

Index

- above poverty line (APL), 114. *See also*
health care sector
children distribution without any
immunizations among,
117–118
- accountability framework, 3
of decentralized service delivery, 6–9
long route to, 170, 172–173
of public spending, 181
relationship between provider and client,
174–175
relationships of, 170–171
short route to, 171
- Accredited Social Health Activists
(ASHAs), 135, 173, 177–179
- administrative decentralization or
deconcentration, 2, 11, 13
cross-country indicators of, 14–15
definition of, 92
devolution of functionaries, 45–46
- Administrative Reforms Commission, 26, 29
- Andhra Pradesh Primary Education
Programme (APPEP), 89n9
- ASER–NIPFP–Accountability Initiative
(2009), 102
- Ashok Mehta Committee on Panchayati Raj
(1978), 27
- Asian Development Bank (ADB), 40
- Assessment Survey Evaluation Research
(ASER), 86, 102
- asymmetric federalism, 4–5
asymmetric information, 5–6
- Balwant Rai Mehta Committee, 25, 29
- Basu, Jyoti, 30
- behavioural approach to analyze
distributional impacts of public
expenditure in social sector, 143
- below poverty line (BPL). *See also* health
care sector
children distribution without any
immunizations among, 117–118
inpatient bed days distribution in public
and private sector for, 119
inpatient bed days share, 114–115
institutional delivery bed days
distribution women in public
and private sectors, 120–121
outpatient visits at public hospital by
population, 116–117
- Benefit Incidence Analysis (BIA)
analysis of out-of-pocket expenditure in
health, 152–159
in education sector, 181
distribution of benefits across gender
and social groups, 166
intertemporal benefit incidence,
160–162
public *vs* private, utilization of
schooling facilities,
162–164
quintile shares of students currently
attending public schools, 165
utilization of public schooling by
different social groups, 167
genesis of, 143
in health sector, 181
distribution of public and private
sector shares in preventive
and curative health service
delivery, 150
intertemporal benefit incidence
analysis, 150–152
public and private sector
hospitalization rates by
income quintile, 149

- quintile-wise benefit incidence, 148
 quintile-wise distribution
 institutional deliveries in
 public and private sector,
 149
- interpretation of evidence through exit
 and voice, 167–168
- involves allocating unit cost, 143
 review of, 145–148
 steps for calculating, 143–145
- Block Resource Centres (BRCs), 90–91
 bottom-up approach, 12
- Central Finance Commissions, 78–79
 centrally sponsored schemes (CSSs), 2n1, 29,
 31n1, 32, 81, 94, 102, 126
 discretionary central transfers through, 90
- Central Statistical Office (CSO), 114, 148
- Child Mortality Rate (CMR), 110
- Cluster Resource Centres (CRCs), 90–91
- Command Area Development programme,
 27
- Commission on Macroeconomics and
 Health of the World Health
 Organization (2001), 110
- Community Development Blocks, 29
- Community Development Programme
 (1952), 25
- community mobilization, 174
- Comptroller and Auditor General (CAG),
 137–138
- Congress Government, 30
- constitutional amendments, 38
 42nd Amendment, 38
 73rd and 74th Amendment, 5, 26, 29,
 32, 36–37, 39, 41–42, 50, 57,
 92, 134
 changes in structure of
 intergovernmental fiscal
 relations, 45
- Constitutional reform in education and
 health service delivery in India,
 38–40
- CPI(M)-led Left Front Government, 61
- Dantwala, M. L., 27, 29
- data envelopment analysis technique, 176
- decentralization/decentralized in service
 delivery, 12
 actors involved in effective, 7
 empirical evidences, 16
- decentralization/decentralized system, 92
 and accountability links, 8–9
 aim of, 11–12
 areas of government activities, 2
 conceptualized as an evolving political
 and administrative process, 11
 definition of, 1, 10
 depends upon institution-specific design, 1
 first generation theory of, 3
 at global level, 11n1
 mechanisms, 13
 political elements of, 180–181
 prerequisite for functioning of, 2
 principle of subsidiarity, 2, 13–14
 provides participation of users, 169
 rationale for, 11
 reforms in Latin America, 12
 risks of public service delivery, 4
 sequence of, 6
 technical efficiency in context of,
 176–178
 voice and exit, 3
- decentralization in India
 criticism of, 45
 enabling conditions to work effectively,
 40–42
 historical background and political
 motivation of, 24–35
 in Karnataka, 57
 legal status, 36–40
 mechanisms of health and education
 service delivery, 35–36
 research evidence on, 101–105
 in school education, 94
 and teachers agency, 104

- decentralized public management, 88–95
- deconcentration, 8, 10
- de facto *vs* de jure decentralization, 16–23, 101
- degree of decentralization, 13–15
- de jure* autonomy, 19
- delegation/delegating, 6–7, 171
- definition of, 10
- democratic decentralization or devolution, 8, 92
- definition of, 10–11
- democratic governance, 12
- democratic participation, 16, 41, 81, 101
- Department for International Development (DFID), UK, 89n9
- District/Block panchayats or school committees, 94
- District Development Councils, 25, 28–29
- district health office, 139
- district health officer (DHO), 139
- District Institutes for Education and Training (DIET), 91
- District Planning Committees (DPCs), 32, 35
- status of constitution, 33–34
- District Primary Education Programme (DPEP), 36, 89–91, 94n11, 95, 102–103
- educational planning decentralization, 36
- Education for all (EFA), 88–89
- Education for all Development Index (EDI), 86
- Education Guarantee Scheme (EGS)
- centres, 85, 98–100, 104–105
- education system in India, decentralization, 180
- distribution of competencies, 95
- educational reforms at state level, 95–101
- organization of, 88–95
- post-independence, 80
- private schools professed quality advantage, 80
- recruitment of teachers, 80
- research evidence on, 101–105
- schooling status
- criticism of different teacher types, 88
- distribution of attending students, 85
- drop-out rates, reasons for, 86–87
- gross enrollment rate, 83–84
- literacy rates in states, 82–83
- NSS 64th Round data, 86
- reduction in out-of-school children, reasons for, 84–85
- relaxation in private schools operation, 86
- RTE Act 2009, 87
- small fee-charging private schools, contribution of, 85
- teachers recruitment, 87
- effective decentralization, 169
- elementary education, 85–86, 89n9, 91, 99, 101, 144, 160, 169, 171, 175, 177–178
- enforceability/enforcing, 6–7, 171–172
- European Union, 89n9, 130
- feminization of governance at local level, 66n1, 181
- Finance Commission (FC), 124–125
- Eleventh, 126n9
- Twelfth, 126–127
- finance/financing, 6–7, 171–172
- fiscal decentralization, 2, 11, 169
- degree of, 13–14
- in Karnataka, 58–59
- local-level
- institutional mechanisms of, 49
- and revenue buoyancy matrix, 48
- fiscal devolution, 54
- for local governments in Karnataka, 59–60
- Fiscal Responsibility Act (FRA), 41
- fiscal transfers from state to local bodies, education and health-specific, 54–56

- Five Year Plans
 Eighth, 28–32
 Fifth, 26–28
 First, 24–25
 Fourth, 26–28
 Ninth, 32–35
 Second, 25–26
 Seventh, 28–32
 Sixth, 28–32
 Third, 26–28
- Free Disposal Hull technique, 176
- Gadgil formula, 126
- Gandhi, Rajiv, 28
- gender responsive budgeting (GRB), 132
- globalization, 11
- governance reform in delivery of education and health
 accountability relationship between provider and client, redefining, 174–175
 efficiency and equity, impact on, 176
- Gram panchayats (GPs), 31, 35, 56–57, 138
- Gram sabha (village assembly), 31, 35, 37, 103, 178
- G. V. K. Rao Committee, 29–30
- Hanumantha Rao Committee, 29
- health care sector system in India
 Constitutional domain of, 123–124
 decentralization of, 180
 cross-country evidence, 128–133
 empirical evidence from India, 133–134
 federal fiscal financing of public health sector, 121–123
 flagship programme on health, 134–138
 state-specific decentralization and health sector inequities, 140–141
- determinants of
 demand side, 110
 supply side, 110
- diagnosis, issues and challenges, 114–121
- direct costs, 110
- fiscal transfers in, 124–127
- health equalization grants, 127–128
- health sector diagnosis statistics of Asia Pacific *vs* India, 107–109
- health spending and sector outcome, link between, 109–110
- indirect costs, 111
- indoor air pollution and unsafe energy utilization, effect on outcome, 111
- insurance markets in developing countries, 110
- interpreting health outcomes at state level
 in exit and voice terms, 111–114
- policy suggestions, 142
- PRIs and health care system, link between, 138–140
- public expenditure on health in India *vs* Asia Pacific countries, 106–107
- public health system, institutional mechanism of, 135–138
- Heavily Indebted Poor Countries (HIPC), 146
- Hegde, Ramakrishna, 30
- Hospital Development Committee (HDC), 134
- human resource gap, 178
- Infant Mortality Rate (IMR), 22, 110, 134
- information/informing, 6–7, 171–172
- intergovernmental competition, 4–5
- International Labour Organization (ILO), 89n9
- Janani Suraksha Yojana, 178
- jan shiksha kendra, 103
- Jomtien conference (1990), 88

Index

- Kerala Municipality Act of 1994, 96
Kerala Shastra Sahitya Parishad (KSSP),
94n11, 95–97
K. Santhanam Committee, 26
- Lead Bank scheme, 27
local bodies, 78–79
 distribution and growth rate of plan
 grants to, 96–97
Local Content Curriculum (LCC) reform,
 Indonesia, 20
Local Self-government Institution (LSGI),
 98, 134
local Self-governments, 30, 32, 96
Lok Jumbish, 89n9
- market decentralization, 2
market-driven dimension of
 decentralization, 11
maternal mortality rate (MMR), 135
MGNREGS, 176
Millennium Development Goals (MDGs),
 113
Ministry of Human Resource Development
 (MHRD), 83, 90
Monthly Per capita Consumption
 Expenditure (MPCE), 144, 147,
 155
mother–teacher association (MTA), 96
Municipal Corporations (nagar nigam),
 37–38
Municipalities (nagar palika), 37, 49
- National Committee of State Education
 Ministers (1999), 94
National Council for Applied Economic
 Research (NCAER), 105
National Development Council, 25
National Extension Service (1953), 25
National Family Health survey (NFHS-3),
 113
National Health Accounts (NHA) of India,
 106, 110, 142
- National Policy on Education (1986 and
 1992), 81, 89
National Rural Health Mission (NRHM),
 36, 40, 126, 173, 175–176, 179
 aim of, 134–135
 establishment of, 134
 guidelines, 178
 institutional mechanism of public health
 system, 135–138
 strategies of, 135
National Sample Survey Office (NSSO), 83,
 86, 112
New Economic Policy, 27
New Public Management, 94
Nongovernmental organization (NGO), 111
NREGA, 126
Oates Theorem, 2n2
Organization for Economic Cooperation
 and Development (OECD), 130
Other Backward Classes (OBCs), 37, 160
out-of-pocket (OOP) expenditure in health
 care, 129, 142
 analysis of, 152–159
own source revenue (OSR), 54
- Panchayati Raj Act of 1994, 96
Panchayati Raj Finance Corporation, 26
Panchayati Raj Institutions (PRIs), 24, 26–
 27, 30–32, 34, 37–41, 45–46, 94,
 101–102, 138, 171, 173, 175, 177
 expenditure jurisdiction for, 49
 fund utilization of local bodies, 51
 revenue sharing and dependence on
 higher governments for funds
 in, 51–54
 share of own revenue, 47–48
Panchayats (Extension to Scheduled Areas)
 Act, 1996, 37
Panchayat Samiti (PS), 31, 37
para-teachers, 94, 178–179
 classrooms, 105
 recruitment and service conditions, 93,
 104

- Tamil Nadu and Kerala opposition to policy of, 88
- Parent/Mother–Teacher Associations (PTAs/MTAs), 92–93, 101, 105
- Parent–Teacher Associations (PTAs), 175
- partial decentralization, 9
- People’s Planning Campaign (1997–2000), 97
- performance/performing, 6–7
- personal ambulatory service, 112
- Planning Commission (PC), 26–27, 29
 - report on district planning, 28
 - transfers of grants and loans for development plans implementation, 124–126
- political decentralization, 2, 11, 38
- Ponzi finance, 110
- Presidential Instructions (INPRES) programme, Indonesia, 18
- Primary Health Centres (PHCs), 111, 135, 138
- public finance, 15, 169–171, 177, 180
- Public Report on Basic Education in India (PROBE), 101, 174
- public services delivery, 145, 181
- Rajya Sabha, 30
- Rao, N T Rama, 30
- Reproductive and Child Health (RCH), 135
- results-based financing framework for decentralized service delivery, 178–179, 181
- Right to Free and Compulsory Education (RTE) Act 2009, 87, 91, 93
- Rogi Kalyan Samiti (RKS), 173, 175
- Salmon mechanism, 4–5
- Samvida Shala Shikshak, 100n12
- Sarkaria Commission, 30
- Sarva Shiksha Abhiyan (SSA), 36, 40, 95, 102, 126, 160, 175, 177, 179
 - financial assistance under, 91
 - organization structure of, 91
 - transfers from centre to states, 176
 - VECs role in, 92
- Scheduled Castes (SCs), 31, 37, 160, 166
- Scheduled Tribes (STs), 31, 37, 160, 166
- school-based committees, 92
- School Management Committees (SMCs), 92, 101, 175
- School management councils (SMCs), 19
- SDMCs, 175
- self-enforcing, 3
- Shiksha Karmis, 100
- Siksha Karmi, 89n9
- skill development, 40
- Small Farmer Development programme, 27
- State Council of Education Research and Training (SCERT), 91
- State Election Commission, 31
- State Finance Commissions (SFCs), India, 26, 31–33, 45, 126–127, 180–181
 - analysis of selected, 50–57
 - criticism of, 71
 - delay in constitution and report submission, 72
 - reports quality, 72
 - establishment of, 124
 - experience of implementation of, 127
 - interpretation of legal and fiscal fiats of, 49–50
 - policy suggestions and way ahead, 73–77
 - recommendations
 - in Karnataka, 57–60
 - in Kerala, 66–71
 - in West Bengal, 61–66
- State project director (SPD), 103
- Structural Adjustment Programmes (SAP), 27
- survival rate, 86
- Swedish International Development Agency (SIDA), 89n9
- taluk panchayats (TPs), 57–58, 138
- Terms of Reference (TOR), 57
- Thirteenth Finance Commission, 50
- total fertility rate (TFR), 135

Index

- UNESCO, 86
- unfunded mandates, 1, 3, 15
- Union Finance Commissions, 48
- Union Panchayati Raj Act, 39
- United Nations Children's Fund (UNICEF), 89n9
- United Nations Development Programme (UNDP), 13
- urban local bodies (ULBs), 31–32, 34, 36, 41, 46, 49–50
 - fund utilization of local bodies, 51
 - revenue sharing and dependence on
 - higher governments for funds in, 52–53
 - share of own revenue, 47–48
- Village Education Committees (VECs), 92, 101, 103, 171, 175
- Village Health and Sanitation Committee (VHC), 175
- Village Panchayats, 24, 96, 103
- virtual price, 143
- West Bengal Municipal Act, 1993, 61
- West Bengal State Finance Commission (WBSFC), 56
- wicksellian connections, 5
- Working Group on District Planning, 28–29
- World Bank, 89n9, 111, 127, 130, 145
- World Development Report 2004 (WDR 04), 6–7, 169–170
- World Health Organization (WHO), 130
- zilla panchayats (ZPs), 57, 139
- zilla parishad (ZP), 25, 31