

REHABILITATING THE RURAL COMMONS: PROBLEMS AND PROSPECTS*

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Abstract

Despite their rapid decline and degradation, the continuing role and relevance of common property resources (such as community forest, pasture, "wasteland", watershed drainage etc.), in rural areas, call for their rehabilitation and development to ensure their invaluable contributions to rural household economy. This paper based on evidence from several studies, attributes the neglect and decline of CPRs to the recent institutional, economic and technological changes, which have undermined the functions and contributions of CPRs towards the economy of rural households. However, notwithstanding the reasons behind it, the decline of CPRs represents a loss of community assets along with their positive functions. This in turn constitutes a part of the invisible process of pauperisation of rural areas and communities. Hence, an advocacy for rehabilitation of CPRs; specially in the fragile agro-ecosystems such as mountains and dry tropical plains (Sanwal 1989, Jodha 1990, 1995).

In view of the constraining institutional framework manifested by: undeclared regressive state policies encouraging privatisation and neglect of CPRs; rural people's rising tendency to grab commons as private resources or exploit them as open access resources; well articulated rationalisation (by intellectuals/policy advisers) of the inevitable decline of CPRs on the grounds of perceived inefficiency of resource use, pressures of rising population and poverty etc., an argument for rehabilitation of CPRs may amount to lobbying for a lost case.

However, the case for rehabilitating and effectively managing CPRs is based on the fact that there are some positive elements in the overall situation covering CPRs, which inspire the hope for their rehabilitation. Firstly, in the overall depressing scenario involving CPRs, there are several cases recorded from villages from Himalayan region and arid/semi-arid tropical areas of India, where the communities have protected, maintained and productively used CPRs. Understanding these exceptions and building upon their rationale, methods and successes can help in designing development approach for CPRs.

Similarly once we closely look at the functions specially social and agro-ecological (and to an extent economic functions) performed by CPRs, the latter's revival may prove an appropriate response to the newly emerging imperatives of the changing times, where local environmental security and participatory development are the often reiterated concerns in the development discourse. CPRs provide a means for fully understanding and implementing these concerns. The paper looks at the positive options and ways to enhance the role and functions of CPRs in the changing contexts. It pleads for learning and replicating the experience of scattered success stories of participatory natural resource management in this context.

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Introduction

Rural Common Property Resources (CPRs) comprising community pasture, forest, wasteland, watershed drainage etc. constitute important community asset/resources in Indian villages, especially in the fragile zones such as dry tropics and mountain areas. Despite their important contributions in the sustenance systems of the people CPRs are rapidly declining. Based on a comprehensive field study of CPRs in over 80 villages in 21 districts of 7 dry tropical states (Jodha 1986), area of CPRs had declined from 40 to 55% during early 1950s to early 1980s in different states. Based on various criteria, decline in physical productivity and management systems for CPRs have also been reported (Jodha 1990). This paper largely based on the understanding and information generated by the above study and several subsequent studies in different parts of the country, pleads for rehabilitation of CPRs, because there are no effective substitutes for economic, social and environmental contributions they could make at the community level. First, we examine the causes and processes of decline of CPRs. This is followed by justification and hope for their revival. The concluding part of the paper identifies the approaches and measures to rehabilitate CPRs.

Decline of CPRs: Processes and Factors

5-1 } A systematic enquiry in to the decline of CPRs and possible approaches to revive them, has to begin with the identification of functions of CPRs in the traditional context and factors and processes marginalising or reducing the importance of these functions. Irrespective of area specific differences CPRs, performed some major functions, specially in fragile areas such as dry tropics and mountain areas. According to Table 1, CPRs functioned as: (i) important source of physical supplies; employment and income in rural areas; (ii) promoter and user of collective stakes and group action; (iii) facilitator and user of multiple complementarities and diversified – interlinked activities to ensure environmental and livelihood security at the community levels. However, following the institutional, and demographic, economic and technological changes the aforementioned economic social and ecological functions of CPRs are either disregarded or replaced by other options with short-term orientation. Increased differentiation of rural communities, market-induced changes in people's attitudes and values; state policies favouring individual over collective initiatives etc. have eroded the very foundation of the CPRs in terms of collective concerns and action. Decline of CPR management systems due to public interventions, and shrinkage of their area due to privatisation following population growth and state's land distribution policies, have caused heavy burden on CPRs leading to over exploitation and reduced productivity of these resources (Jodha 1992, 1996). These changes as well as substitute arrangements (e.g. government subsidies on fodder, fuel etc.) reduced the importance of CPRs for people and made them indifferent towards the situation of these resources. A review of over ninety studies/reports relating to CPRs and related subjects from different parts of India by Arnold and Stewart (1991) corroborate the issues indicated above. The following Table 1 broadly summarises the same. However, before commenting on Table 1, it will be useful to indicate the changes i.e. decline of CPRs, people's adjustments to the changes and also in some sense people's contribution towards the decline of CPRs. Table 2 provides summary details on, how have people adapted to the decline of CPRs (area, productivity, management etc.). The steps or

Table 1: Changing Role and Relevance of Common Property Resources^(a)

Inter-related Functions/ Contributions of CPRs in Traditional Setting	Recent Changes Marginalising or Displacing CPR-Functions/Contributions					
	CPR degradation, reduced productivity and dependa- bility	Emergence of alternative option and dispensability of CPRs ^(b)	Differentiation of village community, decline of group-action; focus on privatisation ^(c)	Market driven processes focussing on short term gains; disregard of collective long- term concerns ^(d)	State policies/ programme disregarding CPRs their functions' and management systems ^(e)	Population growth, land scarcity, land hunger privatisation of CPRs ^(f)
Source of physical supplies (fuel, fodder, food, fiber, timber etc.)	X	X				
Employment/income gains (off-season jobs; additional crops, animal rearing; handicrafts, petty trading in high value products)	X	X			X	X
Social processes: promoter and user of "social capital; through collective stakes, group action, collective risk sharing etc.; equity and sustenance of poor			X	X	X	X
Ecological functions: Protecting integrity and diversity of watershed units, regulating micro- climate/environment/ nutrient flows, balancing extensive- intensive land uses in fragile areas; acting as support lands for agriculture; renewable resource supplier. Complementarities between PPR-CPR; sustainability of diversified land based activities etc.			X	X	X	X

Notes:

- a) Table based on Jodha (1992, 1995).
- b) Alternatives to CPR services/supplies range from generating supplies through private sources and dependence on supplies through relief and subsidies from the state.
- c) Economic differentiation led to disintegration of community's collective stake in CPRs; promoting privatisation (by any means) of CPRs.
- d) Market driven changes in approach and attitude of the society resulted in to disregard of social and ecological function of CPRs.
- e) Undeclared anti-CPR land distribution policies of the state led to massive privatisation of CPRs; displaced the traditional CPR management systems by formal semi-political, ineffective arrangements through panchayats etc.
- f) Population pressure encouraged conversion of CPR lands (pasture, forest, wastelands etc.) in to crop lands despite their unsuitability for these uses.

Table 2: People's Adaptations to Changing Situation of CPRs in Dry Regions of India^{a)}

Measures adopted by different groups in the face of decline in area, productivity and management systems of CPRs.

Rural Rich	Rural Poor	Rural Community (General)
<p>1. <u>Withdrawal from CPRs as user of products</u> : (Opportunity cost of labour higher than CPR product value)</p> <p>2. <u>Increased reliance on alternative options</u> : <ul style="list-style-type: none"> . Own bio-mass supplies; (stall feeding etc.) . Non-renewable/external resources (e.g. replacing stone fencing for thorn fencing, wooden tyres for carts, iron tools for local, wooden ones) </p> <p>3. <u>Private squeeze on CPRs as assets</u> : <ul style="list-style-type: none"> . Grabbing CPR lands, . Preventing others using seasonal CPRs (private crop lands during off-season) </p> <p>4. <u>Approach to CPR management</u> : <ul style="list-style-type: none"> . Indifference to decline of CPRs . As rural influential party to non-functioning legal and administrative superstructure for community resources </p>	<p>1. <u>Use of CPRs as an important source of sustenance</u>: Complementarity of CPR-PPR based activities</p> <p>2. <u>Acceptance of inferior options</u> : <ul style="list-style-type: none"> . Opportunity cost of labour lower than value of products of degraded CPRs. </p> <p>3. <u>Measures reflecting desperation</u> : ✓ <ul style="list-style-type: none"> . <u>Premature harvesting</u> of CPR products . <u>Removal of roots/base</u> of CPR products . Over-crowding and over exploitation of CPRs . Use of hitherto unusable inferior products </p>	<p>1. <u>Acceptance of CPRs as open access resources</u> : over-exploitation without users' obligations, regulations</p> <p>2. <u>Selective approach to specific CPR units</u> : despite general neglect of CPRs, concern for some i.e. products units</p> <p>3. <u>Focus on 'other' uses of CPRs</u>: <ul style="list-style-type: none"> . Item in seeking government subsidy/relief, in running factional quarrels, in populist programmes etc. </p> <p>4. <u>Part of non-operating legal and administrative measures</u> : <ul style="list-style-type: none"> . Changes in livestock composition (replacing cattle by sheep/goat etc.) . Agro-forestry initiatives (revival of indigenous agro-forestry etc.) </p>

a. Table adopted from Jodha (1992), it is based on observations and changes recorded during the fieldwork (1982-85). For elaboration and evidence see, Ayenger (1988), Arnold and Stewart (1991), Chambers et al. (1989).

measures adopted by the rural poor (key dependents on CPRs) rural rich and the village community in general are indicated separately. The Table 2 is quite self-explanatory to need elaboration. However, our key purpose in presenting the contents of Table 2 is to help identify the elements (i.e. positive trends) which along with the positive elements of Table 1 can help in building approach and strategy for rehabilitation of CPRs. In this context the key inferences from Table 2, can be stated:

- (i) Indifference of people towards CPRs due to their low productivity on the one hand and their exclusion from formal state sponsored arrangements affecting CPRs.
- (ii) Tendency on the part of both rich and poor to grab CPR lands as private lands.
- (iii) Over exploit the remaining CPRs following the discontinuation of traditional arrangements which ensured both regulation of usage and obligation in terms of contributions towards their up keep.
- (iv) Most importantly, people still care more about the units of same category of CPRs which are still productive and stable.

The above inferences, corroborate the issues highlighted by Table 1.

Reverting back to Table 1, one inference from this table is that if most of the changed circumstances disfavour CPRs (and their role or relevance), there is little point in lobbying for their revival and effective management. However, seen from another angle, the very circumstances that have led to marginalisation of CPRs also contain some elements with imperatives conducive for building a positive approach and strategy for strengthening CPRs. These elements or rather their imperatives which should form the basis for advocacy for CPRs and their revival in the changed economic, institutional and technological contexts are indicated below. Accordingly, if one goes by the broad details indicated by Table 1 (col.1) the following issues emerge quite clearly:

- (i) It is relatively easy and possible to have substitute arrangements for first two categories of functions and contributions of CPRs (e.g. physical supplies, income and employment) through relief, and rural employment schemes etc. Though the well-managed CPRs can perform the same functions better than what they do presently and thereby minimise the role of factors such as (i) degradation and (ii) emergence of alternative options (Table 1 row 4 col. 2,3) which made people indifferent to CPRs. Furthermore, some of the high value niche products (herbs etc.), may enhance the role of CPRs for people's income in the context of rapid globalisation process. Finally, sacrificing CPRs (and their above functions) would mean a huge loss to the local resource centred activities of rural economy.

Table 3: Factors Influencing the Future Prospects of CPRs in Dry Regions of India^a

Constraining framework for rehabilitation of CPRs	Imperatives supporting pro-active approach to CPRs	Possible options and dilemma
<p>Undeclared, regressive state policy towards CPRs (privatisation, lack of management) and indifference of development discourse</p> <p>Missing CPR-perspective of development interventions (fiscal, technological and institutional measures for community pastures, forests etc.)</p> <p>Negative side effects of development/transformation processes (commercialisation, individualistic approaches etc.)</p> <p>Decline of collective concern/group action 'social capital'</p> <p>CPRs made open access resources, conducive to tragedy of commons</p> <p>People's response: <u>land grabbing, overexploitation</u>, and indifference to depleted CPRs</p>	<p>Ecological, environmental, and long term sustainability concerns (i.e. required resource use systems specially in fragile/ marginal areas)</p> <p><u>Complementarity of CPR-PPR based farming systems</u> (i.e. due to non-co-variability of input needs and product flows and narrow and unstable base of private crop farming)</p> <p>Sustenance of rural poor (through product supply, employment and income generation etc.)</p> <p>Lessons and opportunity for evolving participatory development approaches simultaneously addressing economic, social and environmental goals</p> <p><i>Success stories - replication.</i></p>	<p>Positive policies restricting further reduction in CPR area; (obstacles: new 'social and political culture' – collective indifference and focus on privatisation)</p> <p>High investment needs for high productivity; (obstacles: long gestation period, <u>invisibility of multiple gains through narrow cost-benefit norms</u>, missing lobby for CPRs)</p> <p>Rehabilitation and sustaining of CPRs as <u>high productivity community assets</u>, (obstacles: lack of technology and institutions <u>with focus on diversification and user perspective</u>; differentiated community)</p> <p><u>Management by user groups based on equal stake, and equal share in gains</u>; harnessing NGO experiences (obstacle: public sector culture and government resistance to genuine devolution and decentralisation; differentiated rural community)</p>

a. Source: Table adapted from Jodha (1990, 1992).

(ii) In comparison to product and income generating contributions of CPRs, the latter's functions in social and ecological contexts are not only much more significant, but there are hardly any substitutes for them. In the light of increasing concern and actions focussed on environmental issues and participatory development at local level, the institution of CPRs and its operating mechanisms can offer a readily useable channel, through which advocacy for above changes can materialise in to action. In fact several NGOs and voluntary groups involved in participatory natural resource management are already trying this approach. We can elaborate on some of the less understood issue stated above with special reference of CPRs in fragile areas.

(a) Ecological and Environmental Imperatives: Both heterogeneity of land resources and highly variable climatic conditions (specially in dry areas), call for diversified resource use and keeping of sub marginal/fragile lands under low intensity uses (e.g. natural vegetation as against annual cropping). Provision of CPRs help satisfy the above requirements. The same goal can be achieved without CPRs' help, if the privatised CPRs are retained under natural vegetation. However, this is unlikely as shown by the field studies. Accordingly in different states (78 to 96) of submarginal lands (i.e. ex-CPRs) were shifted to crops following their privatisation; and their crop yields were 40 to 70% lower compared to traditional crops lands (Jodha 1992). Thus PPRs (private property land resources) performing CPR's ecological function does not seem likely.

Furthermore, stability and productivity of environmental resources in the fragile area context is greatly influenced by the way fragile resources (e.g. CPRs) are managed - and protected. A loss of CPRs would mean a loss of an important means to handle the environmental problems in dry areas (Jodha 1995).

(b) CPR-PPR Complementarity : Quite related to the above issues, CPRs (due to different production cycle of their natural vegetation), have input needs and output flows, which are qualitatively and temporally different from those of the PPR - based crop farming. This forms the basis of complementarities of production systems based on CPRs and PPRs. To the extent natural vegetation on CPRs facilitates the above complementarities, keeping a part of private land under natural vegetation can perform this function. But it is not the natural vegetation alone, but accessibility to it, which is responsible for CPRs serving as cushion when PPRs fail to meet the needs. In such a situation (e.g. during draught and scarcity period), there are no ready alternatives to CPRs, for maintaining and strengthening PPR-CPR type complementarities and ensuring associated benefits, especially in the high-risk environment of dry tropical areas (Jodha 1992).

(c) Sustenance of Rural Poor: The more pressing requirement of the day is contribution of CPRs towards the sustenance of rural poor having not many alternative options (Table 3). Notwithstanding a number of measures initiated to help rural poor, there are not many programmes which can match CPRs in helping them. In several areas poor got more than 30% of their sustenance income from CPRs. Similarly, their employment contribution was more than state sponsored employment schemes (Jodha 1986). Thus economic and social significance of

CPRs hardly need elaboration. Enhanced productivity and their regulated use can go a long way in raising CPR contributions to rural poor. Cost of abolishing CPRs, in terms of foregone opportunities for collective gains to the poor, would be too high to be compensated by other means.

- (d) Changing Development Paradigm: The present paper though focussed on CPRs, has raised several basic issues relating to 'conventional development culture', characterising public interventions. A few of its relevant features include: greater emphasis on information as against understanding, central place to technology at the cost of institutional factors, state or formal agencies as key actors reducing user groups and people into marginal entities etc. There is an increasing concern against the side effects of these tendencies (Feeny et al. 1990). Need for incorporation of local concerns, gender issues, participatory development, and sensitivity to people's perceptions and traditional wisdom are increasingly voiced. CPRs offer an ideal field to test these concerns and evolve options for wider use in the development programmes involving people's participation, local management of local resources etc.

Promoting CPR Cause: Advocacy and Action

Despite the potential gains associated with well managed and productive CPRs, reviving them is not easy. Any effort on this front is faced with a constraining framework. Accordingly, the key elements constraining the rehabilitation of CPRs, stated under Table 3, Col. 1, are (i) undeclared state policies towards CPRs (i.e. promoting privatisation); (ii) missing CPR perspective of development interventions addressed to natural resource development; (iii) negative side effects of several development interventions (promoting commercial/individualistic tendencies) (iv) decline of "social capital", collective concerns and group action, (v) people's indifference to depleted CPRs. Table 3 is a quite self explanatory.

In spite of the case for supporting CPRs would be largely determined by relative strengths above constraints and the imperatives of CPR situation, specially unsubstitutable potential and present gains from CPRs, discussed earlier and summarised under Table 3, Col. 2.

The objective fact is that the case for CPR rehabilitation and development is sustained by their varied contributions rather than any sentiments for collective resources. Without being romantic about traditional resource management systems and CPRs as a manifestation of the same, some objective realities may be stated, which can make strong enough a case for promotion of CPRs as a part of rural development strategies, particularly in the region like mountain and dry tropical parts of India. Even at the cost of some repetitions the key gains may be reiterated.

Firstly, visible and invisible gains from CPRs, as reported by several studies, far exceed the conceivable disadvantages associated with CPRs (e.g. alleged inefficient use of resources, degradation of natural resource base manifestating the tragedy of commons). However, the so called 'tragedy of common' become operative when CPRs are converted into open access resource through default on the part of public policies (Bromley and Cernea 1989, Feeny et al. 1990).

Secondly, owing to CPRs' contributions towards stability and sustainability of farming systems, sustenance of rural poor, management of local resource by local people, environmental stability in the village context etc, the CPR-centred policies and programmes would have strong convergence with the policy focus of several development strategies currently promoted by the governments and NGOs which emphasize participatory approach and environmental sensitivities.

Thirdly, most of the factors and process contributing to decline of CPRs, can be controlled through appropriate changes in public policies and other circumstances affecting CPRs. This forms the basis of advocacy to protect and develop CPRs for their sustainable use.

Finally, the world community (including the developing countries) has accumulated sizeable evidence on successful initiatives on management of common resources through community involvement for equitable gains. This offers hope for redesigning management systems for CPRs.

The preceding two points form the immediate context for the following discussion on rehabilitation and development of CPRs.

The Key Areas of Attention:

The key areas where awareness, advocacy, and action initiatives could be focussed for CPR development are: public policies, technology and investment issues; and management of CPRs through effective involvement of CPR users (Jodha 1992). They are summarised under Table 3, col. 3 and elaborated below.

(a) CPRs and Public Policies:

As stated earlier, one of the primary reasons for decline of CPRs in India is the indifference of public policies towards these resources. To alter the situation policy environment needs to change. This could happen in three directions as indicated below.

(i) Positive CPR-Policies: This implies the need for active policies and programme to restrict further curtailment of CPR areas; regulation of use intensity of the these resources through appropriate usage policies; provision of punishment for violations; empowering people (e.g. user groups) to manage resources etc.

(ii) Side Effects of Development Interventions: Various welfare and development interventions are undertaken without evaluating their potential impacts on CPRs. The programmes ranging from land reforms to subsidies for agricultural mechanisation fall under this category, which adversely affected CPRs. Provision of some 'rider' in terms of project's CPR sensitivity (like environmental sensitivity) can go a long way in safeguarding CPRs and their productivity.

(iii) General Development Policies: The current policies and programmes relating to integrated rural development or environmental protection or poverty eradication etc, contain a number of elements which could be more effectively

implemented with focus on CPRs as a project component. This could be done on the basis of proper understanding of potential contributions of CPRs.

However, while suggesting the above policy approaches, one should be aware of the circumstances which may obstruct the initiation and implementation of such policies. In the Indian context the policy makers' high propensity for 'populist programme' may prove a key obstacle, as the distribution of CPR land to the people has always been used as a means to please the people. Similarly, minimisation of side effects of development interventions on CPRs, and integration of CPRs as focus area in other development projects may be obstructed by general ignorance and indifference of programme planners. Persistent lack of CPR perspective on the part of functionaries dealing with community resources, and emerging 'social culture', that has generated collective indifference towards CPRs and strengthened individualistic tendencies to grab or over exploit them, are two other key hurdles in promoting the CPR cause. One possibility to guard against the above obstacles is development of strong CPR lobby through media and NGOs. This could be supplemented by policies directed to promotion of CPR user groups. More on this later.

(b) Investment Needs:

For sustained and effective contribution of CPRs, increase in their productivity is essential. This requires rapid regeneration (through protection and regulated use) and provision of substantial investment into CPRs. To convert CPRs from natural resources for extraction only into 'managed productive assets', planned investment is unavoidable. The key obstacles to higher resource investment in CPRs may include : (i) absence of fiscal tradition to patronise such community resources; (ii) long gestation period and a complex of transaction costs associated with resource allocation to CPRs; and (iii) invisibility of gains. Solution to these problems may lie in deliberate decision on resource transfer to CPRs and widening of the narrow focus of investment yardsticks. Furthermore, increased pressure of users following the improvement in CPR is another possibility, which, unless checked, can reinitiate the process of resource degradation. Solution to this lies in organisation of effective user groups. In the investment strategies for rehabilitation of CPRs, donor agencies can play an important role. However, to do this effectively, they may have to incorporate 'CPR-perspective' - in their approach to natural resource development.

(c) Technology Focus :

This hardly needs reiteration that present degradation of CPRs is partly due to the operation of vicious circle involving "degradation-neglect-further degradation". The people can be induced to change their approach to CPRs if they are more productive. To break the above vicious circle new technologies, which can enhance regeneration, increased flow of biomass etc, is an important requirement. Rehabilitation of CPRs as productive social assets need new technological focus in term of species, inputs, and technical methods of resource management etc. Besides productivity, diversity and usability of products need emphasis. The key obstacles to this possibility are : (i) persistent gaps between the perspectives of technologist and resource users; (ii) inability to screen available resource - centred technologies for their institutional acceptability; and (iii) frequent high priorities to commercial considerations while designing technologies for community lands (as it happened in the social forestry programmes). The remedial

measures under such circumstance should start with sensitisation of scientists and R & D planners to CPR - perspective. Some work already initiated under integrated watershed development projects has helped scientists to reorient their technologies to suit CPRs (World Bank 1989, Arnold and Stewart 1991).

(d) Management and Regulation :

In a way, rehabilitation of CPRs is less of an investment cum technological problem and more of a resource management problem. Impacts of investment and technology may prove short lived unless management and usage aspects of CPRs are effectively handled. In most areas, even natural regeneration itself can make CPRs more productive, provided it is permitted through controlled and regulated use of resources (as revealed by several successful cases (Krishna et. Al. 1997). However, this cannot happen unless CPRs are reconverted from open access resources to common property resources. In operational terms this would mean re-establishment and enforcement of usage regulations and user-obligations towards CPRs (Jodha 1995, 1996).

At aggregate policy level this could be facilitated by some provisions which not only give legal sanction to CPR usage practices but empower local communities to implement such provisions. Undoubtedly, some of these provisions in terms of mandate to village panchayats already exist. But panchayats have failed to implement such provisions. One reason for this failure is the legal and formal status of panchayats which makes them a small scale replica of state authority rather than representative body of CPR users. Consequently, Village panchayats failed to replace the traditional management system of CPRs and common property resources became open access resources. However, redeeming feature of the current situation (as revealed by the inter-village and inter-CPR unit differences in people's approach to CPRs, Jodha 1992) is that there are still certain elements which could be integrated into workable strategy for CPR management. The focal point of such strategies could be organisation of CPR-user groups.

(e) CPR-User Groups:

The idea of CPR-user group in a way recommends itself. First, as stated earlier this fits well into increasingly emphasised grass root level democratisation of resource management systems and participatory development processes. Secondly, this could be an important approach to reduce the cost of policing and subsidising resource protection and facilitate local resource mobilisation. Thirdly, it has some equity oriented elements. However, the above positive factors could be easily counter balanced by just one factor i.e. difficulties in creating user groups. Left to the legal and administrative capabilities of the state, many more super structures (like village panchayats) can be easily created. But, they will be of limited use. The creation of genuine user groups calls for close understanding of various social and cultural features of village communities and their response strategies to new forces of change. Size of group, its operational integrity, approach to internal equity etc, are the issues which cannot be imposed through a generalised scheme of promoting CPR user groups. The groups have to develop in keeping with the local socio-economic and CPR related circumstances. Without imposing specific models the state policies can facilitate this task by providing legal flexibility and logistic support for agencies like NGOs who, with their better feel of the field and close association with different groups of village communities can help organise locally suited CPR user groups.

There are no unique models to pattern such groupings. The choice of the key characteristics of CPR-user groups can be based on some understanding of traditional forms of rural cooperation, a few insights revealed by the emerging patterns of CPR management, and experience of a number of successful initiatives tried for management of community resources in different parts of the country (Mishra and Sarin 1987, Chopra et. al. 1990, Shah 1987, Agarwal and Narain 1990, Poffenberger and McGean 1996).

On the basis of the above, we indicate some features of prospective CPR user groups:

- (i) The first and foremost attribute of CPR - user group should be equity of access and benefits from CPR for all members.
- (ii) CPR-user groups should have legal sanction, but they should be outside the control of formal institutions such as village Panchayats, government's revenue department etc.
- (iii) Depending on the type of CPR and village specific circumstances, membership of group may comprise whole village community or specific occupational groups.
- (iv) Preconditions for membership of the group (besides being resident of the village and user of CPR) should include binding commitment to user obligations and usage regulations.
- (v) To ensure stability of user-groups, flexibility in terms of exit and entry of members may be allowed with no right to break the group.
- (vi) The provision of CPR - user groups can be viewed as an intermediate arrangement in between complete privatisation and current communal usage system (implying open access resource regime). The arrangements, however, should relate to access and usages, without any claim to resource itself.
- (vii) Except for incorporation of the broad features like the above, CPR user groups need not have uniform pattern all over the dry regions or even throughout a single state. Depending on the type of CPR and village specific circumstances the pattern may vary and evolve.

In the context of some dominant features of the current situation, the above suggestions may sound utopian. The two relevant features which have emerged as the by-products of the recent development history of India (and developing countries in general), and which may obstruct the growth of user groups are: (i) Ever increasing tendency of state to expropriate the initiatives and activities which belong to people; (ii) Increased internal differentiation of rural communities and its impacts on operation of village level initiatives. However, despite such potential obstructions, the success of recent initiatives in management of community resources by user groups and NGOs do inspire some hope. Besides, the emerging awareness and grassroots level pressure for local control of local resources and associating people in protecting their immediate environmental resources may also lend some strength to the case for CPR user groups.

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