



Communitisation of Public Services in Nagaland:

A step towards creating alternative model of delivering public services?

Neema Pathak Broome | November 2014



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This report is written by Neema Pathak Broome, Kalpavriksh in November 2014, based on secondary literature, interviews of local villagers, government and non government actors; and meetings with the members of various communitisation committees during visits to a few villages. She would like to thank Ashish Kothari for his guidance, accompanying in one of the field visits and sharing detailed field visit notes.

1 | The Context¹

One of the primary responsibilities of the government of India towards its people is to provide basic public welfare services, including access to adequate and affordable education, health services, transport, electricity and water. Since the Independence the government has set up an extensive network of institutions and administrative infrastructure to fulfil this responsibility such as rural primary and secondary schools, health services, water supply, transport and rural electricity. While this spread and reach is extensive their efficiency and effectiveness is abysmally low as has been shown in studies conducted for different public services sectors².

Amongst the various reasons for this situation as have been indicated by these studies include;

Employee Absenteeism: A World Bank Report of November 2004 showed that 25% of teachers were absent, while half of the ones present were actually engaged in teaching related activities during surprise visits to a nationally representative sample of government primary schools in India. Although the absence varied from state to state with 15% in Maharashtra to 42% in Jharkhand. In surprise surveys carried out by the researchers of People's Report for Basic Education (PROBE) in 1996, showed that only 53% of the sampled government schools were engaged in any educational activity. Many of these schools did have good infrastructure, teaching aids and pupil-teacher relationship. Hence those were not the reasons for poor education quality. Similarly, in a Survey of 100 villages in Udaipur district of Rajasthan, over 2002 and 2003, it was found that 45% of medical personnel were absent from health

sub-centres and aid posts and 36% were absent from Primary Health Care Centres.³

Poor Infrastructure, Poorer Maintenance: Poor infrastructure is also shown as a reason for poor implementation of public services, however while the National Sample Survey Organisation shows an increase in public service infrastructure there continues to be poor maintenance and hence leading to poor services.⁴

Centralised Distribution of Material: One of the major reasons for non availability or poor quality of material provided by the government such as books, uniform, medicines, food, etc. is often shown to be the centralized distribution and procurement. This leads to, poor quality material, increases possibilities of corruption, delays due to bureaucratic procedures.

Similarly, theft of power – often in collaboration with government staff responsible for billing and collecting tariff - is often cited as a major reason for losses incurred by the power department. Maintenance of water supply is in a similar state with poor maintenance and supervision.

Most government public services and facilities suffer from lack of maintenance, inadequate accountability and supervision. The employees entrusted to deliver these services have little direct stake, motivation or interest in their delivery (with few exceptions), systemic corruption thus becomes rampant. On the other hand the people for whom these services are meant are not in any way authorized or responsible for their effective delivery.

The private sector has taken advantage of this situation and mushroomed to occupy the vacuum. The private sector services are perceived by general public as better at delivering these services albeit at a cost. The staff in the private sector is not necessarily better qualified as compared to government

¹ This section has been modified from Pandey, R.S. 2010. *Communitisation: The third way of Governance*. Concept Publishing Company Pvt. Ltd., New Delhi.
² Pandey, R.S. 2010. *Communitisation: The third way of Governance*. Concept Publishing Company Pvt. Ltd., New Delhi.

³ (Abhijit Banerjee, Angus Deaton, Esther Duoflo; *Economic and Political Weekly*, February 28, 2004). Cited in Pandey, R.S. 2010. *Communitisation: The third way of Governance*. Concept Publishing Company Pvt. Ltd., New Delhi.
⁴ Pandey, R.S. 2010. *Communitisation: The third way of Governance*. Concept Publishing Company Pvt. Ltd., New Delhi.

education and medical institutions but they are often better supervised and held accountable towards ensuring profits for the private owner. It is not surprising therefore in India the hard earned money of the rural populations or urban poor is spent on educating their children in expensive private education institutions. A huge drain on resources this is still considered a sacrifice that they would make for a secure future of their children. Similarly, few people if they can afford trust government hospitals or health facilities and spend beyond their means to be able to provide expensive health services to their family members. This nationwide trend for people to depend for their very basic needs such as health, education, water, sanitation, power, etc. on private sector is no secret to anyone.

In this debate and practice between the public and private sector providing these services, the fact that traditionally many communities indeed have had effective systems of education, health, water harvesting and sharing, even power generation through micro hydel; has been overlooked. None of these local systems have found their way in formal service sector nor has it been encouraged in any other manner. In fact dependence on outside systems and services, among others has been an important reason towards the neglect and eventual breakdown of these local systems. Indian state has rarely recognized the social capital of its own people, described by James Coleman⁵ as "features of social organizations such as trust, norms, and networks that can improve the efficiency of society by facilitating coordinated action".

1.1 | Nagaland: A Different Approach towards Public Services and their System of Delivery

In an innovative exercise carried out by the state of Nagaland called "Imagine Nagaland", in which civilians and government officials came together in a series of workshops held

⁵ Coleman, J. C. (1990, 1994). *Foundations of Social Theory*, Cambridge, Mass.: Harvard University Press.

across the state to identify the challenges faced by the state. The fact that the massive welfare infrastructure and vast network of delivery services was largely ineffective and dysfunctional emerged as a strong challenge. *These debates revealed that one of the strongest reasons for this situation was a top down government control and nearly no local role in design, decisions, implementation and monitoring of these welfare services.* This was followed by a state wide debate on best ways of resolving this situation, including about privatizing these welfare services for better efficiency. After analysis of available information on privatization in these sectors the state government decided to adopt the policy of "communitisation" for Nagaland instead of privatization.⁶

This intention of the state was legalised by enacting Nagaland Communitisation of Public Institutions and Services Act in 2002. The objective of the Act was "to provide for empowerment of the community and delegation of the powers and functions of the state Government to the local authorities by way of participation of the community in matters connected with the management of local public utilities, public services and the activities of the State Government connected with education, water supply, roads, forests, power, sanitation, health and other welfare and development schemes and also to provide for promotion of community based schemes incidental thereto". The general consensus in the public debate was that – *a community motivated with collective self interest is an effective alternative to the ineffective government services and profit motivated expensive private sector.* Government documents state the main principle behind the Act to be - *If the empowered are not motivated enough to deliver then the motivated need to be empowered.*

⁶ Educate every child: *The dreams of Nagaland. THE STATE OF THE WORLD'S CHILDREN 2002.*
<http://www.unicef.org/sowco2/pdf/sowc2002-eng-p32-49.pdf>;
Pandey, R.S. 2010. *Communitisation: The third way of Governance.* Concept Publishing Company Pvt. Ltd., New Delhi;
Rume, Z. *Community Empowerment: Communitisation of Elementary School Education – A Reality.* Undated. SCERT, Nagaland.

2 | Objectives and Methodology

2.1 | Objective of this Study

In the above context the objective of this study is to understand the following:

- ◆ To what extent has this Act and its implementation succeeded in achieving the stated goals?
- ◆ What are the factors that have contributed to success and failure, apart from the legal provisions?
- ◆ To understand the strengths and weaknesses of the framework including objectives, legal provisions, institutional mechanism and implementation process
- ◆ Within the community how equitably are the institutions formed under communitisation process, how equitable are the decision making process within these committees? How equitable are the benefits derived from the process?
- ◆ The extent to which decentralization has been achieved by communitisation in Nagaland in these sectors, e.g has it only meant implementation of predetermined activities at the local level with certain allocation of funds or it has also meant decentralization planning from the inception to execution, decentralization of implementation at all levels (users being part of the institutions and processes at all levels and financial decentralization; deciding on overall budget, plans to be made at the local level and funding to be provided as per the budgets locally cleared?)
- ◆ To what extent alternative thoughts and practices on these sectors are included in the process because of communitisation. For example education-is it only formal modern education or traditional ways of learning are being included, local history culture, environment, local people involved in teaching traditional knowledge. Health- traditional health and medicine systems, 'clinics include tradition healers? Extent of recognition of these healers and healing systems. Electricity –

alternative forms of electricity or conventional form only, if alternatives than of what kind.

2.2 | Methodology

Attempts were made to understand the following in the context of Nagaland state through secondary literature during the course research for this case study as well as in previous associations with the state: history of decentralization discourse in Nagaland and origins of communitisation; democratic governance process in Nagaland and its relationship with state machinery at various levels; customary and official decision-making processes within the state

An attempt was also made to understand the provisions of the law and rules for different services by going through Communitisation Act, rules and other government publications on the same. This included composition and process of constitution of the institutions under the Act and their powers and responsibilities; processes of monitoring, assessment and feedback.

Efforts were also made to understand from the government implementing agencies their methods of implementing; from committee members the functioning from their point of view; the opinions of the local government staff; to understand from the village community their perspective on the process, its benefits and lacunae. Attempts were made to understand the above in both rural and urban context.

In addition to secondary literature, large part of information in this case study is based on visits to a few villages, interviews with local villagers, village meetings, interviews with government staff at various levels belonging to Department of Planning; Department of Elementary Education; Department of Health and Hygiene; Department of Water and Sanitation; Department of Power. Interviews were also conducted with non government individuals connected with education.

The first field visit was undertaken in May 2013 to Mokokchung district, during the trip interviews were conducted with;

- ◆ Dr. S. Aka, Deputy Chief Medical Officer (Chief Medical Officer-Nodal officer for communitisation of health and sanitation in the district)
- ◆ Mrs Rowainla, Deputy Education Officer, Mokokchung along with Mr. Maotoshi, Mr. Longerwapang, Mokokchung
- ◆ Mr. Tia Longkhumer, Chairman, Kumling Health Sub Centre in Kumling Ward one of the 18 wards in Mokokchung town
- ◆ Daughter of Chairperson of Village Council in Ungma village, Mokokchung

The second trip was undertaken to Kohima district in January 2014. Interviews were conducted with following government officials

- ◆ Mr. Temsuvati, Additional Development Commissioner, Planning and Coordination Department, Kohima, Nagaland
- ◆ Ms. Kevileno Angami. Additional Director, Planning Department, Kohima, Nagaland
- ◆ Mr. W. Zaveyi Nyekha, Director Education, Kohima, Nagaland
- ◆ Mrs. C. Zupein Lotha, Aditional Directorate of School Education Nagaland
- ◆ D.M. Limaakum, State Programme Officer (SPO), National Rural Health Mission (NRHM), Kohima, Nagaland
- ◆ Mr. Ruokuovituo Vizo, SDO, Public Health Engineering-Rural Kohima (Water supplies and sanitation), Kohima, Nagaland
- ◆ K. Miachieo, Chief Engineer, and Ivy Chishi, Deputy Chief Engineer (P) and Add. Chief Engineer, Power Department, Kohima, Nagaland
- ◆ Ms Buno Liegese, University of Nagaland, Kohima
- ◆ Rukhono Iralu, Principal, State College of

Teacher Education, Kohima

- ◆ Visakhuno Hibo, principal Jafu Christian College
- ◆ Mr. Kemp, Director Health, Directorate of Health and Family Welfare, Kohima, Nagaland
- ◆ Khriekhoto Mor, Chairman, Khonoma Tragopan Conservation Committee), Khonoma village, Kohima district, Nagaland

Villages visited in January 2014:

- ◆ Khuzama village, Kohima district
- ◆ Mima village, Kohima district
- ◆ Sendenyu village, Kohima district

2.2.1 | LIMITATIONS OF THE METHODOLOGY AND THE CASE STUDY

It is important to mention that this case is being written while the research work on communitisation is still in progress. Till the time of writing this study only two districts could be visited namely Mokokchung and Kohima. While in Kohima three villages were visited, in Mokokchung no villages could be visited. In Mokokchung interviews were conducted with Urban ward members but no such interviews or field visits could be conducted in Kohima. The visits to the sites therefore cannot be considered as a comprehensive sample size. An attempt was made to compensate for this by looking at the review reports from other villages as well as in asking questions to the state and district level actors.

Additionally, interviews could not be conducted with Mr. R.S. Panday and others



Meeting on Communitisation with Khuzama Villagers



Meeting on Communitisation with Sendenyu Villagers

who were instrumental in bringing the scheme to the state and with those who were involved in conducting 'Imagine Nagaland' exercise. This case study is yet to be sent to those whose interviews were taken and form the basis of this report; those who have been involved in the overall evaluation of the communitisation in the state in the past; and others knowledgeable about the state for their comments. This case study therefore should be seen as a preliminary report still to be critically reviewed. This is still to be done.

This research is an attempt to gain an understanding of communitisation within the discourse of alternatives models of health, education and other public services as well as their delivery systems elsewhere in India. This is still work progress and will be done by using secondary literature as well as interviews with people working on alternatives in these sectors in other parts of the country.

3 | Nagaland State - A Background

Nagaland became the 16th state of India in 1963. The state borders with the states of Assam, Arunachal Pradesh and Manipur on Indian side and Myanmar on the other side. The 14 major tribes in Nagaland including Angami, Ao, Lotha, Sema, Rengma, Phom, Pochury, Sangtam, Chakhesang, Zeliang, Yimchunger, Khiamungan, Chang and Konyak.⁷ All tribes are culturally distinct from each other and usually inhabit different districts of the state. Nagaland is often referred to as a conglomeration of "village republics". The state is divided into 8 Districts, namely, Kohima, Phek, Wokha, Zunheboto, Mokokchung, Tuensang, Mon and Dimapur. Kohima town is the capital of the state. Nagaland is unique as compared to other states in India as about 88% of land in Nagaland is owned by the local communities and is administered by the village councils.

⁷ State Level Biodiversity Strategy and Action Plan of Nagaland. Prepared by O.P. Singh and B.K. Tiwari. On behalf of Department of Forests, Environment and Ecology and Wildlife. Government of Nagaland, 2002. Kohima. Prepared for National Biodiversity Strategy and Action Plan – India. Ministry of Environment and Forests. Contained in CD with Securing India's Future: Technical Report of the NBSAP-India (Pune, Kalpavriksh, 2005).

Additionally, since late 1980s and early 1990s, numerous villages have declared their own community protected area.

3.1 | Local Administration and Social Organisation⁸

Different tribal communities have had their own traditional systems of local governance. Traditionally, in some villages, decisions were left to the great warriors of the village, while in others decisions were taken by hereditary village heads, and in still others decisions were taken by male dominated village assemblies. Most Naga communities had some form of rudimentary but effective democracy with headmen or the relevant institution ruling on local disputes after discussing them openly. Whatever the system, social organisation in Naga society has been very strong. Within each tribe members remain loyal to each other. In the past these social ties were strengthened through systems such as the *Morungs*, which were traditional dormitories where young men were taught the values, culture and traditions of the tribe and clan by village elders.

To formalise the local governance and bring about some uniformity the British introduced the system of *Gaon Buras* for local administration⁹, where each clan and hamlet would select a respectable elder or elders to represent them.

An important provision that the Indian

Gaon Bura at Mima Village



⁸ Adapted from Field visit report prepared by Neema Pathak Broome, Kalpavriksh, after a visit to Nagaland in June 2005 to study community conserved areas.

⁹ Thomas Kent, personal communication, February 2005.

government agreed to during the negotiations for Statehood to Nagaland was that the customary law would hold precedence in settlement of disputes in Nagaland (Article 371A of the Indian Constitution). Today the state government of Nagaland has a single chamber legislative assembly with 60 seats. State is represented by one member in the Lok Sabha and one in the Rajya Sabha. Administratively there are 8 Districts headed by Deputy Commissioners, 17 sub-divisions and 32 blocks headed by (Sub Divisional Officer) SDOs and (Block Development Officer) BDOs. The 1225 villages in Nagaland are locally administered by Village Councils (VC) constituted under the Nagaland Village and Area Council Act of 1978 and Village Development Boards (VDB).

A VC consists of members chosen by villagers from each clan in the village in accordance with the prevailing customary practices and usages, the same being approved by the State Government, provided that the hereditary Village *Gaon Buras* are part of the council.

The tenure of a VC lasts for 5-years, at the end of which a new VC is to be elected. The VC Act clearly specifies that "village institutions which were traditionally established like the "Putu Menden" in Ao area shall continue to function as Village Council according to respective customs and usage." Women are generally not members of the VC. Among the responsibilities of the VC include:

1. To formulate Village Development Schemes, to supervise proper maintenance of water supply, roads, forests, education and other welfare activities.
2. To help government agencies carry out development works.
3. To help generate funds for village development activities, to apply for aid and loans.
4. To provide security for due repayments of loans received by any permanent resident of the village.
5. To constitute the Village Development Board
6. To administer justice within the village limits in accordance with the customary law.

In case of disputes between two villages the respective VCs are expected to jointly resolve them. No transfer of immovable property can be affected without the consent of the VC. VC also maintains the written records of land transfer.

The Village Development Boards are constituted by the VC to formulate schemes, programmes of action for the development and progress of the village. All permanent residents of the village are the members of the General Body of the VDB (including women). The VDB is expected to meet twice in one financial year, where details of all schemes and financial dealings are announced. The day to day affairs are handled by the Management Committee of the VDB, which is selected by the VC. VDB is expected to have a minimum of 5 and a maximum of 25 people with one fourth being women.

In general women's participation in decision-making is minimal. Most villages do have a women's organization, which is often involved in a number of social activities but rarely in village decision making. Certain amount of funds from the VDB goes to the women's organisation to carry out activities related to women's health and other social issues. Women's groups in Nagaland have particularly played an important role in dealing with high alcohol and drug problems in the society.

Naga society is socially extremely conscientious. Villagers and formal and informal village organisations spend much time and energy on social welfare activities. Youth are encouraged to take on group activities such as village clean ups, arranging for religious and social events, inter village sports events and so on. These informal village level organisations include the Youth Clubs, Students Unions, Wildlife Protection Committees, age groups (a group of people belong to the same age in some Angami villages) and so on. Each village may have all or some of these institutions. There are also

institutions established by the Church, including Mother's Groups. Many of these institutions and organisations play an important role in various social functions, implementation of decisions and activities. For example, in many villages the decision to ban hunting or declaration of Village Protected Areas was proposed by the youth groups and accepted by the VC and implemented by the youth groups and student unions. The youth groups and the students unions in these cases play an important role in controlling the offences. Some of the money from the VDB is shared by these organisations.

Generally all urban Nagas (living within Nagaland but also sometimes outside) would be members of formal or informal social groups within their native village and also in the city where they live. Invariably a typical Naga is a member of his village union, tribal union, and a union of their school, among many others.¹⁰

In addition to these village level informal organisations, most tribes are organised at inter village level also. A group of villages together form a district level organisation. For example, Chakhesang Public Organisation, which includes all 80 Chakhesang villages in Phek District or Western Angami Public Organisation, Southern Angami Public Organisation and so on. All tribal organisations together form the Naga Ho Ho, which meets once in a year.

The Nagaland Village and Area Council Act of 1978, provides for Area Councils, which are expected to be the Federations of the Village Councils.

This social organisation is a result of and further reinforces a value system evidenced by lack of dowry, beggary, casteism, racism, violence against women, among other social evils.

4 | Legal Context of Communitisation

The state decided to communitise “..Education, Water supply, Roads, Forests, Power, Sanitation, Health, and other welfare and development schemes..” but in order to avoid communitisation itself becoming a top down, imposed system, it was decided to implement in a phased manner and on the principle of voluntary adoption phase wise, learning from the experiences of the earlier ones. In 2002, Education, Health and Power sector were communitised.

BOX 1: PHASE WISE IMPLEMENTATION

Education

- ◆ 2002, 12% schools communitised on voluntary basis
- ◆ 2003, 17% more opt for it
- ◆ 2004, 94% opt for it

Healthcare

- ◆ 2002, all health sub-centres opt for it
- ◆ 2003, 100% communitised
- ◆ 2008, all PHCs/CHCs communitised

Power Sector

- ◆ 2003, 12% of the villages communitised
- ◆ 2004, two urban wards communitised
- ◆ 2007, 40% of the habitations communitised

4.1 | Objective of the Act

To improve the management and operation of public utilities and public services, particularly health and sanitation; elementary education, power, roads, water supply, forests, tourism and other welfare and development schemes with the participation of actual users.

¹⁰ Pandey, R.S. 2010. *Communitisation: The third way of Governance*. Concept Publishing Company Pvt. Ltd., New Delhi.

BOX 2: VALUE BASE OF THE ACT

Based on the belief that transfer of ownership of government assets and empowerment of the user community would generate motivation and stimulate social capital of the community to create, manage and promote the institutions and the services and hence:

- ◆ *Trust the community*
- ◆ *Train community members*
- ◆ *Transfer government assets and powers to them*

4.2 | Institutions for Implementation

The above was to be achieved through constitution of Boards and Committees for one village or if need be an area covered by more than one villages. Also at the state level a "state communitisation committee" was to be constituted to monitor the implementation of the scheme.

4.2.1 | COMMUNITISATION OF HEALTH

4.2.1a | Objective

- ◆ Community takes ownership and management of health institutions and services at the village level
- ◆ Community takes part in preventive health through education and action
- ◆ Community gets alternative health care services through promotion of traditional medicine and its practitioners

4.2.1b | Committees

4 kinds of committees were to be constituted at all levels (two for rural and two for urban areas) -with representatives from all sections of respective villages and towns.

1. Village Level

1a. Village Health Committee (VHC) in every village constituted by the Village Council

Members: Person elected/selected by VC-Chairman; 3 VC members; secretary VDB; 2 health workers of the Sub-Centre; 2 members from Mahila Swasthya Sangha; 1 Anganwadi worker; 1 trained dai in village church; 1 pastor of the village church, others members may be co-opted from time to time.

Meetings: At least once in three months

Time period: Three years for non ex-officio persons

1b. Common Health Sub-Centre Committee (CHSCC), a federation of constituent VHCs that come under a common sub-centre.

Members: Chairmen and secretaries of VCs of all villages; chairmen of VHCs of all villages; VDB secretaries of all villages; 1 member from Mahila Swasthya Sangha of all villages.

Meeting: Once every 3 months and presence of members of at least 2 of the constituent villages forms quorum.

2. Urban Health Committees (UHC) in urban-based sub-centres at the ward level.

Members: VHC like membership

3. Community Health Centre/Primary Health Centre Level Health Centre Management Committee

Members: Federation of VHCs and VCs, Chair person selected by the community whereas member-secretary is the Health Worker of the Health Centre and in case of CHC/PHC it is the Medical Officer.

4.2.1c | Functions of the HCs

1. Take over ownership and management of HCs (administrative, technical, financial)
2. To promote preventive health
3. Popularise and encourage traditional medicine and its practitioners through identifying genuine ones, encouraging them to practice at health centres, documenting their practices, honouring them, among others.
4. Monitor functioning of the health staff, disburse salaries to them, recommend leave, and deduct salary for any valid reason on "no work no salary" basis.
5. Make required arrangements for the functioning of the health centre including for medicine, infrastructure and other facilities.
6. Manage funds being provided by the government, plan for the HC and

generate funds from other sources if need be

4.2.1d | Monitoring

At State Level

- ◆ State Communitisation Committee
- ◆ One District Supervisor for each district

At District Level

- ◆ District Coordination Committee Headed by District Commissioner
- ◆ Civil Surgeon with one Programme Management Officer
- ◆ Medical Officers in charge of CHC/PHC

At Village Level

- ◆ VCs of the respective villages

4.2.1e | Management of Accounts

1. Open a savings account and deposit all the money allocated by the government for salary, infrastructure, etc. Also money generated from other sources, and deducted from the salaries.
2. Account to be managed by the Chairman and member secretary of the health centre.
3. Government will undertake quarterly review of all accounts

4.2.2 | COMMUNITISATION OF ELEMENTARY EDUCATION

4.2.2a | Objectives

- ◆ To communities educational institutions and their management
- ◆ To create sense of ownership and belonging among the community
- ◆ To ensure government support to sustain the system and assist the school directly
- ◆ To provide for empowerment of the community by delegating the powers and functions of the government to the village committees
- ◆ To empower the community to manage, direct, supervise and control the schools, ensuring administrative, academic and financial discipline
- ◆ Channelizing community resources towards better elementary education at the village school level.

4.2.2b | Institutions

District Coordination Committee

Deputy Commissioner, chairman; Civil Surgeon; Medical Superintendent; District Education Officer; Deputy Inspector of Schools; Project Director DRDA; District Welfare Officer; BDO; District Planning Officer. There is no provision specifically for participation of women in the committee.

Village Education Committee/Common Education Committee (VEC/CEC)

VC representative, Chairperson; VDB, Secretary; Head-teacher of the school; 3 parents (at least 1 woman); 2 teacher's representatives; 1 VC member; 1 representative of different churches; 2 members from the village community knowledgeable about education (1 woman); sub inspector of the school of the area; head-teacher of GMS or senior most teacher of the school member secretary; other members can also be co-opted.

Time period: The committee would work for three years and meet at least once in 3 months.

Functions:

1. To ensure regular and effective running of the school
2. To grant casual leaves to staff and recommend other forms of leave
3. To take appropriate action against misconduct of the staff such as withholding or non- payment of salary or reporting to higher authorities
4. Recommendations on transfers and postings
5. To ensure sufficient land for school and its expansion
6. To construct and maintain school buildings
7. To procure furniture, equipment, stationary, etc.
8. To constitute committees or specific needs of the school

9. To report to the higher authorities issues that cannot be locally resolved
10. To furnish information/replies related to the school
11. To compile and furnish annual reports of the school
12. Appointment of substitute teachers as per government guidelines will be done only on VEC recommendations
13. If agreed by the managing board of the private school then to decide on sharing on resources and activities between the private school and the government school
14. To ensure daily running of classes and implementation of annual plans and programmes
15. To arrange for short courses for teachers within the school complex, if need be with help from DIET.
16. To make available free uniforms, textbooks, mid-day meals as per the government guidelines to all students, if and when grants are received for the purpose.
17. To ensure universal enrolment and retention in school up to the age of 14.
18. To receive grants from the government and generate funds from the community to operate an education fund.
19. To disburse monthly salary of the teachers and other staff members and deduct salary on the basis of "no work no pay"
20. Apart from free uniform, textbooks, mid-day meals to also use the fund for training of teachers, special sessions, excursion for school children, parent-teacher meetings, etc.
21. To maintain proper accounts, audit these accounts and share with the community and the higher authorities.

Similar committees are to be established for urban areas

4.2.3 | COMMUNITISATION OF POWER

4.2.3a | Objective

- ◆ Reduction of (Transmission and Distribution) and Commercial Losses (TC) in the rural areas. Will eventually be extended to urban wards also.
- ◆ Village community to work as business partner with the government in the management of electricity revenue to lead towards privatization of power sector as envisioned MOP/GOI under Accelerated Power Development Reforms Programme (APDRP). In case of Nagaland the village community would be functioning as the "private sector" as against a "firm".
- ◆ Village community to work as watchdogs against power theft.

4.2.3b | Method

A single point meter is provided at the village, which is managed by the VC/VEMB and jointly checked by the department and the board. Board then prepares bills for individual households based on their "useful points" or meters (if they are functioning correctly).

4.2.3c | Institutions

Village Electricity Management Board

5-9 members for each VC, including the chairman who would be a person nominated by the VC; secretary VDB; one woman representative; one representative of all *khels*.

Time period: Committee to work for three years, secretary to be selected by the board. Field staff of the department will not be the member of the board.

Meeting: To meet once a month.

Functions of VEMB:

1. Monitor availability of power in the village and requisition the assigned field staff of the Power Department as required.
2. Coordinate and assist in clearing hindrance in providing electricity such as tree fall etc.
3. Safe custody of all equipment within the village

4. Control theft, ensure recovery of losses and/or recommend punitive action to the VC
5. Maintain all details of power availability and failure, of individual consumers, prepare bills and distribute, collect revenue, audit accounts and present to the VC, audit will be done by the audit committee constituted by the VC.
6. Funds: The department provides electricity at Rs.1.60 but the consumers pay at the rate of Rs. 2.0 per unit. The profit goes to the board; any recovery from the defaulters; any donations; contribution by the VC or VDB.

5 | Monitoring and Evaluation

Monitoring and evaluation is a departmental affair with each department monitoring the progress of various activities being handled by their department including communitisation. For the Health department the Dy Chief Medical Officer at district level is the nodal officer for training and monitoring. The health committees in some villages send monthly progress report to the CMO who sends quarterly reports to the health department in Kohima. Apart from this, district and state level monitoring takes place where each Add. Dir is assigned 2-3 districts for monitoring. According to the Health Department officials reporting format is given to the sub centre level to monitor the health status. Quarterly meetings are organized to share the results of the health evaluation at the level of the department. Consistency of monitoring and evaluation, however depends on availability of funds (e.g no evaluation could be done in 2009-10 as no funds were available with the state).

For education also the department carries out regular monitoring, Junior education officer sends report to – Sub Inspector of Schools, who reports to the SDO and SDO reports to the Directorate of Education. In the water and sanitation department consistency of monitoring depends on availability of funds.

Reports received from the communitised villages, through government staff (who often also collect reports from the village committees) is published in “VECs Speak” and “VHCs Speak”. These are extremely informative and useful report village wise and are produced periodically depending on availability of funds. Exactly how many have been produced so far could not be verified.

According to the Planning Department officials evaluation of all government programmes is carried out by the Planning Department at the request of the respective departments but also depends on availability of funds. They also accepted that there is often a gap in getting feedback from the villages and addressing them. Departments may recommend suggestions coming from local areas but political will to implement is often lacking. At the planning department a state monitoring cell does exist but it does not monitor communitisation. Although the officials at the department agreed that there is a need for continuous monitoring cell for communitisation programme as a whole.

Independent external assessments have been carried out at least twice so far:

- ◆ The first in 2004, by Organisational Development & Excellence Consultants Pvt. Lt. based in Chennai and financially supported by UNICEF, India. This report enumerates a number of achievements based on the assessment of 50 villages making 10% of the sample size then. It also appreciates the programme for being able to achieve better services at a low cost, depending largely on the regular state funds for these services, and cash or/and kind contribution by the community. Additional expenditure only on training of the community members. This report had recommended a state level monitoring cell in the state to more effectively monitor the programme.
- ◆ In 2011, A Central Review of communitisation of Health (CREM) was carried out. This review could not be accessed by the team.

6 | Impact

6.1 | Communitisation of Education in Nagaland and its Impact on Education and Communities

Conversations with local people, government officials and civil society groups as well as visits to the village schools clearly indicated that education in government schools in Nagaland has largely benefitted from Communitisation. Although there is no formal assessment of how quality of education has been affected but there is a general agreement that communitisation has been beneficial in ensuring teachers presence, improving infrastructure and ensuring greater involvement of the village in the education process. The tenth results for government schools in the state were 100% in 2013, which many believe is because of communitisation.

Some villages have used this as an opportunity to including components in education such as "Life Skills", e.g. in Ungma village in Mokokchung district local traditional artisans are invited to interact with school children and shared their skills. In Mopopchukhet also in Mokokchung, the village community is very involved in the school and the kind of education to be imparted to the students. Traditional knowledge and practices are shared with the school children through cultural activities and craft activities in a centre called "all house" running on the principles of traditional "morungs". Folks songs, craft, and other traditional cultural activities are under taken by village elders. Sometimes the elders participating in such activities are paid daily wage labour from Sarva Siksha Abhiyan (SSA) funding. In some years SSA provides about Rs 25000 per school for such activities. This is however, only in a few villages where the village as a whole is aware.

Several villages in Kohima district are also toying with the idea of including traditional and cultural activities, games, songs, dances, craft, village festivals as part of school education. A few have already taken such initiative e.g. Khonoma in Kohima district has

encouraged the trend (including among school children) that during (rice cultivation) *panikheti* an age group¹¹ comes together to help in farming in each other's fields. In Tuensang district a system of "Sochum" has been started by some social workers, where a space is provided for school going children to come, relax, learn from each other and participate in social work. Students spend the night here and go home to eat and get ready for school the next morning.

According to officials from the education department communitisation in urban areas of Kohima, district has not been very successful. This is because of factors such as lack of a cohesive community, members of the community being too occupied in their respective jobs, leaving little time for voluntary activities, among others. This survey however could not cover urban schools in any depth and hence this case study has not dealt with urban communitisation much.

While in Mokokchung this success was often said to have resulted in increased enrolment in government schools in Kohima those who can afford still prefer to send their children to private schools. Those interviewed felt that the government school teachers are often more qualified than the private school teachers but have less motivation as compared to private schools where performance decides whether they stay in job or not. This attitude has been impacted in some schools where the VEC and the youth groups have started monitoring the quality of education alongside ensuring presence of teachers. Such monitoring, however, is not a very widespread phenomenon yet.

There has been no involvement of local education committees or local actors in curriculum development so far. Although some people felt that this may not be useful as many villagers are not educated and hence may not be able to contribute in this process, others (including some local people) felt it would be useful in bringing local perspectives in the curriculum. For example currently there

¹¹ A group of people belong to the same age organized and identified as a social group within a village, particularly among the Angami tribe in Nagaland

is very little in curriculum of secondary school about the Naga culture, history, and environment, local involvement may help plug such gaps. It was suggested that it may not be feasible to consult all villages everywhere but that consultations with educated and aware villagers, youth groups, women's groups could be organized while developing the syllabus or discussing what should be included in school education.

Under Right to Education (RTE) all schools are compulsorily required to have a School Management Committees (SMC). SMC gives full control and authority to the headmaster to monitor functioning of the school. There is no clarity on the relationship of SMC with VEC. Since VEC is not concerned with SMC, the village community does not know about the functioning and accounts of the SMC. As of now the two seem to be functioning independent of each other causing a situation of confusion in many villages. It was felt that the state government needs to issue a GR to clarify the roles and responsibilities of SMC under SSA and VEC under Communitisation. Could either merge the two or put SMC under VEC.

There was a general agreement among most people interviewed and also impression of the project team that the magnitude or kinds of positive impact of communitisation in education is not uniform and differs from region to region and within a region from village to village. The success in different regions and different villages is dependent on a number of factors some of which are enlisted below. To help create a better understanding about communitisation and to ensure that more and more teachers are aware about it communitisation has been introduced as a subject in B.Ed courses in the state. It was also suggested by those working in the field of education that it should be included as one of the subjects in the University to ensure greater familiarity with the process and its objectives at all levels.

There are no separate resources for monitoring and evaluating the communitisation process, however departmental monitoring is carried out

regularly. Junior education officer sends report to – Sub Inspector of Schools – Reports to the SDO-Reports to the Directorate of Education. These reports are periodically published in VECs Speak. Many of those interviewed felt that more continuous monitoring and awareness system is required at all levels, including at the level of the village to be discussed at the annual meetings. Regular awareness programmes will ensure greater awareness about the programme at the village level over a longer period of time and internalization of the principles and objectives within the social fabric of the community and hence better monitoring.

Some specific impacts and constraints of communitisation of education are mentioned below:

In Mokokchung district it is felt by most actors interviewed that communitisation of education has largely been successful and has had following positive impacts:

- ◆ The village education committee regularly monitors the government schools and the salaries of the teachers are only paid if they have been attending the schools.
- ◆ Largely successful in reducing teacher absenteeism
- ◆ Has provided an opportunity for the community to be directly involved in the education of their children. This has fostered a greater sense of ownership in the village towards their school.
- ◆ As a result in some cases villagers are now contributing resources towards village schools.
- ◆ Villagers have been sometimes able to implement the schemes which remained unimplemented. In some cases villagers have also managed to get non performing teachers transferred out of the school.
- ◆ Mid day meals are being monitored by the committees and hence better
- ◆ Government schools in the district have been able to achieve 100% results for the Xth standard.
- ◆ Enrolment in private schools is gradually decreasing, students are moving from private schools to government schools.

In Kohima district Communitisation has. In general there have been following impacts:

- ◆ Communitisation of Education has been positive in children's enrolment, teachers' attendance and reviving government school education to a certain degree.
- ◆ Khnoma village generated 4-5 lakh for the village school, some of this was utilized for getting good furniture for the school
- ◆ In Rusoma village in Kohima district a unanimous decision was taken in the Village Council that all the private schools will be closed and all resources and efforts will be put towards well functioning of the government school.

However, communitisation of Education is also facing some hurdles which need addressing;

In Mokokchung district

- ◆ The initial resistance in the department and local staff about communitisation has gone down over the years but there is still confusion about various aspects.
- ◆ The success of the scheme is certainly not uniform in all villages, the benefits are less visible in remote areas.
- ◆ To what extent the scheme has been successful depends upon the level of education, awareness and initiative of the VEC members
- ◆ When the VEC is not adequately aware and trained there have been misuse of resources and lack of monitoring of school functioning.

In Kohima district

- ◆ Functioning of the VEC often depends on

the internal governance structure of the village. For example in some Sema villages all control and funds lie with the powerful people, particularly the founders of the village. Functioning among the other communities is more democratic and hence VECs are also more democratic.

- ◆ Often the fact that "educated teachers" are controlled by "uneducated" members of the VEC causes tension between the two groups.
- ◆ Sometimes there is corruption, mismanagement and authoritativeness at the level of the VEC, this has caused internal squabbling and fights. Village council chairmen sometimes intervene in such situations.
- ◆ In general VECs are still male dominated, only in some cases such as Khonoma village educated women become part of the committee (there is no reservation for women in VEC).
- ◆ VEC members are also often overburdened with this responsibility along with a number of other social obligations in the village. This is particularly the issue in larger villages where VEC often finds it difficult to monitor all schools.
- ◆ No assessments have been carried out on impacts on learning performances because of communitisation
- ◆ VECs monitor mid day meals as a result in many villages the supply and quality has improved, however most villages face the challenge as the material for mid day meals is not procured locally but is supplied by the government, which has to be collected by VEC members. This becomes a problem with those VECs which

Healers Group at Sendenyu Village



Sendenyu Village Entrance



are located far away and do not have an easy access. These VECs (e.g. Sendenyu) end up spending from their resources for transport.

◆ In addition, the midday meals are not based on Naga cultural preferences, and hence often not preferred by local children.

BOX 3: SENDENYU VILLAGE, KOHIMA DISTRICT – COMMUNITISATION HAS NOT YET BEEN INTERNALIZED IN THE VILLAGE¹²

Large village spread in three settlements (khels) with about 3000 population, access by road is poor. Village is otherwise well known in conservation circles for having declared a large part of their forest as a wildlife protected area.

During the discussions on communitisation it emerged that there was a general lack of clarity among chairs of the committees formed under communitisation about their responsibilities and functions. No records are maintained of any of the meetings at the village level and villagers felt that not enough information is provided by the government on these matters “we are at the end of the road so no one comes here”.

The VC chairman of neighbouring Thomsa village (present in the meeting) shared that all communitisation committee chairs are present in the annual VC meeting in their village, where all the planning for the entire year is done. No such coordinated planning, however, takes place in Sendenyu. Villagers present said that this was because they are never certain whether they would definitely get the money in a particular year. The planning therefore is done after the money is received. For example, community toilets and water tanks were constructed after getting the funds under WATSAN. Villagers have not participated in any departmental planning process related to any of the communitisation programmes. They felt that the plans are made at the higher level and then given to them to implement, grassroots inputs are not taken into account and often requests are ignored (esp. for electricity poles, more doctors, etc.)

There are no women in any of the Communitisation committees in the village, except the VHC where the health staff are present in the committee. Village VDB has women because it is legally mandated. As mentioned by the women healers in the meeting “VC traditionally does not have any women, the clan members nominate VC members and they never nominate women”. Women felt that there should be greater participation of women in these committees.

VHC

Village had a dispensary in 1964-65, which was later converted to a sub centre. The sub centre did not have a doc, had a compounder who passed away a few months back and since then no replacement has been found. The new sub centre was construction under the communitisation programme, after a request was sent from the village. Funds were provided by the government but they were not sufficient hence the village used VDB funds also. A staff of 5 people including 3 ANM, 1 watchman and 1 peon, and 1 pharmacist has been provided for. Village is endemic to Typhoid and Malaria. Earlier money was being given to the committee to buy medicines as per the requirement of the village but this practice was discontinued a year ago and villagers did not know why. They felt that the villages should be given money instead of medicines as medicines when they come are either not useful for local problems or are often old. They also felt that a village with a population of 3000 should have at least a PHC. This PHC could cover Sendenyu, New Sendenyu and Thomsa (Sendenyu and its hamlets).

VHC does not have any involvement of traditional healers, traditional healers give voluntary service to the community. The traditional healers group does not want to work through the health centre and be paid. It's a religious group for whom healing is through God and one cannot charge for it. These healers handle only the very serious cases which cannot be cured elsewhere, include stroke, kidney failure, paralysis, among others. Even if they were to work through the sub centre they were not sure they would be able to match the demand for herbal medicines as herbs are not very easily accessible and making small amounts of medicine takes much effort and raw material. They felt that other healers who are not associated with the Church such as the traditional bone setters could be incorporated but then the sub centre should pay for his services, which they do not have the resources for.

¹² Base on a field visit on 22.01.2014 and discussions with the villagers in the presence of VC chairman and members, VEC, VHC, WATSAN chairmen; women's traditional healers group connected with the Church; and Mr. G. Thong

VEC

Village has 3 Elementary schools (one being private) and 1 gov. High School (in Thomsa)..

Communitisation has definitely helped improve education services, earlier there were few teachers, and they were mostly absent. Now the number of teachers is more (8 teachers) and their presence is good and they work well. VEC checks on presence/absence in schools and also quality of education. Villages schools have not yet incorporated local cultural and informal forms of education although the villagers felt that it should be included as local children respond less to heavily text book focused mode of education. They also felt that there was an urgent need to encourage traditional culture, dance, songs and craft, etc. in formal education system to maintain cultural continuity.

The government provides mid day meals which are also monitored by VEC. However, supplies for the same are delivered about 25 km away from the village. From there it is to be collected by the VEC, involving transport expense which needs to be paid out of pocket. The quality of material provided is found to be not good by the villagers, neither is it based on Naga cultural preference. Local children therefore do not appreciate it much as a result the VEC has decided to give the children once a week feast. School children are also given uniforms, bags and books free. Together all of this has ensured 90% attendance in the school. Women healers group felt that the school children are now more aware and maintain hygiene, although they were not sure whether this was because of communitisation or generally greater awareness about these issues in Nagaland brought about by the youth groups.

Impressions, Suggestions and Opinions

Education and hygiene in the village is now much better than it was in the past. This however is linked to active role played by the Youth Groups and Women's Groups in these two issues rather than communitisation itself. Youth group eg has banned pigs freely roaming around in the village, they are now to be kept in enclosures near the village. This has increased hygiene levels.

Villagers felt that there were definitely benefits of communitisation, for example through this

they were able to develop water sources (since village has no permanent water supply), but since there are no funds for maintenance they have not been able to repair the pump once it stopped working causing great trouble for the women who have to fetch water.

Medicines now come to the village but often these are expired and have to be thrown, village was being give the money to buy the medicines till a year ago-a practice which has been discontinued (villagers were not aware as to why it was discontinued). People felt that women's health has surely improved after communitisation. Pregnant and feeding mothers get regular supplement under National Rural Health Mission (NRHM) and are provided through local ANMs. Deliveries are also more successful now. There are definitely less fatalities but they were not sure whether this was linked to communitisation or generally there is a greater awareness about health issues, and improvement in medical facilities. Despite all this Health is still not easily available to us, people have to travel long distances in bad roads and spend a lot to get to a good health facility in case of serious illness or complications. Poor cannot afford to go to Kohima for health reasons.

"The main problem is that of economic inequity.....communitisation has not addressed this". According to one village elder. "Government schools are left for poor people as they cannot afford to send their children to private schools. Sometimes the poor cannot even afford to send their children to school as they are needed to help in livelihoods activities."

In general the villagers felt that their committees were not functioning as well as they could be. They felt it was also because they were furthest from Kohima and hence neglected by the government for resources, awareness creation, etc. But they also reflected that their weakness has been that they have not built their own capacity to deal with these and also to implement the programme effectively.

6.2 | Communitisation of Health Services in Nagaland and its Impact on Health and Communities

In the health sector, all those who were interviewed, village meetings and village visits clearly indicated that communitisation of health services has improved the reach of the health services to rural areas as well as awareness about health issues among the local villagers. Although there continues to be scope for much improvement (as mentioned below), overall the change in the public health sector has been for the better and nowhere has the situation worsened after communitisation. Schemes under central and state government's health programmes are now reaching rural populations more regularly and effectively. Before communitisation the infrastructure of Public Health Centres was not adequate in most cities and villages. The infrastructure has also now significantly improved as where the community is strong they have been able to generate support and resources in cash and kind from NGOs, local Church, women's groups, students' groups and so on, to improve health infrastructure.

In Mokokchung district in all sub centres infrastructure has improved largely because of community contribution in cash and kind towards improvement of infrastructure. For example before communitisation there was no hospital in Kumlong ward within Mokokchung city, the local committee members collected resources and constructed the hospital building. In addition, the committee also bought some property which was rented out and resources thus generated are used for the running of the Health Centre. Similar approaches have also been adopted by other communities, e.g Khuzama village generated funds for the health centre by growing and selling vegetables on land around the centre. Funds that the Village Health Committees get from the government are not very high, each committee gets about 20-30 thousand for purchasing medicines; 10k for community management and awareness programmes; and 5-10k untied funds. In addition, money is received for different

health schemes from the state and centre; and funds for equipment, etc. as per availability. No misc. funds are made available for the use of the committee members, who have to often render their services voluntarily. Many committee members felt that the committee should be given some funds for their own use. Although the health officers mentioned that the committee members are not paid but can use money from untied fund for travel and expenses during travel.

The annual health monitoring conducted by the health department indicate that there is a decrease in the Infant Mortality Rate (IMR) and Mother Mortality Rate (MMR); decrease in total fatality rate; increased institutional deliveries as compared to earlier; more people are coming to health centres now than before; Fertility rate has gone down from 3.2 to 2.00.

However this success is regionally uneven, according to the government officials the progress is not very good in the eastern regions because of lower literacy rates, less funds for government extension programmes, high staff absenteeism because of inadequate transport, road and accommodation facilities, and lack of supervision by VHCs because of ignorance. It was felt that such areas need more attention, continuous awareness and training programmes and more funds.

One of the major lacunae observed across the board however was that local health systems and local healers have not been taken into account in the process. Some villages have tried to include the local healers on whom community members have strong faith, particularly in situations when all other available medical streams fail to treat a patient. People still strongly believe in the skills of local healers to be able to treat problems related to bones, muscles, stomach and fever more effectively than modern medicines. The villages which tried to include local healers within the formal public health system failed in some cases to carry on with it as there is no provision within the programme to pay the local healer. The patients can directly pay them but for this the healers are reluctant to come and sit in the sub centre. It

was clear from the interviews however that although fast diminishing there still is a strong faith among rural and urban communities in the traditional healers and there continue to be a few skilled and knowledgeable healers in many communities.

The interviews with local villagers, government and non government agencies and site visits to a few villages specifically brought out following positive impacts as well as limitation faced by communitisation of health services programme in Nagaland:

In Mokokchung district:

- ◆ Attendance and efficiency of health workers has improved as “no work no salary” policy is followed and monitored by the local Village Health Committees (VHCs).
- ◆ Involvement of local VHCs has also led to better utilization of available funds. All funds are accounted for and audited, leading to reduction in local corruption and greater transparency.
- ◆ Reliability of government health facilities has improved leading to greater faith and trust on these.
- ◆ Private practice has been impacted as people in the district prefer going to the government hospitals which are better equipped.
- ◆ Government often does not have enough funds and hence donations from the community under the programme have been crucial in developing infrastructure
- ◆ Efficiency of the sub centres has improved, the implementation of the health schemes has also improved. Medicines are now easily available in the sub centre.
- ◆ Community members now prefer sub centre for all first aid and first check-ups (free service for all), they are referred to PHC for further treatment, if need be
- ◆ There is better awareness about health issues, because of the awareness programmes conducted by the committees.

In Kohima district

- ◆ In addition to the above points in Kohima district one of the significant advantages

of communitisation according to some of the interviewees was that communitisation has made people more aware of their rights and also about taking up responsibilities for health services.

On the other hand the limitations and hurdles which can be summed up based on the interviews and the village visits are:

In Mokokchung district

- ◆ State and central funds meant for the community often do not come on time leading delays, frustrations and sometimes disinterest at the local level.
- ◆ Although local corruption has significantly reduced, corruption within the department as a whole, has not been affected by communitisation.
- ◆ Functioning of the committees is dependent on the level of awareness of its committee members, where they are not aware or active, even communitisation has not made much of a difference in improving health services.
- ◆ Although the guidelines ask for an Action plan for the district, however no action plan has been made in the district by the committee members. Neither have the local committee members participated in any process initiated by the Chief Medical Officer towards drafting the plan.
- ◆ The committee members also feel that they try and convey their feedback and problems to the government but the government often does not take their concerns into account.
- ◆ State has a system of awarding committees functioning well. Many committees in the district are doing very good work but are increasingly feeling discouraged because of a lack of recognition of their efforts. They feel the awards only go to a few well known villages or the ones who have contacts in Kohima.

In Kohima district

- ◆ Less people go to government hospitals in urban areas as there are many private clinics which are preferred by the people.

- ◆ No state level policy on encouraging traditional health practices. Not actively encouraged by the government.
- ◆ There are sometimes complaints about misuse of power by village health committees. In these situations the village councils sometimes try to intervene and create dialogue. The frequency of such complaints is now less as compared to before as there is now a greater awareness about the programme. Yet sometimes it is felt, particularly among the government agencies that too much power has been given to the committee members.

6.3 | Communitisation of Water Supply and Sanitation in Kohima District

(Interviews and village visits could not be done during this phase of the research in other district on Water Supply and Sanitation issues)

Water Supplies and sanitation services were communitised 2006 onwards in Kohima. Communitisation is linked to Nirmal Bharat Abhiyan of the central government. The Water supply and sanitation committees are to have 3-4 to 8-9 members, depending on the size of the village. 1/3rd of these are required to be women but this is not always followed. The task of the committees is to look after water supply maintenance, repair for pipelines, construction and maintenance of community latrines (with gov. or VC or VDB funds), cleanliness, drainage (including school facilities). Government funds are a lumpsum for all the above activities. Villages Kohima, Jotsoma and Phesama in Kohima district supply water to Kohima city but no fees is paid to them towards this. They are given preference for contracts for any civic works. These three villages have decided not to go for communitisation. Some villages choose not to communitise as they feel that the government will not take their responsibility towards providing these services seriously after communitisation. Some villages have also received awards for their efforts at making sanitation and water supply smooth and effective, these include Peduza, Schiima, and Khuzama all in Kohima district which

were awarded best villages for Sanitation under Nirmal Bharat Abhiyan.

Generally the programme is positive and has led to improvement in sanitation and water supply in many villages. However, has not been successful in all villages equally. Water supply & situation is better in villages which are smaller and closer to the centre of water distribution. The situation remains unchanged in large villages, particularly those which have a long pipeline bringing water to the village. This is because overall funding from the department for maintenance is very low and not enough to maintain such long distance pipelines. Generally less funds is a serious problem and not enough to carry out any regular maintenance works. In villages where each *Khel* (hamlets of the village) has a separate pipeline this further adds to the problems. Funds for all villages are not available for every year and hence a rotational system has to be followed. Despite rotation funding often villages located far away and those politically less influential do not end up receiving funds. Under these circumstances some villages try and make their own arrangements e.g. Sechiima village used VC funds to repair pipelines as their water supply was suffering and they were not getting funds from the government for maintenance.

6.4 | Communitisation of Power Sector in Kohima District

(Interviews and village visits could not be done during this phase of the research in other district on Power sector)

Based on the interviews with the concerned officials, and village electricity board members it appears that communitisation of power in the state is restricted to formation of a committees to ensure effective recovery of billed amounts and controlling power theft. The research team did not get the impression that the committee was meant to holistically envision the power need, generation and supply in the village and plan for meeting the same. A few villages have, however taken some small steps in this direction (going beyond the mandate of the village electricity

committee) and made some efforts at generating their own electricity with the help of the department of renewable energy or through NEPED. Their success and reach has remained limited because of a number of factors. The state's comprehensive vision about energy in general and through alternatives or renewable sources in particular could not be reviewed during this phase of the research. The interviews with the power department officials indicated that larger hydro-power plants are seen as the only option for being able to meet the power needs of the state. One hydro-power plant, planned on Dikhu River has not moved ahead because of land acquisition issues. The officials were of the opinion that the micro-hydel projects are not economically viable in the state because of variability in rain-fed rivers. Micro-hydel projects which were set up a few years ago have stopped working after a few years because of lack of funds for maintenance; many of these get washed off in landslides and flash floods or get damaged and are not repaired subsequently because of lack of funds to repair. Micro-hydels are also often located at a distance from the village and hence difficult to maintain by the villagers. Solar power on the other hand is still very expensive.

Officials at the power department felt that communitisation is good and has been able to ensure better power supply, better maintenance of electric lines and better collection of tariff however it would be more successful in controlling losses to the power department only if the tariff is not subsidized and meters in adequate numbers and quality are maintained. They also felt that among the reasons for inefficiency in power department is lack of trained staff. Currently a staff of 3000 services about 1300 villages which are fairly spread out and large. One of the ideas is to engage trained technicians from the villages in maintenance. This could be done through utilizing funds under MNREGA and Revenue Department. Current VEMB members are only responsible for collection of revenue and monitoring adequate supply of electricity. The above will bring maintenance under the programme.

Government officials interviewed also felt that communitisation has been more successful in rural areas than in urban areas. Communitisation of power was tried in cities but did not work very well because of a number of reasons including that the community is not united, people are from different tribes, people are largely employed and hence have less time for social action, among others. The most positive impact according to them was that the revenue returns to investment ratio in power sector is considerably high now as compared to times before communitisation. However, according to all interviewed and impressions based on the village meetings there are still numerous hurdles that need to be overcome to make it a more efficient process, such as;

- ◆ The department has not been able to give sufficient meters. The ones given are of inadequate quality. As a result billing is not proper, this impacts the revenue generation. Even though recovery is now much better than before, faulty bills lead to losses. Government does not have enough funding to replace faulty meters.
- ◆ Despite better tariff recovery the department has not been able to make any profit because power is being given at subsidized rate (Rs. 3.00 approximately for communitised villages and Rs. 3.50 to others, while the purchase rate is Rs 4.4.50). The power department also incurs losses to the order of 60%, most of these are due to technical reasons such as transmission loss and faulty meters.
- ◆ In several communities village was unable to collect adequate bill and they had to pay

Terraced Fields, Khuzama Village



the department from their VDB funds. Such villages wanted to then revert to earlier system.

BOX 4: KHUZAMA VILLAGE IN KOHIMA DISTRICT – A CASE STUDY OF A VILLAGE USING COMMUNITISATION TO THEIR ADVANTAGE THROUGH THEIR COLLECTIVE ACTION¹³

Khuzama is an Angami Naga Village, located at 25 32' 10.82 North and 94 08 12.88 East at an altitude of 171 m (at Mezabo Fort). It is at 28 km distance towards the southern side of Nagaland State Capital Kohima, bordering Manipur State. Originally, the name of the village was "khwuza" meaning large water field or lake. The village is known as the largest producer of potatoes and fruit saplings in Nagaland. Khuzama village was established in the 17th century. Communitisation in the village was initiated in 2002 by establishment of Village Education Committee. Since then the village has undertaken a number of steps through their collective action to take advantage of the communitisation programme.

Communitisation Committees and the Village Council

Village Council (VC) of the village has 11 members (none women) which are not elected but selected by the villagers. VC has a term for 5 years. Village Development Board (VDB) of the village, like other villages in Nagaland, functions under the VC. All committees formed under communitisation programme are also under the VC in this village, as also any other committee formed in the village including those for natural resource management linked to forest department. Each of the communitisation committees or any other committee in the village has one VC member in it. The VC and other committees meet 2-3 times in a year. On 1st of May every year is the annual audit of the funds received by the village and this is also the day when the audit report is presented to the entire population of the village. Each committee makes an annual action plan for itself which is approved by the VC. This ensures some level of coordination among all the village committees. Five year planning of the VDB does not take into account the actions of the communitisation committees. The VDB does, however, provide funds to the various committees for their activities, if need be.

Village Education Committee (VEC)

Village Education Committee was formed on 26th October 2002. The VEC has 19 members including 3 women. Members include teachers, parents' representatives, Student's Union rep., educationists in the village, church representatives. Village Student's Union participates in giving extra tuitions to the school students. They also ensure that school children participate in traditional cultural activities including local sports, dances, songs, craft etc. Formally there is no provision for including cultural and traditional activities as part of the school education but here the community has decided that these activities are important for children to stay in touch with their culture and traditional practices. Sometimes the schools get folk experts to teach traditional dances and songs to the students. The President of the Student's Union is a member of the VEC.

This has led to many positive impacts in the quality of education in the village, which is continuously monitored by the VEC now. Although, those who can afford the fees, still prefer to send their children to private schools. Enrolment in government schools in general is therefore less. Only 20-25% of the population sends their kids to government schools. The VEC members send their children to private schools as most of them can afford to do so. Although the villagers feel that the quality of education is same in both private and government schools. Children from both schools have been performing well. Yet mindset that private school education is better is very strong. This mindset is beginning to change but very gradually after communitisation.

Village Heath Committee (VHC)

VHC was formed in 2003. VHC has 20 members including two women, one representative of Anganwadi and

¹³ Based on a meeting on 21.01.2014, with representatives of Council Chairman, Chairman/secretary of Village Education Committee, Village Health Committee, Electricity Committee, Water and Sanitation Committee, Gaon burras. Officials from Education Department, Power Department, Water and Sanitation department, Planning department were also in the meeting. Women workers from 6 Anganwadi centres in the village came for a short while but did not participate in discussions. After the meeting the team visited the village and interacted with villagers.

one (ex-officio) education department staff (who happens to be a woman)

Public health services have significantly improved in the village after communitisation. Community is also more involved now as they make donations towards health services and also keep a watch. For health services there is only one government health sub centre in the village (which was started after communitisation started), there are no private clinics. For more complex health problems villagers go to Visvema village close by which has a Primary Health Centre. VHC received an award of Rs. 50,000 in 2009 which was used for upgrading health facilities in the village. VHC take help from students, women, etc to keep the village clean.

Traditional health practices were initially included at the sub centre and one of the traditional healers used to sit at the sub centre. This however has stopped for last 2-3 years for a number of reasons. These include that herbs are now not easily available, healers have to walk longer and longer distances to find medicinal herbs; secondly there is no provision to pay the traditional healer under the programme. Traditional healers are expected to provide their services free of cost. Traditional healers feel that this is something they do in any case in the village and people pay them as per their feasibility why do they need to them come to the sub centre. Village has prohibited collection of medicinal plants for commercial purposes while it is allowed for personal consumption. This is another reason which discourages traditional healers from practicing. VC chair keen on including traditional healing practices as part of the sub centre.

The village traditional healer does not work at the health centre any more but continues to practice independently. Patients from different hospitals, when they cannot be treated through allopathy, are brought to him, from Kohima, Dimapur, T.B. hospital. He can treat infected wounds, fever, dislocated or broken bones, etc.

Forest and NRM Committee

These committees are not formed under communitisation but have been formed in the village. They receive funds from the forest department and guidelines for completing the activities is given by the forest department. The committees however can also ask for funds for community projects approved by the VC such as water tanks and rest houses inside the forest. As per the rules of this committee burning, hunting and fishing are banned in the village. Hunting is allowed in Jan and Feb every year with catapults. Fines are imposed on those violating these rules. The VC and student's union and youth organisation monitor the rules.

Village Electricity Monitoring Board (VEMB)

Formed in September 2003, VEMB has 7 members including from the VC, youth organisation (no women). Village has 3 substations, 240 consumers, covering 90-95% of the households. 20% of receipts are kept for salary of bill collectors, off. Expense, street lights, VEMB functioning and maintenance. Their tasks include reporting damage, misuse check, non-payment check. Annual audits of accounts are carried out. Meter boxes were received from the government but the quality of the boxes was compromised. Many complaints have been received from the users in this regard. The department has been requested to order good quality meters, which has not happened yet. In cases of non-payment after giving various options/warnings if the payments are still not made then the line is disconnected. Village has 30 solar lamps in the village provided by the VDB through funding from department of renewable energy. Lights are maintained by the company under a contract with them. This is not under communitisation.

Most useful for the department as the fee collection has increased significantly and is also hassle free as against earlier when it was very difficult. The programme faces tremendous resistance from the community as there was high mistrust of the department. It took some time to convince people. Now there are no outstanding dues. Power in the village is now more regular than before, small problems are handled at village level. Village now has on an average 16-18 hours of continuous power. 95% people in the village now have power. Meters are provided free of cost. People also have the option of being able to pay in instalments if they are not able to pay at one go.

Water and Sanitation

Committee was formed in 2008. Committee has seven members, one of them is a woman, 1 VC and 1 VDB member. In 2011-12 the village was awarded Nirmal Gram Puruskar (award). Village received Rs. 200,000 which was channelled into more sanitation works. Village has a septic tank (almost 100% coverage), 4

common toilets which are managed by the respective colonies. Main source of water is in the forest above the village. Maintenance of pipelines, common water tanks, etc. is carried out through VDB funds or paid by the WATSAN department. No fee has been charged from the users for water and sanitation although state and central government both allow for the same. Water and Sanitation committee members should be included in the VHC, this has been communicated to villages but this has not been done yet. This could be useful for preventive health.

Out migration has reduced in the village over the years but not linked to communitisation programme. Some can be linked to MNREGS but that is also not adequate. There are 1038 job card holders in the village, who do not manage to get 100 days of work as the funds are insufficient. Usually 35-40 days/year is provided for. Government is the biggest employer and only possibility for job if one migrates to city for job.

Alcohol and drugs prohibited in the village, Mother's Group monitor the implementation of the prohibition.



Discussion with Puthaho Kera, a Traditional Healer in Khuzama



Health Sub-centre, Khuzama

7 | Communitisation in Nagaland – Pros and Cons

The following section has been built based on interviews and field visits explained in greater detail in sections above; a review of documents; and impressions gained by the research team.

7.1 | Positive Impacts and their Reasons

7.1.1 | GREATER LOCAL PARTICIPATION AND SENSE OF OWNERSHIP RESULTING IN BETTER DELIVERY

Nearly all who were interviewed regarding communitisation in the state and those who participated in the village meetings strongly felt that communitisation of public services has been useful in improving the delivery of public services in the villages.

Communitisation has provided an opportunity to people on the ground to implement and monitor the schemes coming for them. As members of the village communitisation committees, people now have a right to question how public services were being delivered and an opportunity to hold local staff accountable for quality of services. In the words of one of the members of an urban education ward in Mokochung “As a member of the Education Board, I can now question the corruption, which in the past led to the funds meant for education to be diverted elsewhere. This has not completely stopped corruption ...which will take time but has definitely brought in greater transparency.” The interviewees felt that the funds coming under various schemes were now being used more effectively at the local level. Some interviewees, particularly at the village level indicated that the overall functioning of various departments, issues of corruption and accountability at higher levels, not being covered under communitisation, has meant that there is no monitoring at

levels beyond the village. As a result communitisation has not impacted functioning and issues of non transparency of the departments as a whole. However, it emerged very strongly during the field visit that most actors involved feel that with all its limitations (as discussed below) communitisation has led to an improvement in health, education, water supply, sanitation sectors in various ways described in detail in the above sections under these heads. These include, greater local involvement in these sectors, greater awareness about these issues, better infrastructure at the local level, better quality of education reflected in better results in government schools, better health services, better health indicators, among others.

7.1.2 | FACTORS AFFECTING SUCCESS

Success of communitisation depends on the level of awareness and the capacity of the committee members, and strength of the functioning of the governance and implementation institutions in the villages, which have the overall supervisory role towards these committees, in particular the Village Councils and the Village Development Boards. Success also depends upon how motivated and united a village is and how coordinated different institutions within the village are. Communitisation requires the village community to generate resources for services for which government is able to provide limited or no funds. The ability and resourcefulness of the village to be able to generate such funds is therefore an important factor impacting success.

As mentioned in section 3 above, communitisation in Nagaland is supported by its traditional system of governance and a custom of voluntary service for the community. Presence of the VCs and VDBs at the village level were important context within which communitisation was introduced in the state.¹⁴ Since all village committees are expected to function under the VC, more

active VCs have ensured that communitisation works better in their villages by sharing their resources, vision and supervision. This impression of the research team was supported in some local interviews, where the interviewees felt that communitisation has been effective because of strong local ties and the fact that “everyone knows everyone” particularly where there is a greater coordination among all village actors and institutions.

7.2 | Limitations of Communitisation

There are a number of factors, at the level of the community as well as government which are currently limiting the programme from reaching its full potential.

7.2.1 | SIGNIFICANT VARIABILITY IN BEING ABLE TO MOBILIZE RESOURCES

Field visits and interview carried out during this project indicated that overall in the state the implementation effectiveness and monitoring has been different in different districts, and different in villages within a district. Communitisation has been more successful in districts like Kohima, Mokokchung, Phek and Zunheboto, and less so in districts which are far away from the capital.

Ability of a village to be able to generate resources varies significantly impacting the success in different villages. Many of those interviewed felt that villages which are more mobilized, well endowed, or have better connections and hence possibility of tapping into available government resources, have been able to generate additional resources for education, health, etc. On the other hand the villages which are less resourceful or politically influential have not been able to generate these resources. The state overall has limited funds for education, health and water as result often demand from the local villages for more teachers, ambulances, hospital buildings, etc. go unaddressed. This leads to disappointments and disinterest, particularly in villages which are not able to

¹⁴ Pandey, R.S. 2010. *Communitisation: The third way of Governance*. Concept Publishing Company Pvt. Ltd., New Delhi.

generate resources on their own or are not adequately mobilized.

7.2.2 | VISIONING, PLANNING AND EXPERIENCE SHARING DEFICIT

Communitisation began with “Imagine Nagaland” exercise, however few villages continued with this visioning exercise for their respective villages. Although successful (even if unevenly) in improving the public services, the research team felt that communitisation committees (with a few exception) continue to function as an extension of the government system with all its merits and limitations. These have not emerged as institutions that could lead to re-visioning design and implementation of the public services in general. Particularly to explore the actual needs of the people and how best can they be met, including through local/traditional means or alternative approaches.

Indeed there are some villages that have moved in this direction such as Phensenyu (a neighbour of Sendenyu) – where a village visioning exercise is being carried out. Educated people in the village are involved in developing a long term and short term statement for their village¹⁵. The overall village level planning for public services ranges from a situation in Khuzama village which has an overall plan and vision for the village, which is implementing funds coming from various sources e.g. VDB, communitisation, forest department and others, and activities are monitored through various committees set up under different schemes and programmes. All these committees coordinate with each other under the umbrella institution of VC (see box 1). The other situation as reflected in Sendenyu is representative of remoter and less aware villages, where there is no overall planning for the village and only those activities are taken up by the communitisation committees for which funds are made available by the government and when they are made available (see box 2). There is a vast difference in these villages regarding

¹⁵ Personal conversation with Mr. Kemp, Director Health, Directorate of Health and Family Welfare on 24.01.2014

awareness related to the programme and clarity on roles, authorities and responsibilities.

Similarly, village such as Rusoma in Kohima district or Mopopchukhet in Mokokchung¹⁶ the community has formally or informally envisaged the kind of education that their children should receive and the manner in which it should be imparted. As a result Rusoma took a decision to stop all other schools in the village, merge them with the government school and all the resources and efforts were diverted to ensure that quality education was imparted through the government school.¹⁷ Thipuzu village in Phek district has decided that all schools in the village including the middle school and the private schools will be under the coordination of the VEC and after 5th standard all school children will compulsorily go to the government middle school¹⁸.

In Mopopchukhet or Khuzama community has made all efforts to ensure that village children get quality education from the government school as well as through community members, that they learn other life skills such as carpentry, culture, traditions, songs, etc.

It was not clear however, how the perspectives of these villages and those of the others are taken into account for an overall planning under communitisation. It was also not clear whether an overall planning for communitisation is indeed carried out either at district or state level. There is no state level agency in charge of communitisation as a whole indicating that there may not be a “planning, evaluation, feedback, and planning” mechanism for communitisation, as was envisaged originally. Although the guidelines ask for an Action plan for each district, none of those interviewed or the villages visited confirmed that local villagers participate in any such planning process.

¹⁶ VECs Speak. 2004, Department of Education, Nagaland; and interviews with the government officials

¹⁷ Personal communication with Ms Buno Liegese and Rukhono Iralu (Principal, State College of Teacher Education, Kohima on 20.01.2014

¹⁸ Personal communication with the Directorate of Education, Kohima, Nagaland on 20.02.2014

In many cases as emerges from the interviews communitisation remains as another government programme to be implemented and budget spent and accounted for. The research team did not come across any district, regional or state level platforms for experiences sharing, skill sharing, skill building among various communitised villages. These along with the fact that periodic awareness creation about the programme are not organized at the village level as mentioned by the villagers in Sendenyu, has led to the actual vision of communitisation - especially delegation of powers of the government to village institutions - to trickle down to a handful of villages only.

7.2.3 | LACK OF EFFECTIVE MONITORING, EVALUATION AND FEEDBACK MECHANISM

Although respective departments carry out regular monitoring, monitoring of the programme as a whole in a village is not carried out. The department monitoring for health and education are published in VHCs Speak and VECs Speak, however the periodicity of these publications could not be ascertained. The communitisation guidelines provide for regular monitoring as well as area level meetings to discuss the progress and limitations of the programme, it was not clear from the interviews to what extent this happens. From the conversations in a few villages visited local people did not mention any such regular area level meetings.

It appeared from the available information that there are no forums at the local, district or state level where these committees meet regularly and give their feedback and review what has happened to past suggestions. Although it was one of the visions of the programme as mentioned in section 4 above "...adoption phase wise, learning from the experiences of the earlier ones". According to government officials cluster level meetings are sometimes organized to get the feedback from the villages, although not very often. According to them limitation of resources makes it difficult to organize such meetings

regularly or to address all the issues that come up at the local level.

External overall evaluation of the programme has also been conducted only twice till now and it was not clear to what extent the suggestions from these evaluations have been used to revisit the programme.

7.2.4 | LACK OF OVERALL COORDINATION OF ALL COMMITTEES IN THE VILLAGE

Unlike all other programmes, there is no department overall in charge of communitisation programme at the state level. According to officials at the planning department, a state level monitoring committee for communitisation does exist but rarely meets. It appears that communitisation for each department and concerned officials, is like any other scheme which the department needs to implement. It is therefore similarly viewed at the village level where each committee is monitored through the staff under the respective department (with few exceptions) instead of the village as a whole. Hence in many villages as appeared from the interviews and a few that were visited, the five year perspective plans of the villages do not take into account the visions of those looking at health, education, power, etc. The VEC at the village level has the highest legal status in a village and hence can also control the functioning of other committees however this has happened effectively only in a few cases as mentioned in the point above.

7.2.5 | ISSUES OF LOCAL SOCIAL CONTEXT AND EQUITY

Communitisation in Nagaland is located within the existing social context and nested in existing decision making systems. While strong social ties has been mentioned as a reason behind success of the programme, in many cases some social factors have also contributed in limiting the success of the programme. For example, it was reported during the interviews that despite monitoring under communitisation and the fact that government school teachers are more qualified, yet government school education in

many cases is still not as good as private schools. Often health staff is also absent from the health centres when needed. It was felt by the interviewees that this was because VECs and VHCs are often not able to or inclined to intervene much because of inter-clan politics, favouritism, and as mentioned by people in Mima village in Kohima district “humanitarian grounds” as the people are all known.



Mima Village

Decision making in Naga society has traditionally been male dominated and this reflects strongly in institutions such as the VCs which have little space for women.¹⁹ In all the villages visited with the exception of Khonoma in Kohima district and though the interviews, communitisation institutions seemed to continue with this tradition. In most cases women are not in any of the communitisation committees, except the VHC where (like in the VDB) it is legally mandated to have a woman representative. As mentioned by the women’s group in Sendenyu “VC traditionally does not have any women as the clan members nominate VC members and they never nominate women”. In nearly all the villages visited, it was noticed that even when women are present in the committees they rarely voice their opinion (except where they are government staff). Women wherever interviewed felt that there should be greater participation of women in these committees.

Similarly often the poor find it difficult to have their say in these institutions. As mentioned by one of the village elders in Sendenyu village “the main problem is that of economic

inequity.....communitisation has not addressed this. Government schools are left for poor people as they cannot afford to send their children to private schools. Often those who are in the VECs do not send their children to government schools. Poor do not have time for this sometimes they cannot even afford to send their children to school as they are needed to help in livelihoods activities.” These issues have not been addressed through communitisation.

7.2.6 | LACK OF INTEGRATION WITH TRADITIONAL KNOWLEDGE SYSTEMS

One of the major lacunae observed across all sectors and also mentioned by many of the interviewees was that local knowledge systems, education systems and health systems have not been effectively and uniformly integrated into formal education, health and other systems. Although one of the objectives of the communitisation of health services is to:

“Popularise and encourage traditional medicine and its practitioners through identifying genuine ones, encouraging them to practice at health centres, documenting their practices, honouring them, among others.” Such integration, where it has happened, has happen at the initiative and behest of the concerned village. For example some villages have tried to include traditional art forms, dances, songs, and traditional ways of gaining life experiences and knowledge into the local schools. These however have remained restricted to a few villages, although the need for such inclusion in health and education was expressed by nearly all local people interviewed. The villages which have tried to include local healers failed in a few incidents to carry on with it as there was no provision within the programme to pay the local healer. Not much thought seems to have been given at the state level to figure out how best to integrate local knowledge systems within public services under communitisation. Some people felt that it was important to take into consideration these practices as they are fast disappearing. In Khuzama and Sendenyu villages, it also mentioned the village

¹⁹ Baharul Islam, K.,M. 2014. *Issues in Women’s Rights: A Practitioner’s Resource Book*. Allied Publishers. New Delhi

meetings that part of the reason for this knowledge to be disappearing was non availability of medicinal herbs. The women's healers group in Sendenyu felt it would be difficult to procure medicinal herbs if all people were to be treated with them because of degrading forests. In Kuzama, collection of medicinal herbs for commercial purposes has been banned after it was noticed that these herbs were being sold outside for large economic gains. They were concerned about violations of their intellectual property rights. It was felt by the research team that this issue requires separate attention because of its links with intellectual property rights, bio-piracy and biodiversity conservation in general.

8 | Conclusion

In conclusion, to the research team it was clear that communitisation has been successful in improving public service delivery system in Nagaland and in some cases has even led to communitisation institutions, existing village institutions such as VCs and VDBs and informal institutions such as youth groups, women's groups joining hands to envision and innovate creative ways of imparting education, health, sanitation in their respective villages. A sense of ownership towards these programmes in such cases has led to villagers generating required resources to run the services better than before in their villages. This success however is extremely variable and largely dependent on the level of awareness, mobilization, initiative and, sometimes, political connections of a village.

In other cases, a number of factors, such as lack of awareness on roles and responsibilities, lack of resources and inability to generate them, differential socio-economic condition and distance from centres of power, lack of effective platforms for sharing experiences, skills and resources, etc. has hindered the programme from achieving its potential. Yet according to all with whom the research team interacted, by no means can communitisation be called a failure. The programme has limitations that needed to be overcome but is definitely seen as a much

better option than government institutions providing these services on their own or private actors coming in to fill the vacuum.

As mentioned in the sections above the very seeds of the success of such a programme lies in the process by which it is envisaged, planned and implemented, particular how democratic and inclusive have all the above phases been. One of the major contributing reasons for the success of a programme like this in Nagaland is the fact that Nagaland has on an average greater democratic functioning than most other states in the country. Article 371 A of the constitution of Indian, gives complete rights to the people over their territories to self govern through traditional institutions (village councils) and customary laws. Corruption, linked to various socio-political reasons has made deep inroads into Naga institutions and advent of Christianity over a century ago has weakened many traditional practices. The local institutions and customs, however, continue to function with the principle of collective common good, social sanctions for non adherence and democratic decision-making, more often than not. Traditional value systems have led to a high social capital in Naga society, social work is deeply embedded within most Naga tribes. This has been an important factor behind the success of communitisation in the state. Whether communitisation in some way has increased this social capital is difficult to say but communitisation has surely extended it to areas where it traditionally did not extend such as formal education, formal health and other services "provided" by the government was considered the domain of the government.

For the purpose of the project for which this case study is being written we would like to analyse whether communitisation in Nagaland could be called an "alternative" approach towards public services. The four pillars on which alternatives are built are *ecological sustainability, social equity,*

economic equity and political equity; this translates into the following:²⁰

- ◆ That a process, policy or activity is ecologically sustainable i.e. includes the conservation of nature (ecosystems, species, functions, cycles) and its resilience.
- ◆ That they take into account social well-being and justice, including lives that are fulfilling and satisfactory physically, socially, culturally, and spiritually, and where there is equity in socio-economic and political entitlements, benefits, rights and responsibilities.
- ◆ That they lead to direct democracy, where decision-making starts at the smallest unit of human settlement, in which every human has the right, capacity and opportunity to take part, and builds up from this unit to larger levels of governance that are downwardly accountable.
- ◆ That they lead to economic democracy, in which local communities (including producers and consumers, often combined in one) have control over the means of production, distribution, exchange, markets; where localization is a key principle, and larger trade and exchange is built on it.

Given in the table is a very basic and preliminary assessment of whether communitisation could be considered an alternative approach towards public services. This is by no means a comprehensive assessment of the issue, just a very basic attempt to see how best communitisation fits the four pillars of an “alternative” framework.

²⁰ Kothari, A. 2014. *India 2100: Towards Radical Ecological Democracy. Futures: The journal of policy, planning and futures studies*. Vol 56. February 2014.

PILLARS OF ALTERNATIVE	COMMUNITISATION IN NAGALAND
<p>Ecological Sustainability</p> <p><i>That a process, policy or activity is ecologically sustainable i.e. includes the conservation of nature (ecosystems, species, functions, cycles) and its resilience.</i></p>	<p><i>Communitisation programme deals exclusively with public services and has not taken into account its relationship with ecological sustainability. Although the direct and indirect relevance of ecological sustainability with communitisation did emerge for example it was mentioned both in Sendenyu and Kuzama that traditional health practices may be impacted in the long run because of non-availability of medicinal herbs, which in turn are disappearing because of ecosystem degradation. In both villages (independent of communitisation) steps have been taken towards conservation of resources. Sendenyu has its own wildlife protected area while Kuzama has banned hunting and extraction of medicinal herbs for commercial purposes. In villages such as Mima village in Kohima, efforts are being made to grow organic good and vegetables understanding the adverse effect of chemicals on health in general and pollinators such as bees in particular. Water conservation is another issue deeply connected with conservation of watershed areas.</i></p> <p><i>None of these issues however have been explicitly connected with services being delivered and monitored under communitisation. Such as taking into account ecosystem or environment as a subject in school or linking community health with conservation of medicinal plants and organic food consumption, among others.</i></p>
<p>Social Equity</p> <p><i>That the take into account social well-being and justice, including lives that are fulfilling and satisfactory physically, socially, culturally, and spiritually, and where there is equity in socio-economic and political entitlements, benefits, rights and responsibilities.</i></p>	<p><i>Communitisation as a programme indeed envisions to be able to do so. In fact the very reason that "Imaging Nagaland" exercise led to communitisation of public services instead of bringing in private players was to ensure social equity of being able to provide basic education, health, water, sanitation and other services to all strata of society at affordable prices or free of cost.</i></p> <p><i>To a certain extent it has succeeded in achieving this as often (as also mentioned by many during the interviews) many of this public services are availed by economically disadvantaged groups. Community as a whole coming together to gather resources to improve facilities as well as to monitor that these services are working well, when they are more likely to be used by economically disadvantaged is definitely a step towards being socially just and inclusive of well being of all concerned.</i></p>
<p>Political Equity</p> <p><i>That they lead to direct democracy, where decision-making starts at the smallest unit of human settlement, in which every human has the right, capacity and opportunity to take part, and builds up from this unit to larger levels of governance that are downwardly accountable.</i></p>	<p><i>Although this is the intention of communitisation, very apparent from all the policy documents, in its actual implementation it is only partially achieved. For example, there is now a much greater space for village communities to be able to question the manner in which public services are delivered, to be able to hold the staff accountable and so on, this however is restricted to institutions at the village level only. Even at the village level, in most cases communitisation committees are only involved in implementation of the schemes, not in actual activity or financial planning itself. For example there is no participation on the nature of education or the manner in which it should be imparted. But there is definitely a greater possibility of being able to incorporate local cultural practices into school education. Similarly the energy needs of village and how best can it be met is not discussed in the village, village electricity boards ensure that bills are paid on time.</i></p> <p><i>Neither have these committees emerged as institutions that could question the existing social inequities or power structures within the village or within the government departments that they are a part of.</i></p>

Economic Equity

That they lead to economic democracy, in which local communities (including producers and consumers, often combined in one) have control over the means of production, distribution, exchange, markets; where localization is a key principle and larger trade and exchange is built on it.

This aspect is also marginally taken into account in communitisation programme, it does provide flexibility to the village community to generate its own resources for public services, but it does not take into account the local taxes, which are still paid to the state. A small fraction of the state funding meant for these sectors comes to the village committees, majority of funds are still under the control of the departments handling these services. There is no say of the committees on the budget of the departments and the manner in which they are spent.

Considering all the above analysis, communitisation has not yet become the transformational force to impact the existing economic, political, social and ecological paradigm in the state. Neither has it completely been able to lead towards envisioning an alternative approach towards education, health, sanitation, power generation and utilization; nor have the communitisation committees emerged as institutions to question the existing power structures or economic at the local, district or national level.

However, communitisation is indeed a step in the direction of alternative approach towards providing public services and does have a potential if a system of regular local

consultations, feed-back, modifications based on the feed-back are taken into account to deal with the limitations enumerated in this case study and others which may have been overlooked.

Khuzama Residents Active with Communitisation Programme

