Certificate Programme

International Perspectives On Citizenship, Democracy And Accountability

Unit 4

Practical Applications Of Participatory Democracy And Governance

Units Of Certificate In International Perspectives On Citizenship, Democracy And Accountability

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Introduction

Unit 4 provides five case studies of diverse projects and initiatives that embody some of the features of 'deepening democracy' as discussed in Unit 3.

In Section 4.1, the *Panchayati* Raj Institutions of local governance in India are described and analysed, with particular reference to the ways in which women and scheduled castes participate in them.

In Section 4.2.1, the participatory budgeting initiative of the city of Porto Alegre in Brazil is described and analysed.

In Section 4.2.2, community level initiatives in the health sector of Bangladesh are examined.

In Section 4.2.3, the focus is on people's participation in urban poverty initiatives in Angola in Southern Africa.

The focus of Section 4.2.4 is a national participatory initiative in policy development in Canada.

The learning exercises in the Think Tank will aid application of the learnings to your own context. It is necessary that you read the required readings provided at the end of the Unit in order to gain a clear understanding of the issues.

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Learning Objectives

After completing this Unit, you should be familiar with the following concepts and issues:

- The practice of 'deepening democracy' in a wide variety of different cultural and institutional contexts across Asia, South America, North America and Africa; and

- The main features, strengths and weaknesses of each approach.

4.1   Case Study From India

Panchayati Raj Institutions In India

The Constitution (73rd Amendment) Act 1992[1] which came into force in India, in April 1993, provided constitutional sanction to *Panchayati Raj* Institutions (PRIs), units of democratic local self-governance at the grassroots level in rural areas[2]. The Amendment gave due consideration to the federal structure of India's polity, by containing both mandatory provisions, as well as other provisions that were left to the discretion of each state, including most of the financial powers and authorities to be endowed on *panchayats.* Consequently, the precise powers and functions endowed to the *Panchayati Raj Institutions* in India vary from state to state.

The main institutions, however, remain common to all states. The *gram sabha*, or assembly of all people registered on the village electoral roll, is the institutional foundation of the *Panchayati* Raj system. Three tiers of *panchayat*s – elected bodies, i.e.:

- The *gram panchayat* - at the village level;
- The *panchayat samiti* - at the intermediate level; and
- The *zilla parishad* - at the district level.

States having a population of less than two million do not have the intermediate level *panchayat.* The Act gives *panchayats* at all levels a term of five years. Those elected to *the panchayats* and are its leaders are known as *pradhans*.

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[1] A subsequent 74th Amendment extended the provisions to urban areas
[2] It is estimated that approximately 75% of India's 1 billion-plus population live in more than half a million rural villages

This is an initiative of breath taking scale and scope. There are now an estimated three million representatives sitting on *panchayats* at all levels. There are more than 220,000 *gram panchayats*, about 6,000 *panchayat samitis* and about 500 *zilla parishads.*

At each level, all the seats in a *panchayat* are filled by elections in the relevant territorial constituencies. A key feature of the system is that one third of the total seats for membership of *panchayat*s, including the office of Chairpersons of each tier, have been reserved for women. Reservation for marginalised sections of society, known as scheduled castes and tribes, has also been provided for at all levels of the *panchayat*s in proportion to their total population. This gives the poorer and more marginalised sections of society a share in the decision-making processes.

This Constitution (73rd Amendment) Act, also establishes a District Planning Committee (DPC) in every district, to consolidate the plans prepared by the *panchayat*s located within the district, and to prepare a draft development plan for the district as a whole. The DPC therefore consolidates and coordinates all the bottom-up planning and decision-making processes undertaken at the various levels of the PRIs.

Two other bodies play important roles in each state. The first is the State Election Commission, which supervises, directs and controls regular elections to the *panchayat*s. The second is a State Finance Commission (created by the Act) in every state, to review the finances of the PRIs and recommend the principles that will govern the distribution of the proceeds of taxes and levies (made by the state) between it and the PRIs.

It is important to note that self-governing village bodies in India date back not to the legislation of the 1990s, but existed over 3000 years ago. As early as the Rig Veda period (c. 1200 BC), self-governing village bodies called *sabhas* (village assemblies)

existed, comprising of village elders from various households. Five person councils of elders known as *panchayats* were chosen by consensus, by the *sabha* members. The *panchayat*s had both executive and judicial powers and took decisions on a wide range of matters including village defence, law and order, maintenance of civic amenities and inter-household and inter-personal disputes, as well as the collection of taxes and payment of dues to higher authorities.

During the period of Mughal rule the system changed. Feudal chiefs and revenue collectors (zamindars) emerged, who took over the responsibility for law and order, local defence and tax administration.

Further change took place during the period of the East India Company's influence, from the mid-18th century onwards and subsequent British colonial rule from 1858 onwards. While during the last phase of British rule (1919-1947), local self-governance in rural areas expanded and was increasingly democratised, it thereafter remained mired by financial, political and administrative constraints. In his writings and statements, Mahatma Gandhi drew renewed attention to the need to build self-sufficiency and self-reliance at the village level through *panchayat*s playing a central role as the primary units of grassroots democracy. It took, however, almost 50 more years and work by a number of government committees and commissions before the 73rd Constitutional Amendment came into being.

Effects

Much has been written about the effects that PRIs have had since their inception, particularly regarding their effects on the political participation of women and Dalits (the so-called untouchables or low castes).

The 73rd Amendment was a blow to the power of the high caste people and men folk who controlled political institutions, denying entry to low castes and women in institutions of self-governance. Today there is clear evidence that women and Dalits (scheduled castes) are interested in participating in decision-making bodies. Once mobilised, they have had substantial influence on the *panchayat* processes, its functioning and decisions. Women's elections as pradhans meant priority being given to issues like drinking water supply, installation of pumps, construction of toilets, village wells and roads, appointment of school teachers and closing of liquor shops. *Panchayat*s have served the purpose of institutionalising and legitimising marginalised voices at the site of power (Agrawal, 2006).

The participatory processes are facilitated and supported by Civil Society Organisations (CSOs) and this aspect of PRI experience will be taken up again in Unit 6.

However, PRIs and some of their aspects such as reservation of seats in *panchayat*s have been open to misuse. For instance, women and Dalits who were not interested in politics were being pushed into it, so that they could become instruments to maintain the positions of power for their family men, upper caste men, as well as some other political representatives who had persuaded them to contest elections. Consequently, the few strong willed women and Dalit candidates trying to push their way through the corridors of local power politics faced constraints in their day-to-day functioning.

> **THINK TANK**
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> Divide a sheet of paper into four quadrants and carry out a 'SWOT' (Strengths, Weaknesses, Opportunities and Threats) analysis of the Panchayati Raj Institutions, making relevant notes in the appropriate quadrant. Before doing so, read the complete account provided in the required reading text from which the case study has been drawn. Include your own conclusions and observations rather than restricting yourself to those found in the test and required reading list

4.2 International Case Studies

4.2.1 Participatory Budgeting In Porto Alegre, Brazil

Participatory budgeting involves turning over budgetary decisions to citizens, who are impacted by a budget. The most well-known and original example of participatory budgeting and indeed of participatory governance structures and processes, generally comes from the municipal council of Porto Alegre which instigated participatory budgeting in 1989 (The World Bank, 2003; Menegat, 2002).

Since its emergence in Porto Alegre, participatory budgeting has spread to hundreds of Latin American cities, and also cities in Europe, Asia, Africa, and North America. More than 200 municipalities and public institutions are estimated to have initiated participatory budgeting.

Participatory budgeting consists of a process of democratic deliberation and decision making. During this process, ordinary city residents decide how to allocate a public budget through a series of local assemblies and meetings. It is generally characterised by several basic features and steps:

1. Community members identify spending priorities and elect budget delegates to represent their neighbourhoods
2. Budget delegates transform community priorities into concrete project proposals
3. Public officials facilitate and provide technical assistance
4. Community members vote on which projects to fund
5. The municipal authority implements the projects.

Various studies have suggested that participatory budgeting can lead to the following aspects

- more equitable public spending
- higher quality of life
- increased satisfaction of basic needs
- greater government transparency and accountability
- increased levels of public participation
- democratic and citizenship learning, especially in the context of marginalised citizens

Porto Alegre is the capital of the State of Rio Grande do Sul, and has a population of approximately 1.3 million. Before 1989, the local government was centralised and non-democratic in nature. The City Hall decided what expenditures and investments would be made from the city budget.

Until the early 1980s, Porto Alegre experienced rapid population growth alongside slow or no economic growth. As a result, by 1989 there were many citizens living in shacks/slums in non-legalised city areas, lacking water supplies, sewerage systems and other essential basic services and infrastructure. The city budget was out of balance, as the income from taxes was not enough to finance even a minimum of the public works that needed to be undertaken to develop the infrastructure of the city's poor areas.

In 1989, the Workers Party (PT) won several municipal elections in Brazil and introduced the concept of a participatory budget (PB) as a "creative experiment of engaging a wide spectrum of people to formulate city budgets" (The World Bank, 2003, p. 1). When PB started in the same year, it had to face up to the difficult infrastructure and resources situation, as well as the problems inherent in undertaking any major institutional innovation. As a result, both participation and scope were initially restricted. After 1990, when the city reacquired investment capabilities, following major

government tax reforms, the PB was able to move forward more purposefully. In 1989, the PB covered only two per cent of the total municipal budget. By 2004, it was dealing with 20 per cent of the total.

From 1991 onwards, the PB started to mobilise and involve all the communities of the City. By 2003, the PT had won three consecutive municipal elections in Porto Alegre and the city's local economy was worth an estimated US$7 billion.

Significant numbers of people have been directly involved in the annual PB exercise, as Illustration 1 below shows.

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Illustration 1	
Number of people directly involved in the Porto Alegre PB initiative	
Year	Number
1990	628
1991	3,086
1992	6,168
1993	6,975
1994	8,011
1995	8,495
1996	7,653
1997	11,075
1998	11,790
1999	14,776
2000	14,408

By 1996, over 1,000 organisations and associations were registered for involvement in the PB. The World Bank estimates that the number of people involved in some way in each annual PB exercise, totals around eight per cent of the city's population, i.e., some

100,000 people, a figure which the Bank feels reflects "the effectiveness and credibility of the process." (The World Bank, 2003)

The Participatory Budget Process

In Porto Alegre, the municipal authority consists of a mayor's office, which is the Executive, and a Chamber of Deputies, which is the legislature comprising of elected representatives. The Executive prepares the budget for ratification by the Chamber of Deputies. Two bodies within the mayor's office manage the PB process: The planning office (GAPLAN), which has responsibility for ensuring the technical and economic viability of what emerges from the PB process, and the office of the Coordination of Relations with Communities (CRC), which manages citizen involvement in the budgetary debates and processes.

For the PB the city is divided into 16 regions, and the topics for discussion into five themes that are chosen each year from a list of 12 possible themes. The PB cycle, in summary, is as follows.

- *March:* Informal citizen gatherings take place to collect demands and mobilise the community to select delegates for each of the regions. This process has no involvement of the Mayor's office.

- *April:* A first round of meetings takes place between citizens and the Mayor's office, in the presence of the Mayor to review the previous year's investments; discuss proposals for the current year; and elect regional delegates for a second round of discussions.

- *April to June:* Meetings are held for regional delegates to learn about technical matters and discuss needs and priorities in each region, including meetings with citizens and CSOs to prioritise demands.

- *June*: Delegates elect Councillors of the Council of Participatory Budgeting (COP). There are two delegates for each of the 16 regions, two from each of the five themes and two others.

- *July*: The Councillors are installed.

- *July-September*: The COP meets at least once a week, for a minimum of two hours each time.

- *September:* The new budget is approved by the COP and sent to the legislature for debate and endorsement.

- *September- December*: The COP follows the debate in the Chamber and lobbies for the same. During this period, work on investment plans for each region continues.

Impact

PB marked a move from a "protest based culture of the 1980s, to a more 'civil' and less disruptive form of conflict resolution through dialogue and negotiation. It led to a positive change in the attitude of technical/ professional staff of the municipal authority. Knowledge of other people and communities about politics, citizen rights and duties increased. They became not only more aware of their citizen rights and duties, but also of ways to uphold those rights.

Since the PB was introduced, the city authority has directed between 15 per cent and 25 per cent of its income into infrastructure investment, the rest being spent on normal administrative and staffing expenses.

Investment in water supplies and basic sanitation was initially prioritised. By 1996, 98 percent of households were served by the water supply system (an increase of 80 percent from 1989).

The sewerage system served only 46 per cent of the population in 1989, but by 1996, this had risen to 85 per cent. During this period, between 25 and 30 kilometres of streets had been paved in the poorest city sections and suburbs every year. Drainage and street lighting were also improved.

In the field of education, investments made by the PB caused the total number of student enrolments to more than double between 1989 and 1996.

Marked changes also came about on the supply side. Because of the transparency created by the PB process, people's motivation to pay their taxes increased so that, for example, budget resources for investment purposes increased from US$54 million in 1992, to US$70 million in 1996.

THINK TANK

Divide a sheet of paper into four quadrants and carry out a 'SWOT' (Strengths, Weaknesses, Opportunities and Threats) analysis of the Participatory Budgeting Initiative, making relevant notes in the appropriate quadrant. Before doing so, read the complete account provided in the required reading text, from which the case study has been drawn. Include your own conclusions and observations rather than restricting yourself to those found in the text and required reading list

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4.2.2 Village Community Groups And Health Watch Committees In Bangladesh

In 1998, the Ministry of Health and Family Welfare (MoHFW) of the Government of Bangladesh instituted experimental reforms in the health sector designed to enhance community participation. Two different types of initiatives were set up:

* Village community groups (CGs) were mobilised to provide and manage 'one-stop-shop' clinics providing primary and reproductive health services for the most deprived population groups

* With the help of a number of NGOs, 'Health Watch Committees' (HWCs) of stakeholders were established, to monitor the performance of public health providers at the local level

The two initiatives had different motivations, methods and objectives.

The clinics: The one-stop clinics would be constructed, operated and thus 'owned' by the villagers, through a committee of nine villagers established by the Chairperson of the local elected administrative body. These nine members would consist of

* locally elected representatives
* local service providers
* influential local residents representing the professional and social classes
* representatives of landless groups and women.

The expectation of the MoHFW was that community participation in the management of the clinics would make essential health services accessible to groups such as women, children and the very poor. In addition, by building the clinics on land donated by the

village and by having the community share the costs of the clinics' operations with the government, community ownership would be ensured. Construction costs and the salaries of health workers were to be financed from government funds. The community would meet the maintenance costs of the clinics.

The Health Watch Committees: Unlike the village community group committees, the HWCs were regarded by the MoHFW as a medium, to bring about better accountability, as well as decreased wastage. However, as was the case with the village community groups, the committees would not be established through local government. The strategy was to elicit the active support of non-state agencies. The Ministry decided to use NGOs since they had good access to the communities they worked in. One NGO in particular, Nijera Kori (NK) needs special mention. These NGOs had to arrange meetings in rural areas to provide a medium through which the poorer and marginalised sections of the population could voice their opinion and concerns on the proposed HWCs. After this process was over, NK and three other NGOs were given the responsibility to form HWCs in nine areas, some at the sub-district level and others at the village level. The membership of the HWCs, which NK modified from the original government proposals, was carefully constructed so as to include substantial representation of women and landless people, as well as professionals, teachers, lawyers, doctors, and NGOs.

Who Participated?

The processes of recruitment of members to the CGs and the HWCs were significantly different. Recruitment of CG members was done by the local government Chairperson. It was neither transparent nor participatory and favoured better off people, including professionals and farmers. The few women selected were usually the wives of the wealthy villagers. The 'elite' of the villages had clearly captured this new participatory space.

In contrast, the HWCs selection was more transparent and participatory. Committee members were selected by popular voting at an open workshop in the community. Participation was thus more open and democratic than in the CGs. The representation of women and landless groups was also much higher as compared to the CGs. The issue of the representation of doctors on the HWCs produced interesting results when the local people expressed their unwillingness to include doctors. Instead, they proposed that HWCs should invite doctors to the meetings, but not include them as part of the official monitoring mechanism. The reason they stated was that if this happened they would be dominated by the doctors. When the Committee was formed, the doctors vehemently protested at the first meeting, but the people stood firm.

Impact

The most striking contrast between the two institutions is their impact on participants and on service delivery. The CG appeared to have had negligible positive impact or outcomes.

The story is different for the HWCs. As noted, the NGO NK played an active role in support and the facilitation of the work of the HWCs, and members commented on the positive difference this made. HWC participants established their own ways of working together, despite coming from varying socio-economic backgrounds. Members learned to participate equally, so that all could express their opinions. As a result, there were visible changes at the community level. People were more aware about available services, and about the nutritional values of different foodstuffs and the importance of proper sanitation and hygiene.

The HWC initiative lasted much longer than the CG. By 2001, all the CG clinics had closed, largely because most had fallen into disrepair. The community took little interest

in 'ownership' of what they clearly saw as a government and elite dominated venture. Though the HWCs were dropped by the government in 2004, all those which were originally assisted by NK survived. In this fact alone lies a clear lesson.

THINK TANK

Divide a sheet of paper into four quadrants and carry out a 'SWOT' (Strengths, Weaknesses, Opportunities and Threats) analysis of the CGS and HECs, making relevant notes in the appropriate quadrant. Before doing so, read the complete account provided in the required reading text, from which the case study has been drawn. Include your own conclusions and observations rather than restricting yourself to those found in the text and required reading list

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4.2.3 Citizen Participation In Urban Poverty Projects In Angola

Angola has a long tradition of centralised and authoritarian rule, stretching back from its independence in 1975 through centuries of Portuguese colonisation. Portugal had been ruled by a dictator since 1926.

While it is sub-Saharan Africa's second largest oil producer, Angola ranks 166th out of 177 nations in the UNDP Human Development Index. This in large measure can be attributed to the fact that, with the exceptions of brief periods of peace in the 1970s and 1990s, the country experienced more or less constant civil war from independence until 2002.

The emerging consensus among the international community on the typical course of action for peace building, as well as democracy building in countries affected by war, follows a typical course. The first aspect to be addressed is the political constitutional deficit and this is done establishing transitional governing measures. The second step is having a second election and finally the consolidation of governance and civil society.

In Angola, humanitarian relief had existed since a long time and still continued to be the most important source of aid. But interventions by donors has resulted in the proliferation of such ideas as good governance and increased civil society participation.

The new initiatives included the mobilisation of civil society networks and forums for citizen-State engagement. At the same time, a process of decentralisation of government to municipal and commune level was underway (but by no means completed). The easing of media censorship had increased the scope for civic associations, advocacy initiatives and the visibility of alternative perspectives on policy issues. As a result, new actors emerged mobilising local and donor resources for service provision and occupying the emerging spaces outside the institutions of formal democracy.

Around the capital, Luanda, informal settlements known as *musseques*, where it is estimated, that 65 to 75 percent of the city's population lived. People living within the *musseques* were very poor and public services inadequate. People relied heavily on the informal economy, but in recent times, the violent evictions and restrictions placed on the same, had made life even more difficult for residents.

As they had highly heterogeneous as well as very poor populations, social networks among people were not well developed, but churches were important places for meeting and networking. There were also small informal mutual aid groups known as *kixikila,* which organised group credit and savings. There were also small scale, non-profit social enterprise NGOs, operating as service providers. Finally, there were residents committees, *Comissos de Moradores* (CMs) that represented residents' interests in dealings with the local administration. It is through the CMs that the holders of political power mobilised the *musseques* at the time of elections.

In 1999, projects to reduce poverty through livelihood support, infrastructure development and service delivery had been initiated through the donor funded Luanda Urban Poverty Programme (LUPP).

While these continued, from 2003 there was an increasing focus on empowerment and good governance through participatory development, which had been enhanced after a review carried out in 2005. As a result, a significant share of LUPP's resources had been devoted to fostering social organisation in the *musseques* and encouraging the emergence of local groups. These local groups, not only provided and managed services, but also represented local communities in dealing with State institutions, including LUPP itself. LUPP had thus introduced a more political dimension to its action and given it a democracy building agenda.

A good example of this new orientation is provided by the story of the Kilamba Klaxi Development Forum (KKDF). It had grown out of a forum concerned solely with water and sanitation that comprised of the provincial water company and organisations involved in water distribution, but not the municipal administration itself. The KKDF was formed by the LUPP in 2001, to "provide a place where different social and development actors could discuss, coordinate and integrate local development issues. It was intended to build a culture of engagement between community and government". Initially, the municipal administration was hesitant about participating, even though it jointly launched the KKDF along with the LUPP. The reason behind this was that initially the vision for the KKDF was that communities should organise themselves such that they could create and construct a common voice with which they could deal with authorities. The development of Area-Based Development Organisations (ODAs) was foreseen, which would act in parallel to the CMs. The CM's were seen as vehicles of the administration and thus unaccountable to the people; the ODA's were to be projected and promoted as vehicles of the people, and therefore accountable to them. Each ODA had approximately 30 members, with membership ensuring representation of different groups such as children, women and people with different abilities and all of them

received training from LUPP. Of the 40 officially existing ODAs, about 20 were active in Kilamba Klaxi.

Effects

The initial hesitancy of the municipal administration had been overcome as the ODAs had mobilised a huge level of participation from the local population. The municipal administrator began chairing KKDF sessions, and discussions at meetings were based on issues brought to the table by NGOs and local residents' representatives. The KKDF had evolved institutionally with the establishment of two technical committees, involving members of the administration and leaders of local organisations, including NGOs and the churches. Central government politicians too, had approved of the initiative and thus gave it external legitimacy.

The CMs, because of their lack of accountability to the people, were initially viewed with suspicion and even hostility. Due to the fact that the new democratic spaces represented by the ODAs had come to be perceived as settings where meaningful things happened, there was a migration of CM members to the ODAs - the very bodies that had initially set out to exclude them. CMs themselves were beginning to change, with some leaders acquiring a reputation as good representatives of residents' views and demonstrating significant mobilisation power.

Although the ODAs had provided opportunities for citizens to deliberate on issues of common concern, some of which were the focus of on-going policy debate, KKDF meetings still fell short of the ideal of deliberative democracy. This was demonstrated by the fact that, while women were present, they largely remained silent. Discussions were dominated by the leaders of better established organisations, and there were no mechanisms to ensure that decisions taken were actually implemented. Nevertheless,

despite all these factors, the Forum had provided a space where a larger number and greater diversity of people could gain a voice in the definition of local priorities.

THINK TANK

Divide a sheet of paper into four quadrants and carry out a 'SWOT' (Strengths, Weaknesses, Opportunities and Threats) analysis of the Participatory Initiatives in Angola, making relevant notes in the appropriate quadrant. Before doing so, read the complete account provided in the required reading text, from which the case study has been drawn. Include your own conclusions and observations rather than restricting yourself to those found in the text and required reading list

4.2.4 The Deliberations Of The Romanow Commission In Canada

Set up in April 2001, the Romanow Commission, was charged by the Canadian government over an 18 month period, to deliberate with citizens on the future of health care in Canada, including engaging in a 'National Citizen's Dialogue'. During its lifetime the Commission's many methods included sponsoring explicitly deliberative consultation meetings. The methods of these meetings were so designed that they looked into not just ideas that had been popular in Canada, but all those that had arisen from dialogues among the people. It was an attempt to reconcile those views that better represented the values of the people (CPRN, 2002).

In their deliberations, the Commission naturally sought to include issues related to Canada's Aboriginal people and their health. To this end, its methods included, though did not rely exclusively on, a separate track for consultation with Aboriginal people.

The overall 'National Citizen's Dialogue' was undertaken for, and with, the Commission by the Canadian Policy Research Network (CPRN), a non-profit organisation having

great experience in conducting and facilitating deliberative discussions among citizens. The dialogue was in explicit contrast to methods used by two previous Royal Commissions, which had used the more traditional techniques of 'public hearings'. During these processes self-selected citizens could make their views known, but which did not allow for discussion and debate. It also used 'focus groups' to discuss a variety of scenarios presented to them, but without going as far as identifying trade-offs needed for reform.

The National Citizen's Dialogue consisted of 12 one-day sessions, each involving about 40 randomly selected citizens not involved in the delivery of health service provisions. The total cost of the dialogues was estimated at C$1.3 million. The agenda for each dialogue was carefully and uniformly structured. Information on four possible future scenarios was presented and each discussed. Judgements on these scenarios were made through a questionnaire completed by each participant. They then worked in groups to design the kind of healthcare system they felt to be desirable. The discussion intensified and turned to identifying choices and trade-offs each participant would be willing to make in pursuit of the desired future; and then in conclusion each participant completed their questionnaire once again.

While Aboriginal people were among the selected 40 at each dialogue, they were found to participate very little in group discussions and proceedings. This was an example of the difficulty of engaging and empowering members of marginalised and minority groups in an environment, they perceived as unfamiliar and uncomfortable. Similarly, it was found that while 21 'regional public hearings' were also part of the Commission's consultative processes across the country, and that while a number of regional and national Aboriginal organisations participated in them, Aboriginal health issues featured only marginally.

As a consequence, a special day long Aboriginal Forum was held in partnership with the National Aboriginal Health Organisation, in June 2002. It provided important inputs to the chapter of the Commission report entitled 'A new approach to Aboriginal health'.

As a mechanism for democratic consultation and deliberation, the Forum offered a context within which Aboriginal values and claims could be sorted through concertedly, without the need to make them intelligible to non-Aboriginal people. It offered "culturally specific modes of communication and self-representation". (CPRN, 2002).

Effects

The findings of the National Citizen's Dialogues (which were very consistent across the 12 events) strongly contradicted the view that citizens are incapable of nuanced understandings of issues in healthcare reform, and unwilling to make tough trade-offs. They also contradicted elite preconceptions that citizens would not sign up with a primary care network and would reject having their personal data in an electronic health record. These reports also exploded the myth that people were unconcerned with health education and prevention, and also lacked useful views on governance.

These were good processes with intense discussion, establishment of clear parameters, specific understanding of matters and sufficient opportunity for dialogue between Romanow and Aboriginal leaders. Taken together, the Citizen's Dialogues and the Aboriginal Forum represented an important attempt to include a differentiated citizenry in a large scale public participation process. This process was large and complex, where the ultimate interpretive authority resided with the elite (Romanow and his staff). Their success needed to be evaluated not only in terms of their internal structure, but

also in terms of connection to a broader range of spaces that constituted the Commission's activities as a whole.

> **THINK TANK**
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> Divide a sheet of paper into four quadrants and carry out a 'SWOT' (Strengths, Weaknesses, Opportunities and Threats) analysis of the Roamanow Commission, making relevant notes in the appropriate quadrant. Before doing so, read the complete account provided in the required reading text, from which the case study has been drawn. Include your own conclusions and observations rather than restricting yourself to those found in the text and required reading list

Summary

Upon completion of this Unit, you would have studied, analysed and reflected upon five very diverse examples of ways in which 'deepening democracy' takes place. You have also reflected upon the strengths and weaknesses of each approach, and the difficulties involved in ensuring that opportunities for citizens to access power and space do not simply repeat the established power dynamics. Citizens, particularly the poor and marginalised, may need support to make sure their voices are heard. The importance of cultural sensitivity should also be borne in mind when designing new deliberative processes for citizens.

Required Readings

- Agrawal, M. (2006), *A silent revolution: Women in grassroots democracy*, in *Participatory Citizenship: Identity, Exclusion, Inclusion,* Mohanty R & Tandon R (Eds), Sage Publications, New Delhi. (pp150 – 178)

Recommended for further readings

- D L Sheth (2004). 'Globalisation and New Politics of Micro-Movements', in *Economic & Political Weekly* VOL 39 No. 01 January 03 - January 09, 2004

- The World Bank (2003), *Social Development Notes: Case Study No 2*, Environmentally and Socially Sustainable Development Network, The World Bank, Washington DC

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