

Social Policy in South Asia: Towards Universal Coverage and Transformation for Achieving the Millennium Development Goals

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A New Push towards Achieving the MDGs in South Asia: Reflections on Transformative Social Policy and the Welfare State

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The problematique

Over 580 million children live in South Asia¹, the largest number of children and young people under 18 in any region. They make up between 35 to as much as half the population in the individual countries. This large number of children and young people is a gift – an enormous potential for creativity, initiative, change and transformation, but also a daunting responsibility, since they have the right to and a need for societal support and social services, and families need to be enabled to provide each child with full attention, care, and resources to enable her or him to meet their full potential. Despite its Millennium commitments, the South Asian region is performing poorly in terms of social or human development in general, and child development and well-being in particular. Taking the MDGs as a point of reference, most of South Asia's countries are unlikely to meet their targets by 2015.

For example, as many as 330 million children live in poverty.² Child malnutrition, infant and child mortality, and maternal mortality levels are among the highest level globally. 46 per cent of children under 5 are underweight. 560 in every 100 000 births end with the mother's death each year. School enrolment and literacy rates remain dismally low:³ Primary school enrolment is at 74 per cent. Adult literacy is 58 per cent total and 45 for women,⁴ and, as a result of decades of poor or unavailable schooling, in India, only one in two adult women can read, in Nepal - one in three, in Afghanistan - one in five. This is not to diminish the many advances in human development that have been made.

Several of the region's countries – Bangladesh, Bhutan and Maldives – have reached gender parity in education.⁵ Bangladesh and Sri Lanka have achieved almost universal primary school enrolment, and in 2004, 80 per cent of school-age children in South Asia were completing their primary schooling. Nevertheless, more boys than girls from each cohort, and the quality of learning and the appropriateness of curricula and the knowledge imparted is uneven, even in the most advanced of countries in the group.

Social exclusion undermining child well-being and the rights of the child

The low average numbers conceal even poorer performance when that data are disaggregated by gender, ethnicity, language group, and location within countries. It has been estimated that, at current rates of social indicator progress, the goal of decreasing child mortality by two thirds will not be met until 2045 – 30 years late; this is a global estimate, and the bulk of this delay stems from the situation in South Asia. This overall patchy and poor performance is cause for concern, from a *human rights perspective*: it means that the rights to child-wellbeing is violated, and that the principle of universalism – ensuring that all children see their entitlements to basic social services met – is hollowed out.

The low performance raises concern also from a *policy* perspective, since there are so many efforts underway in South Asia - all countries are committed to the Millennium Declaration, and have been increasing the resources devoted to child development in particular. The poor results, then, suggest that there are policy gaps and failures, which may lie in the policy *principles*, in *design*, in the *delivery* and/or in the *take-up* of social policies. To improve the situation fundamentally therefore requires a close look at the obstacles to achieving all the MDGs.

One compelling explanation for the slow progress in meeting the MDGs is found in social exclusion – a phenomenon which haunts all societies, but appears particularly tenacious in Asia.⁶ The manifold layers of social exclusion permeate all levels of society, the individual and inter-personal level, communities, social institutions, and government so the question is how policy addresses it. Social exclusion can be defined as systematic, intentional or de facto processes of denial of access to entitlements, based on markers such as caste, clan, tribe, ethnicity, language, or religion, as well as ability and disability, and location. In South Asia, gender and income poverty cut

¹ South Asia comprises Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka in the geographical definitions of UNICEF and of the World Bank.

² Absolute child poverty incidence in terms of basic needs, as estimated by D Gordon et. al, 2003, *Child Poverty in the Developing World*, Bristol: the Policy Press. Quoted in H Waddington, 2004, *Linking Economic Policy to Childhood Poverty: A review of the evidence on growth, trade reform and macroeconomic policy*. London: CHIP Report No 7., p. 13

³ See UNICEF *The State of the World's Children 2006. Excluded and Invisible*. New York 2005; ESCAP, UNDP and ADB, *A Future within Reach. Reshaping institutions in a region of disparities to meet the Millennium Development Goals in Asian and the Pacific*. New York 2005.

⁴ UNICEF ROSA, *South Asia Booklet on Child-relevant Socioeconomic Indicators*. Kathmandu 2005.

⁵ UNICEF/SAARC, *State of the SAARC Child 2005*. UNICEF ROSA and SAARC Secretariat: Kathmandu 2006.

⁶ See UNICEF, *The State of the World's Children 2006*, op. cit.

across these markers and deepen social exclusion. It is a persistent discrimination of women and the physical and social exclusion of the so-called lower castes, and the non-dominant ethnic and language groups. As one revealing outcome statistic: the life expectancy of a member of the “dalit” or “oppressed” caste in Nepal is a full 20 years less than of the average Nepali.

How does social exclusion function? A series of field-research based studies as well as conceptual work shows different forms of social exclusion.⁷ In delivering health or education services, for example, professionals treat children differently depending on their social background. In some schools in South Asia, dalit children are made to sit separately or stand at the back of the classroom. Some doctors refuse to touch low caste patients. Village water points are segregated and dalit women cannot collect water from the brahmin end of the village. Professions are closed to people from other castes or biraderis, and even market-based transactions, such as selling commodities, becomes difficult. Exclusion is also internalised. Low caste women are taught by their mothers not to wear colourful clothes. The paternal-side matriarch in a household will often not allow her daughter in law to seek medical attention while pregnant or in child birth – they did not have that luxury themselves, and it would divert household resources from other purposes. Dalit children do not enter the homes of brahmins, and dalit youth are hesitant to apply for employment in non-traditional occupations.⁸

These are processes at the personal, inter-personal and community level. But what is crucial for the *policy* level is whether it is possible, and if so, how to contribute to transforming attitudes and behaviours, as well as materially improve social services delivery, and thus move towards more inclusive processes. This necessitates: firstly to understand such processes, and secondly to design policies that will help tackle the issue – but both research and policy formulation of themselves need to be conceived in an inclusive manner.

In the status quo, a number of factors cohere to reinforce social exclusion at the policy level. Firstly, elite capture of segments of the government machinery can undermine or weaken government decisions to address social exclusion – which in principle is banned constitutionally across the region. Secondly, incoherent fiscal policy and inadequate public resources hollow out the effectiveness of policies designed to enable social inclusion, such as incentives, or affirmative action (quotas and reservations). Thirdly, poor implementation of policies and legislation such as a lack of interface between federal and state- or district-level bodies, hinder the delivery of targeted interventions; this is exacerbated, obviously, in countries where non-state actors have hollowed out governance. Fourthly, a lack of empowerment of the socially excluded directly, or of civil society organisations who could genuinely voice their interest, reinforce processes of social exclusion at the local and government level. Fifthly, elite capture at the local level undermines inclusionary policy at the delivery point, for example by obscuring information on entitlements. All of these factors are doubly strong in their impact on children of excluded communities, most palpably on girl children, who often experience discrimination even within their own family and community.

If social exclusion is indeed a key factor impeding progress towards child well-being, then policies need to be sensitive to this – and be designed, implemented and delivered in such a way that they address exclusionary processes and gradually transform social policy and that social policy helps transform behaviours.

Cultural geographies

Conceptually, the design of policies, the resources committed, and the stringency of delivery are shaped by normative and institutional histories, by levels of development, and by the political economy and notions of the role of the state. In sum, social policy is a derivative and a mirror of the role ascribed to government, and the functioning and scope of social policy can be captured in discussions around the concept of the welfare state.

In a generalising framework, governments address a range of functions, with economic and social policies as their tools. They provide, or see to the provision of, social services – primarily health and education - and of economic infrastructure, such as transport and communications systems or regulatory bodies. They oversee the distribution of incomes, conceivably with labour market policies, and/or providing a minimum income to those under the poverty line and, in many developed countries, attempt to stabilise or even -out the impact of business cycles. Governments

⁷ Gardener and Subrahmanian op cit; Emma Hooper and Agha Imran Hamid, Scoping Study on Social Exclusion in Pakistan, Islamabad, 2003 and other work by Hooper et al; Lynn Bennett, Unequal Citizens. Gender, Caste and Ethnic Exclusion in Nepal, Kathmandu 2006: DFID and World Bank.

⁸ See Analytical Synthesis, and Annie Namala, in this volume.

also provide social protection, avoiding negative outcomes of otherwise unbridled market processes, and providing support to vulnerable groups.

In economically less developed countries, such core “welfare state” functions are accompanied by a developmental role which ranges from nation building to providing the framework and impetus for economic growth and restructuring. A welfare state giving a transformative role to social policy is a more ambitious notion still, suggesting a rights-based approach entitling every citizen⁹ to basic social services, and moreover enabling citizens to claim these rights. In other words, it needs to “... enhance social capacities for economic development without, in the process, eroding the intrinsic values of the social ends that policy makers purport to address...”¹⁰

A “cultural geography” of the role of government and of social policy, then, can be useful to understand the different “cultures”, shaped by institutions, which delineate the scope of public goods, the share of the public sector in the overall economy, and the degree to which governments see their role in the economic and social sphere – in short, to understand and “classify” social policy and the degree of welfare state. Building on typologies developed in European discourse, one generally distinguishes three types of welfare states – social democratic, corporatist, and (neo-) liberal,¹¹ and social policy differs accordingly.

The Nordic or *Scandinavian* model is often described as “social democratic”: there is a marked public and voter consensus on the role of government in delivering public goods and services and a relatively wide acceptance of the taxation levels needed to actually deliver that type of model of a performant government, using a large fiscal budget. *Continental European* countries are often classified as “corporatist”, as the institutions of social policy were originally driven by organised labour. Features are again a large share of the government in GDP, and high taxation rates, which allow for many goods and services – from education to roads to some segments of health services – to be offered as public goods, free of direct charges. The *neo-liberal* welfare state is one where there is a smaller government share in GDP, and accordingly, more services are offered commercially. It is usually identified with the US federal model. The Southeast Asian model has been cast as a fourth variant,¹² because of the strong developmental role of government in guiding enterprises on the path to industrialisation and globalisation, coupled with the regulation of social services through compulsory insurance and pension schemes, and a politically strong state.

Each of these models is a product of history, and determined culturally, depending on political value judgements as well as experience as to the appropriate roles and responsibilities of government. Each of these “cultures” has different histories and rationales. In continental Europe and the early 20th century UK a catching up mode of industrialisation paired with early and strong trade union and social democracy movements convened to create social security systems. In the early 20th century UK and US, massive unemployment and poverty as well as, in England, an egalitarian philosophy led to revolutions in social policy such as the Beveridge Plan. In the US, despite the short stint of the New Deal, the trajectory was more individualistic. Because their forefathers had fled overpowering states in 17th and 18th century Europe which infringed on their freedom of economic activities and political and religious beliefs, policy thinkers and makers have been less inclined to define a strong role for the state, and have felt that, by and large, individuals and communities would provide for social development. The South-east Asian state, different again, is seen as a combination of the corporatist model, in that it involves trade unions, and features elements such as compulsory insurance; and an individualist one, since individuals and families are seen to take large responsibilities for social development, both in terms of work ethic and the high value placed on education. Philosophically, this model has often been described as “Confucianist”. Historically, it comes from an institutional backdrop of centralised economic governance.

⁹ Citizens is used in the broad sense here, as residents.

¹⁰ Thandika Mkandawire, editor, *Social policy in a development context*. UNRISD. Geneva 2004 (Palgrave/Macmillan). P. 1

¹¹ See for example Gosta Esping-Andersen, *The Three Worlds of Welfare Capitalism*. Princeton 1990: Princeton University Press; Thandika Mkandawire, editor, *Social policy in a development context*. UNRISD. Geneva 2004. See especially introduction by Thandika Mkandawire, and Peter Townsend. From Universalism to Safety Nets: The Rise and Fall of Keynesian Influence on Social Development, in op. cit.

¹² This refers to the Asian ‘tigers’ – Taiwan Province of China, Hong Kong (SAR), Republic of Korea and Singapore; and has also been applied to China and the second-tier newly industrialising economies of Thailand and Malaysia.

It is interesting to compare these – very simplified - European, American and Southeast Asian phenotypes with the role of government in South Asia, to explore whether South Asia might offer a fifth variant, considering the persistent commitments to citizens' well-being and the contrast with the low performance on many of the indicators that would constitute such well-being.

A South Asian welfare state model, transformative social policy and social exclusion

Interestingly, the poor performance in South Asia in human and especially in child development contrasts with two factors. Firstly, the region is vibrant in terms of its visions and commitments, such as to human development goals, human rights, and the Millennium Declaration and the Millennium Development Goals. The latter are increasingly used as a normative and policy point of reference for the development planning process. The SAARC has adopted a broadly cast Social Charter¹³ as well as a Decade on the Rights of the Child, which demonstrate a commitment to human development and child rights at the regional level.¹⁴

This prompts a closer look at South Asian social policy against the backdrop of the discourse on the welfare state, and its cultural geography. This is particularly interesting since the region has the economic and financial potential to perform better on social development, considering its economic performance and technological performance. It features a number of economically and advanced countries - several are currently achieving *per capita* growth rates of 4.5 per cent (2000-2003).¹⁵ India in particular has emerged as an “Asian driver”.¹⁶ The smaller economies too are registering satisfactory macroeconomic economic growth.¹⁷

The broad, human-development oriented position combined with the potential to perform well drives an enquiry into the nature of social policy and the role of government in South Asia. A first pointer suggesting that South Asia offers its own welfare state model - one that is distinct from the other welfare states - lies in the institutions that shape policy in the South Asian countries: since the 1950s, they have been working along five year development plans, which lay out socio-economic priorities, and define the direction of government fiscal investment. These plans are increasingly merging with the World Bank-led Poverty Reduction Strategies, and also increasingly building on the MDG methodology. The notion of multi-year planning of government budgets has multiple roots in colonial administration and Soviet planning techniques. Inherent in this planning has been the understanding of a government role not merely for welfare – citizens' well-being, but also for the economic development of the country concerned.

A second pointer is the understanding of public goods in South Asia (see table 1). There is a consistent commitment to free basic social services. The South Asian countries each have a policy on free primary education, thus casting it as a public good, and in several countries, primary education is compulsory. Five countries also offer free primary health care, delivered “universally” by roving health care workers who are salaried by the government; and basic medication is free in three countries. India, Nepal, Pakistan and Sri Lanka offer school meals at no charge to parents, an intervention that, by intention, brings together support to child health and education, and has become an entitlement in some of South Asia.¹⁸

¹³ Twelfth SAARC Summit. Islamabad. 4/6 January 2005. Social Charter. See www.saarc-sec.org

¹⁴ SAARC comprising of Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka. Afghanistan will include

¹⁵ See Sadiq Ahmed, Explaining South Asia's Development Success. The Role of Good Policies. World Bank 2006. www.worldbank.org. A different effect is that of growing income inequality within this growth path. See Jomo Kwame Sundaram in this volume. Also see United Nations. *World Economic and Social Survey 2006: Diverging Growth and Development*. United Nations: New York 2006. <http://www.un.org/esa/policy/wess/wess2006files/wess2006.pdf>

¹⁶ See for example UNCTAD. Trade and Development Report 2005. New Features of Global Interdependence (UNCTAD/TDR/2005). Geneva 2005. www.unctad.org

¹⁷ UNCTAD. Least Developed Countries Report 2006. Productive Capacity. Geneva 2006. UNCTAD. www.unctad.org

¹⁸ There is a vast literature on the actual availability, quality and effects of midday meal programmes, and the findings are mixed. However, they are reported here as examples of welfare state-type public *policy* – as opposed to any evaluation of their efficacy or result.

Table 1. Interventions in South Asia – Welfare State Elements

	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
Policy on Free Primary Education	√	√	√	√	√	√	√	√
Primary Education Compulsory	√	√		√				√
Free Primary Education (de Facto)								√
Policy on Free Primary Health Care		√	√	√	n.a	√	n.a	√
Free Primary Health Care (de facto)			√	√				√
Roving Government Salaried Health Workers	√ (pilot)	√	√	√	√	√	√	√
Free essential medication	√ (not all covered)		√	n.a	√			√
School Meals	Donor-funded		Donor - funded	√		√	√	√
Public ECD Centers		√		√		√		√
Employment Schemes	(UNDP)	√	√	√			√	√
Dedicated Tax to Support Education				√		√	√	√ (to finance National Plan of Action for Children)

Source: Jennifer Keane. Overview of Social Policy Interventions in South Asia. UNICEF ROSA 2006

Specific interventions in South Asia to address social exclusion – transformative social policy

Going beyond the elements of a welfare state approach sketched out above, “special measures” make up a third pointer (see table 2). These are interventions put in place to ensure universalism in light of the obstacles that socially-excluded individuals and groups face in actually making use of their entitlements.¹⁹ Interestingly, almost all the governments in South Asia have coupled their offers of universal access to primary health and education with special efforts, some generalised, and some in the form of affirmative action, addressing identifiable social groups who deserve special action. These interventions deliberately or de-facto contribute to transforming social services and through that, have the potential to transform societies. They can be grouped in 4 categories:

- ✓ *Policy principles:* Policies that take the form of quotas or restrictions, to ensure access of socially excluded or disadvantaged groups mainly in education, and in government service
- ✓ *Policy design to ensure take up:* Policies to increase the use of social services: the midday school meal is the prime example. In theory, it has two types of effects: to attract children to school, and to improve nutrition, and derived from this to enhance concentration and thereby improve school performance and increase completion rates.
- ✓ *Policies on delivery:* These would include socio-cultural measures to encourage and enable socially excluded groups to use the social services offered, such as health or education services, by improving

¹⁹ Usually, such measures are discussed in the literature on “targeting”. However, targeting can be seen as singling out groups for special attention, as opposed to addressing social services to all, and providing support to enable the excluded to avail of these services. See the Analytical Report in this volume for a discussion. Also see Peter Utting in this volume.

service *delivery*, for instance by training and employing members of socially excluded communities to provide the service with dignity and quality.

- ✓ *Measures to economically enable the use of social services offered*: Transfers in kind or in cash to support socially excluded or disadvantaged groups: scholarships for all girls in Bangladesh, for dalit children in Nepal; oil or other foods for girls attending school in Pakistan. And more broadly, income-generating measures.

Among the policy principles addressing social exclusion explicitly are reservations, quotas and other forms of political affirmative action. Two examples may be indicative. In India, reservations for the “scheduled tribes and castes” and the “other backward castes” became part of the 1948 Constitution and have seen periodic amendments throughout the course of India’s history. The recently reinstated House of Representatives in Nepal in 2006 introduced a reservation of 30 per cent of all government posts for women.

Examples of policies enabling take-up include factors to ease burdens. In India, Nepal, Pakistan and Sri Lanka, governments offer free school meals, and the Indian Supreme Court decision to guarantee a midday meal to all schoolchildren in the country has been interpreted as a *right to food* for children – possibly unique in the world. Policies to improve delivery are ones that work with the professionals. Having sufficient numbers of women teachers and health workers are obvious examples. More sophisticated approaches are striving to nurture future teachers and doctors from excluded communities.

Measures to compensate for real and opportunity costs make use of scholarship schemes in various forms. One example is Bangladesh’s large scale government initiative which has been offering every girl in secondary school a stipend to enable her to complete secondary education. Objectives include ensuring that the gap in girls’ education be closed and delaying marriage. Over time, this enlarged cadre of trained young women can become the women doctors and teachers needed to help the next generation of children go to school in a country where girls are meant to be taught by women teachers. Educated women are also in a better position to claim their rights in their families and to control the number and timing of children they have, to negotiate family planning, and to give more enlightened care and attention to their children. The scholarship is paid directly to the girl student, and continues as long as she passes her exams, attends at least 80 per cent of school days, and does not have children. In Nepal, a stipend is available for dalit children to enable them to come to school.

Another, more indirect, and more structural, type of social policy uses economic measures to enable the socially excluded to make use of education and health services provided. An example is India’s National Rural Employment Guarantee Act, adopted in 2005. This is a federal (union) government driven programme which entitles every rural household to 100 days of paid work per year – as a measure conceived to tackle rural poverty and distress migration. The work offered is basic labour on public works schemes, and will be attractive as a source of income to only the poorest. But it is an attempt to transform rural communities if it becomes sustainable and is provided reliably every year. Its additional objective is to improve the accessibility and productivity levels of villages which would have positive externalities and multiplier effects as more households in each village can buy basic provisions, and village level social services infrastructure improves.²⁰

²⁰ See Shri Bandhyopadhyay in this volume.

Table 2: Examples of special efforts to support welfare state universalism

	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
Reservations in schools and coveted professions		√ (reservations for women in local government)		√		√ (reservation for women in government activities – 30%)	√ (reserved quota for women in public sector organisations)	
Cash grants for girl children, pregnant and nursing women		√		√		√	√ (grants for girl students)	√
Scholarships for girl children or socially excluded castes		√		√		√	√	
Informally trained support teachers				X (In some state)				
Informally trained female health workers	√ (midwives)	√ (NGO-based)	√	√		√	√	√ (midwives)

Source: Jennifer Keane. Overview of Social Policy Interventions in South Asia. UNICEF ROSA 2006

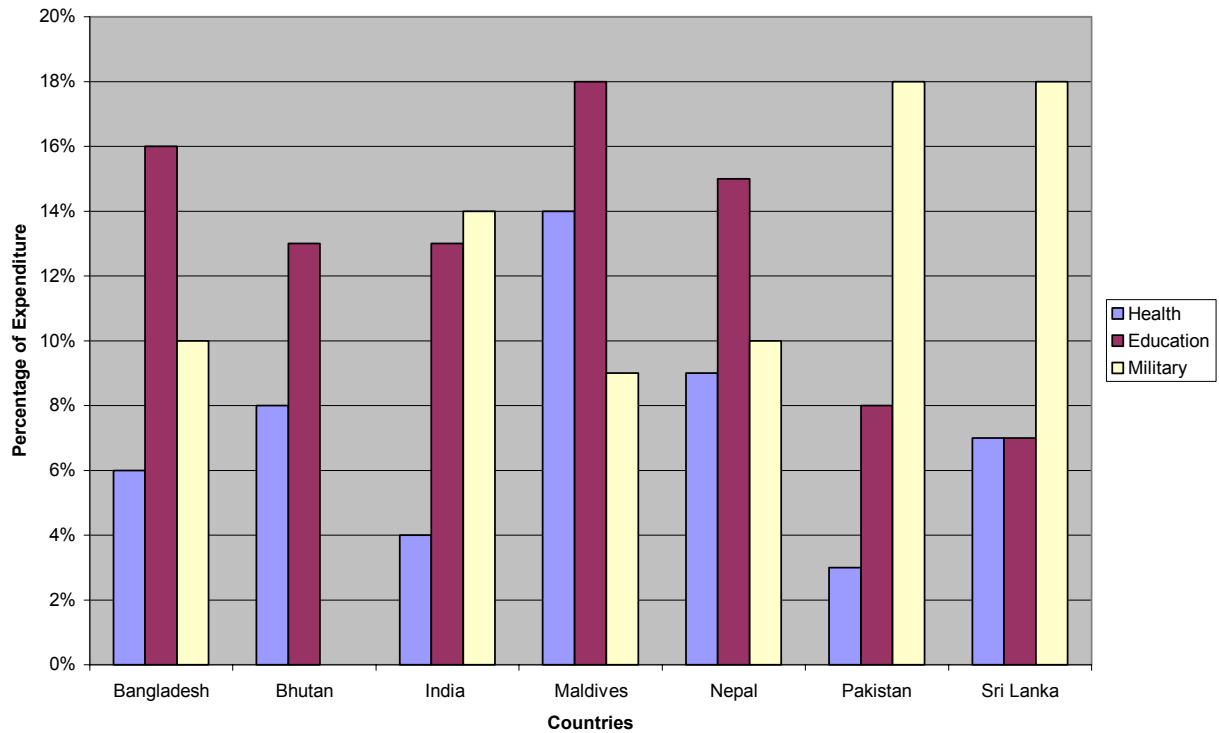
The financial underpinnings of an Asian welfare state

Looking at selected fiscal indicators shows a more mixed picture, in terms of establishing whether South Asia presents a new model of a welfare state, and whether social policy is transformative. Six countries in the region devote more than 30 per cent of government expenditure to health and education – suggesting a welfare state approach (chart 1). In three countries - Bhutan, Maldives, and India the share of government expenditure in GDP comprises between 20 and 45 per cent, and revenues are concomitantly in the 20 – 35 per cent range - which again suggests “large government” in the European welfare state sense. This is especially so since the Indian figures do not include state-level expenditure which would increase the overall ratio (see charts 2 and 3). For the other countries, there is a strong reliance on ODA to bridge the fiscal gap, allowing for fiscal deficits, since their ratios of government revenue to GDP lie below 15 per cent. As developing countries, this is carried from foreign loans and grants, as opposed to the role of (progressive) taxation in the European models.

An innovative social policy initiative comes in the form of fiscal budget principles. In India, for example, the Government monitors its expenditures for their child friendliness, combing through all budget lines to compile data on expenditure that relates to children. In Nepal, the “20/20 initiative” first introduced at the World Social Summit in Copenhagen, has inspired an effort by the Planning Commission to track the share of government expenditure devoted to basic social services.²¹ Such initiatives can begin a movement to persistently augment the share of social services in fiscal expenditure

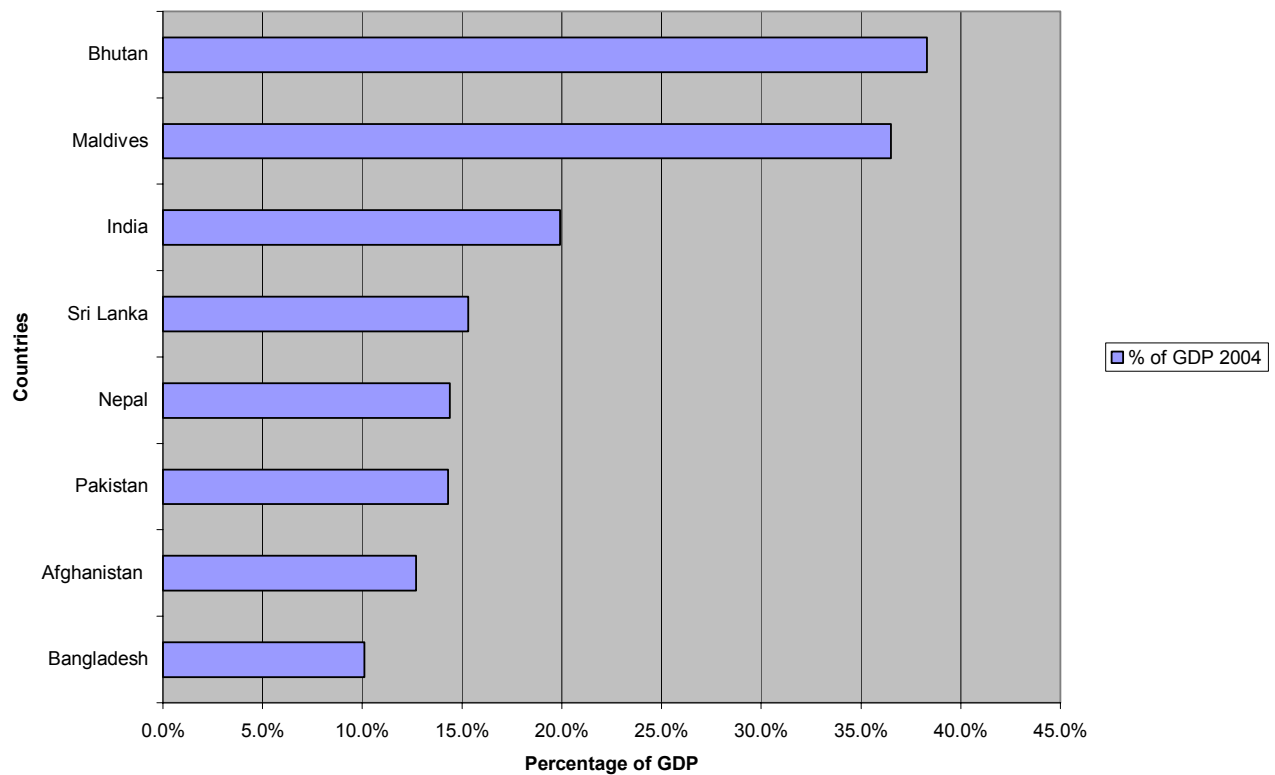
²¹ See Baburam Shrestha and Eriko Onoda in this volume.

Public Expenditure on Health, Education and Defense as % of Total Public Expenditure



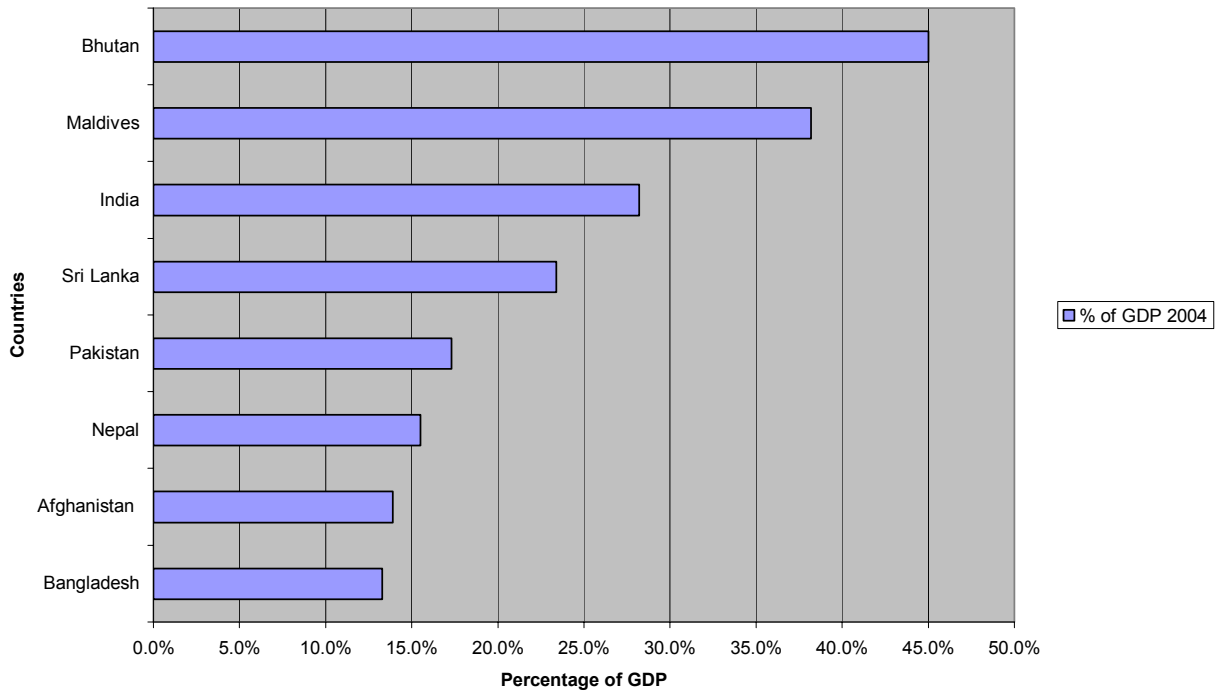
Data from World Bank, UNESCO, UNICEF and WHO
 Data for Education and Health from latest available year, 2000-2004; Defense data from 1993-2004, latest available year

Central Government Revenue as % of GDP (2004)



Data from Asian Development Bank, Asian Development Outlook 2006, Manila: 2006
 Note: States' revenue in India in 2001-02 was 7.3% of GDP; Provincial revenue in Pakistan was 0.5% of GDP in 2002-03

Central Government Expenditure as % of GDP (2004)



Data from Asian Development Bank, Asian Development Outlook 2006, Manila: 2006

Conversely, other pointers suggest more proximity to a neo-liberal, small state model. These are firstly the increasing trends to non-state provision of social services, observed for education and health services in Nepal and Pakistan, and for either health or education in Bangladesh and India. User fees are also prevalent, and these comprise both formal user charges as well as out-of-pocket payments in the informal health sector²².

Decentralisation as an element in transformative social policy

Finally, decentralisation deserves some analysis. In parallel with developing countries in other regions, a number of South Asian countries - Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka - have introduced into social policy making a considerable degree of *decentralisation*, in the sense of transferring budget resources and decision-making authority to district levels. The purpose is to achieve better service delivery, since users determine priorities, there is higher transparency, and local authorities are considered to be directly accountable, ideally to their fellow residents and voters in each community. Decentralisation has become part of current conventional wisdom and policy practice,²³ but in South Asia, one can argue that there is a different connotation, because it re-connects to earlier historical processes and approaches, such as the Gandhian notion of village democracy, and the *panchayat*²⁴ system adopted in several South Asian countries.²⁵ In that light, the rationale for decentralisation becomes more than just a form of delivery, it could be seen as a policy element of its own.

Two caveats are nevertheless called for. Local governance is not automatically democratic, and devolution to the community level is not necessarily empowering. When assessing social policies and the role of the government in delivering social services, it is useful to bear in mind that institutions are not per se benign or progressive. As has

²² See Prasad Devi in this volume. Also the Jennifer Keane, Overview of Social Policy Interventions, in this volume.

²³ See a discussion of the reasoning for decentralisation in the Analytical Report in this volume. Also see Mahesh Patel in this volume for a discussion of decentralisation as underway in countries in South-East Asia.

²⁴ The *panchayat* is a village council of elected members who take decisions on issues key to a village's social, cultural and economic life. <http://en.wikipedia.org/wiki/Panchayat>

²⁵ See the discussion on decentralisation e.g. in Santosh Mehrotra, 2004, op.cit., p. 15 ff.

been pointed out, in societies riven by social exclusion and gender inequality, participation can easily be usurped and take the form of “participatory exclusion” (Bina Agarwal).²⁶ Male-dominated decision making and the dominance of the socially, economically or politically privileged groups permeates many institutions. Therefore, the extent to which decentralised government interventions enable genuine participation as well as deliver social services equitably and of high quality would be an aspect to help determine whether there is a South Asian model of a welfare state and whether it is “transformative”. Again, policy principles such as affirmative action – for example government-stipulated quotas for women in community decision making groups - can provide support, normatively and practically, to gradually ensure genuine inclusion. This is where special measures come in, and can over time have an empowering impact.

In conclusion – a thesis for further reflection

In light of these multiple elements, one can make the case that a South Asian model of the welfare state may be emerging, and that it is potentially transformative in nature. It is a combination of the traditional welfare state model’s commitment to provide social goods universally – the notion of universalism - combined with three new strands. Firstly, it is guided at the normative level by an entitlements- or rights-based approach. Secondly, it comprises elements to enable participation in decision making, via the decentralisation process. Thirdly, it reinforces the principle of universal coverage with special efforts to address social exclusion which in some cases incorporates moves to change attitudes and behaviours so that the disadvantaged can access quality services. And hence it can, over time, generate a new type of welfare state which moves, potentially, beyond providing for communities and citizens – which would be in tune with the European models - to enabling and empowering socially-excluded communities - which is a transformative model.

²⁶ See Bina Agarwal, Participatory Exclusions, Community Forestry, and Gender: An Analysis for South Asia and a Conceptual Framework. *World Development* Vol. 29, No. 10. pp. 1623-1648. 2001. www.elsevier.com. While the paper studies the particular case of social forestry, the discussion is valid for many types of village- and community level consultations.