Challenges of Local Government Service Delivery: A Case Study of Matara Municipal Council

By

H. U. S. Pradeep

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Supervised by: Prof. A. M. Navarathna Bandara
Dedicate to

My beloved parents and teachers for their love and encouragement
that they always given me
Acknowledgment

I would like to express my thanks to several people and institutions:

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H. U. S. Pradeep,
1 June, 2011.
Abstract

Local government (LG) service delivery system in Sri Lanka has unique potential like many other developed and developing countries. It affects on day-to-day activities of citizens at the grassroots level. Generally, types of public goods and services and the way services are delivered by LG are frequently changing in the context of people’s expectation, changes in the technology, scientific innovation, availability of resources, and challenges that emerge either internally or externally. Though, several attempts had been taken to enhance service delivery of LG through continuous technical and financial assistance in Sri Lanka during last two decades, in most cases service receivers were socially excluded or faced problems in getting basic goods and service from the LG. This situation has emerged due to a number of factors such as shortage of sufficient and competence human racecourses, inconsistency politics, unclear powers and functions to undertake service delivery, poor public-private partnership, inadequate financial resources, inaccessibility to community for services, and poor public participation. Therefore, this study attempts to explore the challenges of LG service delivery in Sri Lanka. In view of this, newly constituted Matara Municipal Council was selected as a case study. Through this case, researcher tried to find the answers to research questions of what are the challenges faced by MMC in terms of better service delivery? And how MMC would overcome its challenges and what innovations and strategies would work to deliver the better service to the public. The study also tested hypothesis of constitutional and legal framework, consistency politics, institutional capacity and service delivery mechanism built up by public-private partnership at the micro level can ensure the better service delivery.

The study was largely guided by the service delivery models especially decentralization service delivery model and alternative service delivery model (multi-level governance model). Using these two models, researcher identified following as crucial variables affecting the better service delivery at the lower levels of government: (a) constitutional and legal framework, (b) consistency politics, (c) institutional capacity, and (d) service delivery mechanism. Taking these variables as an independent variables, analytical framework had been developed. This framework analysis what are the challenges faced by MMC in terms of better service delivery? And how MMC would overcome its challenges and what innovations and strategies would work to deliver the better service to the public? The study was based on both qualitative and quantitative research methods. Qualitative and quantitative data was gathered by using primary and secondary sources, and data was presented using texts, tables, chats and figures.

The major findings of the study is that though as a decentralized LG institution, MMC implemented several strategies and innovations, has developed partnership with the private sector and enhanced the public participation in the health service delivery process, it failed to ensure the better health service delivery to the public. The main factor for that it doesn’t has an appropriate constitutional and legal framework, institutional capacity, service delivery mechanism built up by public-private partnership and mutual understand between national and local political leadership. This situation leaded to emerge the various challenges in health service delivery include shortage of sufficient and competence human racecourses, inconsistency politics, unclear powers and functions to undertake the health service delivery, poor public-private partnership, inadequate financial resources, inadequate physical resources, inaccessibility to community for health services, and poor...
public participation. For the sustainability of health service delivery at the grassroots level, the study recommends mobilizing public to participate in health service delivery, introduction of new strategies and innovations, filling vacancies and enhancing competency of the staff, regularizing the Internal Auditing Mechanism, improving the efficiency and effectiveness of the health service delivery through Five Year Plan and enhancing Public-Private Partnership in health service delivery.
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Association of Business and Commerce</td>
</tr>
<tr>
<td>ASDM</td>
<td>Alternative Service Delivery Model</td>
</tr>
<tr>
<td>ATP</td>
<td>Association of Tax Payers’</td>
</tr>
<tr>
<td>CEA</td>
<td>Central Environmental Authority</td>
</tr>
<tr>
<td>DDC</td>
<td>District Development Council</td>
</tr>
<tr>
<td>DSDM</td>
<td>Decentralization Service Delivery Model</td>
</tr>
<tr>
<td>LG</td>
<td>Local Government</td>
</tr>
<tr>
<td>MED</td>
<td>Municipal Engineering Department</td>
</tr>
<tr>
<td>MFD</td>
<td>Municipal Finance Department</td>
</tr>
<tr>
<td>MHD</td>
<td>Municipal Health Department</td>
</tr>
<tr>
<td>MLG</td>
<td>Multi-level Governance</td>
</tr>
<tr>
<td>MMC</td>
<td>Matara Municipal Council</td>
</tr>
<tr>
<td>MSD</td>
<td>Municipal Secretary Department</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
</tr>
<tr>
<td>PC</td>
<td>Provincial Council</td>
</tr>
<tr>
<td>PSDM</td>
<td>Privatization Service Delivery Model</td>
</tr>
<tr>
<td>PPP</td>
<td>Public-Private Partnership</td>
</tr>
<tr>
<td>SDM</td>
<td>Service Delivery Model</td>
</tr>
<tr>
<td>SPC</td>
<td>Southern Provincial Council</td>
</tr>
</tbody>
</table>
Chapter One

1.1 Introduction

Local government (LG) service delivery system in Sri Lanka has unique potential like many other developed and developing countries. It affects on day-to-day activities of citizens at the grassroots level. Sri Lanka has been functioning with LG service delivery system for over hundred years, but it is yet to become the basis for a viable system of decentralized governance\(^1\). Before gaining independence Sri Lanka was a highly centralized state with an integrated form of territorial administration\(^2\). It was comprised of nine provinces; each headed by a “Government Agent” reporting directly to the center. As the country moved towards independence a period of rapid expansion of governmental activity followed, significantly expanding the area of public welfare services, delivered through a network of field offices. The de-concentrated service delivery system continued to function after independence, with the unit for the territorial administration of public services being proposed the Regional Councils in 1957 and the District Councils in 1968. But they were not established (Gunawardena, 2010; Slater, 1989).

During 1970s, governance reforms were focused narrowly on administrative arrangements for making the provision of public services more responsive in Sri Lanka. The first area of reform was to incorporate village level institutions in the service delivery system (1973). The second was to place elected national level members of parliament in sub national decision making roles in respect of the district service delivery system (District Ministry System in 1977). However the public service delivery system remained firmly grounded within the de-concentrated model leaving little if any discretion in spending other than those relating to the location of capital assets of a local nature. If at all decentralization reform led to creating public institutional space for patronage in service provision (Gunawardena, 2010; Slater, 1989; Slater, 1997).

\(^1\) Indigenous systems of local government for purposes of village administration existed in Sri Lanka in the form of Gam Sabhas with a system of referral of local problems of administration to higher level Rata Sabhas.

\(^2\) Sri Lanka became an independent state on 4\(^{th}\) February 1948, ending a time span of almost 4 ½ centuries of colonial rule, by the Portuguese, the Dutch and subsequently the British.
The District Development Councils (DDCs) that were established in 1981 were considered, at that time, a landmark in the process of LG service delivery system in Sri Lanka\(^3\). It was envisaged as the strategy for decentralization for development. The functions of the council included the approval of an annual development plan and its implementation. An executive committee headed by the district minister was constituted for the formulation and implementation of district development plan. The council was assigned jurisdiction over 15 subjects\(^4\). These DDCs were constituted as a tier of government and provided for vertical sharing of power through the assignment of competences for the performance of specified public services. In its implementation experience, the DDCs fell far short of revamping LG to become an effective vehicle for development or for the elevation of the district administration system to become a tier of government. It proved inadequate to accommodate regional pressures for local autonomy in the North and East. In a situation of centralized management of development, the district councils were rendered ineffective in addressing need of people. Furthermore, it failed as an experiment in participatory democracy, democratic decentralization or power sharing (GoSL, 1999; Gunawardena, 2010; http://www.unescap.org/huset/lgstudy/new-countrypaper/SriLanka/SriLanka.pdf).

In 1987 DDCs were discontinued and the Provincial Councils (PCs) were established through the 13\(^{th}\) amendment to the Constitution. The 13\(^{th}\) Amendment to the constitution made the present day LG\(^5\) (Municipal Councils, Urban Councils and Pradeshiya Sabhas\(^6\)) subject devolved to the PCs\(^7\) (Navarathna, 2001). Therefore, PCs are responsible for supervising and monitoring the financial and operational management of LG (Amarasinghe, 2001). At present, service delivery is one of the basic functions undertaken by the LG. According to the

\(^3\) DDCs introduced under the Development Councils Act No. 35 of 1980, certified on September 22, 1980.
\(^4\) The subjects assigned to DDCs were agriculture and food, land use, animal husbandry, fisheries, small and medium scale industries, cooperatives, rural development, housing, provision and repair of buildings for schools, health services, cultural affairs, construction or repairs to minor irrigation works, agricultural marketing, social services and, agrarian services.
\(^5\) LG operate under the three legal instruments in Sri Lanka: the Municipal Councils Ordinance No. 25 (1947), the Urban Councils Ordinance No. 61 (1939) and the Pradeshiya Sabhas Act No. 15 (1987).
\(^6\) At present, 335 LG institutions are functioning in Sri Lanka including, 271 Pradeshiya Sabha, 41 urban councils and 23 municipal councils.
\(^7\) With the establishment of PCs, the public service of the country came to be divided into two categories, viz the central public service and provincial public service, creating two administrative systems headed by two political commands which may be affiliated to different political parties (Navarathna, 2001).
Municipal Councils Ordinance in 1947, the Urban Council Ordinance in 1939 and the Pradeshiya Sabhas Act in 1987, following are the basic services that LG provide for their public.

Table: 1.1
Basic services that LG provide for their public

<table>
<thead>
<tr>
<th>Services</th>
<th>Delivering Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Municipal Council</td>
</tr>
<tr>
<td>General administration</td>
<td></td>
</tr>
<tr>
<td>Fire protection</td>
<td>✓</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Pre-school</td>
<td>✓</td>
</tr>
<tr>
<td>Social welfare</td>
<td></td>
</tr>
<tr>
<td>Kindergarten and nursery</td>
<td>✓</td>
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<tr>
<td>Family welfare services</td>
<td></td>
</tr>
<tr>
<td>Welfare homes</td>
<td>✓</td>
</tr>
<tr>
<td>Public health</td>
<td></td>
</tr>
<tr>
<td>Primary care</td>
<td>✓</td>
</tr>
<tr>
<td>Health protection</td>
<td></td>
</tr>
<tr>
<td>Housing and town planning</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>✓</td>
</tr>
<tr>
<td>Town planning</td>
<td>✓</td>
</tr>
<tr>
<td>Transport</td>
<td></td>
</tr>
<tr>
<td>Roads</td>
<td>✓</td>
</tr>
<tr>
<td>Urban roads</td>
<td>✓</td>
</tr>
<tr>
<td>Environment and public sanitation</td>
<td></td>
</tr>
<tr>
<td>Water and sanitation</td>
<td>✓</td>
</tr>
<tr>
<td>Refuse collection and disposal</td>
<td>✓</td>
</tr>
<tr>
<td>Cemeteries and crematoria</td>
<td>✓</td>
</tr>
<tr>
<td>Slaughterhouses</td>
<td>✓</td>
</tr>
<tr>
<td>Museums and liberties</td>
<td>✓</td>
</tr>
<tr>
<td>Culture, leisure and sports</td>
<td></td>
</tr>
<tr>
<td>Parks and open spaces</td>
<td>✓</td>
</tr>
<tr>
<td>Religious facilities</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
</tr>
<tr>
<td>Water supply</td>
<td>✓</td>
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</tbody>
</table>

(Source: Table constructed by the researcher)
Amarasinghe (2001) identified these functions as traditional service delivery functions of LG, because those relate to public through fares, public health a public utility services. Generally, types of public services and the way services are delivered by LG are frequently changing in the context of people’s expectation, changes in the technology, scientific innovation, availability of resources, and challenges that emerge either internally or externally. Though, several attempts had been taken to enhance service delivery of LG through continuous technical and financial assistance in Sri Lanka during last two decades, in most cases service receivers were socially excluded or faced problems in getting basic services from the LG. This situation has emerged due to a number of factors such as lack of public-private partnership, low income and poverty etc. In view of the facts, the present study focuses on challenges of LG service delivery in Sri Lanka.

1.2 Statement of the Problem

LG in modern day life is responsible for delivering basic services to its local communities in faster, easier and more efficient manner. The Matara Municipal Council (MMC) introduced several initiatives and has developed partnership with difference actors to improve the better service delivery. In 2008, MMC was awarded as the best municipal council in Sri Lanka by Ministry of Local Government. Selecting indicators were public service delivery, public participation, 5S concept, transparency in decision making process, well managed city and preparing budget. But, municipality communities are still facing a numerous difficulties regarding the access to basic services from MMC. Achievements in public services are far behind satisfaction level of public. According to the service seekers, Matara municipality communities are still lack proper supply of basic services such as health, public utility, social welfare, town planning and infrastructure development. In view of the facts, MMC has been selected as the case study in order to get a clear picture of what challenges faced by the LG in terms of better service delivery? And how LG would overcome its challenges and what innovations and strategies would work to deliver the better service to the public?
1.3 Significance of the Study

Many studies have been conducted on LG in Sri Lanka, but a very few have focused on the service delivery aspects of LGs. The findings of this study is developed some kind of new knowledge to the existing literature on the LG service delivery in Sri Lanka. Also, the conclusions and recommendations based on the research findings would be useful for decision-making bodies to understand different problems that are related with the challenges of LG service delivery in Sri Lanka. Finally, this study must open up some new directions leading future researchers for further studies in the same area.

1.4 Research Questions

During this study, the researcher tries to find answers to following questions:

1. What are the challenges faced by MMC in terms of better service delivery?
2. How MMC would overcome its challenges and what innovations and strategies would work to deliver the better service to the public?

1.5 Hypothesis

The study testes following hypothesis:

1. Constitutional and legal framework, consistency politics, institutional capacity and service delivery mechanism built up by public-private partnership at the micro level can ensure the better service delivery.
1.6 Objectives of the Study

An overall objective of this study is to analyze the different problems that are related with the challenges which affect the better service delivery in MMC. In line with this, the following are the specific objectives:

1. To identify the innovations and strategies being planned and implemented by the MMC in order to improve the service delivery.
2. To assess the success or appropriateness of these innovations and strategies

1.7 Scope of the Study

At present, 335 LG institutions are functioning in Sri Lanka including, 270 Pradeshiya Sabha, 42 urban councils and 18 municipal councils. It is difficult to study what challenges faced by all the LG in terms of better service delivery because of different resources constraints. Hence to make the research easy, newly constituted MMC is selected as case for the study.\(^8\) Another reasons to select the MMC for this study is that no study has been conducted on MMC though proper studies have been conducted on others municipal councils in Sri Lanka like Colombo, Kandy, Galle… etc. In addition to that though municipal councils have number of functions and responsibilities under its ordinance, the study focuses only service delivery in terms of health services delivery. Rationale of selecting these services are to Matara municipality area is rapidly moving towards urbanization and, the main challenge faced by urbanized society is providing these services to their public. For that reason, these services are more appropriate to get a clear picture of what challenges faced by the LG in terms of better service delivery? And how LG would overcome its challenges and what innovations and strategies would work to deliver the better service to the public?

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\(^8\) It constituted as a municipal council on 16\(^{th}\) April 2002.
1.8 Overview of Theoretical Framework

Researcher intends to apply **Service Delivery Models** in this study. According to UNDP (1999), service delivery is a set of institutional arrangements adopted by the government to provide public goods and services to its citizens. Therefore, it is the specific institutional arrangements that critically influence the performance of public service delivery. Same paper highlights four basic broad models of public service delivery arrangements that governments everywhere have adopted:

1. **Direct Service Delivery Model** - The central government brings out legislation enforces it, hires staff, produces and distributes services, invests, either directly operating from the headquarters or through de-concentrated line agencies, assumes full responsibility, and is accountable not only for provisioning but also for providing services ([http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan047344.pdf](http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan047344.pdf)).

2. **Privatization Service Delivery Model** - The central government transfer the delivery of public services to the private companies. In this case it assumes no responsibility except for monitoring the company’s compliance to legal codes. In many countries transportation and communication services are privatized. The basic rational of privatization is to gain advantages of allocative efficiency of the market mechanism and to meet resource gaps by mobilizing private sector investment in the public service sector ([http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan047344.pdf](http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan047344.pdf)).

3. **Decentralization Service Delivery Model** - Decentralization of service delivery functions to local government bodies is the most popular service delivery model in the world. Decentralization is based on subsidiary principals of governance; a rule where provision, production and delivery of services are to be devolved to the lowest layer of the government, local bodies, subject to economics of scale and capacity. By virtue of being closest to the public, local bodies are better positioned to match supply of a given service to citizens’ demands, transforming citizens from service recipient client,

4. Alternative Service Delivery Model - In the public service delivery arena ‘Alternative Service Delivery Model’ is a relatively new phenomenon. It simulates a marriage between the government and private sector (Public-private Partnership) with different contractual arrangements. However, the ultimate ownership is generally vested to the government, and it retains the power to provide public services, whereas the private parties make the actual delivery (http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan047344.pdf).

In order to make a good research, researcher intended to apply only Decentralization Service Delivery model and Alternative service Delivery Model in this study. Even though the Alternative Service Delivery Model has numerous of sub models, this study apply only the Multi-level Governance Model (MLG). As a new model, MLG model is more appropriate for present study.

1.9 Analytical Framework

Following literature review (literature review has presented in chapter two) and theoretical framework, analytical framework has been developed. This framework analysis what are the challenges faced by MMC in terms of better service delivery? And how MMC would overcome its challenges and what innovations and strategies would work to deliver the better service to the public? In line with this, the researcher use “better service delivery” as a dependent variable and it is measured by using different indicators like, cost, satisfaction of service seekers, frequency of visit to the MMC and other disparities affecting the service delivery. Constitutional and legal framework, indisputable politics, institutional capacity and service delivery mechanism is used as independent variables and, these independent variables are measured by different indicators presented in the following figure.
1.10 Research Methodology

The study is based on both qualitative and quantitative research methods. Qualitative and quantitative data are gathered by using primary and secondary sources. Primary data is gathered from MMC representatives and officials who are responsible for delivering health services such as the mayor, opposition leader, the municipal commissioner, administrative officials and councilors, service seekers, civil society leaders and official documents such as MMC minutes of meetings, annual budget reports, administrative reports and progress reports etc. The secondary data is gathered through published books, research reports, symposia proceedings, journal and newspaper articles and internet.

1.10.1 Data Collection Methods

The study uses three types of data collection methods viz content analysis, survey methods and case study. Two types of survey methods are employed for this study like; structured questionnaire survey on service seekers, and semi-structured interview survey on MMC representatives and officials who are responsible for delivering health services such as the
mayor, opposition leader the municipal commissioner, administrative officials and councilors, and two civil society leaders. Also, the interviews are extended to some selected service seekers to get their insights about the quality of MMC service delivery. It helps the researcher to analyze the satisfaction level of the service seekers; other disparities affected to the municipal council service delivery and validate the data obtained from other sources. In order to get more clear and precise information and evidence on the LG service delivery, this study undertakes single case study method. In line with this, MMC is selected as a case study. Case study helps the researcher to be verified data collect through the survey methods. Beside that content analysis is used to gather secondary data, information and facts. Table: 2 presents summary of data collection methods.

1.10.2 Study Area

Matara municipality area is selected as the study area. It situated in the southern province of Sri Lanka, 160 km away from Colombo, is bounded on the South by the Indian Ocean, East by Pradeshiya Sabha Area of Matara, North by Pradeshiya Sabha areas of Thihagoda and Malimbada and West by Pradeshiya Sabha area of Weligama (See map: 1.1). It has a land area of 12.8 Square kilometers, and has 51 divisions and 41 Grama Niladari divisions. According to Census of Population and Housing 2001, population is 71,035, and the Sinhala are the majority.

Table: 1. 2
Population composition of the study area

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinhala</td>
<td>61,863</td>
<td>87.09%</td>
</tr>
<tr>
<td>Moor (Muslim)</td>
<td>8,323</td>
<td>11.72%</td>
</tr>
<tr>
<td>Tamil</td>
<td>790</td>
<td>1.11%</td>
</tr>
<tr>
<td>Burger</td>
<td>38</td>
<td>0.05%</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>0.03%</td>
</tr>
<tr>
<td>Total</td>
<td>71,035</td>
<td>100%</td>
</tr>
</tbody>
</table>

(Source: Administrative Report, 2009)
The major livelihood of communities is business sector. Among other livelihood of the communities are employments of public and private sectors, fishery industry, agriculture and laboring in day today activities. Also, can be seen a few class based on the socio-economic status of the community. They are slum, lower middle class, middle class, middle upper class and posh. Matara municipality area which has this type of socio, economic and cultural background of is rapidly moving towards urbanization and, in such a situation providing needy services to the community in an efficient and effective manner is a major challenge faced by MMC. In 2008, MMC was awarded as the best municipal council in Sri Lanka by Ministry of Local Government. Selecting indicators were public service delivery, public participation, 5S concept, transparency in decision making process, well managed city and preparing budget. But, municipality communities are still facing a numerous difficulties regarding the access to basic services from MMC. According to service seekers, Matara municipality communities still lack proper supply of basic services such as health, public utility, social welfare, town planning and infrastructure development. For that reasons Matara municipality area is more appropriate to get a clear picture of what challenges faced by the LG in terms of better service delivery? And how LG would overcome its challenges and what innovations and strategies would work to deliver the better service to the public?

1.10.3 Sample Frame

The desired sample size is 52, which is 42 from service seekers (randomly), 10 from service provider including the mayor, opposition leader, the municipal commissioner, councilors and some selected officials who are responsible for delivering health services and two civil society leaders. Random selection process is used in order to ensure that the selected respondents will represent the entire population and bias will be prevented.

1.10.4 Data Analysis

In this study, collected data from different sources, as mentioned above is analyzed using the qualitative and quantitative methods, and it is presented using texts, tables, chats and figures.
### Summary of data collection methods

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Variable</th>
<th>Indicator</th>
<th>Source of Data</th>
<th>Data Collection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constitutional and Legal Framework</td>
<td>Constitutional and Legal Framework</td>
<td><strong>Powers and Functions</strong> - Clearly defines powers and functions</td>
<td>13th Amendment to the constitution in 1987 and Municipal Council Ordinance in 1947</td>
<td>Acts review and interview</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Mutual understand</strong> - Between national and local political leadership and among local political leadership</td>
<td>Official records and relevant officials at MMC</td>
<td>Document review and interview</td>
</tr>
<tr>
<td>Institutional Capacity</td>
<td>Human resource - Number of employee and competence (education, experience and training)</td>
<td></td>
<td>Official records and relevant officials at MMC</td>
<td>Document review and interview</td>
</tr>
<tr>
<td></td>
<td>Financial resources - Request budget and actual amount granted by PC, average time have to taken to issue allocated money and legal authority to raise revenue to support its expenditure requirements</td>
<td>Municipal Council Ordinance in 1947, MMC annual budget reports, administrative reports and Finance Commission Annual Reports</td>
<td>Acts review, document review and interview</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical resources - Vehicles, communication facilities (telephone, internet and fax), computers and type writers</td>
<td>Official records of Ministry of Local Government and relevant officials at MMC</td>
<td>Document review and interview</td>
<td></td>
</tr>
<tr>
<td>Service Delivery Mechanism</td>
<td>Accessibility - No. of steps have to be passing for the getting goods and services, institutional network and time period for service delivery</td>
<td>Gazette announcement, relevant officials at MMC and Ministry of Local Government, citizen charters and websites</td>
<td>Document review and interview</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accountability - Check and balance and watchdog</td>
<td>Service seekers, civil society leaders and relevant officials at MMC</td>
<td>Document review, questionnaire, interview and case study</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Innovations - e-Government and 5s</td>
<td>Gazette announcement and relevant officials at MMC and Ministry of Local Government</td>
<td>Document review and interview</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public-private partnership - private sector and civil society</td>
<td>Private sector, civil society leaders, service seekers and relevant officials at MMC</td>
<td>Document review, interview, questionnaire and case study</td>
<td></td>
</tr>
<tr>
<td>Dependent Variable</td>
<td>Better Service Delivery</td>
<td>Cost, satisfaction of service seekers, frequency of visit to the MMC and other disparities affected to the service delivery</td>
<td>Service seekers, civil society and official records</td>
<td>Questionnaire, interview and case study</td>
</tr>
</tbody>
</table>
1.11 Chapter Plan

This study consists of five chapters. Chapter one presents background to the study, statement of the problem, research questions, hypothesis, and objectives and significance of the study. The framework developed for analysis of the study is also presented in this chapter. Chapter two presents a critical theoretical framework and a literature review in order to give clarity and focus to the research questions. The literature review is focused on LG service delivery in Sri Lanka, South Asia, and global context. The theoretical framework is addressed with decentralization and multi-level governance models (service delivery models), specifically their meaning, their types, their dimensions, the various forms, and advantages and disadvantages which they may have. Chapter three gives an evolution and present scenario of Matara Municipal Council role in service delivery. Chapter four analyses the challenges faced by the Matara Municipal Council in health services delivery based on independent variables. Chapter five comes up with conclusion and recommendations of the study.
Map: 1.1
Map of the case study city

04.03.2011
Source: 1:25000 Survey Map
Chapter Two
Literature Review and Theoretical Framework

2.1 Introduction

The aim of this chapter is to provide a critical theoretical framework and a literature review in order to give clarity and focus to the research problems. The literature review is focused on LG service delivery in global, South Asian and Sri Lankan context. Some other issues like impact of decentralization and devolution on LG service delivery have also been addressed while reviewing the available documents in this chapter. The theoretical framework is addressed with decentralization and multi-level governance models, specifically their meaning, types, dimensions, various forms, and advantages and disadvantages which they may have. Thereafter, why decentralization to service delivery and what variables affect the better service delivery are discussed. The key issue here is whether or not decentralization has had a positive impact on better service delivery.

2.2 Literature Review

A number of relevant books, journal articles, reports, and official documents have been consulted for the purpose of this study. An attempt has been taken to review the papers consulted during the course of the study with particular focus on LG service delivery in global, South Asian and Sri Lankan context. Some other issues like impact of decentralization and devolution on LG service delivery have also been addressed while reviewing the available documents in this research study.

Kamiljon T. Akramov and Felix Asante in their study “Decentralization and Local Public Services in Ghana: Do Geography and Ethnic Diversity Matter” published in 2009, tries to explore in disparities in local public service provision between decentralized districts in Ghana employing district and household level quantitative data. According to Akramov and Asante, districts’ geography plays a major role in shaping disparities in accessing the local public services in Ghana. In this paper, Authors have noted that ethnic diversity has a significant negative impact in determining access to local public services, including drinking water. This negative impact is significantly higher in rural areas. However, the negative
impact of ethnic diversity in access to local public services (drinking water) decreases at the average literacy level increases.

D. O. Adeyemo in his study “Local Government and Health Care Delivery in Nigeria: A Case Study” published in 2005, tries to evaluate the performance of primary health care delivery in Ife-East Local Government of Nigeria employing empirical, descriptive and survey methods. Author has identified the major contradictions in the management of primary health care implementation including shortage of qualified personal and finance, inadequate transportation, inaccessibility to communities, lack of maintenance culture, political instability and high degree of leadership turn-over. For the sustainability of health care service delivery at the grassroots, author recommends that increase financial allocation, community mobilization, improved health education, policy consistency and provision of qualified health workers. Author finally concluded that primary health care in Nigeria and especially Ife-East Local Government have come a long way and still require more effort so as to achieve the goal of health for all now and beyond.

Nguyen Quoc Viet in his study “Decentralization and Local Governance on Public Services Delivery: The Case of Daknong and Hau-giang Province in Vietnam” published in 2009, tries to analyze local governance on public services delivery in Vietnam in the context of decentralization process using case study method and decentralization theory. According to Viet, impact of decentralization varies greatly depending on circumstances and institutional quality of local governance. In this paper, author argues that rapid development of investment initiatives and physical infrastructure are very important for economic growth but the improvements of local authority capacity in public service delivery are also important for the success of social-economic development goals at all levels of governance. Author finally concludes that situation of decentralization in Vietnam still shows that these public goods and services are delivers largely through central institutions due to the weakness of local institution capacity.

The World Bank (2006) study report on “India Rural Governments and Service Delivery” tries to analyze the issues of the roles of different levels of government and the institutional arrangements involved in the provision of key services to rural people. The study focuses only four key sectors including health, education, drinking water and sanitation, and employment programs covering four selected states (Kerala, Karnataka, West Bengal and
Rajasthan) in India. The study focused mainly policy question on “what the various levels of Panchayats could do in the delivery of those services within the government structure created by the 1993 Amendment to the Constitution of India and relevant state-level legislation”. Following are the main findings of the study:

I. Consistent with the decentralization to the states, the Constitutional Amendment gives the states the responsibility for creating the enabling environment for local governments.

II. Legislation defining roles in service delivery is spread over a large number of legal instruments that often contradict each other, but this is allowed in Indian Law.

III. Centrally Sponsored Schemes are highly distortionary to the institutional and organizational framework adopted by states in support of decentralization.

IV. Most states have failed to support devolution of functions with devolution of funds.

V. No state has devolved responsibility over functions to the local level and together with lack of funds this handicaps the ability of Panchayats to deliver meaningful services even where legislation assigns to them the main role.

VI. Practice on the ground is more centralized than what the legal framework prescribes.

VII. Service delivery in rural areas has perverse and systematic problems and outcomes are poor.

Finally, the study concludes that all services are still largely being provided in a top-down manner through the state civil service, and that services continue to fail the rural poor. Even where services have unequivocally been devolved to Panchayats, their ability to influence outcomes is limited because of the lack of financial and administrative control.

ADB (2004) study report on “Local Governance and Service Delivery to the Poor: Bangladesh Case Study” attempts to evaluate the relative efficiency, effectiveness and quality of different institutional arrangements for local infrastructure and service provision in Bangladesh using quantitative data with qualitative data from a cross section provision of stakeholders. Emphasis has been placed on a comparison of the impact of the more innovative arrangements for decentralized service delivery under the UNCDF sponsored
Sirajganj Local Governance Development Fund (SLGDF) project with the less decentralized mechanisms of the Annual Development Plan grant. The study has shown the direct and positive impacts of the SLGDF project upon infrastructure and service delivery focusing on following issues: the policy context; financing infrastructure and service delivery, participatory planning, implementing infrastructure and service delivery and accountability. The study finally concludes that the above highlighted issues could be addressed in order to improve the efficiency of SLGDP replicating approach more widely.

Zahid Hasnain in his study, “Devolution, accountability, and Service Delivery: Some Insights from Pakistan”, published in 2008, tries to explain the degree of accountability of local policy-makers and the level of competition in local elections, the expenditure patterns of local governments to gauge their sector priorities, and the extent to which local governments are focused on patronage or the provision targeted benefits to a few as opposed to providing public goods and services. The main findings of the study are threefold. First, the accessibility of policy-makers to citizens in Pakistan is unequivocally greater after devolution, and local government elections are, with some notable exceptions, as competitive as national and provisional elections. Second, Local Government sector proprieties are heavily tilted toward the provision of physical infrastructure; specially, roads, water and sanitation, and rural electrification at the expense of education and health. Third, this sector prioritization is in part a dutiful response to the relatively greater citizen demands for physical infrastructure; in part a reflection of the local government electoral structure that gives primacy to village and neighborhood-specific issues, and in part a reaction to provincial initiatives in education and health that have taken the political space away from local governments in the social sectors, thereby encouraging them to focus more toward physical infrastructure.

Navaratna Bandara in his study “The Administrative Organization and the Public Service” published in 2001 tries to analyze the implication of the Provincial Council System on the administrative machinery of the government and the public service. The study mostly employed the interview, group discussion, questionnaire, and document review methods throughout the research covering three selected provincial councils in Sri Lanka (Southern, North Western and Sabaragamuwa provinces). The study focused mainly on three policy questions, viz.
1. Has devolution made a change in the administrative landscape of the country?
2. If so what kind of differences has taken place?
3. What are the positive outcomes of devolution at the provincial level?

According to Bandara, above questions have been selected mainly to examine the continuing tension between the devolution compulsion and the public interest, which might be the crucial aspect of power devolution in Sri Lanka. He further stress that failure to address these issues by the policymakers can be attributed to the indifference of the citizenry to the implications of the PC system. In the paper, author finally argues that if the PC system was given the freedom to establish its own administrative structure and independent public service as well as reasonable funding allocations for investment it will produce better results, even within the limited form of devolution that has been granted to them since 1988.

ADB (2004) study report on “Promoting Service Delivery by the Colombo Municipal Council (CMC) through Effective Partnerships” points out that CMC Approach to Poverty Reduction, the Solid Waste Management Program, and the Integrated Health and Environment Management Program for underserved settlements are all part of the CMC attempts to build a client-responsive approach through the partnership mode, focusing on giving expression to the needs of the poor. Study finally concludes that all three activities have a positive impact in enhancing the living environment and well being of the urban poor and providing a learning experience in mobilization of effective partnerships for pro-poor service delivery.

ARD (2005) study report on “Local and Provincial Government Assessment: Sri Lanka” tries to examine the policy context for decentralization and local government strengthening in Sri Lanka and provide the United States Agency for International Development (USAID) with recommendations and guidelines for expanding existing programs in this filed. The study mainly based on interviews and document review methods covering twelve local government institutions and there provincial councils (Southern, North Western and North Central provincial Councils) in Sri Lanka. At present, USAID is supporting the Democratic Local Government Program (DLG), which is focusing on capacity building; improved service delivery; support for local government networking and associations; and improved citizen participation. The study considers that the technical approach of the current DLG project is appropriate for the Sri Lanka context, the additional funding from USAID is an opportunity
to design a more comprehensive and integrated set of activities. Study further recommended that broadening the focus to address of inter-governmental relations, and including the Provincial Commissioners of Local Government, thus increasing the overall impact and sustainability of DLG’s innovations and the improvements in local government management and governance. Study finally concludes that with respect to the post-tsunami recovery and rebuilding, DLG project activities should take into consideration political constraints. Thus, the focus should be on strengthening the representative functions of local governments vis-à-vis the needs of the communities that they represent, rather than pressing for increasing their authority in program and project implementation.

Richard Slater in his study “Approaches to Strengthening Local Government: Lessons from Sri Lanka” published in 1997, tries to explain those recent approaches to strengthening local government within the framework of the World Bank’s Municipal Management Programme (1985-95) in Sri Lanka employing secondary data collection method throughout the research. According to Slater, a number of important innovations have been introduced to assist with the process of strengthening local resource mobilization and improving performance in service delivery, and enhancing certain aspects of accountability, particularly those areas concerned with the allocation and use of public funds. Author finally argues that these innovations have wide applicability in the process of local government strengthening.

This is a brief discussion regarding the earlier writings on the LG service delivery in different contexts. These writings and other related literature on this topic show that many studies have been done under this particular theme. But, no studies have been conducted concerning newly constituted MMC.

2.3 Theoretical Framework

Researcher intends to apply Service Delivery Models in this study. According to UNDP (1999), service delivery is a set of institutional arrangements adopted by the government to provide public goods and services to its citizens. Therefore, it is the specific institutional arrangements that critically influence the performance of public service delivery. Same paper highlights four basic broad models of public service delivery arrangements that governments everywhere have adopted:
1. Direct Service Delivery Model - The central government brings out legislation enforces it, hires staff, produces and distributes services, invests, either directly operating from the headquarters or through de-concentrated line agencies, assumes full responsibility, and is accountable not only for provisioning but also for providing services (http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan047344.pdf).

2. Privatization Service Delivery Model - The central government transfer the delivery of public services to the private companies. In this case it assumes no responsibility except for monitoring the company’s compliance to legal codes. In many countries transportation and communication services are privatized. The basic rational of privatization is to gain advantages of allocative efficiency of the market mechanism and to meet resource gaps by mobilizing private sector investment in the public service sector (http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan047344.pdf).

3. Decentralization Service Delivery Model - Decentralization of service delivery functions to local government bodies is the most popular service delivery model in the world. Decentralization is based on subsidiary principals of governance; a rule where provision, production and delivery of services are to be devolved to the lowest layer of the government, local bodies, subject to economics of scale and capacity. By virtue of being closest to the public, local bodies are better positioned to match supply of a given service to citizens’ demands, transforming citizens from service recipient client, and ensuring citizens greater accountability for service quality (http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan047344.pdf).

4. Alternative Service Delivery Model - In the public service delivery arena ‘Alternative Service Delivery Model’ is a relatively new phenomenon. It simulates a marriage between the government and private sector (Public-private Partnership) with different contractual arrangements. However, the ultimate ownership is generally vested to the government, and it retains the power to provide public services, whereas the private

In order to make a good research, researcher intended to apply only Decentralization Service Delivery model and Alternative service Delivery Model in this study. Even though the Alternative Service Delivery Model has numerous of sub models, this study apply only the Multi-level Governance Model. As a new model, MLG model is more appropriate for present study.

2.3.1 Decentralization

The theory of decentralization is closely related with democracy, public administration, good governance and development (Khan, 2009). In the mid of the twentieth century, it has become the latest fashion in development administration, and it used as a tool for the development. The word decentralization could be defined as a transfer of power, authority, responsibility and functions from the central government to other levels of government (Hossain, 2005; Lai & Cistulli, 2005). According to Shamsur M. Rahman (1996), decentralization is the transference of authority from a higher level of government to a lower, delegation of decision making, placement of authority with responsibility allowing greatest number of actions to be taken where most of the people reside, removal of functions from the center to the periphery, a made of operations involving wider participation of people in the whole range of decision making beginning from plan formulation implementation (Hossain, 2005). D. A. Ronedenelli (1981) defined decentralization as a transfer of authority to plan, make decision and manage functions from national level to any individual organization or agency at the sub-national level (Ronedenelli, 1981). Whatever scholars understand by decentralization, it comprised with following essential features;

I. Decisions should be made in the field; officers must be selected and trained as to develop the capacity to resolve the problem on the spot.

II. A decentralized administration must be developed as far as possible with the active participation of the people themselves. Their cooperation and compliance are essential
and the services of the state and the local bodies supplementing and stimulating but not duplicating their staff or equipment should be utilized.

III. Coordination of the work of the various agencies in the field should be done in the field itself because; central coordination means delays, jealousies and jurisdictional disputes (Hossain, 2005; Rahman 1996).

2.3.1.1 Forms of Decentralization

Decentralization is a comprehensive concept that takes various forms. In this study, researcher intended to discuss three major forms of decentralization which distinguished by the various scholars, namely de-concentration, delegation and devolution.

1. **De-concentration** means to the redistribution of administrative powers, functions and responsibilities only within the central government (Rahaman & Khan,1997). It is a process that involves the transfer of powers, functions and responsibilities within the central government hierarchy through the shifting of the workload from central ministries to field offices, the creation of field agencies, or the shifting of the responsibility to local administrative bodies that are part of central government structure (Hossain, 2005; Rahaman & Khan,1997).

2. **Delegation** means to the central government transfer powers or responsibility for decision-making and administration of public functions to semi-autonomous organizations those are not directly controlled by the central government, but accountable to it. For example sub-national housing authorities, transportation authorities, regional development corporations (Lai & Cistulli, 2005).

3. **Devolution** is the preferred form of decentralization and it means to transfer of full powers, functions and responsibility for delivery of public goods and services to the local government bodies, including law making and revenue-raising powers (Hossain, 2005; Rahaman & Khan,1997). Akpan H. Ekpo (2008) and Md. Awal Hossain (2005) identified following five as the fundamental features of devolution;
I. Powers are transferred to autonomous units governed independently and separately without the direct control of central government.

II. The local governments are given legal powers to exercise authority over a recognized geographical area.

III. The units have corporate status and power to secure resources to perform its functions.

IV. It implies the need to develop local government institutions.

V. It is an process of reciprocal, mutually beneficial and coordinated relationships between central and local governments (Ekpo, 2008; Hussain, 2005).

Other than the above discussed major forms of decentralization, there are several others that are not as common, such as privatization and deregulation, territorial and functional decentralization and market decentralization.

2.3.1.2 Dimensions of Decentralization

Decentralization can be looked at further in terms of various dimensions. In this study, researcher intended to discuss three major dimensions of Decentralization which distinguished by the scholars, namely political, administrative (institutional) and fiscal decentralization.

1. **Political decentralization** is the transfer of authority to a sub national bodies. It aims to give citizens or their elected representatives more power to participating the decision making process. It is often related with pluralistic and representative government, but it can also support democratization by giving citizens, or their representatives, more influence in the formulation and implementation of policies. Political decentralization assumes that decisions made with greater participation will be better informed and more relevant to divers interest in society than those made only by national political authorities (Hussain, 2005). The concept implies that the selection of representations from local electoral jurisdictions allows entireness to know better their political representatives and allows elected officials to know better the needs and desires of their constituents. Political decentralization often requires constitutional or statutory reforms, the development of pluralistic political parties, the strengthening of legislatures, creations of local political units, and the encouragement
of effective public interest groups (Akramov & Asante, 2009; Hossain, 2005; Rahaman & Khan, 1997).

2. **Administrative decentralization** seeks to redistribute authority, responsibility and financial resources for providing public services among different levels of government (Hossain, 2005). It means the transfer of responsibility for planning, management, and the rising and allocation of resources from the central government and its agencies to field units of government agencies, subordinate units of levels of government, semi-autonomous public authorities or corporations, area wide regional or functional authorities, or non-governmental organizations or voluntary organizations (Lai & Cistulli, 2005; Rahaman & Khan, 1997).

3. **Fiscal decentralization** means the transfer of financial responsibility in as far as the generating of revenue as well as authority to make expenditure decisions from the central government to the lower levels of government. (e.g. user charges, co-financing with users, property taxes, borrowing, etc…). This is a core component of decentralization, as the discharge of devolved functions by the local governments requires matching financial resources from the central government. It must, however, be stressed that all the three dimensions are cardinal in ensuring that the goals of decentralization are achieved and that all three operate in an interdependent fashion albeit the fiscal the fiscal aspect is critical (Hossain, 2005; Lai & Cistulli, 2005).

### 2.3.1.3 Advantages of Decentralization

There are potential advantages of decentralization, regardless of forms and dimensions. In view of the facts, Md. Awal Hossain (2005) and K. C. Lai & Vito Cistulli (2005) identified following as the main advantages of decentralization:

1. It helps to simplify complex administrative procedures and alleviate bottlenecks in decision-making caused by central government planning and control of economic and social activities.

2. It helps to government officials’ to identify public needs and local conditions.
3. It helps to national government ministries reach larger numbers of local areas with services.
4. It allows greater political representation for diverse political, ethnic, religious, and cultural groups in decision-making.
5. It relives top managers in central ministries of “routine” tasks to concentrate on policy.
6. It creates a geographical focus at the local level for coordinating national, state, provincial, district, and local programs more effectively and can provide better opportunities for participation of public in decision-making at the local level.
7. It leads to more creative, innovative, and responsive programs by allowing local experimentation.
8. It increases national unity and political stability by allowing citizens to better control public programs at the local level (Hossain, 2005; Lai & Cistulli, 2005).

2.3.1.4 Disadvantages of Decentralization

However, some scholars argue that the advantages of decentralization are not so obvious as proponents of decentralization suggest. If not well-designed and implemented, there could be serious disadvantages that policymakers should be aware of in designing decentralization policies. In view of the facts, Md. Awal Hossain (2005) and K. C. Lai & Vito Cistulli (2005) identified following as the main disadvantages of decentralization:

1. Less efficient and effective delivery of services because of weak administrative system and technical capacity at local levels.
2. Large numbers of decentralized units could be increased overall unit costs.
3. Transfer of administrative responsibilities to local levels without sufficient financial resources, making equitable distribution of services more difficult.
4. More complex system of coordinating national policies, where functions will most likely be captured by the local elite.
5. Loss of central governments control over scare financial resources.
6. Mistrust between public and private sectors that may undermine cooperation at the local level (Hossain, 2005; Lai & Cistulli, 2005).
2.3.1.5 Why decentralization to service delivery?

There are perceived advantages and disadvantages of decentralization on service delivery. If well-designed and implemented, Akpan H. Ekpo (2008) outline that decentralization could have following advantages on service delivery:

1. **Facilitating Good Governance** - Facilitating good governance by mobilizing the local communities and allowing them to participate in decision-making process and service delivery. This allows the local community to be a watchdog on the system and ensure that the public officials deliver quality goods and services (Ekpo, 2008; World Bank, 2000/2001).

2. **Improving Service Delivery** - The improving service delivery means that the lower levels of government could deliver services such as education, water, health, sanitation…etc effectively and efficiently than the central government. Also, at the lower levels of government, politicians and civil servants are more aware of the needs of their community making them more responsive in delivering such services. Preferences of local communities are better known at lower levels of government (Ekpo, 2008).

3. **Productive Efficiency** - The productive efficiency means that local governments can produce the same goods and services at lower costs than the central government. Because local governments are closer to the local communities, cost of producing goods and services will be minimal. The usual ‘middle-men’ and bureaucracy involving contract procedures could be reduced (Ekpo, 2008).

4. **Improving the Efficiency of Central Governments** - Decentralization helps central government to pay attention on national and international issues. The central government can concentrate on macroeconomic policies for the whole economy rather than being pre-occupied with delivering services to the all the communities (Ekpo, 2008).
5. **Reducing the Government Costs on Public Services** - Decentralization may make it less difficult for government to recover the costs of public services. Services would be more demand responsive hence households and their families are perceived to be willing to pay for and maintain services that match their demand. Same time decentralized units may need less professionalization and can engage manpower from civil society thus administration costs will be lower and procedures simpler (Ekpo, 2008).

6. **Enhancing Competition for Public Goods and Services** - Enhancing competition for public goods and services may result in better public goods and services at lower prices (Azfar; 2005; Ekpo, 2008).

Decentralization may not be a panacea for all the service delivery illnesses in the public sector. If not well-designed and implemented. Akpan H. Ekpo (2008) outline that decentralization could have following disadvantages on service delivery:

1. Lack of capacity at lower levels of government in exercising responsibility for public services. In Uganda and Tanzania, the lower levels of government lacking with the capacity to manage public finances and maintain proper accounting procedures. As a result, lower levels of government received less money than before decentralization (Ahmad et al, 2005; Ekpo, 2008).

2. Decentralization may result in misaligned responsibilities either due to incomplete process or for political reasons. For example, in Nigeria, under the Universal Basic Education (UBE) programme, the Federal Government release money to State Primary School Boards but cannot hire, fire, replace or evaluate teachers (Ahmad et al, 2005; Ekpo, 2008).

3. Decentralization has led to enhance the corruption at the lower levels of government due to weaker accountability and transparency practices (Ekpo, 2008).

4. There are problems tangential to decentralization. For example, the “soft-judges constraint confronting local governments may lead to over borrowing”. The social impact of the Argentina crisis at the end of 2001 resulted in the deterioration of
service quality: poverty rates jumped 40 per cent, medical supplies were in short supply in almost all the public hospitals and there were many school during the year (Ekpo, 2008; World Bank, 2003).

2.3.1.6 What variables affect the better service delivery?

The minimization of disadvantages of decentralized service delivery depends on a number of variables. Akpan H. Ekpo (2008) has identified following as key variables affecting the better service delivery of lower levels of government:

1. **Appropriate Constitutional and Legal Framework** - Powers and functions of lower levels of government must be clearly defined through an appropriate constitutional and legal framework. Through this process central government must be willing to give up control and recognise the importance of sub-national government in service delivery (Ekpo, 2008).

2. **Sufficient and Competence Human Resources** - A one of the major decisive variable of efficiency and effectiveness of services provided by sub-national governments is the human resource or staff which it has. In this way, sufficiency and competency of that staff is very important. Where shortages of qualified and experienced persons exist, the training, retraining and opportunities for higher education must be given in order to develop professional and technical expertise that would be help to enhance the efficiency and effectiveness of the service delivery at the sub-national levels (Ekpo, 2008).

3. **Adequate Financial Resources** - Lower levels of government must have legal authority to raising needy revenue to support its expenditure requirements. Thus, the fiscal relationship between the center and lower - levels of government must be clearly worked out on the basis of equality, fairness and justice (Ekpo, 2008).

4. **Accountability and Transparency** - Decentralization must be accompanied by accountability and transparency, so that is no abuse of power. This will help to fight
against the corruption. Corruption implies a breakdown of cooperative behavior in which few collude to detriment of all. Thus, devolving functions to smaller units that are closer to the population should in theory increase consensus and legitimacy concerning the choice of public services. This, in turn, can be expected to foster cooperation, vigilance, as well as acceptance of and adherence to rules of public sector integrity (Rule-obedience). This could be effective where the financing of the public services decentralized through the assignment of tax instruments or the collection of user fees (Ekpo, 2008).

5. **Ensure the Easy Access to Community for Information and Services** - A one of the important problems faced by the developing countries’ public sector, is that policy-makers as well as ordinary people have limited access to information and services. Implementation of strategies like Citizen Charter, e-Government will be helpful to overcome these problems and ensure the easy access for public to information and services, and end result of that is the enhancement of efficiency and effectiveness of services (Ekpo, 2008).

6. **Mutual Understand Between Central and Lower level of Governments** - It is important that both central and lower level of governments engage in dialogue to reduce tension and conflict. In additionally, dialogue is necessary to face the new challenges and ensure coordination and to guarantee macro-economic satiability of the country (Ekpo, 2008).

### 2.3.2 Multi-level Governance

Multi-level Governance (MLG) is a model which promotes neo-pluralism, meaning that it identifies the participation of different networks and political communities in the decision making process, besides the interest of old groups and problems are solved after reaching a negotiation through the aggregation of the various divergent interests (Ivan & Cuglesan, 1999).
It has also been described as multi-tiered governance, polycentric governance and multi-perspective governance by various scholars.

MLG signifies the totality of relations between public and private sector actors, located at different territorial levels in the governance process (Ivan & Cuglesan, 2009). Gary Marks (1993) originally defined the model of MLG as “a system of continuous negotiation among nested governments at several territorial tiers which supranational, national, regional and local governments are enmeshed in territorially overarching policy networks”. Markus Jachtenfuchs (1995) extended this institutional definition to encompass “the relationships between governance processed and different government levels”. Bache and Flinders (2004) outline that currently there is no single widely recognized definition of the model of MLG; however they identify four common strands in the research carried out under its aegis. They are:

I. Increasing participation of non-state actors such as non-governmental organizations (NGOs), corporations, unions and civil society organizations in governance functions;

II. The proliferation of overlapping decision-making networks engaged in such functions;

III. The change in the role of the state from command and control to steering, coordination and networking;

IV. The challenges of MLG confronts in assigning responsibility and in exercising democratic accountability in governance (Bache and Flinders, 2004; Stubbs, 2005).

The objective of MLG consists of the participation of all the actors, through different forms of partnership, regardless of the level at which they are located (national governments, local and regional authorities, community institutions or civil society). A specific feature of the MLG system is the fact that the decision-making process is based on negotiations between the main actors, to arrive at a consensus and non-majority vote (Ivan & Cuglesan, 2009).
2.3.2.1 Dimensions of Multi-level Governance

MLG model can be looked at in terms of different dimensions. Patrick, Els & Wanyama, (2005) have distinguished two major dimensions of MLG, namely horizontal dimension and vertical dimension.

I. **The horizontal dimension** refers to the opening up the political space to non-state actors. Meaning that the state now has to interact with non-state actors like NGOs, civil society and business community (Public-private partnership) in the governance process. It also has to provide resources to these stakeholders for the realization of public policy goals (Patrick, Els & Wanyama, 2005; Stubbs, 2005).

II. **The vertical dimension** refers to both the upward and downward decision-making process. The upward process is one in which national decision-making becomes increasingly embedded in supranational decision making. The downward process has to do with the process of decentralization, particularly the devolution of power. As such, MLG involves the existence of multiple political decision-making center at different levels (sub-national, national, supranational, international) and the interdependent relations among these. Political interdependence means that the political processes at one level influence the political processes at the other levels and vice versa (Patrick, Els & Wanyama, 2005).

2.3.2.2 Types of Multi-level Governance

MLG model also can be looked at in terms of several types. Gary Marks and Lyne Hooghe (2004) and Michael Stein and Lisa Turkewitsch (2008) divided the MLG model into two types, which they labeled as the Type I and Type II. Type I MLG has following distinctive characteristics.

1. The number of levels of governance is limited to no more than five, including the international, national, regional, constituent sub-national, and local.
2. Each of these levels has general purpose jurisdictions that “amalgamates multiple functions”, including a range of policy responsibilities, and in many cases, a court system and representative institutions.

3. The jurisdictions are non-interesting in membership, and there is only one relevant jurisdictions at each territorial scale. They note that although the jurisdictions tend to be stable, there is flexibility in the allocation of policy competences within them.

4. Although the inspiration for these Type I systems of MLG is federalism, they are not limited to this government form, or even to its identification with the nation state (Marks and Hooghe, 2004; Stein & Turkewitsch 2008).

Type II MLG can define primarily in functional terms. It consists of special purpose jurisdictions or policy structures that are highly fragmented and numerous. It also tend to be ephemeral, flexible and variable in nature (Marks and Hooghe, 2004; Stein & Turkewitsch 2008).

2.3.2.3 Criticisms of Multi-level Governance

MLG model has been subjected to strong criticism and has become the subject of contentious debate in its short life. Michael Stein and Lisa Turkewitsch (2008) point out following as the criticism of MLG:

1. The MLG model have the merit of emphasizing the changing influence on decision-making of different actors in different policy sectors and at different levels of governance. But, it tends to exaggerate the importance of sub-national actors and to neglect the implementation and outcome stage of policy-making, in which national governments have a particularly important role, and in which the MLG pattern is most prevalent. Bache (1998) stressed that national governments continue to play a central “gate-keeping” role at all stages of policy-making and in all policy sectors, whereas actors from the supranational and sub-national levels are merely participants, not actual decision-makers, in this process (Stein and Turkewitsch, 2008).
2. MLG model is prone to exaggerate the hierarchical and legal nature of intergovernmental relationships prior to the emergence of genuine MLG. They also are inclined to overemphasize what they call the “Post-constitutional” and “extra-constitutional” nature of MLG. They see MLG, somewhat artificially, as “model of governance that largely defies, or ignores, structure”, disregards or downplays institutions, and concentrates almost entirely on processes and outcomes. In that sense it lacks a clear conceptual focus (Peters and Pierre, 2004; Stein and Turkewitsch, 2008).

3. MLG model tend to give priority to the objective of problem-solving capacity rather than democratic input and accountability. Peters and Pierre (2004) explain this as a “Faustian Bargain” in which “the core values of democratic government are traded for accommodation, consensus and efficiency in governance”, in which informal patterns of shared decision-making may disguise a strategy for political interests to escape or bypass regulations intended to limit their freedom of action (Peters and Pierre, 2004; Stein and Turkewitsch, 2008).

4. MLG model is often attacked for being too descriptive. It is seen as unable to describe or predict governance policy outcome (Stein and Turkewitsch, 2008).

2.4 Conclusion

This chapter focused on a presentation of the critical theoretical framework and a literature review. The literature review shows that many studies have been done under this particular theme. But, no studies have been conducted concerning newly constituted Matara Municipal Council. The theoretical framework is focused on decentralization and multi-level governance models show that these models have had a positive impact on better service delivery at micro level.
Chapter Three
Evolution and Present Scenario of the Matara Municipal Council Role in Service Delivery

3.1 Introduction

The aim of this chapter is to discuss the evolution and present scenario of the Matara Municipal Council role in service delivery. Firstly it discusses the evolution of Matara Municipal Council and the nature of its present administrative structure. Secondly extent of power, functions and financial resources that Matara Municipal Council has to undertake the service delivery is discussed. Finally service delivery mechanism of Matara Municipal Council, public participation and public-private partnership in service delivery process were discussed.

3.2 Evolution of the Matara Municipal Council

As an institution of providing services for municipality community, the MMC has a long history, extending to the period of colonization. In 1888, this council was constituted as a Sanitary Board. With the introduction of Local Government Council Health and Development Ordinance No. 13 (1898), Sanitary Board was converted into a Matara Urban District Council. This council was consisted of three public officers and three non-official members who were elected with a limited number of votes. At the beginning, a voter was entitled to three votes which could be voted for one person, two persons or three persons at the preference of the voter. Three candidates who obtained the majority of votes were elected to the council. Assistant Government Agent of Matara officially held the positions of Chairman and Treasurer of the council. With the introduction of the Urban Council Act No. 61 (1939), Urban District Council was converted into a Matara Urban Council. In 2002, Matara Urban Council was promoted as a Municipal Council by Ministry of Local Government. Since then as per the provisions of Municipal Council ordinance No. 25 (1947), Matara Municipal Council is being functioned.
3.3 Administrative Structure

The MMC consists of 15 municipal councilors and 332 staff members. The Municipal councilors are elected by people for a period of four years through the list system of the proportional representation based on the percentage of votes obtained by each party and independence group. The Municipal Council is headed by Mayor with a Deputy Mayor both of whom will be appointed from the party or independence group which obtained the majority of votes. The Mayor is the Chief Executive and is assisted by the Municipal Commissioner, who is a senior public official of the Sri Lanka Administrative Service. Decisions related to the administration are taken at standing committees which are headed by the Municipal Commissioner. Currently, four standing committees are functioning in MMC. They are;

1. Standing committee of cultural affairs, library, community halls, housing, community water facilities and environmental affairs;
2. Standing committee of industries, public markets, highway facilities, urban council lands and buildings;
3. Standing committee of financial policy, planning, planning implementation, projects, city planning and development affairs;
4. Standing committee of health conservation, social welfare, sports and entertainment.

The MMC has Four Municipal Departments under the governance of Municipal Commissioner. Objectives of stabilizing departments are given power to implement the decisions made by Council and Standing Committees in efficiently and effectively manner. These Departments are; Municipal Engineering Department headed by the Municipal Chief Engineer, Municipal Health Department headed by Municipal Chief Medical Officer, Municipal Secretary Department headed by Municipal Secretary and Municipal Finance Department headed by Municipal Chief Auditor. (See figure 3.1)
There are also a few sub units governed under these departments. Community Development Unit administrated under Municipal Health Department and Planning and Monitoring Unit administered under Municipal Finance Department are example.

### 3.10 Powers, Functions and Duties to Undertake the Service Delivery

Section 40 of the Municipal Council Ordinance stated the general powers and functions of the municipal councils in Sri Lanka. These powers and functions are pure, and as a municipal council, Matara municipal council also enjoys with the same powers and functions. These are commonly routine administrative powers, like recruiting the officials, licensing, acquisition of asserts, instituting legal actions, budgeting and supplementary budgeting (Gunawardena, 2010; [http://www.unescap.org/huset/lgstudy/new-countrypaper/SriLanka/SriLanka.pdf](http://www.unescap.org/huset/lgstudy/new-countrypaper/SriLanka/SriLanka.pdf)). In addition to that, following powers and functions also vested to the municipal council;
I. Provide health and environmental services (disease preventive services, disease curative services, sanitation services, maternity and child clinics, collecting and managing garbage, health education, maintenance of public cemeteries and crematories, environmental facility services..etc);

II. Inspect important places of business, especially food manufacturing places, bakeries, hotels, tea and rice selling boutiques;

III. Provide public infrastructure services;

IV. Demolish unauthorized constructions;

V. Acquire lands for public purposes;

VI. Market facilitation and regulation in area of authority;

VII. Borrow lands, plant, machinery and equipment;

VIII. Make it mandatory for the police to help municipal council in enforcing their regulations; and


The duties of the municipal council is more significant for the well being of the public. At the same time these duties also serve as performance indicators of municipal council, supporting the public to consider election of members for a next time. Section 40 of the Municipal Council Ordinance stated duties of the municipal council following as;

I. Maintaining and clearing of all public streets and open spaces vested in the council or committed to its management;

II. Maintaining, repairing and cleaning of all private streets;

III. Supervising and providing growth and development by planning and widening of streets, reservation of open spaces and execution of public improvements;

IV. Reducing all nuisances;

V. Establishing and maintaining public utilities for the welfare, comfort and convenience of the public; and

### 3.5 Financial Resources to Undertake the Service Delivery

The Municipal Council Ordinance make a sources for the creation of a Municipal Fund for the municipal council. As well, this ordinance empowers Municipal Council to get necessary action to ensure that revenue generation takes place according to the wishes of the Municipal Council. Generally, the following sources could be considered as the base of the Municipal Funds;

I. All funds or grants allocated to the municipal council by the parliament through the decentralized district budget for development purposes;

II. All funds or grants allocated to the municipal council by provincial council (Southern Provincial Council) for development purposes;

III. All fines levied and penalties received under the authority of the Municipal council Ordinance or under any enactments specified in section 163 or in respect of any offences to which the President extends the jurisdiction of the municipal magistrate;

IV. All rates, taxes, duties, fees and other charges levied by the municipal council;

V. All stamp duties and fees specified in the second schedule to the ordinance (E. g. Boats Ordinance, Vehicle Ordinance..etc.);

VI. All sums charged by sales, leases or other transaction of the municipal council;

VII. All revenue charged by the municipal council from any property vested to the municipal council or by the administration of any public service; and


The sources of funds are very vast. But the collecting of some of these sources are not so easy. For example, recovery of fines and penalties from courts, revenue from vested properties, stamp duties, and even the payments for services rendered to public government institutions are not so easy though stated in law. Therefore services rendered to them are limited. That has minimized the revenue generation capacity of the municipal council ([http://www.unescap.org/huset/lgstudy/new-countrypaper/SriLanka/ Sri Lanka.pdf](http://www.unescap.org/huset/lgstudy/new-countrypaper/SriLanka/ Sri Lanka.pdf)).
3.6 Service Delivery Mechanism

There should be an appropriate service delivery mechanism for a LG institution to ensure the better service delivery to the public. Accordingly Matara Municipal Council also has build up a service delivery mechanism, and it is expect to ensure the better service delivery. This mechanism is as follows.

Figure: 3.2
Service Delivery Mechanism of the Matara Municipal Council

(Source: Figure constructed by the researcher)

In this mechanism ‘Citizen Councils’ have been established to get public participation in service delivery. These Citizen Councils involve in decision making and policy implementation regarding service delivery that only vested power by Municipal Health
Department and Municipal Engineering Department. Through the enhancement of public participation in service delivery process, MMC expects to deliver the services in transparency, efficiently, effectively and accountability manner. Even though it is not depicted in above mentioned figure NGOs, International Organizations, Business Community and Voluntary Organizations which represent the private sector are also playing a major role in the service delivery mechanism. With the aim of delivering services in efficiently and effectively manner, Municipal Council has implemented various strategies and innovations such as 5S Concept and Citizen Charter in this mechanism. An ‘Information Unit’ also could be seen in the Service Delivery Mechanism in order to get information regarding services for service receivers. If needed, service seekers also could get information of services dialing the telephone numbers displayed on the Council notice boards. Through these types of strategies, it is expected to enhance easy accessibility to the general public for services and make a network among various service providing units.

3.7 Public Participation in Service Delivery

As per the Municipal council Ordinance, a one of the main objective of establishing municipal council is to give the public more opportunities to participate in the decision making process regarding the management and development of their respective council area and participation in service delivery process. Matara Municipal Council has implemented following strategies to get public participation in delivery of needy services to the public during the time of former Mayor.

1. **Citizen Councils** - Matara municipality area has been divided into 15 divisions, and 15 Citizen Councils have been constituted representing 15 councilors. The Citizen Council consists of a Community Service Officer and six other members. Every Citizen Council meets once a month, and discuss the issues related to division, and prepare a report. Then such report is presented to the council through the councilor who representing the division, and get solutions for such issues. In addition, Citizen Councils are vested with authority to organize ‘Sharamadana Campaigns’ with the aim of getting public participation in order to clean drains and roads. Such ‘Sharamadana Campaigns’ is being organized once a month. There is also a community hall functioned under the every Citizen Council and, conducting of pre-
schools and organizing of clinics is carried out through this community hall with the participation of public.

2. **Public Mission on Friday** - On every Friday in an area belonged to a selected citizen council, Shramadana campaigns and public awareness programs are organized with the participation of public and labourers of Municipality Health Department and Municipality Engineering Department. In order to deploy labourers and officers for these programs, special circular was issued on 12th July 2010. These programs are implemented with the help of maps, and a few small group of officers and members of citizen councils are set up for easy administration. These groups provide the leadership for implementation of these programs.

3. **Convention of Our Road** - Under this program issues related to roads that come through the Citizen Councils are analyzed, and select a one damaged road and reconstruct it. Resources needed to this program are provided by Municipal Council and public who are living in respective area. In addition, public awareness programs are conducted in cooperation to above mentioned program for aware the public on how to keep the either sides of the road cleanly.

4. **Mayor Community Services** - With the public participation, housing programs, toilet facility programs are implemented with the objective of upgrading living standard of less privileged people in municipality area.

The final result of the enhancement of public participation in service delivery process is to improve the good governance in MMC. Means, improve the accountability, transparency, checks and balances in the Municipal Council. In addiction, Public became a ‘Watch Dog’ to monitor the Municipal Council service delivery process. With the help of this, abuse of power and corruption is minimized. In January 2011, Mayor\(^\text{10}\) was removed due to his political relationship with the opposition candidate during the presidential election of 2010. With the removal of previous Mayor, above mentioned strategies are paralyzed, and public participation in service delivery is minimized. As a result of this good-governance has been collapsed.

\(^{10}\) The Mayor resigned from the ruling party.
3.8 Public-Private Partnership in Service Delivery

As a result of the growing necessities of municipal community with the urbanization it has become difficult for the MMC alone to provide required services to the community. For this, alternative strategy adopted by the Municipal Council is the accessibility to the Public-Private Partnership (PPP) or in other words to deliver the public services with the support of the Private Sector. In this regard, while the MMC gets support of the Private Sector with the aim of enhancing efficiency and effectiveness of the service delivery, and the Private Sector deliver the services to the community under the overall supervision of the MMC. One of the facts that led to seek the support of the Private Sector is the non availability of required fiscal recourses with the Municipal Council. Among the services provided by the MMC with the support of the Private sector; disease preventive services; disease curative services; drainage cleaning services; maternity and child clinics; collecting and managing garbage; health education; maintenance of community centers and libraries; construction of new roads and drainage systems and maintenance of the bus stand are important. In this process, support given by the NGOs like FCM, VNG, NAL and Save the Children, International Organizations like IMF, World Bank, USAID and UNDP and Business Community like Association of Commerce and Business and Association of Commerce and Business is per excellence to the MMC in service delivery. In order to enhance the efficiency and effectiveness of the service provided by the MMC, above mentioned Private Sector organizations implemented various projects and programs. A few of which area as listed below;

- A building for the Municipal Council equipped with all facilities;
- Built up a garage inclusive of all facilities;
- Made public aware of health and sanitation through the propaganda campaigns;
- Carried out of vaccination and immunization programs for the school children;
- Provided required facilities for Free Ayurvedic Centers;
- Constructed new drainages and culverts;
- Supplied sufficient number of Tractors for garbage collection;
- Constructed Garbage Recycling Center at Kotawila;
- Constructed Polythene and Plastic Recycling Center at Kotawila.
Accessibility of the public to the services was enhanced as a result of the Municipal Council delivering services partnership with the private Sector. However, as a consequence of not assigning whole powers legally to the Private Sector in delivering the some sort of services, problems have arisen regarding the efficiency of delivering such services. Taken garbage collection as an example, the Private Sector is equipped with the required modern technologies and strategies to deliver this services more effectively, thus assigned whole powers legally to the Private Sector in delivering such services under the supervision of the Municipal Council is needed, and then such service could be delivered more efficiently and effectively.

3.9 Conclusion

This chapter focused on discusses the evolution and present scenario of the Matara Municipal Council role in service delivery. Though the Municipal Council Ordinance made provisions to power and functions to undertake the service delivery and the creation of a Municipal Fund, many issues are raised while implemented such provisions. Also, the strategies which are implemented to enhance the public participation and public-private partnership in the service delivery mechanism, enhanced the efficiency, effectiveness and transparency in the service deliver process. But, with the removal of previous Mayor in January 2011, above mentioned strategies are paralyzed, and public participation and public-private partnership in service delivery process is decreased. As a result of this efficiency, effectiveness and transparency are decreased in service delivery process.
Chapter Four
An Analysis of Challenges Faced by the Matara Municipal Council in Health Services Delivery

4.1 Introduction

The aim of this chapter is to analyze the challenges faced by Matara Municipal Council in health service delivery using qualitative and quantitative methods. Make the study easy, this chapter were divided into two parts. In the first part, health service delivered by Matara Municipal Council to the public were analyzed under a few sub topics where special attention was paid towards the strategies and innovations used by Matara Municipal Council to ensure the better service delivery and to what extent they are effective. In the second part, attempts were made to identify challenging areas in health service delivery.

4.2 Health Services

Health services are a one of the major standard to measure the extent of development in municipal area. This means, how much efficiently and effectively the health service are delivered to the public, and how much municipal community are healthy. MMC vested authority to provide these services to the municipal community. Municipal Health Department (MHD) has been established by the MMC with the aim of providing health services to the public in efficiency and effective manner, and the authority in that regard has been assigned to that department. Following table shows that higher percentage of estimated financial provisions by budget to deliver the services has been allocated for the delivering health services to the public during last four years.
Table: 4.1

Estimated financial for providing public services between 2007-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimated financial according to the services</th>
<th>Total (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General administration</td>
<td>Health services</td>
</tr>
<tr>
<td>2007</td>
<td>30,119,200</td>
<td>57,817,700</td>
</tr>
<tr>
<td>2008</td>
<td>36,609,050</td>
<td>118,278,400</td>
</tr>
<tr>
<td>2009</td>
<td>36,122,460</td>
<td>66,835,533</td>
</tr>
</tbody>
</table>


According to the table, higher percentage of estimated financial provisions by budget to deliver the services has been allocated for the delivering health services to the public in 2007 and 2008, and it has taken the second place after the physical planning services in 2009 and 2010. The Municipal Health Department provides following health services to the municipality community using these financial provisions.

I. Disease preventive services
II. Disease curative services
III. Food and sanitation services
IV. Environmental facility services
V. Maternity and child clinics
VI. Collecting and managing garbage
VII. Health education
VIII. Maintenance of public cemeteries and crematories

4.2.2 Disease Preventive Services

Matara municipality area is being urbanized rapidly, and as a sub effect of that there is a risk of spreading diseases speedily. Municipal Health Department vested authority to provide disease preventive services in order to keep the municipality area as a sanitation zone.
avoiding spread of contagious and epidemic diseases. Such services could be discussed under following sub topics.

### 4.2.1.1 Make Public Aware of Health and Sanitation through the Propaganda Campaigns

Among disease preventive services, to make the public aware of health and sanitation through propaganda campaigns are very important. Under this, following methods are used to make the public aware of health and sanitation.

I. Visit house to house and aware the public regarding the measures which will help to the prevent diseases - 188 such awareness programs have been launched in 2008, and 301 in 2009. Through these programs, public were made aware of prevention measures and side effects of spreading such diseases. Interviews held with the public, it was revealed that the adverse effect of dengue epidemic was reduced as a result of these awareness programs. Such ideas of the public are as follows.

“In last couple of months, mosquito menace was very much harmful for us. After, Officials of MMC visit house to house and make us aware regarding the measures which are helped to prevention of spread of mosquitoes; it was reducing in greater extent…”

Even during the period of this study, could be seen this type of programs being implemented in municipality area. To make these programs succeed, MMC gets support of NGOs such as USAID, UNDP and JIKA and Civil Society like Association of Business and Commerce (ABC) and Association of Tax Payers’ (ATP).
II. **Public were made aware of disease preventive measures through the displaying posters and notices in the Matara municipality area** – This type of posters and notices could be seen throughout the municipality area, and the main objective of this attempt was to combat dengue epidemic, malaria and rabies which was a serious threat for the municipality community. With the use of these posters and notices special attention was given to preventive measures and side effects of the spread of these types of diseases.

III. **Public were made aware of disease preventive measures through the street dramas** - Under this program, public were made aware in the periods of wide spread of diseases. Using this, public are made aware of disease preventive measures and side effects of spread of diseases.

As the result of these types of public awareness programs, Matara municipality area is converting into a ‘sanitation zone’.
4.2.1.2 Implementation of Rules and Regulations for Prevention of Diseases

Among disease preventive services, the implementation of rules and regulations for prevention of diseases is also very important. In this process, main tasks are to implement the nationally and locally enacted Food Act, Nuisance Ordinance, Prevention Act and Mosquito Combating Act. Under the Food Act, legal actions taken by MMC in 2008 and 2009 are as follows.

Table: 4.2
Legal actions taken under the provisions of Food Act by Matara Municipal Council

<table>
<thead>
<tr>
<th>Legal action</th>
<th>2008 No.</th>
<th>Legal action</th>
<th>2009 No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous food samples taken into custody</td>
<td>139</td>
<td>Miscellaneous food samples taken into custody</td>
<td>184</td>
</tr>
<tr>
<td>Cases filed</td>
<td>32</td>
<td>Cases filed</td>
<td>67</td>
</tr>
<tr>
<td>Destroyed</td>
<td>81</td>
<td>Destroyed</td>
<td>118</td>
</tr>
</tbody>
</table>

(Source: MMC Administrative Reports 2008 and 2009)

According to the table, comparison to 2008 a higher number of legal actions have been taken in 2009 under the provisions of Food Act by MMC with the aim of preventing diseases, and in this process, council earned an amount of Rs 195,000 in 2008 and an amount of Rs. 185,000 in 2009 by way of fines. Apart from instituting legal actions, there is also the system of issued warning with the aim of preventing diseases under the provisions of Food Act. Such issued warnings as follows.
Table: 4.3

Warning issued with the aim of preventing diseases

<table>
<thead>
<tr>
<th>Name of the Act</th>
<th>No. of warning issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>Food Act</td>
<td>35</td>
</tr>
<tr>
<td>Nuisance Ordinance</td>
<td>71</td>
</tr>
<tr>
<td>Prevention Act</td>
<td>15</td>
</tr>
<tr>
<td>Mosquito Combating Act</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>01</td>
</tr>
<tr>
<td>Total</td>
<td>139</td>
</tr>
</tbody>
</table>

(Source: MMC Administrative Reports, 2008 and 2009)

According to the table, while 139 such warnings were issued in 2008 and in compliance to such warnings, 69 of them has taken appropriate actions to prevent the diseases, and legal actions were taken against 06 of them did not comply with. In 2009, while 520 such warnings were issued, 328 of them have taken appropriate actions to prevent the diseases, and legal actions were taken against 18 of them did not comply with. In interviews held with public, it was revealed that there are still some problems situations though MMC implemented rules and regulations in order to preventing the diseases.

“As a result of small amount of garbage in my house, 5000 Rs. was fined to me. But, they could not see garbage in other houses because they are treating them well…”

“They take food samples and file a case only against us because we are not willing to give any money to them…”

Also, while implementing rules and regulations in order to preventing the diseases, in interviews held with the officials, it was revealed that there are some influences and threats come from public and politicians.

“Threaten are raised at various places while performance the official duties…”

Such kind of influences and threats would decrease the transparency, efficiency and effectiveness in process of health service delivery.
4.2.1.3 Regularize the Business Places

Among disease preventive services, regularizing business places is also very important. In municipal areas, business places such as food manufacturing places, bakeries, hotels, tea and rice selling boutiques is a major factor in spreading diseases. The strongest threat posed to sanitation within a municipality area is the existence of business places maintained with the least concern relating to hygienic conditions causing a health hazard. As such, provisions under the dangerous business must be implemented in order to regularize such business places. Accordingly MMC maintains a ‘Public Complaining Unit’ and making raids of improper business places with the direct intervention of Public Health Inspector. It is open for the public complain direct at the Public Complaining Unit or dial the telephone numbers displayed on the Council notice boards.

Table: 4.4

Public complaints received and investigated

<table>
<thead>
<tr>
<th>Mode of complaints received</th>
<th>No. of complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>Public complaints</td>
<td>172</td>
</tr>
<tr>
<td>Direct intervention of the PHI</td>
<td>98</td>
</tr>
<tr>
<td>Investigated</td>
<td>217</td>
</tr>
</tbody>
</table>

(Source: MMC Administrative Reports, 2008, 2009 and 2010)

In addition to inspection of complaints, measures were taken to inspect the improper business places, in order to minimize the spread of diseases. Data relevant to inspection of such business places are as follows;
According to table, 774, 887 and 903 business places were inspected respectively in 2008, 2009, and 2010. In interviews held with the public and owner of business places it was revealed that there are still challenging situations though various strategies were implemented in this manner in order to prevent diseases.

“It is very difficult to find a suitable place to have meals in Matara city. In almost, all hotels are full of flies…”

“We do not worry about checking, thanks to bribery…”

In interviews held with officials that it was also disclosed the fact that they have to face some threats by business community and political leadership as well in regularizing business places with the aim of preventing diseases.

“Threaten are raised at various places while performance the official duties…”

Although various measures against these disturbances have been taken by Association of Commerce and Buisness, Association of Tax Payers’ they have not been so far able to minimize such influences.

4.2.1.4 Conducting Vaccination and Immunization Campaigns

Among disease preventive services, conducting vaccination and immunization campaigns is also very important. Targeted group of this services are school children and pregnant
mothers. This type of campaigns is being carried out by MMC with the support of NGOs such as USAID, UNDP, Save the Children, Red Cross and FSLGA according to the government policy, covering the all schools falling in municipality area. Worm treatment, vitamin A, double vaccination, polio vaccination, ADT vaccination and rubella vaccination are provided through these campaigns, and those are very essential for health protection of children.

Table: 4.6
Conducted vaccination and immunization campaigns targeting school children

<table>
<thead>
<tr>
<th>Nature of treatment</th>
<th>No. of children</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
</tr>
<tr>
<td>Worm treatment</td>
<td>8,365</td>
<td>7,509</td>
<td>7,163</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>5,657</td>
<td>4,846</td>
<td>4,946</td>
</tr>
<tr>
<td>Double vaccination</td>
<td>315</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td>Polio vaccination</td>
<td>105</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td>ADT vaccination</td>
<td>5,716</td>
<td>1,904</td>
<td>1,608</td>
</tr>
<tr>
<td>Rubella vaccination</td>
<td>2,986</td>
<td>1,738</td>
<td>1,741</td>
</tr>
<tr>
<td>Others</td>
<td>86</td>
<td>__</td>
<td>41</td>
</tr>
</tbody>
</table>

(Source: MMC Administrative Reports, 2008, 2009 and 2010)

Although this type of vaccination and immunization campaigns were carried out targeting school children, in the interviews held with the public, it was disclosed that there are some problems in this process.

“Different types of vaccinations are given to school children. People have some problems about the quality of these vaccinations. Even a child died due to poisoning of rubella vaccination in last year.”

Groups who provided treatments had to face some problems because of this death of the child. But, as a whole these campaigns has been succeed. In addition, medical advice and treatment need for the pregnant women and mothers is provided by the Medical Health Officer and Doctors based on Community Centers. This type of 62 and 77 clinics were conducted in 2008 and 2009 respectively.
4.2.2 Disease Curative Services

Though the MMC provide disease curative services to bring the municipality area under a ‘sanitary zone’ preventing contagious diseases, epidemics likely to spread and circumstances detrimental to the sanitation causing in the environment, the municipal community are not safe from contagious diseases and epidemics. It is amply proved on an analysis of data on the number of contagious diseases patients identified and the amount incurred on disease preventive services for the last four years.

Table: 4.7
Identified contagious diseases patients in the municipality area

<table>
<thead>
<tr>
<th>Year</th>
<th>Dengue patients</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>83</td>
<td>73</td>
<td>156</td>
</tr>
<tr>
<td>2008</td>
<td>95</td>
<td>104</td>
<td>199</td>
</tr>
<tr>
<td>2009</td>
<td>244</td>
<td>60</td>
<td>304</td>
</tr>
<tr>
<td>2010</td>
<td>289</td>
<td>73</td>
<td>362</td>
</tr>
</tbody>
</table>


Chart: 4.1
Finances incurred for the disease preventive services


According to the table, number of contagious diseases patients has increased yearly, and in comparison to 2007 an increase by 66% is shown in 2010. Curative services for such identified patients are provided through the Municipal Health Department. In this process Free Ayurvedic Centers are established, and priority is given to provide free medication and
rehabilitation of the patients. Two such Free Ayurvedic Centers are being administered under
the Municipal Health Department, and resource sponsorship is borne by the Municipal
Council and NGOs such as USAID, FCM, and VNG. Statistics pertaining to the patients got
treatment from Free Ayurvedic Centers is shown in the table below.

Table: 4.8
Patients got treatment from Free Ayurvedic Centers

<table>
<thead>
<tr>
<th>Year</th>
<th>Walgama Free Ayurvedic Center</th>
<th>Kotuwegoda Free Ayurvedic Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>120,23</td>
<td>13,456</td>
</tr>
<tr>
<td>2008</td>
<td>13,089</td>
<td>13,787</td>
</tr>
<tr>
<td>2009</td>
<td>14,678</td>
<td>8,763</td>
</tr>
<tr>
<td>2010</td>
<td>11,009</td>
<td>6,789</td>
</tr>
<tr>
<td>Total</td>
<td>50,799</td>
<td>4,2795</td>
</tr>
</tbody>
</table>

(Source: Free Ayurvedic Centers Annual Reports, 2010)

According to the table, 9,359 patients got treatment from Free Ayurvedic Centers in the past
four years, and disease curative services deliver through the Free Ayurvedic Centers taken as
a whole is being maintained at a good standard. Further it was revealed at interviews with the
Ayurvedic Medical Officers and the public.

“I took treatment for my leg ailment from all possible places, but not cured. Finally I came
here. For God sake, now it is completely cured. May the Doctor be blessed…”

“Our only aim and happiness is to completely cure the patients who attend this center. Up to
now we have performed it quite successfully…”

Accordingly disease curative services deliver through the Free Ayurvedic Centers taken as a
whole is being maintained at a good standard. But, a one of major challenges faced in
maintenance of these Ayurvedic Centers is lack of needy financial and human resources.
Also, these services can’t be delivered only through the Free Ayurvedic Centers. In this
regard attention of the MMC must be focused on the establishment of a Medical Center
equipped with modern medical scientific methods. It will be the only way to keep the
municipal community entirely prevented from contagious diseases and epidemics.
4.2.3 Food and Sanitation Services

Food and sanitary services necessary to convert the municipality area into a sanitary zone is being delivered by the Municipal Health Department. In this process a prominent place is given to implement the nationally and locally certified Food and Drugs Act, Cattle Slaughtering Act and the rules and regulations relate to the food manufacturing places, bakeries, hotels, tea and rice selling boutiques and unhygienic and dangerous trades with the aim of assuring food under best sanitary conditions. The following table shows that legal actions taken by the MMC in 2008 and 2009 under the provisions of Food and Drugs Act.

Table: 4.9
Legal actions taken under the provisions of Food and Drugs Act by Matara Municipal Council

<table>
<thead>
<tr>
<th>Legal actions</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous food samples taken into custody</td>
<td>139</td>
<td>184</td>
</tr>
<tr>
<td>Miscellaneous drug samples taken into custody</td>
<td>17</td>
<td>27</td>
</tr>
<tr>
<td>Case filed</td>
<td>32</td>
<td>67</td>
</tr>
<tr>
<td>Destroyed</td>
<td>81</td>
<td>118</td>
</tr>
</tbody>
</table>

(Source: MMC Administrative Reports, 2008 and 2009)

According to the table, comparison to 2008, a higher number of legal actions have been taken in 2009 under the provisions of Food and Drugs Act by MMC with the aim of ensuring food and sanitation protection, and in this process council earned an amount of Rs 195,000 in 2008 and an amount of Rs. 185,000 in 2009 by way of fines. Apart from instituting legal actions, there is also the system of issued warning under the provisions of Food and Drugs Act on business places that may cause a threat to food and sanitations. While 89 such warnings were issued in 2008 and in compliance to such warnings, 69 of them has taken appropriate actions to ensure the sanitation and legal actions were taken against 06 of them did not comply with. In 2009, while 97 such warnings were issued, 69 of them have taken appropriate actions to ensure the sanitation and legal actions were taken against 18 of them did not comply with.

In the course of ensuring food and sanitation required by the municipal community in its best from, priority is given to streamline the food manufacturing places, bakeries, hotels, tea and
rice selling boutiques and unhygienic and dangerous trades, coming under health activities pertaining to food. The strongest threat posed to sanitation in a municipality area is the existence of business places maintained with the least concern relating to hygienic conditions causing a health hazard. As such, provisions under the dangerous business must be implemented in order to rehabilitate such business places. Accordingly MMC maintains a ‘Public Complaining Unit’ and making raids of improper business venues with the direct intervention of Public Health Inspector. It is open for the public complain direct at the Public Complaining Unit or dial dialing the telephone numbers displayed on the Council notice boards.

Table: 4.10

Public complaints received and investigated

<table>
<thead>
<tr>
<th>Mode of complaints received</th>
<th>No. of complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>Public complaints</td>
<td>172</td>
</tr>
<tr>
<td>Direct intervention of the PHI</td>
<td>98</td>
</tr>
<tr>
<td>Investigated</td>
<td>217</td>
</tr>
</tbody>
</table>

(Source: MMC Administrative Reports, 2008, 2009 and 2010)

According to the table, While 270 complaints were received for the inspection of business places in 2008, and 217 of them were inspected. Out of the 464 complaints were received in 2009, 459 of them inspected, and Out of the 380 complaints were received in 2009, 262 of them inspected. In addition to inspection of complaints, measures were taken to inspect business places considered to be of dangerous in nature in order to ensure the public sanitation. Data relevant to inspection of such business places are as follows;
According to table, 774, 887 and 903 business places were inspected respectively in 2008, 2009, and 2010. In addition to this, priority is given to implement the provisions of Cattle Slaughtering Act with the aim of ensuring food and sanitation required for the municipality community. In this regard priority is being given to take action against such individuals carrying on cattle slaughtering places without license and to regularize such places. Though the MMC implements the necessary food and sanitation services in this manner to promote the municipality area as a sanitary zone, it has been experienced that the council has faced numbers challenges in terms of providing these services such as insufficient human resources, objections raised by the business community while delivering the services etc. This was revealed at interviews with Public Health Inspector.

“Maintaining sanitation is not a simple thing in a city. A well competence staff is essential for that. But, we are not equipped with such a staff. Also, threaten are raised at various places while performance the official duties…”

With a view to overcome these challenges, municipal council has to be recruited staff, train them and make the background for them to perform their duties without bias. In this manner, it will be possible to deliver the food and sanitary services efficiently and effectively to the public.

**4.2.4 Environmental Facility Services**

As result of the rapid urbanization of the Matara municipality area, pollution of the environment gets aggravated day by day. As such, Municipal Council is providing environmental facility services to avoid pollution of the environment in order to make the
municipality area a suitable place for the community live in. Such environmental facility services are provided through the following two main streams.

1. Environmental Facility Services

2. Drainage Cleaning Services

4.2.4.1 Environmental Facility Services

Central Environmental Authority (CEA) is the legal establishment to provide Environmental Facility Services in Sri Lanka. As such, all LG institutions must act on the instructions of the CEA in the provision of environmental Facility Services. Accordingly MMC provides environmental Facility services to the public based on the instructions of the CEA. Implementation of the laws and provisions relating to the environmental and the issuing environmental protection licenses are prominent place in the process of providing such services. The ultimate result of the issuing environmental protection licenses to the business places without legal control is likely to cause pollution of the environment, thus making the area unsuitable for the community reside. Therefore, the issuing environmental protection licenses must be caused under the formal procedure. In this regard the Municipal Council adopts the procedure of subjecting the feasibility report obtained through the direct intervention of the Environment Officer to a considerable study and to issue the license if not found detrimental to the environment. In view of this position the time period granted for issuing environmental protection license is restricted to 30 days as stated in Citizen Charter. Statistics relating to the number of application received by Municipal Council and the number of environmental protection licenses issued for the past few years is shown as follow.
No. of application received and no. of environmental protection licenses issued by the Matara Municipal Council


According to the chat, While 465 applications are received for environmental protection licenses during the past four years and, only 64 of them have been approved. A similar procedure is being implemented and followed for the approval of the building construction application and planning land allotments. Though such methods and procedures are being followed, it was revealed at interviews with the public that malpractices are rampant in the issue of environmental protection license.

“It is more than three months now having my application for an environmental license, but not yet approved. Whatever mentioned the Citizen Charter, some people obtain the environmental protection license within 3 or 4 days. Now we have no option but to seek remedy in the same manner…”

Such malpractices occur to problems for the efficiency, effectiveness and transparency in the environmental facility services.
4.2.4.2 Drainage Cleaning Services

Authority to maintaining drainage cleaning services in Sri Lanka is vested to the LGs. Accordingly MMC renders the drainage cleaning services which can pose a great influence on the sanitation of the municipality community. In the process priority is given to the construction of new drainage systems, maintaining of existing drainage systems and culverts and services to rehabilitate rain water drainage systems. To deliver these services efficiency and effective manner, MMC gets support from NGOs such as FCM, MCP and UNDP and encourage the public participation. Data relating to the construction of new drainage system projects implemented in 2010 with the support of the NGOs as follows.

Table: 4.12

New drainage system projects implemented with the support of the NGOs

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Supporting</th>
<th>Expenses (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction of Ariyatilaka road drainage system</td>
<td>MCP</td>
<td>660,000</td>
</tr>
<tr>
<td>Construction of Wijaya Kumarathunga road drainage system</td>
<td>UNDP</td>
<td>250,000</td>
</tr>
<tr>
<td>Construction of Karatota Nahimi mawatha drainage system</td>
<td>UNDP</td>
<td>132,000</td>
</tr>
<tr>
<td>Construction of Uyanwatta Baron mawatha drainage system</td>
<td>MCP</td>
<td>300,000</td>
</tr>
<tr>
<td>Construction of Kasiwaththa mawatha drainage system</td>
<td>MCP</td>
<td>500,000</td>
</tr>
<tr>
<td>Construction of Araliya beach road drainage system</td>
<td>FCM</td>
<td>400,000</td>
</tr>
<tr>
<td>Construction of Nupe 6th cross lane drainage system</td>
<td>FCM</td>
<td>400,000</td>
</tr>
<tr>
<td>Construction of Wilfred Gunasekara mawatha drainage system</td>
<td>UNDP</td>
<td>200,000</td>
</tr>
<tr>
<td>Construction of Pamburana mawatha drainage system</td>
<td>FCM</td>
<td>150,000</td>
</tr>
<tr>
<td>Construction of Dharmaratna mawatha drainage system</td>
<td>MCP</td>
<td>400,000</td>
</tr>
<tr>
<td>Construction of Abinchigewatta road drainage system</td>
<td>UNDP</td>
<td>500,000</td>
</tr>
<tr>
<td>Construction of Baduwatta mawatha drainage system</td>
<td>MCP</td>
<td>100,000</td>
</tr>
<tr>
<td>Construction of Hithetiya Sinha lane drainage system</td>
<td>UNDP</td>
<td>100,000</td>
</tr>
<tr>
<td>Construction of Okuruwawattta drainage system</td>
<td>UNDP</td>
<td>200,000</td>
</tr>
<tr>
<td>Construction of co-operative drainage system</td>
<td>UNDP</td>
<td>150,000</td>
</tr>
<tr>
<td>Construction of Polhena Medagedara road drainage system</td>
<td>FCM</td>
<td>100,000</td>
</tr>
<tr>
<td>Construction of Dahamgama drainage system</td>
<td>UNDP</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>3,692,000</strong></td>
</tr>
</tbody>
</table>

(Source: MMC Administrative Reports, 2010)
According to the table, 17 drainage system projects has been put into practiced with the support of NGOs in 2010. It was revealed at interview with the Mayor that the support rendered by the NGOs was immense.

“Various problems have arisen while the NGOs were supported with most local governments. But we are happy to say that as a result of our close co-operation with them, we were able to get their support for the construction of 17 drainage system projects…”

While public participation is being harnessed by the Municipal Council in the process of providing maintenances services to drainage systems and culverts to such a standard that free flow of water in ensured. For this purpose, 15 ‘Citizen Councils’ has been constituted, divided municipal council area into 15 divisions. These Councils are vested with the authority to organized ‘Sharamadana Campaigns’ to clean the drains and roads. This type of ‘Sharamadana Campaigns’ is being organized once a month. Also, through the programs of ‘Mayor Community Services’, ‘Public Mission on Friday’ and ‘Convention of Our Road’ Shramadana Campaigns and public Awareness Programs are organized with the participation of public and labourers of Municipality Health Department and Municipality Engineering Department. This situation has effected in increasing the public participation in maintain services. But, with the removal of previous Mayor, above mentioned strategies are paralyzed, and public participation in maintain services is minimized.
It was revealed at interviews with the councilors and the public, MMC has failed to reconstruction the rain water drainage system comparison to the services rendered for the construction of new drainage systems and maintenance of existing drainage systems and culverts.

“Even after a drizzle, this area gets inundated. The only demand to the Municipal Council is to clean the drains…”

“In the villages, the traditional rain water drains have been covered by illegal constructions. Cleaning these will not be an easy task. Therefore I believe approximately 50% of such reconstruction can be achieved in this year…”

This is further confirmed by the fact the main service public expected to get from the MMC is the reconstruction the rain water drainage system. However, the Municipal Council has been able to convert the ‘Nupe-Hittetiya Lake’ which is the main rain water drainage as the regularly maintaining one.

Picture: 4.3

Public participation in cleaning the road
4.2.5 Maternity and Child Clinics

With the aim of protecting the health of the pregnant mothers and the children, the following services are delivered by the MMC.

- Conduct pre-birth and post-birth clinic
- Health officers visit the homes of mothers, and carry out inspections and give necessary medical advise
- Provide milk powder and thriposha required by the children
- Implement of procedures of vaccination and immunization of infant according to the policy of Government

Pre-birth and post-birth clinics are conducted through the community centers which are established by the Municipal Council. The medical advise and medical treatment need for the pregnant women and mothers are provided by the Medical Health Officer and Doctors who from Matara general hospital at the clinic. Annually, 72 such clinics are conducted. In addition, a team of medical officers headed by the Medical Health Officer and Family Health Nurse are visiting the homes, and provide the inspections and medical advice service for pregnant women and mothers.

Clinics for providing milk powder and thiposha for the increase the nutrition conditions of the infants are delivering through the 18 Thiposa and Infant Milk Food Centers which are established by the Municipal Council covering the all 15 divisions. In addition, vaccination and immunization programs for children are carried out by Municipal Council with the support of NGOs such as USAID, UNDP, Save the Children, Red Cross and FSLGA according to the government policy, covering the all schools falling in municipality area. Worm treatment, vitamin A, double vaccination, polio vaccination, ADT vaccination and rubella vaccination are provided through these programs, and those are very essential for health protection of children.
Table: 4.13
Conducted vaccination and immunization programs targeting school children

<table>
<thead>
<tr>
<th>Nature of treatment</th>
<th>No. of children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>Worm treatment</td>
<td>8,365</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>5,657</td>
</tr>
<tr>
<td>Double vaccination</td>
<td>315</td>
</tr>
<tr>
<td>Polio vaccination</td>
<td>105</td>
</tr>
<tr>
<td>ADT vaccination</td>
<td>5,716</td>
</tr>
<tr>
<td>Rubella vaccination</td>
<td>2,986</td>
</tr>
<tr>
<td>Others</td>
<td>86</td>
</tr>
</tbody>
</table>

(Source: MMC Administrative Reports, 2008, 2009 and 2010)

Matara Municipal Council has incurred a considerable amount of money to provide these services efficiently and effectively manner during last three year as follows.

Table: 4.14
Incurred money to provide the health protection services to the pregnant women and children

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>479,200</td>
</tr>
<tr>
<td>2008</td>
<td>452,337</td>
</tr>
<tr>
<td>2009</td>
<td>419,601</td>
</tr>
<tr>
<td>2010</td>
<td>540,487</td>
</tr>
<tr>
<td>Total</td>
<td>1,891,625</td>
</tr>
</tbody>
</table>


According to the table, 1,891,625 Rs. has been incurred by the Municipal Council to provide the health protection services to the Pregnant Women and Children during the last four years. Though maternity and child clinics are conducted with the aim of protecting the health of pregnant mothers and children, it was revealed at interviews with the public and the Family Health Officer that various problems exist in this process.

“Yes, clinics are conducting. Only God knows the dates and times of conducting such clinics…”
“I have to cover entire municipality area alone. It is very difficult task. At least, I have to walk 10 to 15 Km. per day…”

These problems can be solved, by giving prior notice to the public regarding the dates and times of conducting clinics and providing necessary facilities to the Family Health Officer and other health officers who are responsible to delivering these services, and it will be helped to conduct these services more efficiency and effective manner.

4.2.6 Collecting and Managing Garbage

As a result of rapid urbanization of Matara municipality area, a large quantity of garbage is adding to the environment daily, and this has been assessed as 40 tractor loads of garbage and 25,000 Kg of kitchen offal daily. Authority to collecting and managing of such daily adding garbage is vested with the Municipal Health Department, and for this purpose, a large amount of money is being incurred by Municipal Council yearly.

Table: 4.15

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>40,065,415</td>
</tr>
<tr>
<td>2009</td>
<td>40,083,560</td>
</tr>
<tr>
<td>2010</td>
<td>30,380,698</td>
</tr>
<tr>
<td>Total</td>
<td>120,529,673</td>
</tr>
</tbody>
</table>

(Source: MMC Budget Reports, 2009, 2010 and 2011)

According to the table, the Municipal Council has spent a sum of 120,529,673 Rs. for the collecting and managing the garbage during last three years and collecting and managing garbage is being done using such funds under two methods.

1. Minimizing garbage
2. Recycling and re-using garbage
4.2.6.1 Minimizing Garbage

The following methods are being implemented by the Municipal Health Department to minimize the garbage.

- **Collecting of domestic waste weekly instead of collecting daily** - Though the Municipal Council carried out domestic waste collecting daily, but failed to carry on successfully being cost effective and with a limited number of employees and vehicles. As a result of this, the new method is introduced to collect the domestic waste weekly, and dates and times of collecting domestic waste in different Grama Niladari Divisions was notified to the public through loud-speakers and distribution of leaflets.

- **Introduction of practices of minimizing garbage by the residents and the business places** - For this purpose, the Municipal Health Department visit house to house and make awareness programs for the public and the business community, and introduced new practices of minimizing garbage. During 2010, 91 such awareness programs were implemented and following advices and instructions are given through these programs.

  - Not to waste cooked food.
  - Provide only the kitchen garbage.
  - Separate them as decaying and non-decaying.
  - Don’t leave bins with or without garbage in front of your house apart from the times notified to you.
  - Provide non-decaying paper, polythene, glass and tin separately.
  - If you need to remove felled trees, make a payment to the Municipal Council for that.
  - Keep only your garbage bin in front of your house.
  - Maintain a compose bin in your house.
  - Pay monthly for the removal of garbage from your business place.
  - Maintain a garbage bin in your business place, and don’t let it to be exhibited to the road.
• Advice to employees to put waste into a bin.
• Keep the business place and the surroundings cleanly.
• Don’t dispose garbage excepting on prescribed times.
• Refrain from put the waste here and there and throwing them on the road.
• Cutting plantation trees and other trees are put on the road is completely prohibited.
• Don’t put the cutting trees on the road that you have paid to the Municipal Council for removal, before they come to remove them.
• Don’t put pieces of stones, pebbles and earth on the road or don’t pile them along the road.

• Collecting garbage in two shifts in the town - Up to 2007, collecting garbage was confined by the Municipal Council in a one shift. But as a result of that being not sufficient to create a clean town, from 2007 it commenced to collect town garbage in two shifts. Through this method, a clean town has been created. At the beginning private sector tractors were mobilized to make the project a success. Later, a sufficient number of tractors were provided by the FCM.

• Disposal of garbage on payment - In 2008, resolution was passed to collect 30 Rs. from a house, 50 Rs. from an office, 100 Rs. from a business places per month for the disposal of garbage. But, out of them only the payment of 100 Rs. from business places is practicing. In addition, a payment has to be paid to the Municipal Council for the removal of domestically cut down trees and plants. According to the citizen charter, this service can be received within two days.

• Legal action taken against those who contravene given advice and instructions in the matter of disposal of garbage - In 2010, 87 places are identified those who contravene given advice and instructions in the matter of disposal of garbage, warning notices were issued on 62 places for disposing of garbage in contravention of the notified advise. Legal actions were taken against 19 places that failed to comply with the warning, and collected 51,789 Rs. by fines. In addition, business licenses of 3 business places were cancelled.
4.2.6.2 Recycling and Re-using Garbage

Focusing garbage as a resource, the MMC implemented several projects for recycle and re-use garbage with the support of Central Government, Southern Provincial Council and NGOs.

- **Domestic Compost Manufacturing Project** - Under this project compost bins are provided to all the householders and given necessary instructions. As a result of this project, it was possible to manufacture compost fertilizer required for home gardens and to reduce 50% of the disposal of domestic garbage.

- **Garbage Recycling Center at Kotawila** - Garbage Recycling Center was established in 2007 at Kotawila on a 4 acre extent land with the financial support of JIKA, and Provincial Council Fund allocated money to complete the second stage of project. Through this center, daily collected garbage in the town is categorized and transported to the center and compost fertilizer is manufactured.

- **Polythene and Plastic Recycling Center at Kotawila** - This center was established with the financial support of the FCM, Central Government and Provincial Council Fund. Through this center, daily collected garbage in the town is categorized, and transported polythene and plastic to the center and recycled in such a manner it can be reused.
The following results were achieved with the implementation of above mentioned projects to collecting and managing garbage by the Municipal Council during last three years.

- **Finding a permanent solution to the garbage problem in the town** - Considering the garbage as a resource by recycling and reusing, a permanent solution to the garbage problems has been reached, and this was consolidated interview with the Mayor.

“By the time we took over the administration, the town was filled with heaps of garbage. To overcome this problem, we initiated a compost project and polythene and patristic recycling project with the support of NGOs. Now a permanent solution to the garbage problem which was found to be an eternal problem has been achieved, and is in the process of enjoying the dividends…”

- **Minimized the quantity of garbage collected in the town** - Before introduction of the above mentioned methods, 40 tractor loads of garbage was collected per day which has now been reduced by 20 tractor loads.

- **Avoided pollution of the banks of the Nilwala River** - Before introduction of the above discussed methods, garbage was dumped into the banks of Nilwala River. As a result of this, the surroundings of the area were polluted, and area was converted as
an ‘unsuitable zone’ for living of human being. Later, a permanent solution to the problem was reached by transporting that garbage to the recycling centers. It was further consolidated on observation and interview with the public.

“Earlier no one could (even a dog) live in these houses. After the removal of the huge heaps of garbage that problem is over…”

- **Reduce costs incurred for garbage collection** - Before introduction of the above mentioned methods, approximately 4 billion was incurred for the collection of garbage annually. By now, it has been reduced to 3 billion, in other word; it was able to reduce costs by 25%.

### 4.2.9 Maintenance of Public Cemeteries and Crematories

To ensure the health and sanitation of the public, the Municipal Council provides the public cemeteries and crematories services to bury and cremate the corpses of the citizens and orphans. It has been assessed that approximately 500,000 Rs. is spent annually for delivering this services. As the services relating to public cemeteries and crematories has to be delivered in a short span of time, and time schedule are embodied in the Citizen Charter to service seeker were made aware of that.

- To reservation of crematories is 1.5 hours.
- To get permission to burial is 1 hour.
- To get permission to placing the ashes in a new tomb is 1.5 hours.
- To get permission to placing the ashes in an old tomb is 2 hours.

Though these time schedules are embodied in the Citizen Charter, an observation in the Municipal Council shows that at least 4 to 6 hours has to taken to deliver the these services. Also, lack of needy human recources for this service adversely affects the efficiency and effectiveness of these services.
4.2.10 Health Education

In order to get positive results of the delivering health services to the public, health knowledge of the public has to be enhanced through the health education programs. For this purpose, the following services are delivered by the town council.

- Organize health educational awareness programs for the students
- Organize family planning clinics for the public

Health educational awareness programs are being organized covering all schools in the municipality area, and data of those programs are following as.

Chat: 4.3

Health educational awareness programs for students


According to the table, 393 health educational awareness programs were lunched during the last four years covering all the schools in municipality area. Through these programs, the students were made aware of good health habits, contagious and epidemics diseases and measures to be avoid these diseases. In addition, annually, 72 family planning clinics are being practiced based on Community Centers targeting awareness of the public. Through these programs, the public were made aware of good health habits, contagious and epidemics diseases and measures to be avoid these diseases. NGOs such as USAID, UNDP and Save the Children are providing immense support to get succeed these programs. As a result of these
programs, improve the efficiency and effectiveness of others delivering health services by MMC to the public.

### 4.3 Challenging Areas in Health Service Delivery

#### 4.3.1 Shortage of Sufficient and Competence Human Resource

A one of the major decisive factor of efficiency and effectiveness of services provided by decentralized LG institutions is the human resource or staff which it has. In this way sufficiency and competency of that staff is very important. As a local government institution, a one of the major challenges faced by MMC in service delivery is shortage of sufficient staff and incompetence of such staff to deliver the services efficiency and effectiveness manner. In 2002, Matara Urban Council was promoted as a Municipal Council. But in relativity to that the staff which affiliated to the Municipal Health Department was not improved, and still providing health services and performing its general administration related to health services using the same staff.

Table: 4.16
Summary of human resource at the Municipal Health Department

<table>
<thead>
<tr>
<th>Services</th>
<th>Permanent</th>
<th>Substitution</th>
<th>Vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>General administration</td>
<td>05</td>
<td>05</td>
<td>-</td>
</tr>
<tr>
<td>Disease preventive</td>
<td>02</td>
<td>02</td>
<td>-</td>
</tr>
<tr>
<td>Disease curative</td>
<td>03</td>
<td>03</td>
<td>03</td>
</tr>
<tr>
<td>Food and sanitation</td>
<td>01</td>
<td>01</td>
<td>-</td>
</tr>
<tr>
<td>Environmental facility</td>
<td>05</td>
<td>05</td>
<td>-</td>
</tr>
<tr>
<td>Maternity and child clinics</td>
<td>01</td>
<td>01</td>
<td>03</td>
</tr>
<tr>
<td>Collecting and managing garbage</td>
<td>106</td>
<td>111</td>
<td>109</td>
</tr>
<tr>
<td>Public cemeteries and crematories</td>
<td>03</td>
<td>03</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>126</td>
<td>131</td>
<td>115</td>
</tr>
</tbody>
</table>

(Source: MMC Budget Reports, 2005 and 2011)

According to the table, when it was an Urban Council means in 2004, Municipal Health Department had 241 employees and 252 employees in 2010 to provide health services and performing its general administration related to health services, and there were 16 vacancies
in 2004 and 27 vacancies in 2010 in health service delivery. With the promoting as a Municipal Council, the number of vacancies increased but no measures were taken to fill such vacancies. As a result of this, Municipal Council is still providing health services and its general administration related to health service using the same staff. This has resulted in decrease efficiency and effectiveness of health service delivery. Especially posts of professional and technical expert such as Urban Health Medical Officer, Community Health Inspector, Environmental Officers, Community Development Officers, Health Service Assistants, Health Labourers, Crematorium Operators and Drivers who are playing a major role in providing health services has vacated to be affected this situation. This was revealed at interviews with Public and the Mayor.

“It has only one Health Medical Officer. When that officer is on leave, maternity clinics are postponed. It is better to have at least one more medical officer...”

“We have to provide health services to the public using the previous staff which had at the time of Urban Council. It is not so easy task. As the Municipal Council, we are trying to provide needy services in efficiency and effectiveness manner using casual employees…”

In addition, the staff affiliated to the municipal Health Department is not competency as required, and that fact has also resulted in reducing efficiency and effectiveness of the health service delivery. Among these less educational qualifications, less working experience and not giving them a proper training and re-training are important. In passed few years, Municipal Council put into practiced following programs in order to enhance the competency of the staff with the support of NGOs.

- In 2009, a group of employees was sent for training to the Netherland with the co-operation of Netherland Municipal Association.
- In 2007, giving computer training to the staff with financial support of FCM.
- Conducting lectures once a month with the participation of visiting Lecturers.

In interviews with the Municipal Commissioner, it was revealed that every employee is given local or foreign training at least once a year. As a result of that competency of the staff increased. But interviews with the staff, it was revealed that there were some malpractices in the selection of staff for training programs.
“It is almost seven years for my service. But I was not given any training. We should have personal contacts for being selected for such trainings…”

Giving merely a well-training is not enough to improve the competency of the staff. Educated persons should be recruited for such posts, and existing staff should be given more opportunities for higher education. But in analyzing institutional data it was disclosed that 20.4% of the staff affiliated to the municipal Health Department do not have educational qualification required and they have been recruited on political influences. It was further disclosed that although higher ranking administration officers are offered opportunities for higher education lower ranking employees are not given such opportunities. This has resulted in reducing the efficiency and effectiveness of the health service delivery.

4.3.2 Unclear Powers and Functions to Undertake the Health Service Delivery

A one of major challenges faced by MMC in delivering health services is that powers and functions assigned through section 40 of the Municipal Council Ordinance have not been clearly defined, and according to provision of 13th Amendment to the constitution (1987), such powers and functions are expected to be exercised under the control of Southern Provincial Council. But powers and functions of a local government institution should be clearly defined through an appropriate constitutional and legal framework. Through this process central government must be willing to give up control and recognize the importance of sub-national government in service delivery.

Legal powers in recruiting needy staff to the Municipal council have been assigned to municipal council under the provision of Municipal Council Ordinance and to the Southern Provincial Council under the provision of 13th amendment to the constitution. As the power of recruiting staff has been assigned to two institutions, it has become complicated situation to fill vacancies of posts of vocational and technological experts who are playing a major role in delivering health services. As well power of taking actions regarding removing unauthorized buildings and against business places that could be a threat for health and sanitation has also been given to Municipal Council through the Municipal Council ordinance. But the Central Government and Southern Provincial council has also assigned
this power to other Statutory Boards and Authorities (Southern Development Authority). The end result of assigning some powers to two institutions is increasing conflicts between the two institutions regarding exercising such powers. Interview held with the Mayor further proved this situation.

“Matara Municipal Council has been given some power and functions regarding delivery of health services under Municipal Council Ordinance. But when started exercise such powers we have to face some problems with the Southern Provincial Council. The end result of that conflict is that Southern Provincial Council delay or decreases their funds to Municipal Council…”

In addition, powers that were legally given to Municipal Council in order to ensure the health and sanitation of the municipality area are not utilized with the objective of better health service delivery. For instance, Even though medical and health officials have been assigned necessary powers to inspected and regularize dirty slums shanties and business places they do not exercise and can’t exercise such powers due to various obstacles come from the public and the businessmen community as well. This has resulted in decreasing the efficiency and effectiveness of delivering health services.

4.3.3 Poor Public-Private Partnership

As a result of growing the necessities of municipal community with the urbanization it has become difficult for the Municipal Council alone to provide required health services to the community. Therefore support of private sectors such as NGOs, Corporations, Civil Society, Business community etc. is required. But a major challenge that faced by MMC in delivering health services is that it doesn’t develop a cordial partnership with the private sector. Though private sector like International Organizations (IMF, World Bank, USAID and UNDP), Business Community (ACB and ATP) and Voluntary Organizations (Youth Organization of Matara and Matara Kantha Ekamuthuwa) delivered the health services, there is no proper partnership and coordination between the Municipal Council and these organizations. It further proves by the fact that 95% or 37 of the selected respondents received health services through Municipal Council with no support from the private sector and only 5% or 2 of the
selected respondents received those services through the Municipal Council with the support of private sector. Following table further proves that.

Chat: 4.4
Nature of the partnership between Municipal Council and private sector in health service delivery

![Bar chart showing nature of partnership and number of respondents]

(Source: Case Study)

According to the table, 72.5% or 29 of the selected respondents mentioned that there is a weak partnership between Municipal Council and private sector in health service delivery, and no selected respondent mentioned that there is a very good partnership between Municipal Council and private sector in health service delivery. Even at interviews with the Mayor and representatives of the private sector it was criticized that there is no proper partnership between Municipal Council and the private sector. Representatives of private sector also criticized that Municipal Council lost the opportunity in applying modern technologies and strategies which private sector have into the service delivery mechanism because private sector has not been assigned whole powers legally to delivery the some sort of health services. This has affected to decrease the efficiency and effectiveness of the health service delivery.

4.3.4 Inadequate Financial Resources

Another challenge faced by MMC in delivering health services is the inadequate financial resources. The Municipal Council Ordinance (1947) has made provisions for sources of
raising revenue needed for the delivery of health and other services (see chapter three). Data of revenue raised by MMC using such sources are as follows in 2010.

Table: 4.17
Revenue raised by the Matara Municipal Council in 2010

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount (Rs.)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and tax</td>
<td>24,350,900</td>
<td>11</td>
</tr>
<tr>
<td>Rentals</td>
<td>11,305,000</td>
<td>5</td>
</tr>
<tr>
<td>License fee</td>
<td>8,165,000</td>
<td>4</td>
</tr>
<tr>
<td>Service charges</td>
<td>32,759,270</td>
<td>14</td>
</tr>
<tr>
<td>Penalties and fines</td>
<td>3,284,000</td>
<td>1</td>
</tr>
<tr>
<td>Other revenue</td>
<td>43,468,100</td>
<td>19</td>
</tr>
<tr>
<td>Government aid</td>
<td>91,209,700</td>
<td>40</td>
</tr>
<tr>
<td>Capital aid</td>
<td>15,100,000</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>229,641,970</td>
<td>100</td>
</tr>
</tbody>
</table>

(Source: MMC Budget Reports, 2011)

According to the table, MMC has collected revenue of 229,641,970 Rs. in 2010. But, it was revealed at interviews with the Mayor that collection of some of these sources has not been so easy. For example, recovery of fines and penalties from courts, assessment and tax, revenue from vested properties and even the payments for services rendered to public government institutions have not been so easy though specified in law.

The most reliable source of finance has been from the Southern Provincial council. The Finance Commission gives the grants for health and other service delivery purposes. Since under the Thirteenth Amendment to the Constitution, all recurrent expenditures of MMC are to be borne by the government, the Finance Commission has to allocate funds for that purpose. Funds required for health and other service delivery are planned by the Southern Provincial Council and submitted to the Finance Commission for making provisions. Since there were difficulties to accommodate all requests, there was a negotiating process, after which the total amounts for health service delivery were decided (http://www.unescap.org/huset/lgstudy/new-countrypaper/SriLanka/SriLanka.pdf). The mayor also revealed that some projects initiated with the aim of ensure the better service delivery become fruitless as the money due from Southern Provincial Council are not allocated in time. For example, in 2008, MMC was promised to allocate amount of twenty
million rupees from the fund of southern provincial Council, and later it was cancelled. This has affected to decrease the efficiency and effectiveness of the health service delivery.

4.3.5 Inadequate Physical Resources

Another challenge faced by MMC in delivering health services is the inadequate physical resources. The major decisive factor of the efficiency and effectiveness of delivering health service is the physical resources. Namely, how many vehicles, communication equipments, computers and type writers are belong with the Municipal Council and quality of the those physical resources to deliver the health services. Although MMC initiated various projects to increase the physical resources with the support of private sector, interviews held with the public proved that Municipal Council do not have adequate and higher quality physical resources to deliver the better health service to the public. Following table further show that.

Chart: 4.5
Assessment of physical resources at the Matara Municipal Council

<table>
<thead>
<tr>
<th>Assessment of Physical Resources</th>
<th>No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient</td>
<td>6</td>
</tr>
<tr>
<td>Adequate</td>
<td>8</td>
</tr>
<tr>
<td>Inadequate</td>
<td>26</td>
</tr>
</tbody>
</table>

(Source: Case Study)

According to the table, 65% or 26 of the selected respondents mentioned that Municipal Council does not have adequate and higher quality physical resources to ensure the better health service delivery, and Only 15% or 6 of the respondents mentioned that Municipal Council have sufficient and higher quality physical resources to ensure the better health service delivery. In addition, interviews held with the staff and observation proved that most of vehicles and computers have become unusable, and also Municipal Council does not have
sufficient financial resources to maintain such unusable equipments. Thus, inadequate of essential physical resources affected to decrease the efficiency and effectiveness in delivering health services.

4.3.6 Inaccessibility to Community for Health Services

As an institution provides health services, MMC should ensure the easy access for public to such services. Implementation of strategies such as 5S, Citizen Charter, e-Government and building up an anti corruption mechanism of service delivery will be helpful for that. Although MMC has implemented some principles of above mentioned concepts, it minimized the easy access of health service to the public due to these principals have not been implemented through a proper method and some principles that could be used to improve the easy access are not implemented. For examples, services are not provided as per the Citizen Charter, data are not computerized and Municipal Council does not have its own website. Although Municipal Council has display its Citizen Charter, and make public aware of indicating time period and relevant division for service delivery, public criticized that it has no use accessing services. It further proves by the fact that 72.5% or 31 of the selected respondents do not follow the citizen charter and 27.5% or 9 of the selected respondents follow the citizen charter while receiving health services. Furthermore it proves by the fact that 80% or 34 the selected respondents have not been able to receive needy health services within the given time period mentioned in the citizen charter and 20% or 6 the selected respondents have been able to receive health services within that time period. In addition, as a result of data relevant to health service are not computerized and Municipal Council does not have a website, service receivers are unable to get necessary information and applications and send their comments regarding the service online. End result of this is that some problems regarding efficiency, effectiveness, transparency and accountability of health service delivery have been arisen.

As the result of provide health services without transparency and accountability, corruptions are improving in the health service delivery process, and it has minimized the easy access for public to health services. As a result of this service receivers are forced to receive such services through various malpractices including favoritism and nepotism, influence, caste, kickbacks and improper gifts and gestures. Following table further proves that.
Chart: 4.6

Other disparities affected while accessing health services

(Source: Case Study)

According to the table, 30% or 12 of the selected respondents through favoritism and nepotism, 27.5% or 11 of the selected respondents through influences, 15% or 6 of the selected respondents through kickbacks, 17.5% or 7 of the selected respondents through improper gifts and gestures and another 10% or 4 of the selected respondents through cast or party politics have received their needy health services from MMC. In observations at the Municipal Council premises and interviews held with the staff and public, it proves that councilors, staff and service seekers are encouraging this type of malpractices. Specially behavior of employees who have close contacts with the Mayor, Deputy Mayor and Municipal Commissioner and service seekers attempts to receive services through various influences have resulted in this situation. As a result of a corrupted mechanism of delivering services like this, frequency of visits to the council, number of steps has to be passing and time period for receiving health services had increased. By observation following tables it further proves.
Table: 4.18

Frequency of visit to the council for getting health services

<table>
<thead>
<tr>
<th>Frequency</th>
<th>No.</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One time</td>
<td>04</td>
<td>10</td>
</tr>
<tr>
<td>Two times</td>
<td>05</td>
<td>12.5</td>
</tr>
<tr>
<td>Three times</td>
<td>08</td>
<td>20</td>
</tr>
<tr>
<td>Four times</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>More than four times</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

(Source: Case Study)

Table: 4.19

No. of steps have to be passing for the getting health services

<table>
<thead>
<tr>
<th>No. of steps</th>
<th>No.</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One steps</td>
<td>02</td>
<td>5</td>
</tr>
<tr>
<td>Two steps</td>
<td>05</td>
<td>12.5</td>
</tr>
<tr>
<td>Three steps</td>
<td>09</td>
<td>22.5</td>
</tr>
<tr>
<td>Four steps</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>More than four steps</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

(Source: Case Study)

Table: 4.20

Time period for receiving health services

<table>
<thead>
<tr>
<th>No. of steps</th>
<th>No.</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One day</td>
<td>02</td>
<td>5</td>
</tr>
<tr>
<td>One week</td>
<td>05</td>
<td>12.5</td>
</tr>
<tr>
<td>Two week</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>One month</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>More than one month</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

(Source: Case Study)

According to the tables, frequency of visits to the council, number of steps has to be passing and time of period for receiving health services which are the factors for affected failing to easy access for health service have increased. This has avoided the opportunity to improve
the transparency and accountability through delivery of health services with check and balance between the public and Municipal Council.

4.3.7 Poor Public Participation

With the aim of getting public participation in delivering health services, MMC has initiated various strategies such as ‘Citizen Councils’, ‘Mayor Community Services’, ‘Public Mission on Friday’ and ‘Convention of Our Road’. This has given the opportunity to public to participate in decision making process and also decide type of health services they need. It has affected to enhance the satisfaction level of the public on the current standards and quality of the service delivery. Through these strategies, accountability, transparency and checks and balances in service delivery improved. In addition, public became watch dogs of health service delivery and therefore abuse of power and corruption decreased.

In January 2011, Mayor was removed due to his political relationship with the opposition candidate during the presidential election of 2010. With the removal of previous Mayor, above mentioned strategies were paralyzed, and decreased the public participation in service delivery, and dissatisfaction level of the public on current standard and quality of service delivery has increased. It has further proved by the fact that 92.5% or 37 of the selected respondents expressed their dissatisfaction regarding current standards and quality of health service delivery, and only 7.5% or 3 the selected respondents expressed their satisfaction regarding current standards and quality of health service delivery. Especially public expressed their dissatisfaction in this manner because their participation was not encouraged for that. It has further proved by the fact that 77.5% or 31 of the selected respondents mentioned that they do not give any support to the Municipal Council regarding delivery of health services, and 22.5% or 9 of the selected respondents mentioned that they give full support to the Municipal Council regarding delivery of health services. This situation has resulted in decreasing accountability, transparency, efficiency, productivity and checks and balances in health service delivery. Furthermore it has increased abuse of power and corruptions in the process of health service delivery.
4.4 Conclusion

The chapter focused on analyzes the challenges faced by the MMC in health service delivery using qualitative and quantitative methods. Though MMC implemented several strategies and innovations, has developed partnership with the private sector and enhanced the public participation in the health service delivery process, it failed to ensure the better health service delivery to the public. The main factor for that it doesn’t has an appropriate constitutional and legal framework, institutional capacity, service delivery mechanism built up by public-private partnership and mutual understand between national and local political leadership. This situation leaded to emerge the various challenges in health service delivery include shortage of sufficient and competence human racecourses, disputable politics, unclear powers and functions to undertake the health service delivery, poor public-private partnership, inadequate financial resources, inadequate physical resources, inaccessibility to community for health services, and poor public participation.
Chapter Five

Conclusion and Recommendations

The study aimed at exploring the challenges of local government service delivery in Sri Lanka. In view of this, newly constituted MMC was selected as a case study. Through this case, researcher tried to find the answers to research questions of what are the challenges faced by MMC in terms of better service delivery? And how MMC would overcome its challenges and what innovations and strategies would work to deliver the better service to the public. The study also tested hypothesis of constitutional and legal framework, consistency politics, institutional capacity and service delivery mechanism built up by public-private partnership at the micro level can ensure the better service delivery.

The study was largely guided by the service delivery models especially decentralization service delivery model and alternative service delivery model (multi-level governance model). These models identified following as crucial variables affecting the better service delivery at the lower levels of government: (a) constitutional and legal framework, (b) consistency politics, (c) institutional capacity, and (d) service delivery mechanism. Taking theses variables as an independent variables, analytical framework had been developed. This framework analysis what are the challenges faced by MMC in terms of better service delivery? And how MMC would overcome its challenges and what innovations and strategies would work to deliver the better service to the public? The major findings of the study include the following.

In analyzing the health service delivery in MMC, this study mainly find out that as a decentralized LG institution, MMC introduced several strategies and innovations, has developed partnership with the private sector and enhanced the public participation to improve the better health service delivery to the public. As a result of this efficiency and effectiveness of delivering health service improved, and it was considered as a one of selecting indicator for MMC to be awarded as the best Municipal Council of Sri Lanka in 2008. But, with the removal of previous Mayor in 2011 due to inconsistency political situation between national and local political leadership, above mentioned strategies are paralyzed, and municipality communities had to faced a numerous difficulties regarding the access to basic health services from MMC. This situation resulted in decreasing efficiency...
and effectiveness of the delivering health services. End result of that was process of delivering health services became complicated.

The MMC implemented following programs to provide disease preventive services in order to keep the municipality area as a sanitation zone avoiding spread of contagious and epidemic diseases.

- Make public aware of health and sanitation through the propaganda campaigns.
- Implementation of rules and regulations for prevention of diseases.
- Regularize business places.
- Conducting vaccination and immunization campaigns.

As a result of above disease preventing services, initial measures were taken to make the municipality area as a sanitation zone avoiding spread of contagious and epidemic diseases. To make these programs succeed, international organizations like USAID and UNDP, NGOs like Save the Children and JIKA and Business Community like ABC and ATP extended their support. But, the MMC lost the opportunity in applying modern technologies and strategies which private sector have into the service delivery mechanism because private sector has not been assigned whole powers legally to delivery the some sort of health services. Also, while implementing rules and regulations in order to preventing the diseases and regularizing business places, various influences and threats came from the public, business community and political leadership. There were some malpractices like bribes, favoritism and nepotism also occurred in this process. This situation finally effected in increasing the inefficiency and ineffectiveness of the health service delivery.

In order to secure the community from contagious and epidemic diseases, necessary curative services for identified patients were provided through the Free Ayurvedic Centers that are established by the Municipal Health Department. They were given to priority to provide free medication and rehabilitate the patients, and their services provided within passed four years are taken as a whole is being maintained as a good standard. But, a one of major challenges faced in maintenance of these Ayurvedic Centers is lack of needy financial and human resources. Also, these services can’t be delivered only through the Free Ayurvedic Centers. In this regard attention of the MMC must be focused on the establishment of a Medical Center
equipped with modern medical scientific methods. It will be the only way to keep the municipal community entirely prevented from contagious diseases and epidemics.

With the aim of ensuring food and sanitation in the Matara municipality area, the MMC implemented the nationally and locally certified Food and Drugs Act, Cattle Slaughtering Act and the rules and regulations relate to the food manufacturing places, bakeries, hotels, tea and rice selling boutiques and unhygienic and dangerous trades with the aim of assuring food under best sanitary conditions. Under these legal provisions following actions were taken by the MMC.

- Issuing notices and taking legal actions under the provisions of Food and Drugs Act.
- Streamlining the food manufacturing places, bakeries, hotels, tea and rice selling boutiques and unhygienic and dangerous trades, coming under health activities pertaining to food.

As a result of food and sanitation services, initial measures were taken to regularize business places and make the municipality area as a sanitation zone. But, it has been experienced that the council has faced numbers challenges in terms of providing these services. Major challenge is the lack of sufficient financial and human resources. The MMC has not been given necessary power through a legal framework in order to generate the sufficient financial and human resources. This situation has affected the efficiency and effectiveness of such services. In addition, various threats and influences came from the public, business community and political leadership while implementing the acts and statutes to regularize business places. There were some malpractices like bribes, favoritism and nepotism occurred also in this process. It could be concluded that this situation finally effected in increasing the inefficiency and ineffectiveness of the health service delivery.

The MMC is providing environmental facility services to avoid pollution of the environment in order to make the municipality area a suitable place for the community live in. Such services are provided through the two streams like environmental facility services and drainage cleaning services. To deliver these services efficiency and effective manner, as a multi-level institution MMC got financial assistance from the private sector like NGOs and encourage the public participation in this process. For example, implementation of 17 projects of providing environmental facility services with the financial assistance from ECM,
MCP and UNDP and implemented various strategies like Citizen Councils’, ‘Mayor Community Services’, ‘Public Mission on Friday’ and ‘Convention of Our Road’ to enhance the public participation during the time of former Mayor can be noted. As a result of these measures, public got the opportunity to take part the decision making process and decide the type of service they need. This situation has effected in increasing the public satisfaction on current standard and quality of environmental facility services. But, with the removal of previous Mayor, above mentioned strategies are paralyzed, and public participation in environmental facility service delivery is minimized. As a result of this increased dissatisfaction on current standard and quality of environmental services and process of providing environmental facility services became complicated.

With the aim of protecting the health of the pregnant mothers and the children, the following services are delivered by the MMC.

- Conduct pre-birth and post birth clinics
- Health officials visit the house of mothers, and carry out inspections and give necessary medical advice.
- Provide milk powder and thripaha required by the children.
- Implement of procedures of vaccination and immunization of infants according to the policy of Government.

As a result of above services health of pregnant mothers and children could be secured. But, various problems also were existed in this process. Main problems were no proper system of prior notice to the public regarding the dates and times of conducting clinics and lack of physical resources required for Family Health Officer and other health officers. These problems can be solved, by giving prior notice to the public regarding the dates and times of conducting clinics and providing necessary facilities to the Family Health Officer and other health officers who are responsible to delivering these services, and it will be the only way to conduct these services more efficiency and effective manner.

The MMC implemented its garbage collection and management through two methods. They are; minimizing garbage and recycling and re-using garbage. The following methods are being implemented by the Municipal Health Department to minimize the garbage.
- Collecting of domestic waste weekly instead of collecting daily.
- Introduction of practices of minimizing garbage by the residents and the business places.
- Collecting garbage in two shifts in the town
- Disposal of garbage on payments
- Legal actions taken against those who contravene given advice and instructions in the matter of disposal of garbage.

In addition, focusing garbage as a resource, the MMC implemented several projects for recycle and re-use garbage with the support of Central Government, SPC and NGOs.

- Domestic compost manufacturing project
- Garbage recycling center at Kotawila
- Polythene and plastic recycling center at Kotawila

As a result of above methods and projects, minimized the quantity of garbage collected in the town from 40 tractors to 20 tractors, avoided pollution of the banks of the Nilwala River, domestically disposed garbage had been reduced by 50%, fertilizer needed for horticulture could be obtained and reduce the costs incurred for garbage collection.

To ensure the health and sanitation of the public, MMC provided the public cemeteries and crematories services to bury and cremate the corpses of the citizens and orphans. Lack of needy human recourses for this service adversely affects the efficiency and effectiveness of these services. Also, MMC implemented health education programs targeting school children and community in order to enhance the awareness of the health of the community. To succeed these programs, as a multi-level institution MMC got support from private sector like UNDP, USAID and Save the Children and encouraged to public participation in this process. As a result of these services, improve the efficiency and effectiveness of others delivering health services by MMC to the public.

The final finding of this study is that though as a decentralized LG institution, MMC implemented several strategies and innovations, has developed partnership with the private
sector and enhanced the public participation in the health service delivery process, it failed to ensure the better health service delivery to the public. Main factor for that it doesn’t has an appropriate constitutional and legal framework, institutional capacity, service delivery mechanism built up by public-private partnership and mutual understand between national and local political leadership. This situation leaded to emerge the various challenges in health service delivery. They are: (1) shortage of sufficient and competence human racecourses, (2) unclear powers and functions to undertake the health service delivery, (3) poor public-private partnership, (4) inadequate financial resources, (5) inadequate physical resources, (6) inaccessibility to community for health services, (7) inconsistency politics, and (8) poor public participation. As a result of these challenges made some problems on transparency and accountability in the process of health service delivery. Sub effect of this was that increasing of corruption and malpractices in health service delivery, and it has minimized the easy access for public to health services. This situation had made the way for favoritism and nepotism, influences, kickbacks and improper gifts and gestures in delivering the health services. Overcoming these challenges is essential to ensure the better health service delivery at the grassroots level. Following recommendations will be helpful to overcome these challenges.

1. **Mobilizing public to participate in health service delivery**

With the aim of mobilizing public to participate in health service delivery, this research shows that MMC has initiated various strategies such as ‘Citizen Councils’, ‘Mayor Community Services’, ‘Public Mission on Friday’ and ‘Convention of Our Road’. This has given the opportunity to public to participate in decision making process, and decide type of health services they need. It also has affected to enhance the satisfaction level of the public on the current standards and quality of the health service delivery. But, with the removal of previous Mayor in January 2011, above mentioned strategies are paralyzed, and decreased the public participation in service delivery process. In service delivery, targeted group is public. Therefore they are the most important group in the service delivery. But, when strategies paralyzed as mentioned above, the public participation decreased in delivering health services, and public lost the opportunity to participate in decision making process, and also decide type of health services they need. In order to mobilize public to participate in health service delivery, above strategies have to be once again made active. It will result to give the public more opportunities to participate in the decision making process regarding the
management and development of their respective council area. This will also be helpful to enhance the good governance in health service delivery process, avoiding abuse of power and minimizing corruption.

2. Introduction of new strategies and innovations

No considerable change was occurred during the last few years in strategies used by MMC regarding health service delivery. Although strategies such as Citizen Charter. 5S concept were used in delivering health services they had various problems. For example, though MMC has display its Citizen Charter, and make public aware of indicating time period and relevant division for service delivery, some services were not provided within the time period and relevant division. The situation of 5S concept is also similar to this. The research shows that standardizing above strategies to face 21st century and introducing innovations will be helpful to enhance the standard and quality of health service delivery. Under innovations, e-Government principle which is discussed in New Public Management has to be used in delivering health services. In this process, all data relevant to the health service delivery should be computerized, and setting up of computer networks, and opportunities must be made for service receivers to get necessary information, application and send their comments regarding health service delivery through the online using a website. Such innovations will be helpful to ensure the easy access for public to health services, and end result of that is the improvement of efficiency and productivity of health service delivery.

3. Filing vacancies and enhancing competency of the staff

In 2002, Matara Urban Council was promoted as a Municipal Council. In relativity to that subject area of health service delivery was improved and as a result of that, the numbers of vacancies in positions of professional and technical experts which affiliated to the Municipal Health Department are increased. The MMC vested Powers to fill these vacancies with the provision of Municipal Council Ordinance, and SPC vested Powers to fill these vacancies with the provision of 13th Amendment to the Constitution. While practicing these provisions, some kind of misunderstanding and conflict arose between two institutions, and above posts that are playing a major role in providing health services are still vacated. As a result of this health service delivery process became complicated. Thus, in order to avoid this complicated situation, above mentioned Acts and its provisions must be amended and new provisions have
to be introduced. Through these provisions appropriate methods must be introduced in order to enhance the mutual understanding between MMC and SPC in filing above vacancies. Recruit the professional and technical experts through the competitive examination and practical test would be the one method.

With the aim of enhancing competency of newly recruited staff and old staff, training, re-training and opportunities for higher education must be given. The MMC has to get support from international organizations and private sector for these programs, and less qualified employees must be given opportunities for higher education locally and internationally. Selection process for this must be based on qualifications and experience not on personal favors. Also, newly recruited employees must be given an appropriate training regarding their duties, and employees who were earlier trained must be given re-training. This type of programs would be helpful to enhance the efficiency and productivity of the health service delivery.

4. **Regularizing the Internal Auditing Mechanism**

The research shows that there should be an appropriate mechanism of auditing for improvement of the efficiency and effectiveness of the health service delivery. The MMC also is being functioned an Internal Auditing Mechanism headed by the Municipal Auditor. But due to political and other influences they have been unable to independently perform their duties. This situation has resulted increasing corruptions and briberies related to the delivery of health service. Existing Internal Auditing Mechanism must be regularizing to minimize these corruptions and briberies. Accordingly an independent environment with all necessary powers must be made so that all sections of the administration could be investigated and audited. Following objectives could be achieved through this.

- To invest whether the Municipal Council Fund are recovering correctly or not and prepare reports necessary to the management.
- To succeed the internal account audit for avoiding frauds and fraudulent actions.
- To check whether the equipments and labour are properly utilized.
- To acquire unutilized property of the Council into a proper custody.
• To take actions in order to avoid wasting the labour and materials.

Implementation of this type of an Internal Auditing Mechanism will be helpful to minimize corruption and increase the efficiency and effectiveness of the health service delivery.

5. Improving the efficiency and effectiveness of the health service delivery through Five Year Plan

The research shows that implementation of five year plan that could address all challenges faced by MMC in health service delivery will be helpful to increase the efficiency and effectiveness of health service delivery. Following objectives could be achieved through this.

• To enhance the public participation in health service delivery process.
• To enhance the public-private partnership in health service delivery process.
• To introduce innovations and standardizing strategies used in health service delivery to face the 21st century.
• To strengthen the mutual understanding between MMC and SPC in implementing powers and functions.
• To provide sufficient physical resources for the delivery of health services.

Through this type of five year plan, MMC would ensure the better health service delivery to the public.

6. Enhancing Public-Private Partnership in health service delivery

As a result of growing the necessities of municipal community with the urbanization it has become difficult for the MMC alone to provide required health services to the community in efficiency and effectiveness manner. Therefore partnership of private sectors such as NGOs, Corporations, Civil Society, and Business Community etc. is required. Though MMC got the support of the private sector in delivering health services MMC has no legal partnership with the private sector in this regard. Therefore MMC has to take necessary actions to assign whole powers legally to the Private Sector in delivering health services under the supervision
of the MMC. This would make opportunity to apply the knowledge, new technology and strategies of the private sector into the health service delivery and increase the efficiency and effectiveness of the health service delivery.
Bibliography


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Appendix 1

Interview Guide


Interviewees, Their Names, Organization and Positions

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Position</th>
<th>Dates of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. G. R. Yasarathna</td>
<td>Matara Municipal Council</td>
<td>Mayor</td>
<td>23rd April, 2011</td>
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<tr>
<td></td>
<td>Matara Municipal Council</td>
<td>Opposition Leader</td>
<td>6th April, 2011</td>
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<tr>
<td></td>
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<td>Ayurvedic Medical Officer</td>
<td>30th March, 2011</td>
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<td></td>
<td>Matara Municipal Council</td>
<td>Public Health Inspector</td>
<td>4th April, 2011</td>
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<tr>
<td></td>
<td>Matara Municipal Council</td>
<td>Family Health Officer</td>
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</tr>
<tr>
<td>K. D. Rathnayake</td>
<td>Matara Municipal Council</td>
<td>Community Development Officer</td>
<td>05th April, 2011</td>
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<td>Chainmen</td>
<td>25th March, 2011</td>
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<tr>
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<tr>
<td>K. D. Damith</td>
<td>Service Seeker</td>
<td></td>
<td>1st April, 2011</td>
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<tr>
<td>K. N. Jayasuriya</td>
<td>Service Seeker</td>
<td></td>
<td>1st April, 2011</td>
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</tbody>
</table>

Semi-structured Interview Questionnaire on Representatives

Name: ....................................................................................

Position: ..................................................................................

1. What is your role/function at the Council?

2. Do you think council has enough and clearly defines powers and functions to undertake the responsibility? Yes / No (please give reasons for your answer)
3. Do you think council has sufficient human resources in the discharge of responsibility? Yes / No (please give reasons for your answer)

4. How do you describe competence of staffs (education, experience, ability and knowledge) at the council who are responsible for delivering health services?

5. Do you think council has sufficient physical resources in the discharge of responsibility? Yes / No (please give reasons for your answer)
   - Vehicles
   - Communication Facilities (Telephone, Internet and Fax)
   - Computers
   - Type Writers

6. Does council get any budget from central government or provincial council? Yes/No

7. If yes, what is the actual amount granted by central government or provincial council? And what is the average time have to taken to issue allocated money?

8. If no, how does council raise revenue to support its expenditure requirements?

9. How about private sectors are involving in delivering the health services?

10. Do public give their full support to the council to address their needs? Yes/No, if no, why the opposition?

11. In 2008, council was awarded as the best municipal council in Sri Lanka. But, according to the service seekers, they are still lack proper supply of basic services (health services) why? (Please give reasons for your answer).
12. Have council implemented any innovations/strategies in order to ensure the better service delivery? If not why not and if yes what are the innovations/strategies? And which of these successes or appropriateness being addressed the problems of service delivery?

13. In your opinion, what are the different problems that are related with the challenges which affect the better health service delivery of council?

14. Do you have any suggestions to how council can overcome its challenges?

**Semi-structured Interview Questionnaire on Officials**

Name: .................................................................
Position: ..............................................................

1. What is your role/function at the Council?

2. Do you provide health services to the public? If yes, what health services?

3. How many years have you been in your current post?

4. What’s your education background?

5. How often are you given in-service training?

6. Do service seekers give their full support to you address their needs? Yes/No, if no, why the opposition?

7. Did service seekers’ behavior have any influence to consider service delivery? If yes, how they try to influence?
8. Do you have sufficient physical resources in the discharge of your responsibility? Yes / No (please give reasons for your answer)
   - Vehicles
   - Communication Facilities (Telephone, Internet and Fax)
   - Computers
   - Type Writers

9. Did you experience/observe a change in the service delivery strategy of council after 2005? If not why not and if yes what did you experience/observed? And which of these successes or appropriateness being addressed the problems of service delivery?

10. In your opinion, what are the different problems that are related with the challenges which affect the better health service delivery of council?

11. Do you have any suggestions to how council can overcome its challenges?

Semi-structured Interview Questionnaire on Civil Society Leaders

Name: ……………………………………………………………
Organization: …………………………………………………
Position: ………………………………………………………

1. What is your’ organization role in delivering health services?

2. How your’ organization make a link between service provider and service seekers?

3. Do you give full support to the council for delivering health services? Yes/No, if no, why the opposition?

4. Did you experience/observe a change in the service delivery strategy of council after 2005? If not why not and if yes what did you experience/observed? And which of these successes is being addressed the problems of service delivery?
5. Are you satisfied with the current standards/quality of service delivery? If yes, why? And if not, why not?

6. In your opinion, what are the different problems that are related with the challenges which affect the better health service delivery of council?

7. Do you have any suggestions to how council can overcome its challenges?

Semi-structured Interview Questionnaire on Service Seekers

Name: .................................................................

1. Are you receiving health services from council? If yes, what health services?

2. How do you access these services?

3. What is the frequency of visit to the council getting these services?

4. How many steps do you have to be passed getting these services?

5. What is the tentative time period receiving these services?

6. What are the other disparities affected while receiving these services (favoritism and nepotism, influence, kickbacks, improper gifts and gestures)?

7. Are you satisfied with the current standards/quality of service delivery? If yes, why? And if not, why not?

8. In your opinion, what are the different problems that are related with the challenges which affect the better health service delivery of council?

9. Do you have any suggestions to how council can overcome its challenges?
Appendix 2

Questionnaire on Service Seekers


This questionnaire asks you to describe your impression about Matara Municipal Council in service delivery.

Please use the following scale in answering each question:

- Put the right mark (✓), if the answer yes/no or clear in your mind.
- More than two answers, put numbers in your preferences (like 1, 2, 3…….).
- For other questions, write the answer according to your knowledge.

1. Gender: 1 Male □ 0 Female □

2. Occupational Status:
   I. Public Employee □
   II. Private Employee □
   III. Self-employed □
   IV. Unemployed □
   V. Others □

3. Monthly Income (amount in Rs): .............

4. Neighborhood:
   I. Slum □
   II. Lower Middle Class □
   III. Middle Class □
   IV. Middle Upper Class □
   V. Posh □
5. Are you receiving health service from council?
   Yes ☐  No ☐

6. If yes, what health services?
   1. ……………………………………………………………………………………………
   2. ……………………………………………………………………………………………
   3. ……………………………………………………………………………………………
   4. ……………………………………………………………………………………………
   5. ……………………………………………………………………………………………

7. Do you follow the citizen charter when you receive these services?
   Yes ☐  No ☐

8. If yes, do you receive the services according to the time framework that mention in citizen charter?
   Yes ☐  No ☐

9. If no, how do you access the services?
   I. Through the Officials ☐
   II. Through the Representatives ☐
   III. Through the Third Sector ☐
   IV. Given Bribery ☐
   V. Others (point out):………………………………………………………………..

10. What is the frequency of visit to the council getting these services?
    I. One Times ☐
    II. Two Times ☐
    III. Three Times ☐
    IV. Four Times ☐
    V. More than Four Times ☐
11. How many steps do you have to be passed getting these services?
   I. One Steps
   II. Two Steps
   III. Three Steps
   IV. Four Steps
   V. More than Four Steps

12. What is the tentative time period receiving these services?
   I. One Day
   II. One Week
   III. Two Week
   IV. One Month
   V. More than One Month

13. What are the other disparities affected while accessing these services?
   I. Favoritism and Nepotism
   II. Influence
   III. Kickbacks
   IV. Improper Gifts and Gestures
   V. Others (point out):………………………………………………………………..

14. How do you describe the competence of staffs at the council who are responsible for delivering health services?

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<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<td>Experience</td>
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<td>Ability</td>
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<tr>
<td>Knowledge</td>
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</table>
15. How do you assess physical resources at the council which are help to deliver the health services?

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<th>Inadequate</th>
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<td>Communication Facilities</td>
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<td>(Telephone, Internet and Fax)</td>
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<td>Computers</td>
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<tr>
<td>Type Writers</td>
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</table>

16. Do you receive health services with the help of the private sector?
   Yes ___  No ___

17. If yes, what health services?
   ...........................................................................................................
   ...........................................................................................................
   ...........................................................................................................
   ...........................................................................................................
   ...........................................................................................................

18. How do you evaluate private sector role in delivering health services?

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<tbody>
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<tr>
<td>Fair</td>
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<tr>
<td>Poor</td>
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</table>

19. Do you give full support to the council to provide the services?
   Yes ___  No ___
20. If yes, what support? If no, why the opposition?

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21. Did you experience/observe a change in the service delivery strategy of council after 2005?

Yes [ ] No [ ]

22. If not why not and if yes what did you experience/observed?

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23. Which are successes or appropriateness being addressed the problems of health service delivery?

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24. What strategy do you suggest to improve the health service delivery standards?

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25. Are you satisfied with the current standards/quality of health service delivery?
   Yes  [ ]  No  [ ]

26. If yes, why? And if not, why not?
   ................................................................................................................
   ................................................................................................................
   ................................................................................................................
   ................................................................................................................
   ................................................................................................................

27. In your opinion, what are the different problems that are related with the challenges which affect the better health service delivery of council?
   1. ............................................................................................................
   2. ............................................................................................................
   3. ............................................................................................................
   4. ............................................................................................................
   5. ............................................................................................................

28. Do you have any suggestions to how council can overcome its challenges?
   1. ............................................................................................................
   2. ............................................................................................................
   3. ............................................................................................................
   4. ............................................................................................................
   5. ............................................................................................................