation in local governance, it has brought about some quite significant administrative changes. It has led to the deconcentration of staff away from the main Corporation office, to the ward level. It has also resulted in a delegation of responsibilities to lower administrative levels, mainly to Borough Committees.

If we consider the relationship between a health-care provider and a patient as one between principal and agent - the provider as the agent and the patient as the principle - then in theory deconcentration may be seen as an important step towards reducing what in this sort of relationship are termed 'agency costs'. These are the costs that inevitably arise given information asymmetries between principals and agents. Informational asymmetries exist on account of the nature of the 'good' being provided (one requiring specialisation and expertise, such as in the case of health care provision), and also on account of

the distance of agents from principals - something of a characteristic feature of centralised bureaucracies. Agents, on the whole, know much more about their tasks than principals and in many cases this has created incentives for the agent to behave opportunistically. The nature of the 'good' and the distance between agent and principle creates a smokescreen, which prevents principals from being able to accurately monitor and judge the performance of agents. Decentralisation, by bringing principals and agents closer together is, in theory, meant to remove the smokescreen, thereby enabling principals to monitor the activities of agents more effectively. Furthermore, through the creation of institutionalised channels for local participation, such as Ward Committees and Borough Committees, together with the availability of better information, through greater proximity, decentralisation was meant to reduce the 'transaction costs' of exerting pressure by principals on agents. Finally, better monitoring and the real threat of pressure were meant to result in the optimisation in the performance of local officials. The delegation of responsibilities to lower administrative levels should mean that local government is more responsive to local needs and crises, partly in response to local inhabitants' ability to apply pressure on them. Similarly, the transaction costs involved in pressurising officials should also have been significantly reduced on account of this greater proximity.<sup>158</sup>

This has been the theoretical reasoning behind calls for decentralisation to improve the delivery of services to the local population. Unsurprisingly, it was the reasoning on which the arguments of senior officials and politicians in the CMC are based. According to the Municipal Commissioner, "I have pushed the decentralisation agenda, personally in the CMC...It brings the government closer to the people, it improves the quality of services, and ensures that those needing services get them on time. By being close to those they are meant to be serving, officials will feel more accountable. They can't hide now, there is a lot more transparency there."<sup>159</sup>

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<sup>158</sup> Inhabitants of both research sites reported that the situation was much better now that they didn't have waste time and money travelling to the city centre, but instead could report problems and request assistance at the local councillor's house office.

<sup>159</sup> Personal Interview 17/02/2000, Calcutta Municipal Corporation .



## 6.6 Disentangling the Assumptions: Understanding the Implications

Implicit in the causal chains between lower information and transaction costs, the exercise of voice and the effects this is supposed to have in improving bureaucratic performance, lie a bundle of assumptions, which this section will attempt to untangle before analysing the implications of each separate assumption.

First, regarding information costs, key to the principal agent relationship is the fact that information asymmetries exist between the agent and the principal, making it difficult for the latter to monitor the activities of the former. By placing the agent closer to the principal, decentralisation is meant to reduce information asymmetries, which in turn is supposed to facilitate monitoring. The implication is that information asymmetries decrease in proportion to the physical proximity of agents to their principals, government to its people. In other words, you have a better idea of what your local official is doing because he/she is nearer to you and thus you are able to monitor his activities better. The fact that information asymmetries arise due to the type of good/service being provided - for example, one characterised by expertise and specialisation, like health care - seems not to have figured in this calculation. This aside, can it really be assumed that in Calcutta, as a result of the CMC Act, principals are clearer as to what agents are doing, in relation to what they should be doing, to be able to monitor performance effectively?

Second, decentralisation is said to reduce transaction costs; making it easier for principals to engage with local officials, report their problems and pressure them to address their needs. Here the implication is that transaction costs are closely allied to an official's physical proximity to the public - predicated on the assumption, as we have seen, that physical proximity reduces informational asymmetries - and the existence of institutionalised channels to exercise voice and seek redress. The existence of divisions, differences and power relationships amongst local inhabitants that may constrain their ability to act collectively does not seem to figure in the calculation of transaction costs.<sup>160</sup>

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<sup>160</sup> For a similar point, see Rondinelli et al (1989:67). I have referred to this in Chapter Two.

One still needs to explore to what extent proximity and channels for participation actually make it easier for local inhabitants to pressurise local officials.

Finally, it is assumed that officials will respond rationally, by improving their level of performance, since their work is now more open to scrutiny. The expected response is, in part, due to the fact that local inhabitants can judge if they are doing their jobs properly or not, and partly to the increased likelihood that local inhabitants, armed with this information, will take advantage of the opportunities to harangue them about problems ignored. Thus the incentives to behave less opportunistically are considerable, and agents, by choosing to behave less opportunistically, are in fact only seeking to enhance their personal welfare. And their personal welfare maximisation will lead to greater social welfare.

#### 6.6.1 Information and Monitoring

Through time spent in the field and interviewing informants there, it was quite clear that the inhabitants of DT had little idea of either the responsibilities of the local health care officials or their whereabouts.<sup>161</sup> Yet these officials were located at no more than ten minutes walk from the *bustee*. Even otherwise well-informed and well educated local inhabitants were ignorant about the roles and responsibilities of local health care officials. For example, the one university graduate in the *bustee* - intelligent, politically astute and militant - had no idea what local residents were entitled to from the Corporation, and thus was at a loss to judge whether local officials were performing their roles properly or not.<sup>162</sup> Even in the better performing ward, in SL *bustee*, the inhabitants were at a loss to tell me the whereabouts of the HHWs and the regularity with which they were meant to visit. This was in spite of the fact that the HHWs were meant to be community-embedded, primary health care service providers, whose outpost was located at no more than 2 minutes walk from the *bustee*.

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<sup>161</sup> DT and SL were the two *bustees* used as case studies, some of whose characteristics were described in Chapter Five.

<sup>162</sup> I photocopied sections of the CMC Act for his reference, after which in subsequent correspondence with the councillor, he would quote the relevant clause. On many occasions, I found myself in the *bustee* explaining to the inhabitants what they should expect from the local Corporation and what they should do if the attitude of officials was not collaborative.

These two brief examples from fieldwork illustrate the extent to which poor information was a feature of even procedural aspects of the work of local health care officials. If we were to add to these the informational problems innate to the provision of health care, it may be assumed that together they would result in significant informational asymmetries, between principals and agents, in spite of deconcentration and delegation. As Moore has noted in the case of Taiwanese irrigation, “numerous small-scale clients cannot normally organise effectively to control monopolistic public utilities run by highly organised bureaucracies with privileged access to technical knowledge.” (1989:1742). This must therefore bring into question the assumption that decentralisation reduces information costs and facilitates monitoring.

#### *6.6.2 Transaction Costs: Monitoring and Enforcement*

Transaction costs include the costs of monitoring and enforcing contracts, and according to Pratt and Zeckhauser, “information is the primary source of transaction costs” (1985:11).<sup>163</sup> Yet the statement fails to distinguish between two rather distinct, yet interrelated causal relationships. Whilst the quality of information affects the principal’s ability to monitor, making the task of enforcement so much more difficult, independent of the quality of information, effective enforcement involves its own distinct challenges.

It would seem self-evident that as principals, if we do not know what agents are meant to be doing, then it becomes very difficult to monitor their performance, and consequently pressure them to perform their duties adequately. The assumption that decentralisation will lead to a reduction in transaction costs, making it easier for principals to exert pressure on agents, is built on the assumption that through decentralisation, informational asymmetries are reduced, making it easier to monitor. Yet it has already been shown how in Calcutta, despite deconcentration, significant information asymmetries continue to exist, making the basis for effective monitoring extremely weak, thereby undermining the potential for enforcement. It would seem absurd to think that given the poor quality of information available, in

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<sup>163</sup> See Chapter Two for a definition of transaction costs.

general, to the poor at the local level in Calcutta - not to mention the information costs inherent in a service like health care - the costs of monitoring could have been reduced by the mere fact that agents and principals have been brought closer together.

Transaction costs also comprise the costs of enforcement. It has already been noted that if information asymmetries are significant then enforcement will remain a major challenge. But it may also be worth expanding our definition of transaction costs, beyond what is traditionally understood by the term. In public sector delivery, the transaction costs have been rather narrowly understood to include the time and effort taken to complain or highlight one's problems to a higher authority.<sup>164</sup> In part, efforts to reduce the costs of enforcement have tended to focus on the nature of the institutional arrangements by which principals can exert pressure on agents, and have thus sought to create channels for participation and to redress grievances. If agents are close by, and there exist institutionalised channels for principals to bring their problems to the attention of agents, then transaction costs are understood to be limited. The problem is that in calculating transaction costs, there seems to be no attempt, for example, to include the difficulties involved in local inhabitants joining together to pressurise local officials. Yet these are significant.

## 6.7 Collective Action and Transaction Costs

The quotation from Moore (1989) above highlights not only the problems caused by poor information affecting principals' ability to control agents with a high degree of technical expertise, but also alludes to the challenges of clients joining together to act collectively. The previous chapter illustrated some of the difficulties faced by local inhabitants in organising collectively. In the absence of some external unifying force these seem very difficult to overcome. It was shown that in one area where health care services were very poorly provided, the local inhabitants appeared to do very little to mobilise collectively and pressurise officials, in spite of what are assumed to be reduced transaction

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<sup>164</sup> The classic case is that of irrigation bureaucracies in India and those in Korea (Wade, 1988; 1992). Certain structural features of the irrigation bureaucracies in India mean that farmers are forced to expend much time and effort in complaining and having their complaints verified; whereas in Korea, the closer involvement of irrigation staff and farmers, through different organisational mechanisms, significantly reduces these costs.

costs. In the other ward, exactly the same channels for participation existed, and the officials were also located at the ward level, but in this case local inhabitants, through community organisations, were seen to exert pressure on local officials.

Ranson and Stewart (1994) have argued that the willingness to participate (exercise voice) depends on there being a likelihood of change ensuing from pressure being exerted. This rests on the nature of local politics. In the well performing ward, an external political force helped overcome social divisions and provided the opportunities and incentives for collective action to proceed. Here, an external unifying political force reduced the 'transaction costs' involved in collective action. By contrast, in the poorly performing ward, no comparable unifying political force exists and societal cleavages were not overcome so as to enable local inhabitants to act collectively.<sup>165</sup> But the nature of local politics, and particularly pervasive patron clientalism, had its role to play as well.

Patron-client relations within a neighbourhood may further augment the well-known challenges to collective action (see Olson, 1965). In DT, these may be seen as crucial to containing dissent. Each of the local *bustees* had a prominent local *dada* or *mastaan*.<sup>166</sup> In my research site the *mastaan* was both respected and feared and therein was the source of his power and influence locally. On the one hand, he was respected due to his role as guardian and benefactor. For example, he would provide income-earning opportunities for local youth through his illegal activities, or shady connections. He was also considered to 'protect' the *bustee* from the unwanted attention of others, both criminals and police. People trusted his ability to protect, because of what was known of his past as a violent and ruthless *dacoit* (criminal). This reputation invoked, paradoxically, both a sense of fear and also one of security. He was feared by his neighbours, although they were also reassured by the fact that his very reputation would prevent outsiders from meddling with their

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<sup>165</sup> See Chapter Five.

<sup>166</sup> *Dada* literally means elder brother, but is also a way of respectfully addressing an older male, or one of higher status. In the context of the *bustees*, it is also used to refer to local toughs who may also be patrons. *Mastaan* has only pejorative connotations, and is used to refer to local 'dons' with political connections.

neighbourhood, and from the fact that he didn't do "that" any more, and that in any case he never mistreated "his own".

This *mastaan* was not the typical patron in a traditional dyadic patron-client relationship. He needed the protection of the local councillor (and the police) to continue unperturbed in his illegal business. In return for this he was expected to provide money, but perhaps just as importantly, the loyalty (and passivity) of *bustee* dwellers and their votes. This has been termed a classic triadic relationship because the patron becomes a broker, an intermediary between client and higher official. Thus, the patron is under pressure to gain rewards for his clients or risk them transferring their loyalties elsewhere.<sup>167</sup>

In such a clientalistic relationship, the client is constrained in his/her capacity to seek redress, protest or complain to ensure better service from higher officials. He/she can break out of this constraint by breaking out of the relationship, but by doing so risks threatening what little access he/she does have to goods and services. Unsurprisingly, adherence is the favoured path. Wood (1998) has described the phenomenon as "adverse incorporation". He defines this as, "incorporation into vertical patron-client relations for the purposes of having basic needs addressed", and comments that the urban poor will often engage in such structures because they help them satisfy their immediate needs, even though it constrains their long term strategic needs (Wood, 1998:19). Adverse incorporation means that the urban poor rely on these people in the long term and as a result do not hold bureaucrats and politicians directly accountable and thus forego their rights as citizens of a modern liberal democracy (ibid).<sup>168</sup>

The level of transaction costs depends on the quality of information available. If information asymmetries remain, then transaction costs may not be reduced.

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<sup>167</sup> In triadic patron-client networks, each person is only directly related to the one above them, and has no linkage with those above his superior. A patron must be able to interact with followers, which thus limits the number of followers that he has. Clients may often have to compete with one another for the resources controlled by the patron. Except for the very top and the very bottom, the relationship is wracked with competition. Peers compete with one another for the allegiance of followers, and for the limited resources of superiors. See Grindle (1977:31-33) for a good discussion of, especially, tryadic patron-client networks.

<sup>168</sup> Noteworthy is the related point made by Grindle, that these sorts of relationships are established and maintained because they comprise rational and efficient strategies for those living in conditions where goods are limited and access is far from straightforward (Grindle, 1977:38).

Furthermore, if we expand our definition of transaction costs to include the difficulties the urban poor/local inhabitants face in organising collectively - which incorporates the long-term costs of antagonising patrons and alienating oneself from the meagre benefits of clientalist structures - it may be argued that independent of the quality of information and the existence of institutionalised channels for participation, the transaction costs which accrue to principals, related to putting pressure on officials, may continue to remain high.

## **6.8 Behaving Opportunistically: Bureaucrats responses to administrative changes**

This leaves the final assumption to be examined more closely. Do officials respond to lower agency costs by behaving less opportunistically? Firstly, it may be worth recalling the points made so far. In Calcutta, it should not be assumed that information and transactions costs have been reduced through decentralisation, and thus the incentives for agents not to behave opportunistically may in fact be weaker than imagined. The situation is exacerbated, in the case of the CMC Act, by what I have termed design flaws that further weaken the incentives for good performance on the part of agents.

### *6.8.1 Design Flaws*

Officials were assigned to wards within boroughs, to be directed and guided and supervised by Borough Committees (BCs), but BCs were not assigned any regulatory capacity over these officials. There were thus no incentives or sanctions to ensure that directives were actually implemented. In effect it meant that although local officials could be given a set of locally defined tasks, according to local needs, there was nothing apart from social sanction and moral compulsion to prevent them doing as they pleased, even if this meant ignoring their tasks. This weakened the capacity of the BCs to act as a platform for local inhabitants to pressure local officials. Ultimately, pressure without the risk of sanction to back it up, is likely to be of very little effect.

In fact the whole question of accountability remains confused. At best the Act provides for a system of dual accountability, whereby local officials are responsible both to local representatives in the Borough and to their line

managers in the administrative machinery (Chakraborty, 1981:23). In practice, interviews with administrators as well as municipal politicians, suggested that accountability to the Borough Committee chairman and other locally elected representatives is erratic and arbitrary. When questioned, all local level officials clearly saw themselves accountable to their administrative heads in each department. As one Deputy Executive Health Officer, responsible for a Borough, said to me, "I don't take any decisions for myself, I do what the EHO tells me, and he does what the DCMHO tells him".

If by chance local officials do consider themselves accountable to the 'people' and their representatives at the local level, it is likely to be through informal political means, and in no way is the result of institutionalised channels. The means of exerting pressure remains political, but not in the idealised way often imagined, whereby the aggrieved reports to the elected representative and s/he uses the fact that local officials are subordinates, to pressure them to address these grievances. The Municipal Commissioner reported that, "if the councillor is a political heavyweight, then there is an extra incentive for local officials to carry out his directives". He added, "local councillors have formally very little power over officials, they get in touch with them, meet with them, but their powers are no more than supervisory...but, I can tell you that some of my officers are scared of their local councillors...there is no institutionalised way that locally elected representatives can control the work of local officials, although some very often manage to do so, by sheer dint of their power in their locality and their political strength. This is entirely arbitrary, not institutionalised."

Flaws in the design of the Act have meant that local officials continue to have the scope to behave opportunistically. It has meant that even if agency costs were significantly reduced and principals could more easily monitor and pressurise agents, there would nevertheless be few incentives at their disposal to persuade local officials to behave in a more socially optimal way.

The CMC Act 1980 has not resulted in the organisation of local government as a strong unit with powers to take decisions as locally as possible-as was envisaged when the Act was introduced. Rather, the Act may be seen to have



created a “democracy of disempowerment”: “the decentralisation of responsibilities without corresponding changes in political management and fiscal authority” (Cornwall et al: 2000:7).

Design flaws may be easily rectified through amendments to the Act. Flaws in the theory, on the other hand, are somewhat more intractable. In particular I am referring to the assumption that human beings are rational utility maximising individuals, which is central to the choice-theoretic foundations of decentralisation. Rational individuals are commonly assumed to choose systematically based solely on a calculation of personal advantage (Sen, 2000:270). Chapter Two set out some of the potential lacunae in the choice-theoretic approach to understanding human behaviour. In particular it was posited that individual choices may be defined by habits and customs routinised over time, and that history and culture have a role to play, as does politics in influencing choices and behaviour. The next section provides an illustration of this.

## **6.9 A brief Political History CMC Calcutta (Municipal) Corporation**

### *6.9.1 Premier Institution of Local Government*

Established in 1923, Calcutta Corporation was the premier institution of local government in India. Yet, from the outset it was wracked by intrigue and infighting between factions led by charismatic leaders and icons of the independence movement. At the behest of these political leaders, its limited resources were used to fight political battles on issues of national concern, rather than being directed to addressing problems of municipal administration. As the Statesman pointed out, “the Corporation was the spearhead of nationalist politics,” but largely at the expense of the mundane matters of municipal administration which were its main responsibility (20/03/30). Even today, political rivalries continue to play out during working hours and agitation led by prominent politicians on a whole range of issues, of no relevance to the matter of civic administration in this city, often prevents work being done.

### 6.9.2 Nepotism, Patronage and Corruption: Appointments and Promotion in the CMC

The Corporation spends a large portion of its budget on 'municipal establishment', largely due to overstaffing. The wage bill that once stood at 70 lakhs in 1968, by 2000 exceeded Rs 22 crore.<sup>169</sup> However, the CMC is not able to say with any accuracy how many people it actually employs! It is widely accepted that the Corporation is overstaffed, largely because its leaders had always felt that they had an obligation to repay political loyalty with offers of employment. Jobs were provided for those loyal yet incapable of getting a job elsewhere (Ray, 1979). CR Das offered jobs to those who had suffered for the country's cause in Corporation schools. Up to the 1970s, the largest number of appointments in the Corporation was made directly by the Commissioner. Jobs were distributed to councillors with unemployed relatives, which the Commissioner used as a lever for getting the support that he required in the Calcutta Corporation(CC).<sup>170</sup> The organisation came to be considered as an employer of last resort.

Attempts to make the recruitment process more merit-based and transparent were always fiercely opposed by the councillors. Similarly, recruitment to fill higher posts from within the ranks of the organisation rather than recruiting outside - to provide an incentive to staff already employed in the Corporation to work harder - was also rejected. Such was the entrenchment of the belief that new posts should be offered to outsiders that the councillors themselves ardently challenged Sarat Bose's proposals for reform in 1935. Nirad C. Chaudhuri, the writer, who was Principal Secretary to the mayor at that time, recounts how he made a draft set of rules for appointments to CC. The revised rules stated that with equal qualifications, internal candidates would be promoted in preference to outsiders. He reports that the councillors objected strongly to these, with one seeming to encapsulate the general mood by saying,

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<sup>169</sup> In 1962, this was at least 3 times more than the other metros. (GoI Report of the Rural Urban Relationship Committee Vol III, June 1966 in Ashraf, 1970:152).

<sup>170</sup> According to an ex-officio member of the CC, Mr. S.K. Gupta in "Improving City Government: Proceedings of a Seminar" Part 2 September 1958 published by IIPM, New Delhi, 1959 p27, quoted in Ashraf (1970: 87).

“ready cash, ready cash.”<sup>171</sup> For the councillors, the ability to hand out jobs to outsiders had come to be seen as an entitlement.

Given that most of the employees gained their posts other than through competitive selection, it proved very difficult, in fact almost impossible, to take punitive or disciplinary action against officials, even after serious offences such as corruption or bribery.<sup>172</sup> Officials knew that they were well protected by powerful patrons, and displayed no qualms in blatantly flouting rules. As one scholar has noted, the close relationship between councillors and municipal employees, “gives scope for malfeasance in municipal administration and makes the sole objective the promotion of sectional interests” (Ashraf, 1970:84).

Adding to their sense of job security was the close nexus that had developed between politicians and the nascent labour movement. The Trade Union movement began amongst white-collar workers in West Bengal, at the beginning of the 1920s. By 1921, 137 strikes had taken place in Bengal alone (Ray, 1979:97). Unions needed the patronage of politicians, who were often members of the city’s liberal professional classes. For their part, politicians’ ability to mobilise large numbers of people at short notice for demonstrations or non-cooperation, was crucial for their standing amongst the people and for the effectiveness of their political actions. Their close relationship with labour, beginning at this time and subsequently nurtured, meant that labour could quite easily be mobilised on a massive scale for political purposes.

### 6.9.3 *Current Scenario*

Patronage and nepotism is a legacy that permeates the procedures for appointments and promotions in the Corporation. The distribution of jobs on the basis of loyalty or personal connections became a privilege which councillors were reluctant to give up. The view of the Corporation as an employer of last resort, for which merit and industry took second place to political loyalty and personal connections as criteria for employment, became embedded in the

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<sup>171</sup> See Ray (1979)

<sup>172</sup> This was noticed as far back as 1935: “Some reasons for the Unpopularity of the Corporation” Calcutta Municipal Gazette, 1935

culture of the organisation and continues to the present day. The last Municipal Commissioner corroborated this when he said:

“CMC began as the rallying point of national leaders like Netaji. It became the training ground for the fight against the British. From the very beginning, people received jobs through patronage and we are suffering from this now (*he laughs*). Even as far back as the 1951 Act, there was a provision for employment through competitive recruitment. But until very recently, a few years back, people continued to gain employment here through personal contacts and friendship, political or kin ties. There is a legacy, and people have come to think of this place as:

- a) a charitable organisation, free electricity, free water etc. If you want to set up a hospital, fine take free land from us
- b) people thought it was organisation there to provide jobs to the faithful, the followers of one political party or the other

But there has to be a conceptual mind set change, as this can no longer be seen as an organisation for providing employment, or a charity. It has to be a slim, effective but benevolent organisation.”<sup>173</sup>

Interviews held with Corporation staff over a period of 12 months revealed how entrenched these practices had become. Eighty per cent of Group B, C and D employees of CMC interviewed, reported, often reluctantly, having acquired their positions through political or kin ties - a *dada* or a *neta* - even though this was often hidden by their having been recruited ‘officially’ through the employment exchange. Employees as well as administrators reported that their initial motivation for joining CMC was seldom based upon a public service ethos, but rather as a last resort after failing to secure alternative employment. Even in the case of health care employees, including doctors, for whom a firm public service ethos should be prerequisite,<sup>174</sup> responses from staff themselves suggested otherwise. In the words of one senior doctor, “ I joined this service (rather than state service) to avoid being transferred anywhere in the state and to be able to remain close to my family.” CMC doctors who were interviewed reported wanting to serve the people, but also pointed out that municipal

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<sup>173</sup> Personal Interview 17/02/2000.

<sup>174</sup> See Leonard (1993)

service was seen as entirely compatible with the demands of building up and maintaining a private practice. According to one departmental head, “many doctors working for the Corporation concurrently run successful private practices”.

Moreover, the complete disregard that Corporation employees showed for basic rules regarding attendance and punctuality, never mind norms of conduct as public servants, was indicative of their confidence in the fact that their behaviour would not be punished.

#### *6.9.4 Reforms to the Corporation*

As far back as 1935, according to the Deputy Mayor, widespread suspicion of nepotism in the distribution of jobs by the Corporation was one of the main sources of its deep unpopularity.<sup>175</sup> Amidst a maelstrom of accusations of corruption and maladministration, the Corporation was dissolved in 1948. The first official commission appointed to review the workings of the Corporation, the Biswas Commission (1949), outlined three possible reasons for the malpractices:

- a) that it was a problem of the electoral machinery
- b) that it was symptomatic of a wider, more widespread cancer affecting the entire sphere of Corporation administration
- c) it was a defect in the constitution-either it was too democratic or not democratic enough

The final recommendations focused on changing the systems - to insulate the executive from “the baneful influence of councillors” - and so no attempt was made to address the second reason given for maladministration. As a consolation, Biswas noted in his conclusions that, “ the finest machine in the world is worked by men and men ruined it by incapacity” (Final Report Vol II, Part I: p.193).

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<sup>175</sup> Calcutta Municipal Gazette, 1935.

Two further attempts were made to reform the Corporation, in 1962 and lastly in 1980. Whereas the 1962 reforms sought to extend the insulation of the executive from the legislature, the 1980 Act reflects the spirit of the initial 1923 Act, by giving precedence to the political wing. But the 1980 Act, as Malhotra notes, is yet another attempt to change the organisational form of the CMC: "the changes incorporated in the CMC Bill are based upon the assumption that the intrinsic weaknesses of the Corporation arise from its structural dysfunctionalities"(1981:31).

This reflected the priorities of its main architect. Prasanta Sur exempted the officials and employees of the Corporation of any blame for its poor performance, calling instead to "rectify the 'corrupt systems' which have permitted such evils of corruption to perpetuate" (Minister's Speech, *op cit*). Clearly the problem lay beyond the organisational form of the Corporation or its structure. As Biswas pertinently comments, "since all city Corporations today have the same kind of structure...what made the Corporation of Calcutta much less efficient and much less organised than the other bodies given the same structural pattern?" (Biswas, 1981:11)

Given the political connections of the majority of the employees in the Corporation, it has proved less costly to try and fiddle with the structure of the organisation, than to make significant changes in personnel management. Hence, in Calcutta, the Corporation and corruption go hand in hand- a popular name for the body became *chorrporation* instead of Corporation.<sup>176</sup> The view of the Corporation amongst the city's inhabitants as an organisation manned by unmotivated, corrupt and lazy employees is pervasive. A long tradition of nepotism and patronage in the system of appointments and promotion, and the close nexus that has developed between politicians, trade unions and its employees may carry much of the blame for this.

The Corporation was a tool for the mobilisation of political opposition to the Raj, and the mundane aspects of municipal administration came second to this. Since independence it has continued to be used as a tool for mobilisation by

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<sup>176</sup> Roughly translated, *chor* means 'thief'

one or other of the political parties. Indiscriminate strikes, walk-outs and *gheraos* have become routinised and were widely fomented by politicians for political gain.<sup>177</sup> More commonplace, everyday examples of labour indiscipline have avoided punishment. The foray into the Corporation's history was meant to illustrate how social norms, routinised habits and informal conventions can affect the sorts of choices that individuals make. They also appear to have a pervasive effect on human behaviour, legitimising norms of behaviour which are antithetical to committed and responsive public service. At the same time, an ethos of commitment to public service has not emerged because the incentives for hard work and dedication have remained weak; and staff recruitment and promotion corrupted through patronage and nepotism, take away the incentive for accountability to the public, replacing it with a need to be responsive to the needs of the patron. The enduring poor performance of the Calcutta Corporation, in spite of numerous changes to its organisational form such as those embodied by the CMC Act 1980, may be attributed to these factors.<sup>178</sup>

Essentially, the example is meant to support the arguments of those like Bates (1995), North (1995) and Khan (1995) who have all highlighted the importance of politics to the success of institutional arrangements. At the same time there is more than just a passing reference to the notion of path dependency - that history and culture matter to the shaping of institutional outcomes. However, the example of good performance seen in the previous chapter should guard against the overtly negative determinism of the path dependency approach.

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<sup>177</sup> "A Gherao is the physical blockade of a target, either by encirclement or forcible occupation. The 'target' may be a place or a person or persons, usually the managerial or supervisory staff of an industrial establishment..." Extracts from the Judgement of the Special bench of the Calcutta High Court in the "Gherao Cases" Matter no 343 of 1967, Jay Engineering Works and others V State of West Bengal and others (Appendix 2, Ghosh, 1981).

<sup>178</sup> This argument may be compared with that of Stein (1995), who shows how SAPs in Sub-Saharan Africa - by re-enforcing and recognizing property rights, as a means of reducing transaction costs and making agriculture more efficient - effectively failed to take into account existing system of property rights that existed in the African rural setting. The example illustrates how for the success of any formal legal framework, such as the establishment of property rights, must first rest on the socially evolved existing concepts of property rights, in order to gain the legitimacy they need to be enforceable and so that people will adhere to them. This echoes a point made by North (1995:25) that norms of behaviour support and legitimise new rules.

## 6.10 NPM and Bureaucratic Performance

Chapter Two showed how, in theory, NPM inspired reforms could improve the performance of the public sector. It was noted that whilst the NPM had little influence on discussions of general administrative reform in West Bengal, recent reports examining the functioning of the health department in the state have recommended changes which reflect the influence of the NPM agenda. It has been suggested that NPM doctrines have influenced the design of the health component of the ODA/DFID funded slum improvement programme (CSIP 1), in particular in the creation of a cadre of Honorary Health Workers (HHWs). The section begins by reconsidering some of the theoretical arguments, which have served to challenge the NPM agenda, before specifying in what ways the CSIP health component reflects NPM principles. The remainder of the section evaluates the performance of HHWs in delivering the health component of CSIP 1 in one of the research sites, in order to interrogate some of the theoretical claims of the NPM.

It was argued in Chapter Two that the doctrines that comprise the NPM emerged from two main theoretical strands. In part NPM was influenced by similar theories as those underpinning the idea of decentralisation - principally New Political Economy and public-choice theory. At the same time, NPM's popularity grew out of disillusionment with the traditional Weberian model of bureaucracy, with its belief in the assumed superiority of rational-legal authority.

The basic assumptions about individual's behaviour remain the same as with decentralisation: bureaucracies are comprised of rational individuals who seek to maximise their own utility. NPM attempts to optimise bureaucratic performance through the application of commercial principles to public bureaucracies (cf World Bank, 1994). This meant the application of corporate management techniques to the public sector, including: setting clear goals and focusing on outputs; precisely defining responsibilities; clearly separating between deliberative and executive units; introducing flexible contracts and using market incentives to enhance standards of performance (Hood, 1991:13). This has meant devising ways of evaluating what the outputs have been - whether the goals assigned have actually been met - what Hood terms "a technical infrastructure of reporting" (1991:12). But whereas decentralisation



was meant to make government more responsive and accountable by reducing information and transaction costs, NPM's aims to do the same by cutting production costs so as to do more for less - "trim fat and avoid slack" (Hood, 1991:12) - through improvements in management and changes to the structural design of organisations (ibid:15). The critical difference between the two may be that NPM builds on a more overtly economic rationale, by advocating the application of market incentives to enhance performance.

The critiques of rational choice theory offered in Chapter Two in the course of discussion of decentralisation are equally applicable to NPM, given their common theoretical approach, and hence need not be repeated in full here. Suffice it to say that individuals may not always respond to choices in a purely rational way, by deciding merely after a calculation of the costs and benefits of each, the one that will maximise their own utility. So far in this chapter it has been argued, taking the case of the CMC, that habits, customs and informal norms of behaviour established over time may affect the way an individual chooses and behaves; that history and culture, as well as politics, help to shape choices. In addition, Hood (1991) and Hood and Jackson (1991) have set out the standard critiques of NPM, augmenting these with the claim that NPM is neither based upon hard facts, nor a proven record of success, but rather on the application of clever rhetorical devices, or "administrative argument". The next section examines NPM's penchant for the application of commercial principles and particularly market incentives in order to influence bureaucratic behaviour.

#### *6.10.1 Applying Commercial Principles to Enhance Bureaucratic Performance*

The running of public companies on commercial principles, through the application of market-like incentives meant to improve the performance of public officials, reflects a fundamental belief in the clear link between personal choice and personal welfare - namely that a person chooses to behave only in a way that will maximise his welfare.<sup>179</sup> This effectively excludes the role of 'commitment' and its centrality to work motivation, which is especially pertinent

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<sup>179</sup> Behaviour reflects preferences, which are revealed through choices which are reflected in behaviour. The circularity of this argument has been noted (Sen, 1983:90) as has its theoretical origins in Samuelson's Weak Axiom of Revealed Preferences (ibid: 55-57).

to the case of public employees, in understanding what affects individuals' behaviour. According to Sen, commitment involves a person, "choosing an act that he believes will yield a lower level of personal welfare to him than an alternative that is also available to him" (Sen, 1983:92).<sup>180</sup>

When a sense of 'commitment' exists, an individual may decide to take a course of action that may not maximise his own welfare, thus "driving a wedge" between personal choice and personal welfare (ibid: 94). In this way, the concept of 'commitment' places a spanner in the works of those who conceive of individual behaviour in purely economic terms, guided uniquely by economic incentives. Considering that, "the existence of attitudes towards work which supercede the calculation of net gain from each unit of exertion", is widespread (Sen, 1983:97), particularly in public service, devising incentives to improve bureaucratic performance based solely on assumptions about rational utility maximising individuals, may not produce optimal results. NPM enthusiasm for the application of commercial principles fails to consider how 'commitment' may distort an individual's behaviour away from utility maximisation. These critiques will form part of the ensuing discussion of the health component of Calcutta Slum Improvement Project (CSIP)

### **6.11 The Health Component of Slum Improvement Programmes: Calcutta Slum Improvement Project Phase 1**

After a successful trial in the late 1980s, donors began to incorporate a health component to slum improvement programmes (SIPs).<sup>181</sup> The aim was to deliver primary health care services through community based Honorary Female Health Workers (HHWs), to the doorsteps of beneficiaries living in *bustees*. The HHW was the link to the community of a health care bureaucracy, comprising Health Administrative Unit (HAU) and sub-centres. The HAU is the administrative unit for the delivery of primary health care services to 35,000

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<sup>180</sup> The example that he gives is that "if the knowledge of torture does not make you personally worse off, but you think that it is wrong and are ready to do something to stop it, it is a case of commitment" (1983:92).

<sup>181</sup> This began with the World Bank's Calcutta Urban Development Project Phase 3 (CUDP III) and was later continued by DFID/ODA's in their Calcutta Slum Improvement Project Phases 1a and 1b (CSIP 1a&1b). For a discussion of the evolution of slum improvement programmes in Calcutta, see Stephens and Harpham (1991).

beneficiaries. As such it houses the office of a District Health officer-the technical head of the programme and the person responsible for supervising activities at all levels. In addition, there is a part-time medical officer, 1st tier supervisor (FTS), 2nd tier supervisor (STS), storekeeper, General Duty Attendant (GDA), HHW and a sweeper, who are meant to assist him. The HAU is mainly for administrative work- the compilation of reports, storage of drugs and of family folders. Treatment is given at sub-centres, which are the base of operations for 5 HHWs supervised by another HHW. Here immunisation services are rendered, children weighed and nutrition packs distributed. There are seven sub-centres under the jurisdiction of one HAU.

HAUs were to be under the administrative control of elected local representatives (councillors), who form a local co-ordination committee. The co-ordination committee is responsible for identifying beneficiaries, the primary selection of HHWs as well as the day-to-day administration, supervision and monitoring of the programme (CSIP Project Report, 1990:48). In the case of CSIP, all project components were supported by ODA for five years, after which technical staff were to come under the control of the health department of the CMC. The Department of Health (DoH), GoWB pays the salaries of the personnel and is responsible for providing the medicines.

#### *6.11.1 NPM and the Health Component of CSIP 1a&1b*

NPM envisages a fundamental change in the role of government in the provision of public services. Rather than be the sole provider of services, NPM has advocated that government should enable, regulate and facilitate the role of private or community actors in service provision (Batley, 1999b:761). Furthermore, reforms have sought to enhance governmental performance, through the introduction of stronger incentives and through improvements to the mechanisms for accountability (Bennet & Muraleedharan, 2000:59).

Through CSIP the government continues to be the sole provider of services, which clearly does not reflect the influence of NPM. Furthermore, many of the classic components of NPM-inspired reforms are absent from the design of the health component of CSIP. There has been no contracting out of services,

nothing has been done in terms of changing the regulatory framework for healthcare and CSIP, far from being an autonomous body, falls under the jurisdiction of the Health Department, Calcutta Municipal Corporation (CMC).

In spite of this, it is believed that the health component of CSIP provides an useful opportunity to evaluate some aspects of NPM thinking. Hood (1991:4-5) highlights seven doctrinal components of NPM, identified from public sector reform in OECD countries. These include: hands on professional management in the public sector, through clear control of organisations from persons at the top; explicit standards and measures of performance, through the clear definition of goals, targets and measures of success; greater emphasis on outputs controls, through performance based rewards and the decentralisation of personnel management; shift to disaggregation of units in the public sector, through the decentralisation of budgeting and the breaking up of units; shift to greater competition in the public sector, through contracting out; stress on private sector styles of management practice, by facilitating hiring and firing-flexibilising the process; greater discipline and parsimony in resource use, by cutting direct costs, enhancing labour discipline and controlling union demands.

The health programme contained very clear targets, activities and indicators against the objectives of the health component of the SIP.<sup>182</sup> To prove that these had been completed, each level of worker was meant to provide status reports for the attention of those above them in the hierarchy. HHW were meant to collect statistics from, on average, twenty households/day and submit these for analysis each week at the sub-centres. They were to report to a first tier supervisor (FTS), who was to monitor their activities by checking entries to family schedules and also by accompanying them on field visits. This FTS would then have to prepare weekly reports on the performance of the five HHWs whom s/he was responsible for and submit these to the medical officer and the HAU on a weekly basis. A second tier supervisor (STS) was to supervise the activities of sub-centres and FTSs as well as of HHWs, where needed. S/he was to organise referral services, family planning camps and environmental sanitation programmes. The STS was required to submit

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<sup>182</sup> See Annex H of the CSIP Phase 1 Project Report, CMDA August 1990.

monthly reports to CMHO and DCMHO (CMC); the director of the Health Programme (CMDA) and the Chief Health Officer (CMUHO). There was to be a part-time medical officer who would do house calls, on the recommendation of the HHW, compile an inventory of supplies for Central stores and where necessary refer cases for hospitalisation. A Health Officer was also employed to provide overall supervision of the programme. S/he was responsible for compiling monthly reports of the HAU and then submitting them to the project headquarters and the relevant individuals.

The health component of CSIP stipulates standards and measures of performance, through the definition of targets and goals, and by making quantitative indicators of success explicit. Robust systems of supervision and monitoring have been built in to the health component to reduce the scope for opportunism and to ensure that performance is maintained. Although rewards are not directly linked to performance, personnel management has been greatly decentralised through the introduction of the supervisors at each level, and there is an emphasis at each level of the programme to show results. Supervisors have specific responsibilities, but are also left 'free to manage'. Furthermore, the health programme is separated into clearly disaggregated and defined units. The establishment of a cadre of lower level, 'honorary' health workers, most closely reflects the last two doctrinal components of NPM. Whilst there is little evidence of how CSIP will increase competition in the public sector, it is clear that many of the doctrines of NPM are reflected in the design of the health programme.

#### *6.11.2 Honorary Health Workers (HHWs)*

The programme recognised the fundamental importance of the HHWs in the organisational structure for the delivery of health care services to the community. The HHWs were to be middle aged women, with a minimum of class 8 standard education, selected from amongst the communities where they were supposed to work and employed on short-term contracts on a part-time basis and paid a small monthly honorarium of Rs 300 without social benefits. Each HHW was meant to cover one thousand beneficiaries (200

families), which for administrative purposes was denominated as a block (CSIP Project Report, 1990:53-56).

They would be provided with a kit of basic medicines and made responsible for educating selected beneficiaries about family welfare, nutrition, personal hygiene, general cleanliness and the availability of government health care facilities locally. The medical kit contained medicines meant to provide relief for commonly reported illnesses such as fever, headache and diarrhoea, which were to be delivered to the doorstep. It also contained the oral contraceptive pill. If the patient felt no relief, the case should be referred to the medical officer of the HAU, who was meant to examine and treat the patient either at the HAU or at the patient's residence. The HHWs were meant to maintain an up-to-date family folder of the medical history of each of the beneficiary families.

The HHW exemplified the new emphasis on private sector styles of management practice and the need for discipline and frugality - two key doctrinal components of the NPM (Hood, 1991:5). It was claimed that the establishment of a cadre of HHWs would fulfil two key objectives: it would keep expenditure to a bare minimum, and use available resources sparingly whilst also ensuring greater flexibility in work contracts. The language of thrift infuses the rationale and job description for HHWs: HHWs save on accommodation and security costs (1990:53); HHWs are easily accessible, physically, socially and culturally (ibid); the employment of HHWs reduces dependence on medical and paramedical personnel. At the same time, the contractual aspects of the HHWs employment was meant to resist union demands and improve labour discipline. This is less explicitly referred to, although the report does note, "if any of these HHWs fail to perform their duties properly, her services may be dispensed with immediately. Furthermore, these part-time workers cannot claim their remuneration, if they are absent from work without sufficient reason" (1990:56).

The introduction of flexible work contracts - a key component of the NPM agenda - was meant to be an incentive to motivate the performance of HHWs. Job security was seen as a cause of poor performance of public officials (see Chapter Two). The recruitment of HHWs from amongst the community was

seen not just as means of lowering costs (travel and accommodation) and improving accessibility, but was also meant to be an incentive to good performance. The idea was that by recruiting local women, the programme would have workers enmeshed in local life, aware of local needs and concerns and would not be able to avoid exposure to pressure from local inhabitants (Project Report, 1990:54).

There are clear parallels with the example of the Health Agent Program implemented in Ceara in the late 1980, described by Tandler (1997:21-45). In Ceara women were hired from amongst the communities where they lived, on merit-based criteria, paid a minimum wage, with no job security or social benefits. Flexible work contracts and enmeshment in their local communities were meant to provide the incentives for good performance of health agents in Ceara as well. But in themselves these were not sufficient to enhance the performance of health workers in the field. Rather, what Tandler highlights was the important role played by the state government in Ceara, in fostering a cadre of dedicated health workers. The state directly hired the agents thereby conveying a sense of prestige to the process and helping to install a sense of 'calling' in those selected. The state's "socialisation" of all job candidates informed the local communities what to expect from their health agents. The state educated local inhabitants about what these agents should be doing and encouraged them to complain if they encountered agents not performing their roles. The point is that it was not simply the 'embeddedness' of the health agents in their local communities, which ensured they performed effectively. It was rather a combination of this local embeddedness, which helped to build trust between clients and providers, and the support for careful monitoring of these agents from a central authority. As she says, "what happened... was just as much a coming together of the workers and their clients as it was a sense of workers being watched by those who could report any wrongdoing" (1997:45), and key to this, as she recognised, was the role of the State.

### 6.11.3 Assessing the Performance of HHWs

According to the Mayor, in areas of the city where HHWs were active, health indicators were far better.<sup>183</sup> On the basis of this it was decided that the provision of primary health care services through HHWs would be expanded. The inference would seem to be that the system introduced through the SIPs was performing well, which on the surface may be interpreted as reflecting positively on the application of NPM doctrines to this health care bureaucracy. I was drawn to study this area based on evidence of better than average health indicators, largely attributed to the exemplary performance of HHWs in providing primary health care to vulnerable communities. During fieldwork over a period of six months in one ward of the city, which included time spent with a group of HHWs, I encountered a different scenario to the one that I had been led to expect. HHWs visited the *bustee* that I was researching only once, and this was during the pulse polio campaign. The manner in which they were received - a mixture of suspicion and bewilderment - gave some suggestion as to their familiarity with the *bustee* and its inhabitants. It merely confirmed certain conclusions drawn from conversations with the female residents of the *bustee*. Informants were asked if they knew of any women who came to visit them and check on their children. Most of the women were able to recall such a person visiting them at some stage, but in every case, they reported that these women had not visited for some months. In fact during my time there, the HHWs were rarely to be seen in the neighbourhood and the sub centre closest to SL *bustee* remained closed.

This was of course very different from what the application of the doctrines of the NPM was meant to achieve; accountability and responsiveness must surely be included amongst the keywords in the NPM lexicon, yet the performance of

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<sup>183</sup> CMC Budget Statement by the Mayor, section 10.4 states, "The infant mortality rate amongst the slum population covered by Honorary Health Workers has come down to 20:1000 live births during the year 1999, as compared to 37 amongst Calcutta Urban Population" (CMC Budget Statement, 2000-2001 p22).



HHWs did not seem to reflect this. Was the poor performance of the HHWs in ward 67 a reflection the fundamental weakness of these doctrines as some have argued?<sup>184</sup> To be able to arrive at an informed opinion, long-term participant observation at group meetings as well as at an individual level was undertaken, together with a series of in-depth semi-structured interviews with HHWs, supervisors and CMDA (the original programme managers). At no stage were HHWs themselves confronted about the fact that they had not been seen working amongst beneficiary communities. Instead, as an observer, I attended their team meetings, and paid close attention to their complaints. Using these as a cue, I then probed them further about the problems that they were encountering as HHWs, as an indication of why they were not perhaps carrying out their duties as stipulated. In brief, although some of their gripes clearly had to do with aspects of their employment which were influenced by NPM, other sources of their poor performance had nothing to do with the application of NPM doctrines.

## **6.12 Some Explanations for the Poor Performance of HHWs**

### *6.12.1 Lack of Monitoring and Supervision*

It has already been noted that the health component of CSIP reflected many of the doctrines of the NPM. It was designed with clear systems of monitoring - each tier of the organisational structure was invested with a supervisory role. There was an emphasis on outputs, results and quantifiable measures of performance. However, during my period of fieldwork none of these systems for monitoring and supervision seemed to be operating.

Supervisors were unable to monitor even basic aspects of the HHW's work, such as regular attendance and the carrying out of duties. This was most glaringly exposed in a neighbouring ward where HHWs were discovered to have been regularly shirking, apparently unknown to their supervisors, for weeks, perhaps even months on end. In reaction to this startling news, HHWs in ward 67 were asked to sign a daily roster to prove that they were working

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<sup>184</sup> Hood and Jackson have claimed "a carefully selective use of example and maxim rather than demonstration from hard data analysis" (Hood and Jackson, 1991).

during their stipulated hours. It was a knee-jerk reaction to a real problem, but one which appeared redundant given the exhaustive system of checks and balances which the project already seemed to possess. Furthermore, it was well known from comparative experience elsewhere in the city that as a means of monitoring bureaucratic performance rosters were ineffective, and had been corrupted in numerous ways.<sup>185</sup>

In addition to the fact that internal systems of monitoring were not functioning, there was also the claim from higher officials within the system that part of the reason for the deterioration in the quality of the service provided was the lack of adequate supervision from outside. In the words of one medical supervisor, “now no-one cares about CSIP, only us, the old staff try to maintain a standard... previously, ODA sahibs used to visit regularly, every three months from Delhi. We used to be very tense before these visits, but in a good sense. We had something to aim for, it was a real motivation for us. Now who is there to look after us...? To see what we are doing, or how we are doing it? What’s the motivation for us now...?”

#### *6.12.2 Low wages and Short Term Work Contracts*

Remuneration dominated most discussions both at the individual and also at the team level. More specifically, the HHWs made repeated reference to their poor level of remuneration, which was contrasted to their considerable and ever increasing load of responsibilities. During the period of research, HHWs received a monthly honorarium of Rs 1000 - this was three times as much as they were originally meant to receive - but this was meant to reflect the fact that their responsibilities in terms of the sheer volume of work had also increased. This was largely due to the fact that whereas they were initially responsible for a block comprising 200 families (1000 beneficiaries), that number had risen to 600 families (roughly 3000 beneficiaries), whilst HHWs continued to be employed on a part-time basis, from 12-4pm each day. They claimed that it was physically impossible for one HHW to cover that number of beneficiaries in the time allotted. Their supervisors agreed. In the words of their medical

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<sup>185</sup> See Chapter Five.

supervisor, “recently their workload has tripled...obviously their performance has diluted...we are stretched.”<sup>186</sup>

Strident complaints were also made about their work contracts, particularly the short-term tenures without the commensurate access to social benefits enjoyed by other public servants. Short-term contracts were repeatedly cited as a major source of insecurity, and were seen to sap loyalty and undermine long term commitment to the job. If, as proposed initially, the HHWs together with the rest of the SIP health component were to be integrated into the health department of the CMC, then the HHWs felt that they should be effectively seen and treated like CMC employees.

The HHWs were reacting to two aspects of their employment undeniably affected by NPM thinking: low wages and the lack of access to social benefits, to cut costs; and short-term contracts to ensure better labour discipline. However it is contestable whether paying low honoraria and denying access to social benefit has made immediate savings for the government. In fact some influential people within government tend to challenge this, arguing that the establishment of a cadre of paramedical health workers merely replicated existing manpower that was not, in fact, functioning effectively.<sup>187</sup> At the same time, short-term contracts appeared to have had very little effect in terms of inducing greater labour flexibility or the enhancement of labour discipline. At various times, HHWs threatened to protest strike and stop work over different concerns.<sup>188</sup> Whilst these threats remained empty, nevertheless the threat of industrial action was seen to be quite an effective tool for disrupting the weekly planning meetings between the HHWs, FTS, STS and medical supervisor. It was often quite successful in securing small concessions as well. After

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<sup>186</sup> Personal Interview with Medical Supervisor (identity withheld), Calcutta 27/04/2000.

<sup>187</sup> This was the view of an advisor on health issues to the present government. The Subject Committee Reports on Health and Family Welfare have grown progressively more disillusioned with the performance of paramedical staff in the state. Given the large numbers of staff working in the DOH, and extensive building of health care installations, the Reports have recently recommended the optimisation of what already exists, rather than the expansion of the present infrastructure. In addition, the point was made that once donor funding of expanded infrastructure, including newly hired personnel, finishes, the state government is left with the long-term financial burden of supporting these.

<sup>188</sup> They even threatened to go on strike if they were to be asked to do anything to assist me.

threatening action over the poor state of their bags and umbrellas-which they claimed were unsuitable for a protracted immunisation campaign during summer, outside, in the hottest part of the day - the HHWs were provided with bigger, stronger and more attractive bags, and umbrellas. Moreover, the threat to protest was a continual feature of their meetings and characterised their relationship with their supervisors. Thus, labour indiscipline remained a serious problem, and shirking, as we have seen, was widespread. The medical supervisor reported long absences from work due to party or election related activities, "they are frequently going to rallies etc, before elections they are busy canvassing."

It is ironic that the NPM-inspired contractual aspects of HHWs job - short-term contracts without fringe benefits and low wages - should have made little contribution towards raising labour discipline, introducing greater work flexibility or enhancing performance; and it is questionable whether they resulted in any savings. However, there is considerable evidence that they were the source of unhappiness and resentment amongst the HHWs. This supports the findings of Hood (1991) and Warrington (1997), who found that NPM reforms damaged public service, demoralised workers and weakened organisations, whilst not improving efficiency or accountability.

### *6.12.3 The Distortions Produced by Patronage and Nepotism*

In Bengal, there is a tradition of new governments creating positions in the lower bureaucracy for distribution to loyal supporters and key figures who had helped in their election. This has already been discussed earlier in relation to Calcutta Corporation. Congress's capacity to provide patronage in this way was legendary (Franda, 1971a), and S.S. Ray, Chief Minister 1972-77, probably came closest to doing this in anything like a systematic way (Chatterji, 1985). Whilst this aspect of Congress rule was singled out for redress by the UF government, there is nothing to suggest that it has not continued under the LF government.<sup>189</sup> Indeed it is widely alleged that the implementation of donor funded SIPs created the conditions for the continued distribution of posts on the

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<sup>189</sup> "The government of the United Front will relentlessly fight corruption, nepotism in official and non-official spheres...fostered under Congress rule" Point 2, 18 Point Programme of the UF Govt, 1967 (in Ghosh, 1981).

basis of political loyalty and personal affinity. In particular, it was suggested to me by a number of different and reliable sources that the HHWs in ward 67 had been recruited on the basis of their political loyalties and personal ties with the local Party committee and particularly the councillor.

My own interactions with HHWs left me in no doubt as to where their political affiliations lay, but this was insufficient evidence on which to confirm the allegations.<sup>190</sup> Nevertheless, it was apparent that the women were not all 'local', and certainly none of them lived in *bustees*. I got to know five of the women quite well. None lived in the immediate vicinity of the *bustees*, four of the five did not even live in the ward, and all seemed to live in what may be described as *kothabari*.<sup>191</sup> Moreover, their demeanour and dress pointed to their lower middle class status.<sup>192</sup> It was not possible to ascertain their educational standard, although by being neither 'local' or 'from the beneficiary community', they clearly did not match two of the three main criteria for selection.

A medical supervisor confirmed the suspicion that these HHWs, may not have been recruited according to the stipulated criteria. She claimed that the HHWs had been employed on the basis of political loyalties: " the HHWs are all politically motivated. They were recruited because of their close links to the political party, although other criteria were also taken into account... they were needy." Their links to the political party, she explained, meant long absences from work due to party or election related activities. " They are frequently going to rallies etc, and before elections they are busy canvassing." It was asked of a senior official of CMDA and a member of the selection panel for the HHWs, if they had been recruited on the basis of the criteria laid out in the Project

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<sup>190</sup> It would be incorrect to say that this was true of all the HHWs. but certainly more boisterous ones were never shy to proclaim their loyalty to the CPI (M).

<sup>191</sup> So as not to cause unease, some of this data was never elicited through direct questioning. The women were asked if they lived in the *para*, or whether x was their councillor; but I never enquired directly if they lived in *kothabari*. This information was easily elicited indirectly, given the friendly nature of our relationship.

<sup>192</sup> It is difficult to be unequivocal about this, but having lived in Calcutta for some time and having interacted with working class women from *bustees*, certain signs suggested to me that these women were different. All the women were heavy set, they were well attired, carried their own drinking water and read newspapers.

Report.<sup>193</sup> His reply was instructive, "O.K, we do not live in a political vacuum...to be eligible (for selection), a certificate of residence was given to them by the ward councillor, and he made the initial selection of candidates..."<sup>194</sup>

It would appear that the recruitment process for HHWs which was meant to be based upon strict criteria of location, educational standard as well as merit, was essentially usurped by nepotism. Candidates seemed to have been selected on the basis of political allegiance to the ruling party. The close ties between the HHWs and the councillor protected them from the sanctions that existed to punish poor performance.<sup>195</sup> Whilst in theory these carried extra force given the more flexible terms under which HHWs were employed, in practice because they were never applied, their scope for bringing about improvements in performance were effectively limited. As in the case of monitoring and supervision given above, this should not be seen as a weakness in the doctrines of the NPM - which provide, potentially, powerful incentives to motivate good performance - but a failure to implement NPM principles.

In the case of Ceara, Tandler and Freedheim (1994) found that open and competitive recruitment procedures helped to drive home the message that for the organisation, performance was a measure of professional merit, as health agents who had been selected for employment had succeeded on the basis of their merit. By selecting candidates on the basis of criteria other than merit, the government failed to make its employees understand that 'performance counts', and missed out on the opportunity to instil a mission-orientated ethos in the health component of CSIP.

This section has argued that the organisational design of the health component of CSIP reflects the influence of some NPM doctrines, even though the role of the State in service delivery has not been changed as a result - as has happened in other cases of NPM inspired reform (Batley, 1999b; Russell et al,

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<sup>193</sup> CSIP Phase 1 Project Report 1990.

<sup>194</sup> Personal Interview, Unnayan Bhavan CMDA, Calcutta 8/06/2000.

<sup>195</sup> The councillor to whom they were allied, had enhanced his political status by becoming Local Secretary of the CPI (M) in ward 67.

1999). In the case of CSIP, government remained the main provider of services. NPM doctrines were meant to cut costs, enhance accountability and improve the performance of officials, but were shown in this case to have limited effect on these critical objectives. It has been argued that this reflects, in part, a failure to implement some of the principles of NPM. Systems of supervision and monitoring that had been incorporated into the design of CSIP to ensure that employees did not shirk were not in operation. Similarly, the motivation to work conscientiously, which the more flexible work contracts were meant to provide, rested on the threat of dismissal or a loss of honoraria for those found not to be performing their roles effectively. But there was no evidence that such sanctions were ever applied, despite the fact that supervisors acknowledged that HHWs abandoned their duties to engage in political activities. Hence some NPM doctrines proved ineffectual because they were not actually operationalised - the incentives which they contained were never applied.

In part the limited effect of these doctrines on the health component of CSIP may be attributed to weaknesses in NPM theory. Integral to the formulation of NPM doctrines are assumptions about human instrumental rationality. These have resulted in policies that focus on changes to administrative structures and on the provision of monetary rewards which are designed to create incentives, reduce opportunities for rent seeking and make governmental performance more transparent. This has led to the view that improvements in bureaucratic performance have solely to do with changes at the organisational level. There is, however, growing evidence that the roots of performance lie beyond the organisation, in the broader social, political and economic context in which organisations are located (Hildebrand and Grindle, 1995:443-444).

NPM, to paraphrase Warrington (1997), prescribes 'cures' to but does not attempt to address the underlying causes of these problems. For example, inspired by NPM, the health component of CSIP introduced short-term contracts and the payment of small honoraria without social benefits, to improve labour discipline and to enhance the performance of HHWs. But these changes did nothing to address the reasons underlying why labour discipline has been such a feature of the public sector, at least in the CMC, some of

which have been discussed earlier in this Chapter. Similarly, the introduction of merit based recruitment procedures to create a results orientated ethos, ignored the fact that politicians felt a need to provide employment to supporters to reward loyalty and expand their influence locally. Certain political and historical factors in ward 67, discussed in the last chapter, may have contributed to this.

It would be unfair to criticise NPM for failing to bring about the expected changes in the performance of HHWs delivering the health component of CSIP, basically because, for most part, the principles were not implemented. There are grounds for criticism in its failure to address the broader context and underlying causes of poor performance, the factors which lead to the persistence of certain practices, such as nepotism and patronage. NPM inspired reforms paid no cognisance to the social and political factors in ward 67 that may have explained why HHWs were recruited on the basis of political ties - rather than merit - systems of monitoring were not in operation and sanctions for poor performance not enforced. The role of politics was critical here. The CPI (M)'s desire to maintain a political hegemony interfered with and ultimately undermined efforts to bring about improvements in the performance of local officials.

### **6.13 Conclusion**

This chapter has presented a systematic analysis of the theoretical issues behind governance reforms designed to improve the delivery of services to the public, in the light of empirical evidence of the effect of such policies on municipal administration in Calcutta. In particular, the chapter has focussed on whether governance reforms - through decentralisation and application of the doctrines of the new public management - has improved the performance of local health officials in the delivery of primary health care service to *bustee* dwellers in two wards of the city.

The chapter began with a summary of the key assumptions behind the calls for decentralisation of service delivery to lower administrative levels, before



attempting to test two of these assumptions in the light of the decentralisation process undertaken in Calcutta through the CMC Act (1980).

It was shown that the CMC Act has not led to the model of municipal administration envisaged by its chief architect, Prasanta Sur. The Act has not resulted in locally responsible and responsive government, nor has it resulted in decisions being taken more locally and thus, according to Sur's criteria, it has not led to enhanced local democracy. Nor did decentralisation in Calcutta lead to a reduction in information costs for principals in their dealings with agents. Significant asymmetries of information regarding the work of local health care officials were noted in one research site in particular, and it was estimated that these could only get worse once the information problems inherent to health care provision were included. Given the poor quality of information, transaction costs are likely to remain high. Nevertheless, independent of the quality of information, it was argued that the definition of transaction costs should be expanded to comprise the difficulties for local inhabitants to organise collectively and the costs of breaking out of the constraints imposed by patron-client relationships in a given area. Given the weakness of the assumptions so far discussed, the incentives for agents to behave opportunistically are stronger than it was assumed that they would be. In addition, flaws in the design of the Act have meant that principals effectively have limited capacity to induce local officials to behave in a socially more optimal way.

The chapter has also tried to challenge the assumptions underlying the choice-theoretic approach to human behaviour, which has so clearly influenced the governance agenda. A brief political history of Calcutta Corporation was presented to illustrate some of the weaknesses in the choice theoretic approach to human behaviour. It was argued that choices may be shaped by history, by culture and by politics; and thus are not solely the result of a desire to maximise personal welfare. Habits of thought and patterns of behaviour which were inimical to responsive administration were allowed to persist, and even encouraged, over time by politicians keen to maintain a pliable army of support. In this way, such patterns of behaviour were legitimised. This critique was extended to the discussion of the role of NPM in enhancing bureaucratic

performance. It was noted how a sense of 'commitment' can lead individuals to choose in a way that may not lead to a maximisation of personal welfare.

NPM doctrines were shown to have influenced the design of the health component of CSIP, and were seen to be most clearly reflected in the establishment of a cadre of female honorary health workers (HHWs). However contrary to theoretical expectations, the application of NPM doctrines was seen to have limited effect in improving service delivery, as HHWs performed less than adequately. Notable was the fact that the particular aspects of their employment which were meant to provide some of the most powerful incentives to perform well, were the source of unhappiness, resentment and, crucially, did little to improve standards of performance.

It was noted that the systems of monitoring and supervision were not functioning, and sanctions for poor performance never applied. Corruption in the recruitment process of HHWs, through nepotism and pervasive patron-clientalism, go some way to explaining why the incentives, inspired by the doctrines of NPM proved so ineffectual. This does not represent a failure of NPM - arguably, if some of the NPM inspired changes in organisational design set out in the initial project report had actually been adhered to, such deterioration in their performance might not have resulted - but it does highlight some of the limitations of NPM.

This necessarily brings us back to the question of what it is that leads public officials to behave in a socially optimal way? Both NPM and decentralisation share common theoretical underpinnings and as such tend to assume that administrative structures to increase transparency and the creation of the right incentives are sufficient to enhance the performance of public sector officials. Their emphasis has been on organisational change. A growing body of evidence is emerging to suggest that such reforms, by themselves, do not result in better performance (cf. Grindle and Hildebrand, 1995), but that "organisational culture is more important as a determinant of performance than structures for remuneration and control" (1995:444).

In Chapter Two it was noted that changes in organisational structure must be embedded in an organisational culture that is favourable to these changes, which usually means the existence of a political commitment to change. The work of Tendler (1997) powerfully demonstrates how it was the state government's commitment to positive outcomes and how it undertook to achieve this through its public programmes, which was critical to their success. A consideration of the overall contextual environment, of the "established rules of behaviour" (Smith, 1975:162), is essential.<sup>196</sup> Indeed it has been noted that people tend to behave according to what they perceive the "established rules" to be, as seen through how others behave (Sen, 2000:277).

The empirical evidence presented in this chapter suggests that politics was the critical factor in determining the result of organisational changes. Where political priorities lay in responsive local government in one area, local officials were seen to perform their roles effectively. Where other political priorities had gained precedence - for example the need to buy loyalties and win elections - changes were seen to be of less positive effect. Sen points out that to understand the success or failure of organisational changes, one must look at the attitudes and conduct of those in positions of authority. In fact there is a Bengali proverb, which says that, "the fish rots from the head". Sen singles out, "the behaviour of senior civil servants (as) especially important in instilling norms of conduct" (Sen:2000:278). I prefer a shift in emphasis from senior civil servants to politicians in the case of West Bengal - where civil servants have been made answerable to politicians. Here there is need is to look beyond civil servants to the behaviour of politicians and particularly elements within the ruling coalition, in installing norms of conduct which have had an effect on the way that the whole bureaucracy behaves.

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<sup>196</sup> Quoted in Sen (2000:277)

## Chapter 7

### **Bureaucrats versus Politicians: An Explanation of the Poor Performance of the Health System in West Bengal**

#### 7.1 Introduction

This dissertation has so far argued that the critical problem with the health system in West Bengal is not a lack of resources or infrastructure, but rather weak structures of governance that have resulted in the overall poor performance and lack of accountability of health sector personnel. Chapter Two has laid out the theoretical reasoning on which the policy prescriptions for enhancing accountability are based. Chapter Four has provided a detailed case study of two *bustees* and Chapter Five has presented a comparative case study of health care bureaucrats in two Calcutta wards, in an attempt to describe the circumstances in which local bureaucrats have worked effectively, responding to local needs. Chapter Six has attempted a systematic analysis of the assumptions behind decentralisation and NPM in the light of the empirical evidence from Calcutta. In short, I have tried to argue that organisational changes in local government that attempt to create the incentives for officials to perform effectively have been of limited effect in improving the delivery of health care to the poor. In the cases where they have been successful, the role of civil society organisations, fostered by and closely aligned to the ruling political Party, have been critical in helping to mobilise the local population to make use of the reduced transaction costs to hold local officials to account. This pressure from below has been allied to pressure from political leaders on local officials to be responsive to the needs of the local population.

Where the political leadership has taken an interest in making government respond to the needs of the people, the administrative reforms meant to bring about changes in bureaucratic performance were actually seen to produce results. Given what can be achieved in this regard, it may seem strange that similar 'success stories' have not been replicated throughout the state in the delivery of health care. In other words, given the circumstances in which local officials were shown to perform their duties effectively, the fact that the health system in West Bengal is afflicted by such a litany of woes as those described

in Chapter Three is curious. Moreover, a key concern which emerges through the dissertation is why a disciplined and organised Left-leaning government, with a specific commitment to alleviate poverty, has been unable to bring about significant and lasting improvements in the provision of basic health care, a basic human right as well as a key indicator of well-being, to the poorer sections of Bengali society.<sup>197</sup>

In the conclusion to the last chapter it was argued that organisational changes must be embedded in an organisational culture committed to such changes; and that people, on the whole, behave according to how they perceive the 'established rules' to be. This necessarily means examining the attitudes and behaviour of those in positions of power. Amartya Sen has argued that, "the behaviour of senior civil servants (is) especially important in instilling norms of conduct"(Sen, 2000:277). I have suggested a shift in emphasis, away from senior bureaucrats, to politicians, and more specifically those from the ruling coalition that has ruled for state since 1977, arguing that it is political commitment that determines the effect of organisational changes. The scene is thus set for a critical examination of these two contrasting claims. The subsequent analysis is based on evidence collected through in-depth, semi-structured 'elite' interviews with senior members of the CPI (M), senior bureaucrats (IAS and WBCS), academics and journalists; a thorough reading of the secondary literature on Bengali politics and society, gleaned from the corpus of scholarly work on the subject written since the mid 1960s as well as articles from Calcutta's leading English language dailies, published between September 1999 and June 2001.

## **7.2 The Bureaucracy**

By attributing the blame to bureaucrats, Sen's comments appear to resonate with comments by senior members of the CPI (M) and the Left Front Government (LFG), made against the bureaucracy in the state. Since the

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<sup>197</sup> In an interview with the New York Times, Jyoti Basu, then Chief Minister of West Bengal and head of the Left Front Government said, "we are not interested merely in power; power is an instrument of meaningful, progressive social change." (New York Times, January 1978) Similarly, according to Ashok Mitra, "the goal of politics is the capture and use of power for social ends." (quoted in Sengupta, 1979:23).

period of the first UF government (1967-68) the Left, and particularly its most potent element, the CPI (M), has consistently directed its ire against what it perceives to be hostile, intransigent and partisan administrative machinery. The main allegation has been that the bureaucracy has impeded, at various times, the Left's attempts to govern the state, in allegiance with opposition political parties, the rich and the powerful, as part of a conspiracy of vested interests in the state. These 'vested interests' - the CPI (M)'s favourite expression to describe this nexus - have been bent on denying the poor the benefits of the equity-orientated reforms which the LF has introduced during its time in government.

The Left's distrust of the bureaucracy can be traced to the very beginnings of its rule in West Bengal. It was expressed both in the 18 point plan of the UF government (1967) and in the 36-Point Common Minimum Programme of the Left Front government (1977), which promised that the government would rely less on the bureaucracy for the implementation of its policies. It was also revealed through the statements of senior Party figures, men like Promode Das Gupta, who alleged that, "and the bureaucracy from top to bottom is engaged in a conspiracy against the Left Front government".<sup>198</sup> The reasons for this lack of trust in the state administration are not hard to fathom. In the early years of Left rule in West Bengal, large sections of the administrative machinery, especially the police force, were actively hostile to the Left and its policies and primarily concerned with defending the rights of their rich patrons.<sup>199</sup> Harikrishna Konar, a leading member of the CPI (M) and one of the most energetic ministers in the UF government, fervently believed that the West Bengal police were, "in the habit of readily going into action on the complaints of big *jotedars*."<sup>200</sup> Events such as the police invasion of Jyoti Basu's (the Police Minister at the time) private office, and the attack on UF ministers by a howling police mob (July 1<sup>st</sup>, 1969) did little to undermine this suspicion.

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<sup>198</sup> The Statesman, 26th November 1977.

<sup>199</sup> In part this was clearly on account of the fiery rhetoric of certain UF ministers who urged the mobilisation of the peasantry in rural areas to forcibly occupy *benami* lands, usually leading to violent clashes with landlords and their allies. Similar rallying calls for the urban poor to mobilise were also seen, though on a much smaller scale to that in rural areas. Nevertheless, as one scholar has noted, "it is the activation of the *bustees* that to the keepers of law signals the onset of danger, and proclaims the seriousness of the political Party that undertakes such." (Ray, 1988:81).

Neither did the much-publicised disputes between senior bureaucrats and LF government ministers over the years. The clashes between the Finance Minister, Ashok Mitra and Principal Secretary (PS) Finance, SM Murshed (IAS) in this regard were notorious, and did little to rehabilitate the image of the bureaucracy in the eyes of the Left and its supporters.

The origins of the distrust felt by the CPI (M) towards the state administration can be traced to the early years of Left rule in West Bengal and evidence would suggest that these misgivings towards the administration, especially the police, were not completely unfounded (c.f. Sengupta, 1979). Recent quotes from senior Party figures suggest that, at least in public, the bureaucracy continues to be a useful whipping horse for government policy failures. For example, amidst the spiralling political violence in Kespur, Biman Bose, a Politburo member, blamed sections of the police force and administration of aiding Trinamul Congress (TMC) workers in unleashing violence against the CPI (M).<sup>201</sup> At a press conference after the TMC victory at the Panskura by-election, the general secretary of the CPI (M), H. Singh Surjeet, seemed to imply that some in the administration had “colluded” with the TMC, saying: “as far as the IAS officers are concerned, everyone knows where their loyalties lie”.<sup>202</sup> The following month, Biplab Dasgupta (MP) promised to “complain against a section of the policemen who were siding with the TMC in Kespur”.<sup>203</sup>

Just as the initial hostility of the CPI (M) towards the bureaucracy was not unfounded, equally it is difficult to deny that the administrative machinery must assume some of the responsibility for the failure of the government to bring about the expected improvements in the living standards of the poor in the state. Nossiter has alleged that the bureaucracy’s weak performance is one reason for the varying performance of some aspects of CPI (M) rule in West Bengal (1988:143).

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<sup>200</sup> Quoted by Franda (1971a: 186). A *jotedar* is a landholder.

<sup>201</sup> Since late 1999 Keshpur block in Midnapore has witnessed violent clashes between supporters of the CPI (M) and TMC. Sections of the local population have been persecuted on account of their alleged political allegiances.

<sup>202</sup> The Hindu, 9th June 2000.

<sup>203</sup> The Statesman, 23rd July 2000.

The sopor and general sluggishness that tends to characterise the performance of, especially, lower level public servants in West Bengal is proverbial.<sup>204</sup> Poor standards of bureaucratic performance, characterised by sloth and a lack of responsiveness, together with the often-hostile treatment of members of the public by government employees are ubiquitous in government institutions in the state.<sup>205</sup> In the words of one researcher, ‘bureaucrats often arrive at noon and, after frequent tea breaks and a leisurely lunch, begin their exodus at 3pm’ (Basu, 1985:35).<sup>206</sup> According to Nossiter, ‘lassitude pervades the corridors and time keeping is conspicuous by its absence. Come back tomorrow has Kafkaesque overtones of a journey on a bureaucratic time-scale somewhere near to eternity’ (1988:143).

Chapter Three has made some reference to the standards of bureaucratic performance more specifically in the health system in West Bengal. It was alleged by the Subject Committee on Health and Family Welfare (West Bengal Legislative Assembly) based on its own field observations, that staff were rude, unmotivated, lazy, corrupt and negligent. My own observations from the field confirmed this. Initially, probably out of sheer novelty, the scenario appeared quite amusing. Amusement quickly turns to frustration, then irritation and annoyance, once any attempt is made to try to get any work done by these officials. Ultimately, one is left with a profound sense of sadness by the state of affairs: West Bengal has gained an unenviable reputation for its poor work culture, its undisciplined labour and the indolence of its public servants.

It is difficult to dispute that standards of bureaucratic performance in the state, today, leave much to be desired. It remains to be proven whether this was simply due to a lack of motivation, or whether it was out of a more targeted vindictiveness towards the Left and the CPI (M) in particular on the part of members of the bureaucracy. The remainder of this section will seek to explore the extent to which the spectre of a partisan bureaucracy resistant to pro-poor

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<sup>204</sup> Annexure V of the report of the Administrative Reforms Committee (1983) provides a witty, though telling account of the typical movement of file in government offices.

<sup>205</sup> A visit to Writers Building, the seat of government in West Bengal, would suffice to permanently dispel any doubts about this. On my numerous visits, I can confirm that it was rare to see staff doing other than reading the newspaper, chatting, drinking tea or else sleeping on their desks.



change and inherently hostile to the Left - an image frequently evoked by the ruling coalition to explain the less successful aspects of LF rule in the state - still holds true. Moreover, to what extent can it be held singularly accountable for the failure of the LFG to bring about significant improvements in the access of the poor to basic services, such as health care, in West Bengal?

### 7.3 CPI (M) and the State Administration

Most of the evidence suggests that since winning power, the CPI (M) has managed to use the bureaucracy very effectively for its own ends. After initially disparaging the bureaucracy, the CPI (M) has introduced institutional changes that have reduced the government's dependence on it to implement policy, as envisaged in the UF and later the LF Programmes of Action. Combined with this, where possible, the CPI (M) has used the administration as a tool to further its own political goals - alternately through restraint, infiltration, careful monitoring and control, and at times, active encouragement to work closely with local actors in implementing government programmes.

#### 7.3.1 Restraining the Bureaucracy

In the first UF government (1967-69), CPI (M) ministers consistently encouraged popular mobilisation amongst the rural peasantry and the urban proletariat. In rural areas, the landless peasantry was urged to occupy lands belonging to landlords and the rural bourgeoisie thought to be in excess of the land ceiling.<sup>207</sup> In the words of the Land Minister at the time, "we wish to make the peasants get land from the landowners by their own organised strength."<sup>208</sup> The aim was to "recover land involved in *benami* and other transactions with popular cooperation."<sup>209</sup> Only after the movement had gathered momentum did

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<sup>206</sup> Quoted in Nossiter (1988:183).

<sup>207</sup> The West Bengal Estates Acquisition Act (1954) placed a ceiling on landholdings of 25 acres, whilst providing a certain legal means for exceeding the ceiling through: holding of agricultural land as fisheries, excluded from the 25 acre ceiling and by holding excess land through private agreements between the landholder and the tenant or government. Though the title is legally in the name of the tenant, the produce is distributed as though the title was in the name of the landholder. See Franda (1968) for a more elaborate explanation of this.

<sup>208</sup> H.K. Konar, quoted by Sengupta (1979:75).

<sup>209</sup> H.K. Konar, quoted in Franda (1971a: 185).

Konar confer legality on it (Sengupta, 1979). At the same time as encouraging the peasantry to mobilise and occupy land, no doubt wary of the opposition that this would incite amongst landholders and their allies in the administration, Konar ordered the police “not to suppress the democratic and legal struggles of the people.”<sup>210</sup> Konar also made it clear to the administration what its role should be in such circumstances. “Officers have been instructed to protect the rights of peasants to harvest the crops they have grown...the district officers will help the peasants against any obstructions that may be coming from the *jotedars*.”<sup>211</sup> By doing this, the UF created the conditions for mobilisation from below by protecting the peasants from the state machinery.

Labour mobilisation in urban areas followed a similar pattern in the UF ministries. The Labour Minister, Subodh Banerjee, laid out a new approach to labour relations. The aim would again be to encourage popular labour mobilisation for the implementation of changes, whilst the government would bring about the necessary formal institutional changes. These included a mechanism for solving industrial disputes as quickly as possible, whilst the retrenchment of workers without government sanction was discouraged (Franda, 1971a). In addition, the government legalised the act of *gherao* and the police were ordered not to interfere in labour management strife and “the legitimate democratic trade union movement.”

In the words of one scholar, “the CPI (M) thus neutralised the regional state apparatus as an agent of political order” (Kohli, 1997:346). In both rural and urban areas, the CPI (M) followed a strategy of active encouragement of popular mobilisation, whilst simultaneously restraining the police and administration from intervening in favour of employers and landowners. This was accompanied by the enactment of legislation to legalise the actions taken through popular mobilisation. Subsequently, the changes in legislation helped to remove the legal basis on which such interventions could be legitimised.

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<sup>210</sup> H.K. Konar, quoted in Franda (1971a:185).

<sup>211</sup> H.K. Konar in Paschimbanga, November 21 1968, quoted in Sengupta (1979:77)

### 7.3.2 Breaking the Dominance of Traditional Elites: Land Reforms and the Revival of the PRIs

The most celebrated, and possibly most successful, policy of the LFG has been land reform - in particular the registration and legislation of tenure of *bargadars* (sharecroppers). Operation Barga provides a classic example of how the CPI (M) has been able, where necessary, to use the bureaucracy to achieve its own specific ends. Operation Barga created a precedent, breaking with all previous ways of working of the bureaucracy in India and West Bengal. For the first time, bureaucrats were made to leave their offices in Calcutta and travel to the villages, where in specially constructed 'camps' they sat for months on end registering *bargadars'* rights to land that they had cultivated (Kohli, 1987: 128). Through Operation Barga, Bhattacharya claims that, "the Left drew the bureaucracy closer to the villages. Certain functions concerning the settlement of agricultural holdings were physically moved from the towns to the villages" (2001:677).

Operation Barga may be seen as the beginning of a process by which the CPI (M) sought to transform the relationship between the bureaucracy and the rest of the population. The revitalisation of the Panchayati Raj institutions (PRIs) was a further step in this process - the government fulfilled its promise to reduce its dependence on the bureaucracy and seek the association and co-operation of the people at all levels and in all matters.<sup>212</sup>

The LF introduced legislation, which ensured that membership of these institutions of local government in rural areas was on the basis of an election to be held on a regular basis, every five years. Panchayats were politically elected by the local population, facilitating the participation of previously excluded groups in the political process, and were made responsible for implementing redistributive reforms (Kohli, 1987:113). Panchayats provided the institutional base for land reform in West Bengal (including Operation Barga) by identifying and distributing surplus land. During natural calamities they coordinated relief

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<sup>212</sup> See point 18, 18-Point Programme of the UF Government (1967) Appendix 1 in Ghosh (1981). Also point 1, last section of the 36 Point Programme of the Left Front Government (1977), Appendix 6 in Ghosh (1981).

work and subsequently identified the beneficiaries of rural development programmes such as IRDP (Swaminathan, 1990; Lieten, 1992). Firstly, it is argued that, the politicisation of the panchayats helped to break the domination of local politics by previously dominant groups- *mahajans*, jotedars and rich peasants, as well as members of the local administration to whom they were often allied. The revival of the PRIs led to an incorporation of the 'lower strata' into the development process, perhaps for the first time. It thus led to a shift in resources and power from the bureaucracy to the new panchayats (Kohli, 1987:113-115), as local officials were now expected to implement decisions taken by panchayat members (Robinson, 1998).

Kohli (1987) has argued that the bureaucracy was thus "tamed", and turned into an instrument of the people. While Operation Barga had an immediate effect on the traditional ways of working of the bureaucracy, the revival of the PRIs was considered to have resulted in a more long-term change in the way that the bureaucracy was said to function in the state. According to Bhattacharya, "such institutions reduced bureaucracy's role in making and implementing policies, and politicised the social sphere", thereby demystifying local governance for the rural populace (2001:675). In the long run, he has argued, it has "turned the scope of rights and entitlement, bureaucracy and law...from obscure and uncontrollable areas of 'high' politics to those of candid discourse and popular scrutiny" (ibid: 677).

The CPI (M)'s efforts at Land Reform have been roundly criticised from those on the Left (Rudra, 1981; Mallick, 1993) for not going far enough. It is beyond the scope of this chapter to evaluate the strength of these criticisms. Suffice to say that if we are to accept the figures for land distribution given by the government and corroborated by some scholars (Sengupta, 1981), the achievements on this front have been remarkable and one for which the LFG should be congratulated.<sup>213</sup> These figures clearly testify to the government's success in overcoming the opposition of powerful vested interests in rural areas, traditionally opposed to such reforms (the rural bourgeoisie and their allies in

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<sup>213</sup> According to Sengupta (1981), 8% of the operated area of the state was redistributed, benefiting almost one third of landless rural households, with tenancy reforms benefiting many *bargadars*, especially those belonging to the SC/ST.

the administration). Given that such interests were so well entrenched in the state - power and influence derived from land ownership dates back to the Act of Settlement and was consolidated through the close nexus between officials, politicians and local landed interests during the period of Congress rule - makes the LF government's achievement even more significant.<sup>214</sup>

### *7.3.3 Monitoring and Control of the Bureaucracy*

It is universally recognised that the CPI (M) is a well-organised and disciplined political Party. As a political Party, the CPI (M) has created "an effective bureaucratic machine for fighting and winning elections in a multi-Party democracy" (Chatterjee, 1997:153). Discipline and organisation have become by-words in any discussion of the CPI (M)'s long tenure in power, and Chatterjee notes that, "information and system - the two watchwords of modern bureaucracy - are abundantly on view at the CPI (M) election office" (1997:153). The CPI (M) organises on the principal of democratic centralism, and critical to its organisational strength have been the Party's mass organisations, which have proliferated since coming to power.

The "firm alliance of the working class and peasantry", which was to be the core and basis of the CPI (M)'s program in West Bengal, was to be carried out through aggressive Party work in trade unions and peasant organisations (Franda, 1971a: 183). Popular mobilisation in the state, particularly in rural areas, was often organised by the Party's mass organisations. Konar frequently appealed for the cooperation of rural mass organisations in the land struggle. These have grown in strength over the years and have been crucial to the Party's electoral success (Chatterjee, 1997).

Observers have noted in awe the sheer organisation and strength in numbers which the CPI (M) commands in West Bengal. Congress Party notables admit that its organisation could never match that of the CPI (M) in the state.<sup>215</sup> Sengupta (1979) estimated that each of the forty-one thousand villages in West

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<sup>214</sup> See Franda, 1971a and b; Chatterji, 1985; Kohli, 1990.

<sup>215</sup> According to Priya Das Munshi, Congress leader in the state. *India Today*, 31st March 1987.

Bengal had at least one Party unit. Chatterjee (1997) has suggested that at least two million people are involved in the state working on behalf of the CPI (M) during election time. The fact is that the CPI (M) made a conscious decision to change, after 1977, from being a cadre-based Party, to being a mass-based Party. Mallick (1994) estimates that Party membership rose from 33, 000 in 1977, to 1,243,000 in 1988. According to Ashok Mitra, the present figure stands at around two million.<sup>216</sup> This does not take into account the membership of its mass organisations, which according to Sengupta (1979) stood at the following: Kisan Sabha, 1,285,000; DYFI 250,000 and SFI 86, 000. She estimated that the CPI (M)'s front organisations had at least nine million members (Sengupta, 1979:195). Not only is the Party highly organised with a large membership; it works in close allegiance with a similarly well-organised and attended plethora of mass organisations. It is this combination of a Bolshevik-like Party organisation allied to a network of mass front organisations, which makes the CPI (M) in West Bengal such a formidable electoral force.

The Party's organisational principles are said to be rooted in the terrorist origins of some of its key leaders, according to Franda, "the organisational principles practised by these terrorist groups were carried forward to help organize communist movements after independence...as in the (Anushilan) Samity, Party discipline, secrecy and democratic centralist lines of authority and responsibility are enforced" (1971b: 15). Hence the CPI (M), including its mass fronts, is not simply a machine for winning elections, but should also be considered an effective organisation for monitoring and reporting events and controlling officials in the state. Party members at most levels are expected to play this surveillance role. Sengupta notes that MLAs "monitor the pace of mobilisation, the articulation of demands, the role that villagers play in the politics of change. He monitors the implementation of plans and projects, watches the attitude of the police and other officials, invigilates the role of the exploiting classes and works in closest possible cooperation with district, thana, block and village committees of the CPI (M)" (1979:26). In a similar way, one MLA confessed to Sengupta that, "we are proposing the setting up of

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<sup>216</sup> Calcutta Diary, Economic and Political Weekly pp. 2490-2491 15<sup>th</sup> July, 2000.

committees everywhere, to observe how officials, including the police, are working and to suggest how they should...".<sup>217</sup>

With such a formidable organisational set-up, and significant numbers of members, it is unlikely that much occurs in West Bengal without the Party knowing about it. Chapter Five provides some first-hand evidence of the importance of these mass organisations in mobilising the local population in urban areas, and ultimately in helping to make local officials more responsive. They were also seen to play an important invigilating role in Ward 67. In the words of one CMC official there, "you can't do anything here without the Party knowing about it...I mean, you can't even have a row with your wife without the Party getting to know about it."<sup>218</sup>

This monitoring role was noted at different levels in the bureaucratic hierarchy. In the words of one highly decorated (retired) senior bureaucrat in the Finance Ministry. "One reason why bureaucrats are unwilling to talk is that in every nook and cranny there are cadres who are only too ready to report on people transgressing."<sup>219</sup> News will reach ministers, who will harass these officials. In the case of the senior bureaucracy they will ensure that they are either transferred, or else denied access to popular postings. Of course this fear and hesitancy (to speak openly) occurs everywhere amongst bureaucrats, but it is particularly strong in West Bengal because of the cadre-based system of working".

Party workers have, when the need has arisen, been rather more proactive in monitoring officials, than the evidence so far has suggested. After the murder of a local committee secretary in ward 67 (Kasba), cadres first burnt down the

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<sup>217</sup> Prabir Kumar Sengupta MLA (CPM) Bansberia, quoted in Sengupta (1979:28).

<sup>218</sup> My movements were carefully monitored in the area. The CPI (M) local office knew what I was doing in the area, and where I was from. On one occasion, the CPI (M) local committee secretary asked me to write down my address and phone number in Calcutta. When I asked him why he wanted this information, he quite openly admitted that cadres in my area had been sent to 'check me out', but weren't quite able to locate exactly where I lived.

<sup>219</sup> One example that he gave of such 'transgression' is when officials are approached to grant false/replacement birth certificates or ration cards. The applicants are inevitably Party workers or with Party contacts, and if the official refuses then he is reported through the Party organisation, through MLAs to ministers, as being a cog in the wheel. Usually, the minister/senior politician will start to harass these officials and ultimately get them transferred. Personal Interview (Kalyani) 27/11/99.

market and then attacked the police station, effectively taking hostage those officers inside. These cadres, backed by senior Party figures, blamed “a section of the police in collusion with criminals, backed by the TMC and BJP”.<sup>220</sup>

With its vast network of informants, the CPI (M) has been able to gather the information necessary for it to identify ‘transgressors’ in the state machinery, and to successfully ‘neutralise’ them when necessary (Kohli 1987:346). Since coming to power it has not flinched from transferring or suspending officers who it feels are not doing their job effectively, particularly when it perceives that the interests of the Party and its workers have not been protected. For example, after a spate of violence in the Kasba area of Calcutta during which a local committee secretary, Swapan Chakraborty, was shot and stabbed, the police officer in charge of the local thana was “asked to go on leave and hand over charge”. LF constituents had earlier demanded his transfer.<sup>221</sup> A few months earlier, both the District Magistrate and the Superintendent of Police of Birbhum were transferred suddenly after the murder of a CPI (M) supporter in the Khairasole area. These transfers were considered a show of strength by the CPI (M).<sup>222</sup>

The CPI (M), by working closely with its mass organisations, has over the years been able to mobilise the rural landless and urban proletariat. Effectively they became the catalysts for radical reforms in labour relations and the rural sector. Its organisational strength has made it an impressive election-winning force. Furthermore, quite deliberately, the Party has used its organisational structure to monitor and control the actions of the administrative machinery throughout the state, to the point of making senior bureaucrats reluctant to speak freely. Those who are suspected of failing to protect the interests of the Party have been punished through transfer. There is evidence to suggest that on occasions, before due administrative procedures occurred, Party workers have

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<sup>220</sup> Anil Biswas, CPI (M) Politbureau Member, echoed their accusations. *The Statesman*, 25<sup>th</sup> January 2000.

<sup>221</sup> *The Statesman* 15<sup>th</sup> November 1977.

<sup>222</sup> *The Statesman* 26<sup>th</sup> November 1977.



dealt their own form of justice on those members of the state machinery felt to be acting against the Party's interests.

Clearly the CPI (M) is capable of monitoring the workings of the health care bureaucracy throughout the state, and also able to take action against bureaucrats that are known not to be performing their duties effectively. This makes the growing catalogue of evidence of bureaucratic malfunctioning in the state's health sector appear even more curious. It suggests that either the Party organisation is not functioning as it should, or that it has not taken an interest in monitoring the performance of health care officials. If we are to accept the alleged biases and failings of the bureaucracy in the state, set out earlier in the chapter, the questions remains as to why the CPI (M) with its awesome organisational set-up, has been unable to tackle this serious issue.

#### *7.3.4 Infiltration*

It may not have been incorrect to blame the bureaucracy for being partisan at the start of LF rule. Since then much has changed in social and political relations in the state. Not least is the fact that many of those who may have been hostile to the Left have now retired, after, probably, having been effectively 'neutralised' during their remaining years in service. It is not unlikely that on their departure, those sympathetic to the Left have taken their positions. As Nossiter has noted, the CPI (M) has not been averse to "recompensing those who have worked in hard times for the cause", providing jobs on the base of political loyalties (1988:182). This seems to have been the case with the HHWs employed as part of the CSIP Project. Almost every day, the Calcutta press provides at least one case of nepotism in securing government jobs. For example, on March 29<sup>th</sup>, 2001, carried the story of a District Committee member of the CPI (M) who had been given the post of Youth Office/Affairs in the CMC - a job for which he possessed no relevant qualifications or experience. If the bureaucracy is partisan today, it is most probably more towards the Left, rather than any other political party.

The creation of new posts in the CMC and their subsequent distribution, allegedly, to those sympathetic to the Party, is insufficient evidence from which

to argue that the bureaucracy is likely to be biased towards the Left. So as to consolidate these allegations, the following section will show how the Left has systematically infiltrated the bureaucracy at all levels with those sympathetic to it.

It has long been accepted that members of the lower bureaucracy, in levels C and D, recruited either from the employment exchange or by senior officers (as in the case of hospital superintendents and class IV employees) have been selected subjectively rather than on the basis of more objective or merit-based criteria. According to Nossiter, “the great mass of executive and clerical staff in public service...are members on the whole of Left unions” (1988:183).<sup>223</sup> As explained in Chapter Six, nepotism has long been a tradition in the recruitment of employees for Calcutta Corporation, with politicians acting as patrons rewarding loyal supporters with the offer of employment in the Corporation. However, senior, gazetted officers in the state civil service (WBCS), continue to be selected through competitive examination and interview by a selection board, known as the Public Service Commission (PSC). The PSC has widely been considered a fair and transparent method of recruitment, based on merit, and thus unsullied by charges of favouritism, nepotism and corruption. Yet interviews with senior officials, belonging to the state civil service, would seem to challenge this view.

According to an additional secretary in the DOH, there remains a “veneer of independence and credibility around the PSC, but in reality even this has been corrupted...Basically the whole system of recruitment and deployment has been totally politicised. There is a close relationship, through the cadre system, between Party higher officials and lower level workers, which means that when the minister sanctions a position or recommends a transfer, he will know if that person will be sympathetic to the Party’s cause... The PSC is comprised of twelve members. Half of them have been nominated by the Home Ministry (GoWB), and consist of retired officers held in high esteem by the government,

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<sup>223</sup> Take for example the case of CMUHO. According to one union representative, staff members of CMUHO are part of the Non-medical technical Personnel Cadre (NMTP). There are approximately 10, 000 NMTP staff in West Bengal. 8 out of the 10, 000 are affiliated to the Non-Medical technical Employees Association, which is affiliated to the State Co-ordination Committee, which is closely linked to the CPI (M). Personal Interview, 05/11/99.

which one can assume means that they are politically sympathetic to the government. Candidates are required to take a written exam, and those attaining certain marks are called for viva voce. Those who pass the viva are included in a final list of candidates eligible for government posts in the state. Not all are guaranteed jobs...say there are fifty vacancies in the state, the PSC selects around fifty candidates from the final list for each of the postings, and sends the complete list via the DHS to the Health Minister. The Health Minister has the right to cross names off the list and change the location of postings. His final decision will be affected by political considerations..."

The same officer also claimed that the decentralisation of appointments and transfer of health officials, including medical officers, to the District Health Implementation Committee (DHIC), has increased the scope for nepotism to occur in the recruitment of staff for the health department. The DHIC is made up of five members: a Sabhadipati<sup>224</sup>; the DM; CMOH; a member of the health committee under the panchayat and a representative of the government. Three (possibly even four) are clearly political appointees, who are likely to select primarily according to Party political considerations. To illustrate the point, he gave me the following example. "I went for the selection of a Health Assistant to South 24 Parganas. The Sabhadipati told me,

'Sir, look at this man. He, I am sure, is loyal and hardworking.'

So I asked the man to look at the pictures in the office and identify the chief minister. He pointed to a picture of Bankim. So I asked him to identify the man in the poster giving the pulse polio drops-the chief minister- and the man was unable to do this. I gave him zero points, whereas the Sabhadipati gave him twenty-five. Needless to say, the man was appointed."

The IAS comprise the third and smallest group of bureaucrats working in the state, yet the one most often (together with the police) singled out for criticism over the years by the CPI (M). The selection process for IAS officers is centralized and notoriously rigorous. Recruitment is made on the basis of merit, primarily on intellectual capabilities. It is not my intention to suggest political bias has corroded the 'steel frame' in any way. A certain number of all-India

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<sup>224</sup> Sabhadipati is an elected district councillor and ex-officio member of most district committees such as the DHIC. It is the most important political position at the district level.

IAS officers are assigned to a particular state, and are effectively under the jurisdiction of state-level ministers. The state government appoints them to their relevant positions and makes the recommendations for their transfer. The state government has jurisdiction for their deployment and length of tenure in any given post. Although seniority rather than performance remains the main criterion for promotion and salary increments of these officers, it has been alleged that in West Bengal relatively junior officers have overtaken their seniors in being appointed to positions of influence in the administration, because of their perceived sympathies towards the ruling Party. This was the allegation levelled at the government after the appointment of the latest Principal Secretary (Health), Mr. A.M. Chakrabarti.<sup>225</sup> This accusation was not challenged by the government and seemed to cause little surprise amongst my informants. In the words of one political commentator, “I’m not the least bit surprised, but why make an example out of Chakrabarti, when most of the senior bureaucrats in Writers have been appointed because of their sympathies to the Party?” According to the director of a prominent NGO which works closely with the government, “why make a fuss about the P.S. Health...? The Party has penetrated every single public institution and organisation at every level...”

To further reinforce my argument, I would like to cite the evidence on one other group of government officials, doctors, who are routinely criticised for their failure to perform effectively and deliver good quality service to their patients.<sup>226</sup> The allegation that health care is suffering in West Bengal because doctors are out of control and unwilling to perform their duties, is one that is often levelled against the medical profession in the state.<sup>227</sup> West Bengal has had two doctors’ associations since 1983, before which all the state’s government doctors belonged to the Health Services Association (HSA). In 1983 the HSA split, expelling those doctors who had not taken part in industrial action in the

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<sup>225</sup> The Statesman Editorial, 1st March 2000

<sup>226</sup> See Chapter Three for examples of this.

<sup>227</sup> See Subject Committee Reports 1988-1999. In the words of Prof Biplab Dasgupta MP, “most public employees, including doctors, are out of our control...Junior doctors have consistently resisted postings, transfers and the allocation of duties, they have organised several strikes against us”. Personal Interview, 30/06/2000.

state.<sup>228</sup> Those expelled formed the Association of Health Service Doctors (AHSD), which began as much the smaller of the two organisations. Since 1983, the AHSD has been actively supported by the CPI (M), and its membership now stands at approximately five thousand, comprising roughly two thirds of all doctors working in the state government units.<sup>229</sup> Unofficially members of AHSD are given preference for promotions and postings.<sup>230</sup> If government doctors are an impediment to the effective functioning of the health care system in the state, it is puzzling that this state of affairs has been allowed to continue - apparently unfettered - by a government which effectively has been the patron of the association to which most now belong.

Few independent commentators that I met doubted that the ruling Party in West Bengal has politically infiltrated all levels of the bureaucracy. A recent newspaper editorial summarises the situation as such: "The state administration's failure is near complete...At the core, the problem is the politicisation of the bureaucracy and the police at every level. Senior posts go to a coterie of favourites, who are only too happy to do the bidding of their political bosses to the detriment of their proper duties. At the lower end of the scale, the bureaucracy is packed with Party sympathisers, expected to help the CPI (M) bring popular institutions under its control..." (The Statesman Editorial Calcutta, 22nd March 2000).<sup>231</sup>

This first section has argued that since it first came to power, as part of the UF ministries and later as a member of the Left Front, the CPI (M) has tended to blame the administrative machinery for the less successful aspects of its rule

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<sup>228</sup> The LFG had vehemently opposed industrial action by the doctors.

<sup>229</sup> The exact number of doctors employed by the state government in West Bengal is unknown. It is estimated that there are roughly eight thousand, which is why the ADHS, with a membership of roughly five thousand, is calculated to have about two-thirds of all doctors in the state affiliated to it.

<sup>230</sup> I am deeply indebted to those doctors working for the state government who agreed to talk to me, and especially to a leading member of the AHSD who very kindly granted me an interview on the guarantee of confidentiality (13/07/2000).

<sup>231</sup> The Union Home Ministry, to defend the government against protests led by the Left against the Gujarat government's decision to allow government employees to take part in RSS programmes, prepared a note detailing the extent to which two CPI (M) organisations, the State Government Employees Coordination Committee and the Non-Gazetted Police Karmachari Samiti, had infiltrated different wings of the state government through the years. "Left gifts ammunition to return fire from Sangh-bashers" The Telegraph, Calcutta 16<sup>th</sup> February 2000.

especially during times when its dominance in the state has looked like being challenged. Whereas initially the CPI (M) may have been justified in being suspicious of the administration's avowed neutrality, since 1977 much has changed in the state, in many ways due to the efforts of the CPI (M) and its allies.

Through the introduction of redistributive reforms and the revitalisation of the PRIs, the LFG has transformed the position of bureaucrats in the state in relation to the population, and has affected their traditional ways of working. Bureaucrats were brought closer to the village, and the lower strata, for the first time, was incorporated into local politics and given some resources- a sharp break from the past, where previously these groups had been excluded from local politics in rural areas. The balance of power tipped away from the bureaucracy towards these newly empowered groups, for whom the bureaucracy became an instrument of their control. Furthermore, it has been argued that the CPI (M) together with its mass fronts has become an organisational force of formidable proportions able, not only to mobilise the electorate and win elections, but also to monitor and control the activities of the state administration. As such, it would be difficult for supposed hostile elements within the bureaucracy (never mind, more generally in society as a whole) to flourish and jeopardise the success of governmental policies. If a fifth column does exist in the state administration, it is likely to be one sympathetic to the Left, rather than to its opponents. The final part of this first section has claimed that the Party has been successful at infiltrating all levels of the bureaucracy. Given what has been said earlier, this makes the continued allegations about the supposed anti-Left partisanship of the state administration, especially in the case of health sector employees, particularly doctors, look increasingly untenable. At the same time, it makes the continuing poor standards of bureaucratic performance in the state seem even more puzzling.

#### **7.4 Politicians**

If responsibility for the failure of the LF to bring about substantive improvements in certain areas, particularly in access to health and education, cannot be laid singularly at the door of the state administration, then the focus must

necessarily shift to the politicians. In Nossiter's words, "probably more critical than any resistance as such, is the failure of the government to motivate its own civil servants. Precious little bustle of the CPI (M) headquarters is transmitted..." (1988:143). Later he argues that, "clearly linked to the below par performance of the LFG also is the inability to motivate the great mass of workers in public service. Left Front governments have found it difficult to shake them out of their customary inertia and petty corruption" (1988:183). The implication here is that the blame for bureaucratic failure lies, largely, with politicians from successive Left Front governments. Similarly Chatterjee has alleged, "the fact is that in the last three or four years, the Left Front has failed to put forward and carry out even a credible parliamentary programme of change" (1997:116). In the same article he accuses the Left Front of doing nothing to formulate a viable programme of agricultural development or to halt industrial stagnation in the state. He ends by noting, "on power, transport, health and education, not only has there not been any effective programme of change, even the existing systems have been allowed to rot and crumble." (ibid)

Those who seek to lay the blame for the poor standards of bureaucratic performance at the feet of politicians may be divided into three camps. On the one hand are the proponents of the extreme version of this argument, who claim that as an essentially *bhadrolok* Party, the CPI (M) has never really been concerned with such issues as improving the provision of basic health care to the masses. Then there are those who argue, less extremely, that the Party tends to agitate over issues where it perceives an opportunity to make political capital - expanding its support base, entrenching itself and widening its influence. The third view is the one most sympathetic towards the CPI (M). It holds that whilst essentially committed to equitable reform, a number of factors have contributed to douse its radicalism, turning the Party from revolution to reform (Kohli, 1987:ch 3). Whilst retaining the language of 'class struggle'- albeit in a more tempered format- the CPI (M) moved away from its previous strategy of elite-led mobilisation from below and control of the state apparatus from above. Instead it has sought to consolidate its power and to accommodate the interest of not just the lower strata, but also the middle strata and even

property owning groups (Kohli, 1997:361). This section will examine the arguments presented by these three groups.

### 7.5 The CPI (M) as a *Bhadrolok* Party

The *bhadrolok* have been called a rentier class (Ashraf, 1977:62). The *bhadrolok*, literally the 'gentlefolk', are a distinctively Bengali phenomenon: usually middle to upper class men, generally Hindu and from the three upper castes, although the term is not ascriptive of class, caste or religion. The *bhadrolok* is a status group in the Weberian sense (Broomfield, 1968:5) in which status is acquired through a style of life. Though rare, members of ritually unclean groups and even Muslims have entered this elite circle.

Effectively there may be three distinguishing features of a *bhadrolok*. Firstly, engagement in manual labour has been considered a basic distinction between *bhadra* and *abhadra lok*. The *bhadrolok* have avoided manual occupations, which they consider inferior (Broomfield, 1968:6). Generally occupied in the professions or in clerical work, traditionally, they have derived their wealth from the land. Finally, education, especially English language education, "became the hallmark of *bhadrolok* status" (Ibid: 8). According to Ray, "the *bhadrolok* were, par excellence, the educated classes, the epitome of that Anglicised education..."(Ray, 1988:70).

Hence the term is used to describe Bengali men of a particular status. Often from the urban middle classes - though descended from the landed gentry - often from the upper castes, who as a rule do not engage in manual occupations and have enjoyed the benefits of access to, especially English language, education. To call the CPI (M) a *bhadrolok* Party is to attribute the aspects of the *bhadrolok* to its leadership and its political outlook: urban-orientated, privileged, educated, elitist with an innate disdain for manual occupations. It is a daring accusation - for reasons that will be explained presently - yet one that scholars have not recoiled from levelling.

As far as can be detected, the argument dates back to the work of Franda (1971a). He claimed that Communism in West Bengal has been elitist and that



Communist leaders have hailed from middle-class and upper middle class families. Since emerging as a political force in the 1950s he argues, “the Communists have not succeeded in bringing members of low status groups into leadership positions” (1971a: 6). He adds that twenty-four of the thirty-three members of the State Committee in 1969 were from the three highest castes, and only three had engaged in manual labour for their livelihood.<sup>232</sup> (1971:13-14) Ray has asserted that, “in succeeding the CPI (M) has accommodated its ideology to the demands of the *bhadrolok* and has emerged in an even more fundamental sense as a Party of the *bhadrolok*” (Ray, 1988:81).<sup>233</sup> The implication is that as a *bhadrook* Party, the CPI (M) does not have any real interest in quality of life and the standard of living in the vast majority of the population in the state. These are, on the whole, barely educated, rural-based, manual labourers and thus *chotolok* - literally the common or vulgar folk, who are primarily engaged in manual and thus menial occupations.

Such a view is lent credence by contemporary scholars, such as Chatterjee (see above quote, 1997:116) and was reinforced through interviews with senior bureaucrats working in the state. In the words of one IAS officer working in the education department, “the social sector is not a priority for this government...we have been able to tackle many problems in our national history-where we have been successful there has been political will and proper local planning.”<sup>234</sup> Similarly, according to a recently retired IAS officer, a once promising candidate for principal secretary to the Chief Minister, “social sectors do not have priority in the government’s work program. Health being one such sector has suffered...same with education and social welfare. The commitment

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<sup>232</sup> It should be noted that engagement in manual labour has been considered to be key in distinguishing *bhadra* and *abhadra* or *choto lok*.

<sup>233</sup> Moni Nag contrasts the strong rural base of political parties, particularly the Communist Party, in Kerala and their history of mobilisation of economic and political rights for the poor in rural areas, with the Western-educated, urban professional nature of the Communists in West Bengal - where agitation and political mobilisation has been based around the capital, Calcutta. It is for this reason, he has argued, that people are more politically aware in Kerala than West Bengal. (Nag, 1989).

<sup>234</sup> Personal Interview (Calcutta), 3rd July 2000.

to reduce poverty is primarily a rhetorical commitment...it sounds good, it sounds progressive."<sup>235</sup>

Unsurprisingly, senior Party figures vehemently rebut the view that as a *bhadrolok* Party the CPI (M) is unconcerned with the lot of the masses. According to one MLA, "The CPI (M) is not an urban Party. How can you explain developments that we have pushed forward in rural areas like agrarian reform?" In the words of another senior MP: "No I think to attribute the criticisms of us which you make in our performance in health and education - which I am not in a position to substantiate or neglect - to the fact that the CPI (M) is a *bhadrolok* and hence a bourgeois Party, is too simplistic."

Senior Party figures unanimously dismissed the allegation as spurious, usually by referring to land reform and the process of decentralisation of power to PRIs – considered the greatest achievements of the LFG – as clear evidence of their commitment to improve the living conditions and empower the poorest in the state. If the Party was so dominated by *bhadrolok* interests, they claimed, why had it taken such great steps to help the rural poor, especially the landless peasantry often at the expense of its own class interests? (This refers to the idea of the *bhadrolok* as an essentially rentier class).

Their case is a strong one, which is difficult to refute. After all it was the CPI (M) that encouraged and protected the mobilisation of the peasantry and urban proletariat in class struggles, to appropriate above-ceiling land and agitate for better wages and conditions. And, it was a CPI (M) dominated LFG, which enacted the land reform legislation and democratised the traditional institutions of local government in rural areas, giving the previously marginalised lower strata a stake in local governance. Yet it may be argued that the LFG's measures to transform agrarian relations in West Bengal, partly grew out of an urgent necessity, and also, in part, from a desire to maximise short-term political goals as well as secure long-term strategic interests. In other words with ulterior motives, not out of a real concern for the condition of the rural landless.

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<sup>235</sup> Personal Interview (Calcutta), 20th June 2000.

## 7.6 The Chance to Make Political Capital

There can be little doubt that some drastic measure was needed to stem the escalating crisis in the state, much of it due to the tension in agrarian relations. The agrarian situation had become critical by the time the CPI (M) first came to power in the UF government. Food shortages as a result of successive droughts and exacerbated by a huge influx of refugees from East Pakistan, was one feature of the state by the late 1960s. Coupled with this was the gradual pauperisation of the rural peasantry (Harriss, 1993), which was helping to fuel increasing conflict and violence in rural areas, as seen through Naxalbari and the land grab movement. In the cities, West Bengal's manufacturing industry, which had been in gradual decline since the end of the war, was now beginning to stagnate, creating the real possibility of redundancies and shutdowns (Chatterjee, 1997).

A political Party that was able to offer a solution to these issues, or at least address them effectively, would be guaranteed to increase its influence and popularity in the state. This is what Kohli seems to refer to when he says, "The UF experiments in West Bengal created peculiar conditions under which those who were in power, or more precisely, exercised partial power came to have a vested interest in fomenting radical mobilisation"(Kohli, 1997:350). Whether or not this was their intention, the elite - led mobilisations of the late 1960s - occupying *benami* lands in the rural areas or *gheraoing* and resisting in factories-brought political gains for the Party, in the short term at least. As Kohli explains, "there were enormous pressures on the CPI (M) to expand its own power base within the coalition, as well as against the opposition...allowing organised labour to go on a rampage against the employers...was bound to enhance the CPM's popularity with labour, and as the election results that led to the creation of the second UF government in 1969 indicated, indeed it did" (Kohli, 1990:146). Franda has claimed that the Left parties (CPM and CPI) "used the tactic of *gherao* to gain support among trade union workers" during a time where there was a scramble to enlist the support of organised workers into

trade unions.<sup>236</sup> (Franda, 1971a: 194-195) Equally in rural areas, Franda has acknowledged that, “almost everyone would agree that the CPI (M) gained more than any other parties in securing short-run support from the land distribution movement”(Franda, 1971a: 190).

Few would deny that post-1977, land reform and the transformation of local governance by the politicisation of the PRIs allowed the CPI (M) to consolidate a rural power base (Robinson, 1998), penetrate the countryside and entrench its influence in the rural sector where traditionally it did not have a comparative advantage (Kohli, 1987: 113).<sup>237</sup> The CPI (M) was thereby transformed from being a Party the power of which lay in urban areas, amongst the organised working class and lower middle/middle class intellectuals, to becoming a Party with mass appeal, which would draw its main support from rural areas (Kohli, 1987).

Any measure to deal with the critical situation described above would help to expand the CPI (M)'s support base. Additionally, CPI (M)-led agitation and mobilisation was facilitated by the alignment of forces, at that time, against the demands of the rural landless and the urban proletariat. The CPI (M) created the “shared perception of a common class enemy “(Kohli, 1987:98), and could portray itself as fighting for the rights of the poor, against a clear enemy, in the sense of people who were easily identified as actually controlling power and privilege. Sengupta (1979) argues that one of the key organisational strategies of the CPI (M) in power was to feed polarisation, by creating class and political consciousness amongst the peasantry and, I would argue, also amongst the urban proletariat.<sup>238</sup> This was seen as the best way to isolate the owners of

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<sup>236</sup> The CPI (M) acknowledged its weakness in the trade union front and saw the “real Bolshevik method of mobilising the masses” as the only solution to this. See Tasks on the Trade Union Front, Resolution of the Central Committee of the CPI (M) pp30-33, Calcutta 1967, quoted in Franda (1971a:191-192).

<sup>237</sup> Congress had developed an effective machine for conciliation and dispute arbitration, together with an elaborate patronage network extending into rural areas of the state. There have been a few notable studies of the Congress Party in India, on which this information is based. See for example Kothari (1964) and for Bengal, Franda (1971b).

<sup>238</sup> The Labour Minister, Subodh Banerjee's explanation for the existence of over one thousand *gheraoes* around Calcutta in the initial months of UF rule, seems to perfectly encapsulate this. He is reported to have said, “I have allowed a duel between employees and employers in West Bengal, and the police have been taken out of the picture so that the strength of each may be known.” Quoted in Moorhouse (1974:324).

privilege and power and ensure a transfer of power to the poor. Those opposed to demands of the peasantry and urban proletariat could be isolated and thus clearly identified as 'class enemies'. A clearly identifiable 'enemy' made the whole task of mobilisation and the raising of class-consciousness much easier.

A view emerges of the CPI (M) as clearly working for the benefit of the poor, in part because of the urgency of the situation, and in part because there were strategic incentives for it to do so. Here we have a more subtle and nuanced view of the CPI (M) in power, than the one presented above. Rather than having no interest in the poor on account of its bourgeois leadership - which would seem too extreme, if not an unfair analysis of the CPI (M), given what is known about its achievement in transforming the condition of the rural poor - the nuanced position holds that the CPI (M) is guided by where it sees political capital to be made from agitating for the interests of the poor.

The evidence of CPI (M) activities amongst the urban working class in the late 1960s would seem to support this view. According to Franda, CPI (M) affiliated trade unions were particularly militant and aggressive towards employers and other trade unions, in a bid to outmaneuver its own trade union rivals, and thereby increase its own trade union base. (1971a: 193-194) Its strategy proved successful, as seen through the increased support amongst labour unions in the Calcutta industrial belt in the 1969-election campaign for the CPI (M) (Franda, 1971a: 195).

By fomenting such popular mobilisation, the CPI (M) clearly saw an opportunity to increase its own influence and expand its support base, amongst the urban proletariat and the rural peasantry. The point is that no comparable popular mobilisation has ever been launched against an obdurate and unresponsive bureaucracy. The Party has done little, in terms of mobilising the masses, to make (mainly, lower level) health care officials more accountable- a key obstacle to improving the poor's access to basic health care in the state. Here was a clear opportunity to act in the interests of the poor. The government's inertia on this front may be attributable to a perceived potential conflict of interests between increasing its support base and expanding its influence-

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making political capital; and agitating for the interests of the poor, at the risk of alienating its traditional supporters in the process.

This is the dilemma which the CPI (M) faces. According to one former Principal Secretary (Health), “for agrarian reform, government action was quick and decisive. It had been thought out quite carefully, and it was widely felt amongst those holding power that it needed to be addressed, both through its effect on poverty alleviation, and also because of the popular support from large numbers that could be gleaned from it. Similar efforts in PHC and primary education have been lacking on behalf of the government. A sharecropper given land immediately sees a tangible positive benefit for himself, which translates in tangible electoral results for the ruling Party. In education and health, the results are not so immediately tangible for the vast majority, and in the process many powerful and numerous interest groups are offended and alienated. Their dissatisfaction is likely to be felt hardest by the government, in terms of votes, than the electoral benefits gleaned from those who are pleased with the changes. Reforming the health or education sector is not as electorally rewarding as something like land reform.... Because there are such large numbers of them (public servants), it means that they have both a voice and considerable leverage; politicians need their support to get elected. They are usually listened to very carefully, and a high priority given to meeting *their* requirements, instead of meeting the requirements of the vast majority-who form part of the poor, marginalised and usually unorganised masses.”<sup>239</sup>

The other point to be made in relation to this, is that in the case of the rural and urban mass movements of the late 1960s and 1970s, the CPI (M) had an definable opposition, who were made into class enemies, against whom it could mobilise its forces. However, once in power and in control of the state machinery, it was much more of a problem for the Party to identify a clear enemy and thus to mobilise mass movements against it. Senior Party figures preferred this explanation of the government’s inability to improve the performance of health care officials. According to one senior MLA, “the sorts of

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<sup>239</sup> Personal Interview (Calcutta), 10th April 2000. There are parallels with Bates’ analysis of public policy in Africa. He has suggested that governments design food policy in response to political pressure by organised private interest groups, usually, to the detriment of the majority of the population living and working in rural areas (Bates, 1988:331-359).

problems afflicting the health care system in this state would need, ideally, the launching of a movement...but I am a member of the ruling Party, how can I set up a movement against my own Party?"<sup>240</sup>

Another senior Party figure, a Politburo member and prominent spokesman, claimed that there was a need for a health campaign, similar to the literacy campaign, to raise people's awareness about health issues and what they can expect of the health system. It was people's lack of awareness that accounted for the poor performance of the health sector in West Bengal. I put it to him that the CPI (M) were experts in raising awareness and in mobilising people, as can be seen from the events in the state in the late 1960s; so why had it not been able to conduct a similar effort for health? His answer was illuminating, "We could not take up the issue with that level of seriousness as we did the issue of land." He went on to accept that while it was easier to mobilise against a clear enemy, in the case of health care no such enemy could be identified. He agreed that it was "partly the case", that those responsible for the health care delivery were mainly unionised by the CPI (M)-affiliated unions, and that this made it very difficult to mobilise against them. The other 'part' of the problem he identified, was the lack of a catchy slogan, as had existed in the literacy campaign.

These insights seem to support the view that for the CPI (M), the costs of bringing about real improvements in health care delivery in the state outweigh the benefits of doing so at this present moment. To bring about necessary improvements in health care delivery would mean making officials necessarily more accountable, which, it has been argued, may only come about by enforcing the incentives for greater accountability more strictly. Given the level of shirking and malfeasance reported in the health care bureaucracy in the state, this step would doubtless antagonise significant numbers of health care officials, most of whom are unionised by Left trade unions and act as a valuable vote bank.<sup>241</sup> This immediately poses a problem in terms of mobilisation-how do

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<sup>240</sup> Personal Interview (Calcutta) 14/06/00.

<sup>241</sup> The evidence of this is not conclusive, and thus one can only surmise from newspaper reports and conversations with officials themselves, as well as with those likely to be well informed. In addition Kohli has claimed, "what the patterns of unionisation do suggest, however, is that *babu*, or white-collar, unions...support the leftists" (Kohli, 1990:142).

you support mobilisation against your own supporters? This becomes even more acute when one considers that enforcing incentives (and hence also sanctions) would very likely lead to an erosion in support from a section of the electorate which not only votes for the Party, but also may be mobilised to encourage others to do so at particular times. The Party's dilemma is by no means straightforward.

It should not be considered too cynical or Machiavellian of the CPI (M) to be keen to hold on to power. After all, this is amongst the primary concerns of most political parties around the globe. Electoral performance for the CPI (M), as Chatterjee has noted, represents an "increasingly more powerful consideration" (1997:155). The Party's involvement in the state machinery, he argues, "moreover has no definite goal in sight except to keep winning elections and staying in power" (1997:132). The same author talks of the, "new politics sweeping the Party –the politics of creating and holding local power..." (ibid: 156). In the case of the CPI (M) in West Bengal at this particular juncture, the desire is heightened given the constellation of opposition political forces that have aligned together in the state and the country as a whole.<sup>242</sup> According to one eminent economist and Party acolyte, "if Bengal goes to the anti-Left forces, the effect on the Left in national politics would be devastating, and it would serve as a huge filip to the BJP."<sup>243</sup> There is a real fear amongst Party cadres that losing an election may release a wave of vendetta against them by those formerly in Opposition. Many Opposition leaders were closely allied to, if not members of the last Congress administration in the state, which has been accused, of sponsoring the persecution of the Left during the tumultuous decade 1967-77.<sup>244</sup> In which case, the failure to introduce reforms in a bid not

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<sup>242</sup> This was written and researched between August 1999 and August 2001, with a sectarian BJP dominating a coalition government at the Centre. In West Bengal, the first serious threat to CPI (M)'s hegemony had appeared in the form of the Trinamul Congress - a key alliance partner of the BJP at the centre. It is not too much of an exaggeration to state that the Left, together with a fractious Congress, provided the only real opposition to right wing, religious sectarian interests which seemed to be dominating the Centre as well as key states in the Union.

<sup>243</sup> Personal Interview (Calcutta), 26/06/2000.

<sup>244</sup> This is a view substantiated by Kohli who has stated, 'the current leaders of the Calcutta Congress had their political origins in the 'decade of chaos'.' Through a profile of three contemporary Congress leaders in West Bengal, Kohli argues that Congress today is lead by a youthful band of Sanjay-disciples, effectively ruffians, who had cut their teeth in the Chatra Parishad of the 1970s, and in particular in its battles and later persecution of the Left (Kohli, 1990:130-133).



to alienate allies, and thus ensure continued presence in power, should not be seen as an entirely extraordinary ploy, or by any means egregious charge to be directed at the CPI (M).

It would not be inaccurate to describe the CPI (M) in West Bengal as a *bhadrolok* Party. But to claim that this has meant that the Party and its leadership have been completely consumed by a *bhadrolok* mentality and point of view, spilling into its politics and resulting in policy making which has shown little concern for the needs of the masses, would seem too cynical. More convincing is the evidence that supports the view that the Party has tended to agitate mainly where it sees an opportunity to increase its influence. Where a potential conflict of interests emerges it would appear that the CPI (M) - consumed by the need to retain power- has been reluctant to risk losing the support of an influential minority so as to try to ensure improvements in the quality of life for the majority. This, it has been argued, may be another reason for why the government has been unwilling to enforce the incentives to make officials perform better.

### **7.7 Changing Composition of the CPI (M)**

There is a third view of the CPI (M) which holds that whilst being essentially committed to the poor and equity orientated reform, the Party has nevertheless assumed a less radical political agenda over the years. Senior and formerly radical Party figures have died or retired, and the Party has sought the support of the middle classes, and has 'middled'. This has doused the zeal of its previously radical reform agenda. Added to this is the inevitable fact that as the Party in power, the CPI (M) has attracted a considerable band of 'opportunists' in its ranks, which the Party has failed to indoctrinate, educate and filter out. This has meant that now large swathes of the lower level cadres, the Party's foot soldiers, probably do not share the ideals and commitment of the original Party faithful. Incumbency and a growing proclivity towards the accoutrements of power has made the Party less willing to antagonise interest groups on whose support it has come to depend, thereby impeding further reform. Added to this is the sense that since the period of its third term in office (the late 1980s

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onwards) there has not existed a viable political challenge to the Party's hegemony in the state - either from the Centre or from political opposition within the state. The most radical reforms of the LFG were carried out in the first and second ministry, under the constant threat of intervention from the Centre. To counter this threat, the Party needed to establish a power base in the state by entrenching itself especially in rural areas. Together with the urgent need for a change in agrarian relations, this provided an important incentive to reform. The lack of a viable political opposition in the state, from Congress, has helped the CPI (M) to become complacent.

### *7.7.1 From Radicalism to Reform: The 'Middling' of the CPI (M)*

There seems to be some consensus amongst scholars of West Bengal politics, that since first coming to power as part of the UF governments in the late 1960s, the CPI (M) has become a far less radical Party. As Kohli notes, "back then the CPI (M) adhered to a more revolutionary line..." (1997:345). The "core and basis" of its programme was the establishment of a "firm alliance of the working class and the peasantry."<sup>245</sup> Since coming to power in 1977, the CPI (M) had "moved away from a revolutionary inclination to a reformist orientation" (Kohli, 1997:356). Whilst originally wanting to abolish landlordism without compensation and sharecropping, since coming to power the Party has avoided such options, and instead has invested a huge amount of effort to register sharecroppers, through Operation Barga (Bhattacharya, 1999). In comparison to its election campaigns of 1967 and 1971 where, "the principal line which divided the political field was a line of class divisions", what stands out now is, "the virtual absence in the Left Front campaign today of the rhetoric of class struggle"(Chatterjee, 1997:166). Kohli notes that that since coming to power in 1977, the CPI (M) has committed itself to preserving democratic institutions, has replaced the strategy of popular mobilisation in urban and rural areas, by 'legal' and constitutional' struggles, and has welcomed nearly all social classes into its fold. (ibid: 356-57).

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<sup>245</sup> New Situation and Party's Task (CPM: 1967) quoted in Franda (1971a: 183).

The shift, it is claimed, may have been precipitated by the death of such radicals as HK Konar. According to one scholar, it was symbolised by the gradualist approach to land reform of Benoy Chowdhury and consolidated by the rise of the Jyoti Basu to the status of Party leader in West Bengal, on the death of Promode Das Gupta. He notes, “the centrist position had come to dominate the Party and gradual reform became the order of the day, with only a theoretical adherence to revolutionary politics...” (Mallick, 1994:207).

Other scholars have noted the Party’s retention of a radical rhetoric - “the LFG cultivated a doctrine of peasant unity and an image of radicalism” (Bhattacharya, 1999:293) - to increase its appeal across the country. At the same time, it has followed less radical policies that have enabled it to, “accommodate a variety of political persuasions and a wide base of support from groups whose interests and ideology may have been contradictory to the espoused ideology of the CPI (M)” (ibid). Bhattacharya sums up his argument by saying, “the CPI (M) excelled in what may be regarded as the ‘politics of middleness’, a consensus-evoking unifying politics of mediation between several sectional interests” (Bhattacharya, 1999:292).

The abandonment of its more radical policies whilst pursuing a more consensual middle of the road politics, yet continuing to hang on to a radical rhetoric, was not mere pragmatism by the CPI (M) - an attempt to accommodate more disparate social interests - but rather signalled a loss of ideology. According to the celebrated former finance minister, “several of the problems plaguing the Left Front in West Bengal are arising on account of the fade-out of ideology or philosophical belief. The Front is no longer the collage of passion and resistance to authoritarianism that it was a quarter of a century ago...Iron has entered the soul. It is a tired assembly of worn-out politicians, led by a visibly tired CPI (M), which in turn is led by the chief minister who himself is well-advanced in age”(Calcutta Diary, 2000:1333-1334).<sup>246</sup>

It may be argued that the new consensual politics of the CPI (M) has led to a dilution of the Party’s radical reformist zeal. Whilst this is clearly noted in its

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<sup>246</sup> The Calcutta Diary is a bi-weekly column which appears in Economic and Political Weekly, probably written by the Dr. Asok Mitra, the LF’s first Finance Minister 1977-85.

agrarian policies, the insinuation is that it has spread to other fields of government. This has been recognised by Kohli who states, “the CPI (M)’s simultaneous attempts to sustain an alliance of the middle and lower strata and to avoid any further alienation of property owning groups have placed serious constraints on any further redistribution of wealth (1997:361).” It may help to explain why other spheres of policy making - notably in the social sector, in health and education, which can have a significant impact on the quality of life of the poor - do not seem to have been pursued with the same enthusiasm as earlier policies on land and local government. With a sole concern for the interests of the lower strata, an attention to these areas would be indispensable. By trying to accommodate wider social interests, it may be argued that the incentives to deal with these issues are weakened.

### *7.7.2 The Entry of Opportunists*

Contributing to the process of de-radicalisation and the dilution of the reform agenda, according to some commentators, has been the entry of new members into the Party since it came to power. Over 80% of Party members in the state joined after 1977. (Chatterjee, 1997:132) The CPI (M) made a conscious decision to transform itself from a cadre-based Party comprising some twenty two thousand members in 1977, to a mass-based Party of almost two million members today.

An urgent recruitment drive was necessary just so as to be able to field 48, 392 candidates for the 1978 Panchayat elections.<sup>247</sup> CPI (M) leader Promode Das Gupta recognised that the Party could not find all the candidates from within its own ranks and so had to support or accept non-Party people and independent candidates. The Party recognised the inherent dangers of such a rapid increase in numbers stating, “a mass Party necessarily means a reformist social democratic Party, it necessarily means the influx of low consciousness in the Party” (CPM, 1978:68).<sup>248</sup> Whilst the organisational presence of the Party

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<sup>247</sup> Anundo Bazar Pratika, May 31<sup>st</sup> 1978, quoted in Sengupta (1979:130). This meant doubling its membership in less than one year after coming to power.

<sup>248</sup> CPI (M) Report and Resolution on Organisation adopted at Salkeria Plenum, 1978.

and its mass fronts was bolstered by the entry of so many new members (Chatterjee, 1997:132), their entry had important implications for Party discipline. (Sengupta, 1979; Chatterjee, 1997)

From the very outset, Sengupta noted, “with rapid growth in the number of CPI (M) members, cadres, workers and supporter sympathisers, enforcement of discipline became a difficult task and some of the local level Marxist cadres were found to be defiant of directives transmitted from the state committee” (1979:136). Chatterjee alleges that the “influx of members and their almost exclusive concern with the politics of winning elections” has led to the alienation of many of the Party's older members in the districts. It has led to the emergence of factionalism “on an unprecedented scale”, not around political issues, but around the names of individual leaders, “universally thought to be the result of differences over sharing the spoils of power” (1997:154). All this, he claims, places tremendous pressures on the enforcement of discipline in the Party ranks (*ibid*).

As well as through active recruitment, the Party also grew in size by the entry of people who probably saw it as a vehicle, possibly the only one available to them, for gaining access to power and privileges - so to speak, opportunists. Even in the initial period of the LFG, reports from rural areas suggested that perhaps the Party had accepted the wrong people into the fold, “a new generation is coming up. But in the countryside they are the new recruits who had joined the CPI (M) out of sheer expediency. These up and coming leaders are usually the sons of rich farmers, who tomorrow with a change in the wind might switch over to Congress” (Banerjee, 1983). Chatterjee has alleged that, “the very growth of the Party organisations in the last ten years is not unrelated to the fact that the Party now has the power to distribute government patronage to its supporters...” (1997:131-32). One Politburo member has noted that, “in the earlier days when they came to join the Party, they did not think that they could get something by associating. Now some who join obviously do so thinking that they might get something.”<sup>249</sup> By contrast, previously - according to one MLA - “when we were Party members we never thought that the Party

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<sup>249</sup> Personal Interview (Calcutta), 06/10/00.

would come to power. People who join now are joining a Party which is in power, until recently unbridled..."

These new members make up the organisational structure of the Party, which has been so successful in ensuring that it stays in power. The Party has come to depend on them for its continued electoral success, and in return succours them with patronage. It would appear that this is not unlike the way in which the Congress used to function in the past - the CPI (M) has protected its position in power by developing its own networks of patronage. Apart from the obvious insecurity of being supported by opportunists, some scholars perceive that, in addition, this has helped to undermine the CPI (M)'s radicalism. According to Chatterjee, continuous political power, oiled, as he sees it, by networks of patronage, effectively robs the Party of its capacity to be really radical and reforming. He says, "...to tie the everyday life of the Party to the network of governmental patronage is not simply to succumb to reformist politics...it is to bury the very possibility of revolutionary politics"(1997:132).

Publicly, the most vociferous proponent of the argument that new members to the Party (i.e. post 1977) have been the source of corruption and low political awareness, ultimately weakening the Party's radicalism and hence affecting the implementation of policies, has been the former Finance Minister, Dr. Asok Mitra. Dr. Mitra has used his bi-weekly columns in EPW (Calcutta Diary) to rally against the infiltration of new members into the Party. In April 2000 he claimed, "the Party's decision in 1977 to convert its cadre-based organisation into...a mass-based one, has created...more complications than advantages." He goes on to note, "many of the post 1977 recruits have no history of involvement in mass movements, nor have they gone through the grill of Party training and instruction...." In his inimitably acerbic way, he laments, "a large section of the new entrants in the Party belongs to the species of flotsam and jetsam"(Calcutta Diary, April 15, 2000:1333-1334). By July, with the violence in Midnapore spiralling, the massacre in Nanoor and after the loss of the Panskura constituency by the Left to a newly resurgent Opposition, Mitra once again rages, blaming the failures of the LFG to the entry of new members at the lower levels. "Many of the post-Emergency entrants have suspect or indifferent credentials and the complaints of Party corruption lodged against the Front

government is to a large extent due to the infiltration of such elements at different levels of the Party and administration..." (EPW July 15<sup>th</sup>, 2000:2490).

From what can be understood amidst the morass of innuendo and accusations about who was responsible for the bloodletting in parts of Midnapore district, one thing is certain and lends credence to the allegations and fears outlined above. The conflict has been fuelled by a recent shift in loyalties of a number of CPI (M) cadres to the Trinamul Congress (TMC), who have used the knowledge about the workings of their former comrades to their own, and Trinamul's, benefit. This in turn has given rise to a sense of betrayal by the local CPI (M), fueling an upsurge of mutual resentment. Each side is no doubt now enacting its own revenge on account of this.

The case of Mohammed Rafique, the TMC's key local leader and election strategist in Panskura constituency (Midnapore), is an illustration of this. Rafique was from a traditionally Congress family - Midnapore was never particularly a CPI (M), but rather a Congress stronghold- who became an activist for the CPI (M) in the 1980s. From the start his working class credentials were doubtful-he was Secretary of an organisation of public transport owners- and his commitment to the Party and its ideals, suspect. In his own words, " (I) became so dissatisfied with senior Congress leaders of my area that I had to hobnob with the CPI (M), particularly with the DYFI leaders in Keshpur". During his time with the CPI (M) he apparently learnt how to 'manage poll victories', and is said to have brought his experience of 'campaigning' with the CPI (M) to bear on the surprise victory of the TMC in Panskura last June.<sup>250</sup>

Some leading Party figures argue that the problem does not so much lie with the mass influx of new members (of dubious commitment) to the Party, but rather the Party's failure to educate and indoctrinate these new members. In the words of Biman Bose, "in the earlier days we had less cadres, but all were committed. Now we have lots of cadres, but not all are committed. This is a

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<sup>250</sup> Report of the TMC victory in Panskura and profile/interview with Mohamed Rafique. The Telegraph (Metro Section), Calcutta 16<sup>th</sup> June 2000.

problem of growth...we are (sic) to educate and re-educate the cadres." In the words of another MP, "all parties begin with a small band of committed people. As it grows, obviously many people will join, but it is the job of the political Party to educate and assimilate them."<sup>251</sup>

Senior Party figures accept that the influx of new members is an inevitable by-product of the process of growth. At the same time, they seem to recognise that the rise in membership may have ushered in to the Party some people who do not share its ideology or objectives. The answer they think lies with better education. According to one MP, "Dr. Mitra's logic has the danger of idealising some isolationist logic...opportunism has inevitably crept in, but I don't blame the people that have just joined - opportunism is not just a problem with newcomers - but our failure to educate or deal with them." These echo the words of Biman Bose, "I do not believe that old cadres are good and new cadres are bad, there are many new people that joined, amongst them there are committed cadre. Dr. Mitra's comments are to an extent correct, new members do create some problems...Party education is suffering. We have to strengthen the Party's political education in all tiers of the organisation."<sup>252</sup>

Traditionally, the process of acquiring membership was never immediate. Those who expressed a desire to join were first classified as auxiliary or primary Party members (A.G.). These first time members had to pass through at least one year of education and mentoring, during they were expected to take classes on history, on politics and especially on Marxism. Those who passed this stage were made into 'candidate members' (CM), where the mentoring and classes continued. Candidates' participation in Party activities - canvassing, attending rallies and meetings - were noted, as were their standards of behaviour and general comportment in public. According to one former Branch Secretary, "I couldn't do just anything...you know that I like a drink, but I couldn't be seen to be drinking in public, or with just anyone; I was expected to act according to a strict pro-forma..." On the successful completion of one further year as a CM, the person was allowed to become a full card

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<sup>251</sup> Personal Interview with Nilotpal Basu MP (New Delhi), 15/09/00.

<sup>252</sup> Personal Interview (Calcutta) 6<sup>th</sup> October, 2000.



carrying CPI (M) Party member.<sup>253</sup> With the urgent need to boost membership through massive recruitment, it has often not been possible to follow this process of educating and mentoring new aspirants.

### *7.7.3 Incumbency and the Trappings of Power*

According to a retired senior IAS officer who had worked in the state government for most of the CPI (M)'s term in office, much of the CPI (M)'s reforms occurred in the first and partly the second administrations (1977-82; 82-87).<sup>254</sup> The zeal with which they pursued pioneering reforms was, he holds, because the Party did not envisage its political tenure to be so long. The LFG did not know how long it was going to be allowed to stay in power. On two previous occasions, during the UF governments, a Left dominated democratically elected government was dissolved and replaced by President's Rule from the Centre, by Indira Gandhi. Furthermore, the Left's chances of victory in the 1972 Assembly elections were scuppered by massive vote rigging allegations, which are now widely accepted. The LFG felt threatened, and this sense of threat increased when Indira Gandhi came back to power in the early 1980s. Nevertheless, it seemed to act a spur for the LFG, which was keen to show that it could deliver on its promises, and thus hoped to be returned to power by producing results. The view of, especially, the first two LF ministries as blazing a trail of radical reforms primarily for the benefit of the poor, under threat of intervention from the Centre, has been re-iterated by those within the Party. According to one eminent economist, "the first few LF ministries were extraordinary...they were informed by a vision. The government *had* to finish its plans for land reform and also get the poor into the panchayats...it was almost a race against time to get this done, they were always under pressure from the Centre."<sup>255</sup>

The murder of Mrs. Gandhi removed the LF's potentially greatest external political threat. At the same time within West Bengal, the Party's growing

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<sup>253</sup> I am deeply indebted to an anonymous friend, life-long Party member and former Branch Secretary of CPI (M) for this information.

<sup>254</sup> Personal Interview (Calcutta) 20<sup>th</sup> June, 2000.

<sup>255</sup> Informant's emphasis. Personal Interview (Calcutta) 26/06/00.

strength and popularity, particularly in rural areas, contrasted with the factionalism of the main Congress opposition. Congress, as its leaders had admitted, could never match the sophistication of the CPI (M)'s organisational structure; furthermore, its leadership was fractious and the Party had come to be associated with corruption when in office. Through the years of Left front rule, the state Congress seemed to disintegrate - in the words of Nossiter, "the factionalism of the Congress unit in West Bengal is proverbial and its Party organisation a bit of a joke" - and this in turn consolidated the LF in power (Nossiter, 1988:195).

The disappearance of any external threat, together with the withering of the main Opposition within the state, left the CPI (M) unbridled in power at the helm of the LFG.<sup>256</sup> The absence of any serious political challenge to the government took away the incentive to introduce the kinds of innovative equity orientated policies of earlier years; inevitably complacency set in. Echeverri-Gent's analysis lends support to this view. He has argued that the CPI (M) has been responsive to the poor due to the fall of Congress and the lack of political competition; the Party, he claims, no longer needs to consolidate its power base amongst these groups. (Echeverri-Gent, 1993: 169).

Probably on account of its long, largely unchallenged tenure in power, the CPI (M) rank and file has inevitably grown accustomed to the benefits of being in power. One senior MLA explained it in the following way, "our cadre activist were once beaten and tortured. Now they are in power...they are also human, and think that they are due some privileges...The Party is aware of this and is fighting it." A clear fondness for some of the accoutrements of power may be detected amongst Party members. Although eager to present an image of frugal living, senior Party figures are not exempt from these allegations, and have been found to be using public money to support 'high living'.<sup>257</sup> The former

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<sup>256</sup> External 'threat' was also found to be a powerful incentive for the implementation of land reforms after the second world war in South-east Asia, see Putzel (1992).

<sup>257</sup> Senior MP, Somnath Chatterjee, chairman of WBIDC and the managing director of the same organisation, between them presented expenses totalling USD 1, 072.76. This was in addition to their room rental charges and was spent on "mini-bar, bar, breakfast, laundry and tobacco". "CAG Filch Charge against Somnath", The Statesman 2<sup>nd</sup> August 2000.

chief minister also recognised this, commenting that being in power, the temptations for corruption and the abandonment of old ideals comes to the fore.<sup>258</sup> In fact, so common is this scenario that it has become the subject of humorous wall graffiti in Calcutta.<sup>259</sup>

A.K.Gopalan summed up many of the dilemmas facing communists in power. “I found myself in an environment calculated to ruin a man. First class travel, comfortable chambers in parliament, a surfeit of money, magnificent quarters and a life free of responsibility. All circumstances favourable to a life of pleasure. Communists like me who had suffered for want of a change in clothes to wear, for want of shelter for a night’s sleep, for want of money to pay for our tea and bus fare and who were scoffed at by the elite of society, were particularly liable to be spoilt by this sudden onset of luxury” (1973:181-82).<sup>260</sup>

The point that I wish to make is that political incumbency may have helped to distance Party members from the grassroots, by providing them with comforts and the access to power and privileges, which few would now be prepared to pass up. This in turn provides a particularly strong incentive not to risk the losing power by agitating for changes which are likely to alienate supporters and traditional vote banks. Rather than rock the boat, the impulse is now to maintain the status quo, even if this is at the expense of reforms to benefit the poor in the state.

## 7.8 Conclusion

The chapter began by accepting, tentatively, that organisational changes are only effective if they are introduced in an organisational culture committed to change, and that those in positions of power must play an important role in installing norms of conduct. I have discussed two positions in relation to this.

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<sup>258</sup> Interview with Jyoti Basu :”Tin Bajhar Bamfront Sarkar Porichalana Arigyata samparkoy Kicchu Baktyauba” in Deshhitaishree (Puja edition) p19, 1990.

<sup>259</sup> For example, “Sakal holei, kouto nare, rate kore feast, erai abar chechea bole, amra Communist”. This roughly translates as, ‘at dawn they take their begging bowls and hit the streets. At night they meet at grand feasts. These are the people who shout and say, we *are Communists!*’ The Statesman, 6th April 2001.

<sup>260</sup> Taken from his book, “In the cause of the people” New Delhi Sargam Books Orient Longman 1973.

Firstly, that of a highly respected scholar (A.K. Sen), who has argued that it is the behaviour of senior civil servants which is important in installing norms of conduct; and in contrast, the view that given the peculiar context of West Bengal, it is that of politicians from the ruling coalition, which is of greater significance.

There is little doubt that, in general, the bureaucracy performs poorly in the state, and health sector officials with their lack of accountability provide an adequate illustration of this. It is difficult to continue to attribute this to a state administration that is inherently spiteful and mean-spirited towards the Left, as some members of the CPI (M) continue to do. Rather, the blame for this, according to some scholars, lies at the feet of the LFG for being unable to motivate its administrative machinery.

The evidence to support this is persuasive. The spectre of an inherently biased bureaucracy has effectively vanished after 24 years of Left rule in the state. In its place is a lower-level bureaucracy largely unionised by the CPI (M). Moreover, the CPI (M) has been shown to comprise a formidable organisation, experienced and adept at monitoring and controlling officials at every level in state. Those considered to have transgressed, are reported and 'neutralised.' Furthermore, I have argued that there has been a symbolic shift in the relationship between the bureaucracy and the (predominantly rural) masses, brought about during the campaign to register sharecroppers in the early years of the LFG, and through the enactment of institutional changes which effectively meant that resources and, to an extent, power were taken out of their hands and placed with those from the previously marginalised lower strata. The CPI (M) brought "the bureaucrats closer to the village", and the CPI (M) carried out its promise to depend less on the bureaucracy and more on the people.

If responsibility for the failure to improve the performance of officials and make them accountable lies with politicians from the ruling coalition - in part, even the CM seems to admit this<sup>261</sup> - the second part of this chapter has tried to examine

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the explanations of why this may be so. After all, for some years scholars have claimed that West Bengal was one of the better governed states in India, and that the LFG was one of the most radical, pro-poor state governments in the Union, dominated by a Party, the CPI (M), which is both disciplined and organised. For analytical purposes the explanations were divided, broadly, into three separate camps.

On the one hand are those who argue that as an essentially bourgeois and elitist Party, the CPI (M) has never had the concerns of the poor and the masses at heart. Whilst partially true - the CPI (M) is dominated by what are locally referred to as *bhadrolok*, and its leadership is comprised of middle class professionals - this is not the same as saying that only middle class or elite interests have dominated policy-making. The charge is vehemently refuted by senior Party figures, who point to a weighty body of evidence in their defence. It cannot be denied that the LFG introduced some of the most far-reaching land reforms in post-independence India, and by revitalising and then decentralising certain responsibilities to the panchayats, set the pace in terms of subsequent changes to local governance in the rest of India.

Thus a variation on this first argument has emerged which claims that whilst the CPI (M) has been clearly committed to bringing changes which would benefit the poor, these have largely been out of self-interest, in other words to expand its support base and extend its influence amongst sections of the electorate. Mass mobilisation and the subsequent enactment of changes, especially in agrarian relations, were born partly out of sense of necessity. Given the critical situation at that time the Party saw the chance to reap significant electoral rewards by encouraging such direct action. Furthermore, this policy was pursued due to the ease in which they were able to mobilise the masses against a clearly identifiable class enemy. The conclusion reached from this line of argument is that the LF government has failed to enforce the incentives to make health care officials accountable, because to do so would risk alienating a small, yet highly organised and influential group of supporters. Where a conflict

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<sup>261</sup> Mr. Buddhadeb Bhattacharya, Chief Minister, admitted “there was truth in the criticism that the state government has only recently taken steps to make its staff accountable”, during the release of the CPI (M)’s fourth and final election pamphlet outlining the Left Front’s performance over the last 24 years. “CPM Pamphlet on LG Govt Performance” The Statesman, 6th April 2001.

of interests arises between the needs of the poor and the practical need to remain in power, the CPI (M) has tended to opt for the latter.

The third set of arguments presented claim that the CPI (M) is in fact committed to helping the poor, but that in an attempt to widen its appeal beyond the lower to the middle strata, has abandoned radicalism and instead has followed a 'middle' path of gradual reform. Aiding to douse its radicalism has been the entry of large numbers of newcomers - many purely out of personal expediency - to the ranks, of dubious commitment to the Party and its ideals. These newcomers, it has been claimed, lack commitment, are undisciplined and corrupt. They are alleged to be more interested in helping themselves than ensuring that the changes introduced by the CPI (M) result in benefits for the poor. However, senior Party figures have challenged this. They have argued that the problem is not with a mass influx of new members, some who may be opportunists, but the Party's failure to educate and indoctrinate them. Finally it is argued that incumbency and a growing fondness for the trappings of power have brought with them a sense of complacency amongst the CPI (M) and its coalition partners.

The evidence from this chapter suggests that the political influence of a well-organised interest group, public sector workers, may have affected the willingness of the ruling Party to enforce the incentives which the institutional arrangements introduced to improve the performance of health care officials in West Bengal were meant to provide. There are clear parallels with the work of Bates (1988; 1989), who has shown how dominant groups in society were able to impose and shape institutions to favour them over other societal actors, resulting in institutions which were socially inefficient. This challenges the neo-classical view of the emergence of institutions, which sees them as solely as a way of overcoming market failure and social dilemmas.

## Chapter 8

### **Conclusions: Local Governance, Bureaucratic Performance and Health Care Delivery to Bustee Dwellers in Calcutta**

#### **8.1 Introduction**

This dissertation has argued that informal constraints, politics and history have an effect on the performance of public officials, and in trying to address problems of poor bureaucratic performance, we must move beyond depending upon policy prescriptions that are premised on the excessively narrow assumptions of rational choice theory. The dissertation has also suggested a modification of prevailing notions about the relationship between civil society and 'good government'. As such, the dissertation may be considered a critique of the 'governance agenda' that has latterly informed efforts to improve the performance of officials working for public bureaucracies in the developing world.

Despite significant reforms, which presented unique opportunities for more developmentally orientated governance in West Bengal, little has been achieved in terms of improving the provision of basic services to the poor. It was also noted that the constraints on the urban poor's access to basic services represented one of the key weaknesses of the LFG rule in the state. Hence, the dissertation began by highlighting the need for a more equitable provision of basic health services to the urban poor in Calcutta. An examination of the health system in West Bengal in Chapter Three exposed the many shortcomings in the delivery of basic health care services to the poor in the state. It was argued that there were few incentives for good performance in the health sector in West Bengal, whilst at the same time pointing out that the sanctions on poor performance were ineffectual. Added to this, the dissertation has also highlighted the high transactions costs involved, especially for the poor, in trying to make use of the channels which exist for holding public officials accountable.

Weak systems of governance in the health sector have given rise to rude, unmotivated and unresponsive officials, which the dissertation has shown up in

common with others (e.g. Banerji, 1985; Jeffery, 1988) and identified as an impediment to the equitable provision of health care in West Bengal today. Widespread evidence of poorly performing public bureaucracies has given rise to a concern for better 'governance' in contemporary developing countries, with a view to providing consumers of services with the information and the means to hold service providers to account for their performance. Attempts to improve governance have included policies which try to ensure more transparency in the delivery of services, whilst also facilitating the means by which the performance of officials may be rewarded, if it is good, or on the contrary, punished.

Whilst policy prescriptions have differed, it was argued in Chapter Two that the governance agenda shares a common theoretical framework, which seeks to apply the theoretical assumptions of neo-classical economics to the study of bureaucratic decision-making. Behind calls for decentralisation and the application of the doctrines of NPM, lies a choice-theoretic approach to human behaviour, which assumes that public officials are rational, self-interested, utility maximising individuals, whose behaviour is determined by the institutional arrangements in place. Certain institutional arrangements are thought to privilege opportunistic behaviour while others constrain it. Policy prescriptions that have arisen from NPM and decentralisation have sought to create the organisational structures which provide the optimal incentives for officials to perform their duties well.

Through the presentation of some criticisms of these theoretical assumptions, Chapter Two suggests that policies which focus on changing organisational structures so as to create the incentives for improved bureaucratic performance - based as they are on assumptions that officials always choose a course of behaviours which maximises their personal advantage - may be flawed.

## **8.2 Re-examining Decentralisation in Calcutta**

Eighteen years after the decentralisation of municipal government in Calcutta, the research set out to make a comparative case study of the performance of local health care officials in two wards of the city, one with an average health status and one with a higher than average health status. Chapter Five shows



the performance of health care officials to vary greatly between these two wards of the city. In one, officials were judged to perform their duties well, according to a set of qualitative criteria set out in the text. In the other, officials were judged to perform poorly against the same set of criteria. It was argued that the better performance of officials in one ward of the city (67), was largely on account of pressure exerted on them by popular organisations - sometimes referred to as 'civil society organisations' (CSOs) - active locally, and thus had little to do with bureaucratic rules and regulations, or the distinctive ethos and motivations of these officials.

### **8.3 Information and Transaction Costs**

The traditional distance between officials in centralised bureaucracies and members of the public was believed to create a smokescreen which prevented consumers from monitoring the performance of officials (information costs) and made it difficult for them to hold officials to account for their actions (transactions costs). High information and transaction costs were considered to be key impediments to consumers' ability to monitor and appraise the performance of public officials. Proponents of decentralisation advocated bringing government closer to the people, both as a way of making the work of officials more transparent and also to make it easier for members of the public to exert pressure on officials so as to improve their standards of performance. The assumption was that proximity would enhance the quality of information that consumers received, and that greater proximity together with institutionalised channels to complain and seek redress, would result in citizens joining together to pressure officials. In turn, the assumption was that officials, as rational utility maximisers, when faced with the dual prospect of their work being more open to scrutiny and themselves more exposed to pressure, would decide that the costs of behaving opportunistically outweighed the benefits of performing their duties properly.

Chapter Two highlighted how the view that decentralisation would reduce information and transaction costs for consumers was linked to the question of distance between officials and the public and, particularly in the case of transaction costs, on the existence of institutionalised channels for redress.

However it was pointed out that scant attention is paid to the fact that the type of good being provided was a significant factor in determining the costs of information for the consumer. Thus, independently of whether health care officials are close to the local population or not, informational problems would arise on account of the fact that the service being provided is health care, which requires both technical expertise and specialist skills for its effective provision. Moreover, there was no evidence to suggest that greater proximity improved the quality of information available to local inhabitants. Despite deconcentrating local officials to the ward level, *bustee* dwellers were no clearer as to what services they could expect from local officials, and thus had little basis to judge whether officials were performing their roles effectively or not. Information is a major source of transaction costs, and given that informational asymmetries have remained high in regard to local health care provision, the dissertation has questioned the assumption that decentralisation necessarily leads to lower transaction costs.

It has been suggested that the decentralisation literature sees transaction costs as a function of the distance between clients and providers and of the existence of institutional channels for participation through which consumers may seek redress for the grievances. Yet one of key challenges for local inhabitants in holding officials to account that the dissertation has highlighted, is the cost involved for them in acting together to exert pressure on local officials to perform better. The nature of local politics was seen to be crucial in this. In the poorly performing ward it was suggested that a process of 'adverse incorporation' had taken place, whereby *bustee* dwellers preferred to invest in clientelistic structures so as not to risk losing what little access to goods and services which they enjoyed, rather than break out of these structures by holding officials to account directly. As a result of this, it was argued, they avoided acting collectively to complain or protest to ensure better performance from local officials.

The findings from these two wards of Calcutta do not suggest that simply bringing local citizens and officials closer together has reduced transaction costs. Apart from the fact that significant information asymmetries continue to exist, the dissertation has highlighted how local political constraints can also

add significantly to the costs of holding local officials to account, no matter how close they may be. By not holding local officials to account, local inhabitants in ward 85 may be seen to have chosen a course of action which does not, in the long-term, maximise their own personal welfare.

#### **8.4 Rational Individuals and Social Norms: the Historic and Cultural Roots of Organisational Performance**

The last point is significant as it suggests that it may be problematic to extend the assumptions of rational utility maximising behaviour to all individuals in all circumstances. This argument was developed in relation to local officials working for the CMC. Officials, it was argued in Chapter Six, did not respond in such a way to the organisational changes brought about by decentralisation, partly on account of the fact that the incentives which they were faced with in the new organisational structures remained weak. Design flaws have meant that decision and policy making remained highly centralised, and borough committees, meant to act as a platform for local inhabitants to put pressure on local officials, remained deliberative bodies with no regulatory powers.

However, beyond the fact that the incentives contained in these newly decentralised structures were weak, the chapter argued that the poor performance of CMC officials in the city may also lie in the 'culture' of the organisation. Rather than as a tool for effective municipal administration, politicians have used the Corporation's human and financial resources to further their own political objectives. In the early years of the Corporation, the objective was independence from the British. For this reason, posts were given in return for political loyalty and employees were encouraged by their political leaders to disrupt, as much as possible, life in Calcutta - the administrative and commercial hub of British rule in India. After independence, nepotism and patronage continued to be the basis on which many of the lower level employees, the mass of the organisation, were recruited. Safe in the knowledge that they were well protected by powerful patrons, officials made little effort to abide by organisational rules and regulations. Bureaucratic corruption and lack of responsiveness were allowed to flourish unchecked, and despite two reforms

to its organisational structure, such standards of bureaucratic performance would seem to constitute the norm.

Hence, through a reference to the political history of Calcutta Corporation, the chapter has supported the idea that individual behaviour is affected by informal constraints with deep historical and cultural roots which change very slowly (North 1989). However, there is a risk contained in endowing history and culture with too much of a role in shaping institutional outcomes, for as Grindle (2000) has noted, it cuts off the possibility of “dramatic changes”; and “dramatic changes” in bureaucratic performance, are possible, as evidence from ward 67 as well as from further afield (Evans, 1996; Tendler, 1997) shows. This dissertation argued that political interests have helped to give rise to norms of behaviour inimical to responsive local administration, but also that where political interests lie in ensuring that services are provided effectively, remarkable changes have ensued in the performance of local officials. Thus the dissertation has tried to highlight the significant political dimension to the success of institutional arrangements, thereby refuting the sort of determinism which too much of a focus on history and culture can lead to.

Chapter Seven has developed the argument about the importance of politics to the shape of institutional outcomes. It has argued that the failure to bring about long-lasting changes in the performance and accountability of public officials - argued throughout the dissertation as a key constraint to the poor's access to basic health care services - cannot be blamed solely on a poorly motivated and politically partisan bureaucracy. Whilst accepting that both of these factors provided challenges to the Left Front's implementation of equity orientated reform, where had been a political commitment to reform, these were overcome. The dissertation cites, in particular, the case of agrarian reform in the early years of Left Front rule in the state.

It has been argued that there existed an important institutional basis for the government's commitment to and implementation of agrarian reform in the early years of Left Front rule. On the one hand, there was a clear need for a more equitable redistribution of assets in rural areas. The Party saw in this chance to develop a much needed support base particularly in rural areas, the Left Front

government was under the threat of being toppled from the Centre and therefore was under pressure to bring about popular changes which would assure it widespread support if such an event should occur. The Party was helped in its efforts by a significant organisational structure, separate from the bureaucracy, which was able to mobilise the population. Popular mobilisation was facilitated by the identification of a clear class enemy. It has been argued that the same institutional basis for political commitment to bring about long-lasting improvements in bureaucratic performance has been lacking.

The Left Front government has failed to support the organisational changes in the health care bureaucracy, which were meant to bring about improvements in the performance of health care officials. It has been argued that to fully implement these changes would risk alienating a small, yet well-organised and influential group of supporters, public officials, on whose support the Party has traditionally relied. By choosing to not hold officials to account, the government ends up protecting the interests of a few against those of the vast majority in the state. There are clear parallels here with the argument made by Bates about public policy in Africa (1988, 1989).

On account of the weaknesses associated with the neo-classical view of how institutions emerge (Bates, 1995), and on the basis of research findings, the dissertation concludes by accepting the need to embed institutionalism in the study of politics (*ibid*) and to recognise that the balance of groups in a political context may determine the outcomes of institutional arrangements (Khan, 1995).

## **8.5 Civil Society and Good Government**

Proponents of decentralisation tend to privilege the role of local citizens, the poor or lower strata, as the source of good governmental performance. It is assumed that local citizens somehow come together as a social unit in private and autonomous organisations to keep the state in check and hold local officials to account. This view affords the state little more than a peripheral role - confined to regulation, monitoring, setting standards and in activities involving externalities and economies of scale - where the current orthodoxy believes its

comparative advantage to lie. Empirical evidence of well performing officials in one ward of the city offers a more nuanced view of the relationship between civil society and good government.

In Chapter Five, well performing health care officials were shown to be reacting to the pressure exerted on them by civil society organisations (CSOs). Insofar as this was the case, the evidence reflected the prevailing orthodoxy. However, these organisations which proved so effective in making local officials responsive were neither private, nor autonomous from and opposed to the state. Rather, their internal structure, organisational norms and historical origins point to their close relationship to the CPI (M), the dominant partner in the Left Front coalition that has governed the state since 1977. It was suggested that the Party fostered these organisations, for practical purposes, so as to be able to monitor potentially hostile activities in the local area, and to mobilise the local populace for the electoral victory of the Party in this key strategic area. Furthermore, it was suggested that the Party provided incentives for the sustenance of these local organisations, by bringing considerable benefits to the area, and thus its inhabitants, through the channelling of external investment from donors as well as from the state government into social and infrastructural projects. Their close ties to the Party have given these organisations considerable leverage over local officials.

The evidence presented in this dissertation suggests that civil society in these areas of Calcutta bears little resemblance to the notion spurned by contemporary liberal theory, but rather is a closer fit to the Gramscian notion. Gramsci made a distinction between civil society and political society. Political society was where the coercive apparatus of the State was concentrated, whereas civil society was the location where the State operates less tangible and subtler forms of power. Civil society discussed in this dissertation was neither autonomous nor opposed to the State, rather, in the way described by Gramsci it has been the location where the State has operated to forge consent for its policies and programmes, not through force but through hegemony.

The evidence questions the view that such groups and associations only emerge in areas with historical endowments of social capital. Calcutta has a strong tradition of associational life, in the sense that clubs and societies have

flourished in the city, but this has not produced high standards of bureaucratic performance in the city as a whole. Poorly performing officials in ward 85 are testimony to this. Chapter Five has argued that it is not the existence of associations which is key to enhanced governmental performance, but the type of associations which is important. In ward 85, clubs have flourished for many years, but these have tended to be for the benefit of men from a particular ethnic group and dedicated to sporting or leisure activities. By contrast, civil society organisations in ward 67, which were shown to have had a key role in enhancing governmental performance, are of a political nature, more inclusive in terms of their membership, run on democratic lines and most importantly dedicated to addressing the concerns of local inhabitants.

Furthermore, the notion that such groups emerged in ward 67 on account of the fact that the inhabitants of this area had more in common with one another in terms of class, ethnic and linguistic affinities, was challenged by a detailed analysis of social relations in two *bustees*, presented in Chapter Four. Advocates of decentralisation see it as a way to incorporate the participation of the poor in the development process, which it is believed will result in public policies more attuned to their needs. As such, proponents see it axiomatically as an end in itself. However, this point of view presumes that the poor comprise a homogenous and harmonious group of people, prepared to act together as a social unit. The comparative case study of two *bustees*, one in each ward, highlighted how in neither case could the inhabitants be said to comprise a consensual social unit. Rather, both *bustees* were shown to be divided along ethnic lines, kin ties and occupational as well as educational status. The point was that even in what appeared to be homogeneous ethnic and linguistic residential clusters, differences existed which cut across these distinctive social categories.

There was insufficient evidence to isolate any one particular factor in explaining the emergence of such groups in ward 67 and not in ward 85. The different ideological positions of the political parties that controlled these areas – the CPI(M)'s commitment to setting up mass front organisations compared with the Congress Party tradition in West Bengal of patronising socially influential individuals at the local level, as a means of holding on to power – may have

been one factor, although it should not be considered decisive. The CPI (M) has controlled most of the state for the last twenty-five years, but this has clearly not resulted in significant improvements in the performance in the state as a whole. The peculiarly violent political history of the area to which the origins of these organisations could be traced, together with the fact that in electoral terms the area had acquired strategic importance, were cited as possible reasons to explain the vibrancy of such organisations.

Nevertheless their vibrancy owes a great deal to the support they have received from the regime which has controlled the state for the last twenty-five years. Chapter Five thus concludes by supporting the case for a “state-society synergy” (Evans, 1996), where the government goes beyond the provision of a rule-based environment, and in a whole number of different ways supports and promotes the efforts of local citizens to hold the state to account.

## **8.6 NPM**

The arguments so far elucidated have important implications for attempts to improve performance and enhance accountability through reforms inspired by the doctrines of the New Public Management (NPM). Sharing the same behavioural assumptions as decentralisation, part of the appeal of such reforms lay in their claims to universality. As it was assumed that officials always chose on the basis of an analysis of the costs and benefits a course of action, one which would maximise their personal welfare, it was believed that a common package of reforms - comprising stronger incentives for performance, through contracting out, the separation of regulatory and supply roles and a focus on outputs rather than inputs - would in all settings produce the same optimal results.

In Chapter Two it was argued that advocates of the application of NPM reforms in the developing world tended to ignore the fact that their success in developed countries rested on certain key constitutional changes. For example, NPM reforms in places like New Zealand altered relationships within the Executive, by changing procedures for appointing and removing senior bureaucrats and by decentralising human resource management. Without these changes, efforts by managers to improve performance at lower levels of



the administrative hierarchy would have been undermined. The fact that such significant changes were ignored - possibly on account of the massive political challenges expected from trying to implement them - meant that they did not feature in public sector reform packages introduced in developing countries subsequently. This partly accounted for the fact that NPM reforms in many Commonwealth countries were seen to be less successful than expected. It resulted in NPM reforms being implemented in a piecemeal way against a background of more traditional methods of bureaucratic management.

Attempts to implement NPM inspired reforms in two states in India served to illustrate this dilemma quite well. Certain NPM-style reforms were suggested in the Department of Health (West Bengal), on account of poor discipline and a lack of accountability of health care officials. For example, it was recommended that disciplinary powers be devolved to the chief medical officer at the District level throughout the state, and lines of responsibility fixed at each level. However, little was done to change the fact that by statute, systems of personnel management remained centralised and the power to discipline rested, in the case of most employees, with the appointing officer - often the Director of Health Services sitting in Calcutta. This served to weaken the powers of district level officers to discipline those below them in the administrative hierarchy, and may explain why lower level officers were found to be reluctant to use their disciplinary powers. Systemic constraints, such as centralised accounting structures and financial regulations, were noted to undermine the success of NPM reforms in Tamil Nadu (Bennet and Muraleedharan, 2000). Centralised personnel management together with the fact that public employees are well protected by the Indian constitution, mean that incentives that local managers can offer to improve performance remain weak.

A key criticism of NPM is that it does not take account of local context. One aspect of this has already been discussed, namely the legal framework and constitutional conventions which underpin relationships within the Executive in developing countries such as India. Another aspect of local context which NPM has been accused of failing to take into account has been the prevailing organisational culture. Organisational culture has been shown to be a major

determinant of performance, for example organisational cultures characterised by patronage have prevented attempts to contract out services in the health sector.

Organisational culture has been used to refer to the norms and conventions and values of public officials working for the municipal administration. It has been argued that these norms, not so much formal organisational rules and incentives, have tended to guide the behaviour of public officials in the CMC. The point is that efforts to improve the performance of public officials have tended to focus on structures and mechanisms of control at the organisational level – by, for example, designing the appropriate formal institutional structures and controlling opportunities for rent seeking, through ‘getting the incentives rights’ – whereas the evidence from this dissertation suggests that the determinants of organisational performance lie in the broader social and economic conditions. These conditions can foster, establish and legitimate norms and patterns of behaviour by individuals within an organisation and ensure that even in the face of new incentives and structures of control, the organisation’s performance remains the same.

The dissertation has criticised the tendency to see organisational culture in a monolithic way, as the residual in the path of reform. For instance, it is not enough to recognise that nepotism has curtailed attempts to recruit staff on the basis of merit, but to explore what are the factors that have given rise to the prevalence of nepotism. The dissertation has suggested that to understand what gives rise to certain organisational cultures, there is a need to understand local social relations and to appreciate the role that those in positions of authority have in establishing rules of behaviour and norms of conduct.

Chapter Six suggests that politics has a crucial role to play in the success of NPM reforms. Politics in a very formal sense of political authority devises and enforces new institutional arrangements brought about through organisational change. But in a more informal sense, what the dissertation has tried to show is how political interests can shape institutional outcomes. A politician’s desire to widen his/her support base and extend their local influence may result in posts being given on the basis of political loyalty, thereby undermining attempts

to make officials more responsive through the types of reforms typically associated with NPM.

The sorts of reforms advocated by NPM to create the incentives for public officials to perform better were shown to have been of little effect in the case of a cadre of HHWs. The criticism was not that the incentives brought about by such organisational changes were not effective, but that they depended on a political commitment. To support such changes would effectively mean foregoing the opportunities for political patronage and exposing officials to the full set of incentives which the organisational changes provided. For example, in the case of HHWs, it would mean recruitment exclusively on the basis of merit based criteria, the operationalisation of systems of monitoring and the enforcement of sanctions against those found not to be carrying out their duties.

In the case of the HHWs, the suggestion was that the desire of the Party to provide political patronage locally meant that the criteria for recruitment were ignored. HHWs were chosen on the basis of their political loyalties rather than on the basis of the official criteria for selection. The chance to create a mission-focused ethos in the organisation which a transparent and merit-based recruitment procedure was said to have contributed to in Ceara (Tendler, 1997), was thereby lost.

The dissertation has criticised the assumption that public officials always behave in an instrumentally rational way - that they always choose "systematically based on a calculation of personal advantage" (Sen, 2000:270). First of all it has been suggested that if there exists a sense of commitment, then a person may not behave in a way that will maximise his/her personal welfare. It has also been argued that informal constraints - often termed as 'culture' - the norms of behaviour and codes of conduct which individuals adopt and which become inculcated over time through their education, family or work life, may be just as important as formal institutional arrangements such as laws, official rules and regulations in shaping human behaviour. These informal constraints have a pervasive effect on individual behaviour and can be seen to underpin the success of more formal institutional arrangements. The

dissertation has also argued that politics plays an important role in determining the success of institutional arrangements. Not only do political institutions have to define and enforce formal institutional arrangements but also the balance of power between different groups can determine what is regarded as an acceptable way to behave for individuals in an organisation like a public bureaucracy. Political groups and interests can shape the nature of the informal constraints which have such effect on individual' behaviour. Powerful political interests can force government to devise public policies which protect and accommodate their interests, often to the detriment of the majority. Hence, to rely on changes in an organisation's structure to create the incentives for officials not to behave opportunistically, as governance reforms tend to suggest, is not likely to be sufficient.

## **APPENDICES**

## Appendix 1

### Interviewing Bustee Dwellers: Interview 1-Closed ended questionnaire:

Interviewer \_\_\_\_\_

Date/Time \_\_\_\_\_

I will ask some questions about you. The answers in most case are provided, you are asked to choose the one that is most applicable

#### Section I Identification of Sample Bustee

1.1 Ward No \_\_\_\_\_  
\_\_\_\_\_

Borough No \_\_\_\_\_

1.2 Bustee Name & Address \_\_\_\_\_

1.3 Thana \_\_\_\_\_

1.4 Councillor \_\_\_\_\_

#### Section II Household Characteristics (Background)

2.1 Name of Household Head \_\_\_\_\_

2.2 Address \_\_\_\_\_

2.3 Informants Full Name \_\_\_\_\_

2.4 Relationship to Household Head \_\_\_\_\_

2.5 Place of Origin (including state and district) \_\_\_\_\_  
\_\_\_\_\_

2.6 Father's Occupation \_\_\_\_\_

2.7 Number of Household Members Living at Present Accommodation \_\_\_\_\_

### Section III Informants Characteristics

#### 3.1 Sex

Male  
Female

#### 3.2 Age

15-20 yrs	21-25	26-30	31-35	36-40
41-45yrs over 60		46-50	51-55	56-60

#### 3.3 Marital Status

Married widow	Single	separated	divorced
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#### 3.4 Religion

Hindu	Muslim	Sikh	Christian	others
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#### 3.5 Social Group

SC	ST	OBCs	other
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#### 3.6 Formal education Yes/No

#### 3.7 Schooling

Primary or less  
Upper primary or less  
Secondary or less  
High school or less  
Diploma or less  
Vocational Training or less  
University or more

#### 3.8 Occupation

Housewife/husband  
Manual  
Administrative  
Professional  
Other

#### 3.9 Brief Description of occupational history

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## Section IV Household Income and Assets

### 4.1 What is the approx. household income/month

Less than 200 rupees  
 Less than 500 rupees  
 Less than 1000 rupees  
 1000-2000  
 2000-3000  
 More than 3000

### 4.2 Type of Habitation

Owned  
 Owned by relations  
 Rental  
 other

### 4.3 Nature of Dwelling Unit

#### Walls

Pacca (Brick, stone, cement) \_\_\_\_\_  
 Katcha (Mud etc) \_\_\_\_\_  
 Semi-pacca \_\_\_\_\_  
 Wood \_\_\_\_\_

#### Roof

Tin,  
 Tile  
 Asbestos

### 4.4 Basic Services inside the Household

Electricity yes/no  
 Portable Water tap yes/no  
 Washing/cooking water tap yes/no

### 4.5 Household Assets

Pressure Cooker Yes / No  
 Refrigerator Yes / No  
 TV Yes/ No

a) colour \_\_\_\_\_  
 b) B & W \_\_\_\_\_

Radio yes / No  
 Tape recorder/Record Player Yes/No  
 Fan Yes / No  
 Car Yes / No  
 Motorbike/Scooter Yes / No  
 Bicycle Yes / No



Section V **Mortality and Morbidity amongst Normal Household Members**

5.1 When was the last death in the household?

Within the last year

Within the last two years

Within the last three

More than three years ago

5.2 How do you rate your level of health?

Very good

Good

Average

Poor

5.3 Have you had your full quota of vaccinations?

Full	Mostly	about half	less than half	none
	Don't Know			

5.4 How do you rate your children's level of health?

<b>Boy children</b>	Very good	Good	Average	Poor
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<b>Girl children</b>	Very Good	Good	Average	Poor
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5.5 Have your children had their full quota of vaccinations?

**Boy children**

Full	Mostly	about Half	less than half	None
	Don't know			

**Girl children**

Full	Mostly	about Half	less than half	None
	Don't know			

5.6 Where were your children vaccinated?

**Boy child**

Private clinic

Public clinic

Private Hospital

Public Hospital

Other (please specify) \_\_\_\_\_

**Girl Child**

Private Clinic

Public Clinic

Private Hospital

Public Hospital

Other \_\_\_\_\_

I would like to ask **you** about the illnesses you have suffered in **the last two weeks**. I will provide you with a list of illnesses and ask you **how often** (if at all ) you have suffered from them, and whether they have caused you to **interrupt** your daily activities

	Incidences of Suffering			Affected daily activity			
	Never	Sometimes	Frequently	Completely	Quite	Moderately	Not at all
Headache							
Cough							
Fever							
Jaundice							
Skin disease							
Stomach Ache							
Breathing difficulties							
TB							
Diarrhoeal Diseases							
Pneumonia							
Organs (heart, liver, kidney)							
Malaria							

5.8

I would like you to indicate which form of treatment you commonly use when suffering from certain illnesses

	Initial Strategy						Later Strategy					
	Allo Pu Pr	Trad Healer	Homeo Pu Pr	Home Remed y	Druggist	Other	Allo Pu Pr	Traditional Healer	Homeopath Pu Pr	Home Remedy	Druggist	Other
Headache												
Diarrhoeal Diseases												
Cough												
Fever												
Jaundice												
Skin disease												
Stomach Ache												
Breathing difficulties												
TB												
Pneumonia												
Organs (heart, liver, kidney)												
Malaria												

## Section VI Health Care Providers

6.1 Which health care provider do you most commonly use ?

Name of provider \_\_\_\_\_

Address \_\_\_\_\_

6.2 How many times have you visited him/her in the last 2 weeks?

- Once
- Twice
- Thrice
- More than 3 times
- Never

6.3 Why do you commonly visit this doctor?

Because he lives near you residence	
Because he has dispensary near your residence	
Because he is your relative	
Because he is a family friend or caste member	
Because he has been you family doctor for many years	
Because he is considered the best around	
Because his charges are reasonable	
Because his treatments have been effective for symptom alleviation in the past	
Because of his kind nature	
Because of the welcoming Surroundings and quick service	

6.5 Which Health care provider do you least use ?

Name of Provider \_\_\_\_\_

Address of provider \_\_\_\_\_

6.6 How many times have you visited him/her in the last 2 weeks?

- Once
- Twice
- Thrice
- More than 3 times
- Never

6.7 Can you briefly explain why

- Far away
- No dispensary
- No relation
- Different Caste
- Not a friend
- Considered not very good
- Charges high
- Treatment do not alleviate symptoms
- Due to nature of the illness
- Rude and unkind
- Place is dirty and unwelcoming
- Slow service
- Long waiting times

6.8 What is the name and address of the local government health care provider?

Name \_\_\_\_\_

Address \_\_\_\_\_

6.9 How frequently have you visited the govt provider in the last 2 weeks?

- Once
- Twice
- Three times
- More than 3 times
- Never

6.10 Can you briefly explain why ?

Because he lives near you residence	
Far away	

Because he has dispensary near your residence	
No dispensary	
Because he is your relative	
No relation	
Because he is a family friend or caste member	
Different caste, not a friend	
Because he has been you family doctor for many years	
Only recently commenced visits	
Because he is considered the best around	
Not very good	
Because his charges are reasonable	
Charges are high	
Because his treatments have been effective for symptom alleviation in the past	
Treatments do not alleviate symptoms	
Because of the nature of your illness	

Because of his kind nature	
Rude and aggressive	
Because of the welcoming Surroundings and staff	
Shabby/dirty surroundings and offensive staff	
Quick , efficient service	
Slow service, long waiting times	

Other(please specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any other comments ?

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