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## Shifting CPR Policies and the Implications for Equity

The institutional arrangements governing common property resource management evolved as communities responded to the need to manage and use resources collectively for biophysical or economic reasons. Resource use and enforcement mechanisms were formally or informally agreed upon and implemented by communities for their collective gain.

These institutions and arrangements worked fairly well so long as the subsistence, low-population, semi-closed (that is, with limited external links) community survived intact. However, with the influence of state and market interventions, population growth, and other factors, the autonomy of local arrangements was weakened along with the status and extent of common property resources themselves, with the range of products and gains from CPRs as well as access for rural communities being eroded. This note addresses these issues, with a specific focus on the policies and associated programmes which affect CPRs and their management and the equity implications for rural communities. The discussion is based on a general synthesis of understanding and evidence generated by CPR studies in different areas during last two decades, which has been helped in particular by the establishment of IASCP (the International Association for the Study of Common Property Resources) as a global forum for research and discourse on the subject.

### CPR Policy Phases

Policies based on external interventions — mainly state and market driven — which have an impact on CPR management institutions and CPRs themselves can be grouped under the resulting broad phases of change.

#### *The subsistence context and passive state policies*

The dominant feature of this phase was the state treating CPRs as wastelands since they did not generate revenue like croplands. This led to a policy of indifference towards CPRs and permitted local governance/management of resources as per the norms and practices evolved by the communities. Despite caste, class, and asset based internal differences, the focus on subsistence needs and supplies (food, fodder, fuel) from CPRs did not promote significant internal inequities. Broadly speaking, the community's collective stake in local CPRs was an important feature of this phase.

#### *Gradual monetisation and population growth, supplemented by policies/ programmes promoting external links*

The major changes under this phase included the gradual commoditisation of the products of CPRs as well as other subsistence products, giving rise to a combination of subsistence and market orientation in rural communities. The state came to an increased realisation that CPRs were an important source of revenue and expanded its control of local CPRs, especially forests, as shown by the nationalisation of forests in South Asian countries. Consequences included reduced community rights and access to selected CPRs, and a decline in communities' livelihood options. At the same time, the process of monetisation favoured the better-off groups and initiated a process of economic differentiation within rural communities. This was seen particularly in terms of people's preferences for CPR products. Food, fodder, and fuel were prized by the poor, and marketable products including those associated with petty processing (again promoted through state policies) were preferred by the rich. This also put CPR products in a rural-urban exchange chain, resulting in rural inequities.

#### *Policies associated with the massive entry of the state into development and welfare activities*

This was the most significant phase of policy-programme interventions influencing CPRs that affected livelihood and equity issues in rural areas. During this period the public sector took on an enhanced role and importance, with the state undertaking the responsibility for rural development and welfare. This led to the rapid growth of legal and administrative provisions and technological measures designed and implemented in the name of development. The extent of CPRs, their biophysical potential, management systems, community rights and access to products, CPR's multiple services, and their role in the livelihood and sustenance of rural communities were all adversely affected.

#### *CPRs in the era of globalisation*

This phase is characterised by rapid economic globalisation, where unprecedented primacy is accorded to market forces, as indicated by the initiation of pro-market reforms and their manifestations at the community level. This leads to the gradual marginalisation of the state as well as the community in the handling of local affairs, including those related to CPRs. There is a disregard of customary rights and a focus on marketable CPR products, bypassing the CPRs' role in local sustenance. Anything, including CPRs and their usage systems, that is mismatched with market-driven norms and arrangements finds little policy support and protection.

### **Policy Impacts and Equity Aspects**

The policies described above have an important impact on CPRs and their management as well as having far-reaching implications for equity.

#### *The area of CPRs*

The state curtailed the area of CPRs through privatisation and the welfare-oriented distribution of CPR land, the regularisation of illegal encroachment, and state acquisition for infrastructural development such as roads and dams, as well as other uses ranging from mining to the creation of national parks and biosphere reserves. This not only reduced the volume of supplies, but also increased the demand pressure on the remaining CPRs, leading to over-extraction and degradation. More well-off community groups withdrew from using degraded, low productivity CPRs and increased their focus on acquiring CPRs as private land. The population growth-induced hunger for land caused higher land prices and further encouraged the tendency to acquire CPR land as private land. Common land including forests, water bodies, rangelands, and unique biodiversity spots thus became a part of the land market, a situation accelerated by the rapid process of economic globalisation. The state increasingly discarded the communities' customary rights and allowed the transfer of such lands to national or multinational private firms in several mountain regions of the HKH. The equity implications of such changes hardly need elaboration. Local communities and the rural poor in particular lost their livelihood options linked to CPRs.

#### *CPR management*

In keeping with mountain specificities such as a high degree of fragility, marginality, diversity and limited accessibility, the institutions of CPR management formed part of the collective strategy of adaptation evolved by hill communities. However, with the state's intervention in active land policies and the new externally designed administrative arrangements, the communities' management systems and their collective stake in local CPRs disintegrated. The poor began to focus on CPRs as a source of fuel, food and fodder, while the better-off preferred commercially usable products such as grass for paper mills, or herbs and mushrooms for the market. The preference of the poor for retaining CPRs versus the emphasis on the privatisation of CPRs by the better-off also illustrates this gap, where dual societies were created within the

same village. Economic globalisation also encourages the uses and products of CPRs for the external market with limited gains to the poor.

#### *CPR functions and products*

CPRs are now increasingly a source of marketable products, particularly high value products such as medicinal herbs and other NTFPs. The associated feature of market orientation is the enhanced direct or indirect involvement of external market agencies in both the collection and marketing of products. Rich groups within the communities themselves often have links with these agencies. One equity consequence of this change is the exclusion of local communities from the gains associated with this change process. The traditional hunters and gatherers who collected NTFPs for needs-based small trading are replaced by the agents of urban firms. The former are thus left with few options. The market driven over-extraction of NTFPs is another negative aspect of this change. The traditional CPR function in terms of ensuring collective security during a crisis period such as droughts, floods and so on, when supplies from privately cultivated lands fall short of needs, has also fallen into disuse. Relief supplies from public agencies, donors, and NGOs have become more important, and the community incentive to care for CPRs has declined. The increased indifference of the community (especially better-off groups) towards CPRs is also the result of new agricultural technologies that replaced CPR products as farm inputs with external products such as chemical fertilisers, and weakened the organic links between farming-forestry-livestock enterprises.

#### *Rising concern and responses*

The generalised picture of the CPR situation outlined above does not have uniform acceptance or approval. Both the degradation of CPRs through over-extraction and falling supplies of crucial CPR products (both local and external) have induced concern and policy interventions. Agencies including the state, NGOs, CBOs, and donors have participated in the process to understand and act to alter the situation. The new initiatives in this respect are largely focussed on local forests, water, and biodiversity. However, the most widely known initiatives relate to community forestry, particularly User Group Forestry (UGF) in Nepal and Joint Forest Management (JFM) in India. The initial motivation for these initiatives included the state's inability to effectively police these resources despite increased efforts and cost, and the rising scarcity of locally used products from forests. These new arrangements are not true copies of traditional management of CPRs, but they do put significant emphasis on involving local communities in managing forests. The provisions and mechanisms characterising UGF and JFM differ significantly.

While the biophysical gains of these initiatives in most areas are decisively demonstrated by increased forest cover, their results in terms of helping the poor are mixed. For instance, under JFM the head loaders, including women and other poor with limited private assets, have lost part of their livelihood options. In FUGs the non-inclusion of many actual users of petty forest products as members of forest user groups has adversely affected the poor. The resource protective/preventive provisions of the new community management systems tend to restrict the people's access to fuel and fodder collection and affect the poor the most. The nomadic pastoralists, especially in Nepal, have lost their grazing space due to UGF provisions, many losing their traditional occupation permanently. The adverse affects on women are also recorded. Given such anti-poor implications, the new community-forestry initiatives are at times described as 'resource focussed' rather than 'people focused' or 'resource plus people focused'. One of the reasons for this gap is the standardised approach of new initiatives for whole countries, disregarding the biophysical and social diversities characterising different locations, which were integral to CPR management before the state and the market intervened.

**N.S. Jodha**