

## **Problems and Challenges Faced by the Local Government Authorities in Delivering Health Services in Sri Lanka: A Case Study of Matara Municipal Council**

H. U. S. Pradeep<sup>1</sup> and Ranjith Dickwella<sup>2</sup>

### **Abstract**

Local Government Authorities (MC,UC,PS) are facing enormous challenges in delivering necessary services to the local people, in which health service delivery became a matter of serious concern due to arising health related problems in the country. On this basis, the study intended to examine problems and challenges faced by the Municipal councils in delivering health services and identify appropriate strategies to overcome challenges taking Matara MC as a case study. The study gathered both primary and secondary data. The study brought out many factors that influence on effective health service delivery of MC such as infective constitutional and legal framework, poor institutional capacity and public-private partnership and mutual understanding between national and local political leadership, shortage of sufficient and competence human racecourses, disputable politics, unclear powers and functions to undertake the health service delivery, inadequate financial and physical resources, inadequate, inaccessibility to community for health services, poor public participation etc. These challenges led to lack of transparency and accountability in health service delivery and increased corruption and malpractices, which minimized the easy access for public to health services. Eventually, this situation led to favoritism, nepotism, influences, kickbacks and improper gifts and gestures in delivering the health services. Innovative strategies are needed to overcome these challenges.

### **Introduction**

Local government has a long history, dating back to the fourth century. The oldest

---

<sup>1</sup> Lecturer, Department of Social Sciences, Sabaragamuwa University of Sri Lanka

<sup>2</sup> Senior Lecturer, Department of Political Science, University of Peradeniya

chronicle of Sri Lanka, *Mahawansa* (sixth century) mentions that the Nagara Guttike (city Mayor) carried out local administration. Village level organizations called *Gam Sabhas* functioned under village leaders who enjoyed powers to administer local affairs and also perform judicial functions such as dealing with petty offences and reconciling disputes. What is understood, as local government today is an expanded version of such responsibilities, operating under the democratic system of governance. However, certain functions such as judicial and agrarian services have been taken over by other authorities (Leitan, 1979, Gunawardana, 2010).

The *Gam Sabhas* were mainly agriculture oriented and were not directed by the centre. The British abolished the *Gam Sabhas* in 1818 withdrawing the self government element in Sri Lankan villages. However, the British resurrected it in some way by the introduction of the Irrigation Ordinance in 1856, which entrusted the village communities to take certain actions related to irrigation and cultivation. The local government system in Sri Lanka was greatly influenced by the British during their colonial rule, particularly during the later part of the British rule (from 1865 to 1948) (Lietan, 2003).

### **Historical development of the local government system in Sri Lanka**

Looking into the history of local government in Sri Lanka it becomes clear that there had been a high degree of autonomy to village communities prior to the colonial rule. The well-organized *Gam Sabhas* or village assemblies were responsible for all local affairs such as use and management of local resources, settlement of disputes, cultural activities, etc (Gooneratne & Jayasinghe 2000).

The British introduced a highly centralized system of administration in order to consolidate political control and enhance revenue collection. Parts of this system - like the central feature of district administration headed by the Government Agent (GA) does still exist in a similar manner - the post-independence administrative structure maintained this centralized system. Under this centralized administrative system the functions of the local government authorities (Municipal, Urban, Town and Village Councils) which were introduced in 1930s and 1940s were reduced to the provision of traditional services, while the implementation of government policies and development activities became the responsibility of the district administration and the line ministry structure (Christine, 2003).

From 1948 onwards, the local government system has been reformed several times, with a lot of reforms and counter-reforms in the devolution of power to lower levels. Slater stresses that the history from 1977-1989 can rather be characterized as re-centralization than decentralization (Slater 1989). In the following years there were various attempts to strengthen the local authorities, but many of the earlier identified obstacles remain to this day. It is important to note that the reason behind the reforms of the local government system had hardly to do with considerations of conflict resolution, but was linked to the desires of national politicians to gain more influence at the local level. Furthermore some of the reforms were also intended to encourage more development activities through local level institutions (Slater, 1989).

The Department of Local government was established in 1946 in order to broaden the scope of local government services and to provide guidance and supervision to the local authorities. The supervisory functions vested on the Government Agent were transferred to the Assistant Commissioner of Local government as a step to ensure more autonomy for the local authority (GoSL 1999 & Leitan, 1979). Between 1948 and 1980 more powers were vested in the local authorities through introduction of various amendments and in 1977 the power to approve the budget was even vested with the head of the local authority.

A first serious decline to the devolution of more powers to the local authorities took place in 1981, when the Tennakoon commission recommended the establishment of District Development Councils. Town Councils and Village Councils were abolished and legislation was enacted for the transfer of their functions to the Development Councils. The Development Councils commenced their term of office in July 1981. From then onwards all Town Councils and Village Councils were abolished and their functions transferred to a reduced number of District Development Councils (DDC). Consequently a high number of elected representatives of the Town and Village Councils, which represented 85% of the population, lost their political mandates. Another undesirable effect was that there was a double structure created on district level, where the District Administration and the District Development Administration under the DDC were both in charge of development planning at district level (GoSL 1999 & Gunawardena, 2010).

To lessen the decline of people's participation in local government, which started with the abolition of Town and Village Councils, an attempt was made to introduce Gramodaya Mandalas as people's forums at the village level. The Gramodaya Mandalas were set up from 1981 onwards, but in practice, they were unable to provide the community services at village level, which the government expected them to do. However, District Development Councils were failed in undertaking development works at the local level as expected and it became a weakened institution in addressing livelihoods needs of local people, issues related to democracy, participatory planning, decision making, development etc (Gunawardena, 2010). The DDCs were discontinued in 1987 and in its place a new entity designated as Pradeshiya Sabha was introduced which along with extant Municipal and Urban Councils constitute the extant system of local government. At present there are 23 Municipal Councils, 41 Urban Councils, and 271 *Pradeshiya Sabhas*<sup>3</sup> in Sri Lanka. The organizational structure of local governance consists of three legal instruments: the Municipal Council Ordinance, the Urban Council Ordinance and the *Pradeshiya Sabhas Act*.

### **Municipal Councils and Its Functions**

In General, the administrative structure is similar in all local authorities, although the designations are different. However, there are 23 Municipal Councils in Sri Lanka. The municipal councils are headed by Mayors with deputy Mayors and members of

---

<sup>3</sup> See Ministry of Provincial Councils and Local Government of Sri Lanka for more details

the councils making policy and policy implementation decisions. The Mayor is Chief Executive and is assisted by the municipal Commissioner, who is a senior public official. There are several departments under the administration of a Municipal Commissioner, depending on size, complexity, staff availability and resources of the municipality. For instance, the Colombo municipality has several departments under the Commissioner, headed by a secretary, a chief engineer, an internal auditor, a veterinary surgeon, a chief medical officer and an assessor with sub units in each department. This structure is not in place in many other local authorities, although there are some counterparts to those officials in other municipal councils.

Section 40 of the Municipal Council Ordinance lists the general powers of municipal councils. These are generally routine administrative powers, such as recruitment of officials, acquisition of assets, licensing, instituting legal actions, budgeting and supplementary budgeting. Since municipal councils have to be careful about unauthorized constructions in their area of authority, one important power given to the municipal councils is the power to demolish unauthorized buildings. Municipal councils provide public infrastructure services and are authorized to acquire lands for public purposes. The general duties of the municipal councils are more important for the well being of the public. At the same time the studies also serve as performance indicators of municipal councils, assisting the public to consider election of members for a second time (Gunawardena, 2010).

### **Objective of the Study**

Indeed in Sri Lanka Local government authorities have been facing enormous challenges in delivering effective efficient health services to its localities owing to a number of reasons. Even though there are many studies have taken place on local government system and its working, relatively less attention has been given to challenges and issues in delivering health services by the Local government authorities in Sri Lanka in general and on Municipal council in particular. Accordingly the study intended to analyze the different problems that are related with the challenges in delivering health services by the Matara MC. Also based on the findings the study identified possible and applicable strategies and innovative measures to empower health service delivery of the MMC.

### **Methodology of the Study**

The study was based on both qualitative and quantitative research methods. Qualitative and quantitative data were gathered by using primary and secondary sources. Primary data 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. Collected data from different sources, as

mentioned above is analyzed using the qualitative and quantitative methods, and it is presented using texts, tables, charts and figures.

### **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 (Matara MC, 2010).

### **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 (Matara MC, 2010).

Section 40 of the Municipal Council Ordinance lists the general powers of MMC. These are generally routine administrative powers, such as recruitment of officials, acquisition of assets, licensing, instituting legal actions, budgeting and supplementary budgeting. Since Municipal Council has to be careful about unauthorized constructions in area of authority, one important power given to the Municipal Council is the power to demolish unauthorized buildings. Municipal Council provides public infrastructure services and is authorized to acquire lands for public purposes. The general duties of the Municipal Council are more important for the well being of the public. At the same time these duties also serve as performance indicators of Municipal Council, assisting the public to consider election of members for a second time.

The aim of this study 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.

### **Provision of 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: 1** Estimated financial for providing public services between 2007-2010

Year	Estimated financial according to the services					Total (Rs.)
	General administration	Health services	Physical planning	Public utility services	Welfare services	
2007	30,119,200	57,817,700	52,094,000	16,801,000	8,613,000	165, 444, 900
2008	36,609,050	118,278,400	115,015,250	28,280,800	11,455,800	309, 639, 300
2009	36,122,460	66,835,533	85,205,835	28,605,380	12,854,520	229, 623, 730
2010	39,766,230	77,706,860	117,773,240	29,240,700	15,548,815	280, 035, 845

(Source: MMC Budget Reports, 2008, 2009, 2010 and 2011)

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.

- Disease preventive services
- Disease curative services
- Food and sanitation services
- Environmental facility services
- Maternity and child clinics
- Collecting and managing garbage
- Health education
- Maintenance of public cemeteries and crematories

Indeed the MMC has been facing challenges in delivering the above services in an optimal manner owing to following factors which afflict on health status of the MMC resident communities.

## **Challenging Areas in Health Service Delivery**

### **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 2:** Summary of human resource at the Municipal Health Department

Services	Permanent		Substitution		Vacancies	
	2004	2010	2004	2010	2004	2010
General administration	05	05	-	-	01	02
Disease preventive	02	02	-	-	-	-
Disease curative	03	03	03	03	-	-
Food and sanitation	01	01	-	-	01	01
Environmental facility	05	05	-	-	01	01
Maternity and child clinics	01	01	03	06	03	06
Collecting and managing garbage	106	111	109	111	08	14
Public cemeteries and crematories	03	03	--	01	02	03
Total	126	131	115	121	16	27

(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 past 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.

### **3.2 Unclear Powers and Functions to Undertake the Health Service Delivery**

A one of the 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 13<sup>th</sup> 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 13<sup>th</sup> 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.

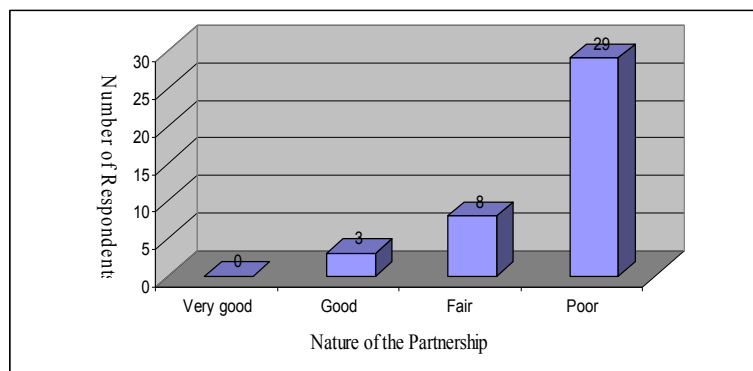
“Matara Municipal Council has been given some power and functions regarding delivery of health services under Municipal Council Ordinance. But when started exercise such powers we have to face some problems with the Southern Provincial Council. The end result of that conflict is that Southern Provincial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

### 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.

**Chart: 1:** Nature of the partnership between Municipal Council and private sector in health service delivery



(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.

### 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: 3:** Revenue raised by the Matara Municipal Council in 2010

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

(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.

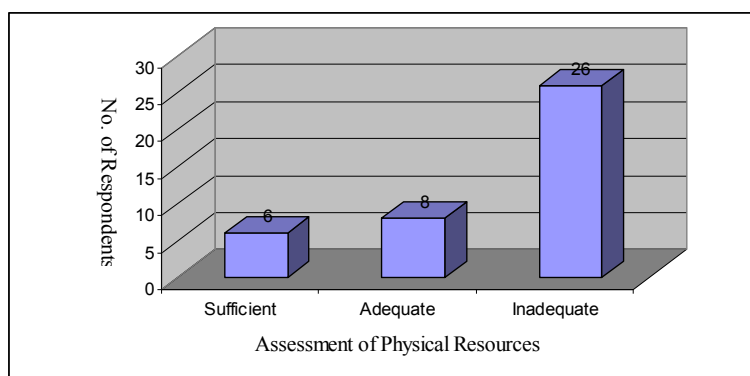
The most reliable source of finance has been from the Southern Provincial council. The Finance Commission gives the grants for health and other service delivery purposes. Since under the Thirteenth Amendment to the Constitution, all recurrent expenditures of MMC are to be borne by the government, the 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. 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.

### **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: 2:** Assessment of physical resources at the Matara Municipal Council



(Source: Case Study)

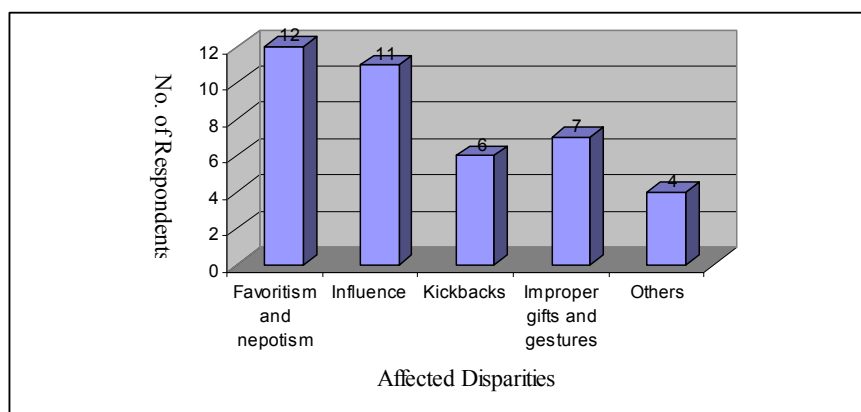
According to the table, 65% or 26 of the selected respondents mentioned that Municipal Council does not have adequate and higher quality physical resources to ensure the better health service delivery, and Only 15% or 6 of the respondents mentioned that Municipal Council have sufficient and higher quality 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.

### 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: 3:** 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:** Frequency of visit to the council for getting health services

Frequency	No.	Percentage (%)
One time	04	10
Two times	05	12.5
Three times	08	20
Four times	10	25
More than four times	13	32.5
Total	40	100

(Source: Case Study)

**Table: 4.1:** No. of steps have to be passing for the getting health services

No. of steps	No.	Percentage (%)
One steps	02	5
Two steps	05	12.5
Three steps	09	22.5
Four steps	11	27.5
More than four steps	13	32.5
Total	40	100

(Source: Case Study)

**Table: 4.2:** Time period for receiving health services

No. of steps	No.	Percentage (%)
One day	02	5
One week	05	12.5
Two week	10	25
One month	11	27.5
More than one month	12	30
Total	40	100

(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.

### **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.

### **Conclusion and Recommendations**

It can be concluded that, the 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 led 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. On this basis, the study proposes the following recommendations to enhance and empower health service delivery of the Matara Municipal Council.

### **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.

### **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 21<sup>st</sup> 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.

### **Filling 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 13<sup>th</sup> 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.

### **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.

**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. Namely, it could help to enhance the public participation in health service delivery process, to promote public-private partnership in health service delivery process, to introduce innovations and standardizing strategies used in health service delivery to face the 21<sup>st</sup> century and 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.

**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.

**References**

- [1] ADB, (2004), Promoting Service Delivery by the Colombo Municipal Council through Effective Partnerships. In ADB, Workshop on Local Government Pro-Poor Service Delivery. Manila, Philippines 9-13 February 2004. Mandaluyong: Philippines.
- [2] Adeyemo, D. O., (2005), Local Government and Health Care Delivery in Nigeria: A Case Study. *Ecol.* Vol. 18 (2), p. 149-160.
- [3] Akramov, T. K. & Asante, F., (2009), Decentralization and Local Public Services in Ghana: Do Geography and Ethnic Diversity Matter. Washington: International Food Policy Research Institute.
- [4] Akramov, T. K., (2008), Decentralization and Public Service Delivery to the Rural Poor. Washington: International Food Policy Research Institute.
- [5] Amarasinghe, Y. R., (2001), In Amarasinghe, Y. R. et al. eds. Devolution Experience in Sri Lanka (1988–1998): the Administrative and Fiscal Implications. Colombo: National Integration Programme Unit.
- [6] ARD, (2005), Local and Provincial Government Assessment: Sri Lanka. Working Paper. New York: USAID.

- [7] BACHE, I., (2005), Europeanization and Britain: Towards Multi-level Governance? In: EUSA, 9th Biennial Conference. Texas, Austin 31 March. Available at: <http://aei.pitt.edu/3158> [accessed April 16 2011]
- [8] Bandara, N., (2001), The Administrative Organization and the Public Service. In Amarasinghe, Y. R. et al. eds. Devolution Experience in Sri Lanka (1988–1998): The Administrative and Fiscal Implications. Colombo: National Integration Programme Unit.
- [9] Bigdon, Christine & Gunasegara, Nandani, 2003, Empirical Study on Local Governance in Three Regions of Sri Lanka: Framework Analysis and Methodology, 2003. In Hettige, S.T. et al.eds. Local Government and Conflict Management in Sri Lanka, Development Studies Institute of the University of Colombo.
- [10] Bigdon, Christine, 2003, Governance and Local Government Reforms: Recent Reform Debate in Sri Lanka, In Hettige, S.T. et al.eds. Local Government and Conflict Management in Sri Lanka, Development Studies Institute of the University of Colombo.
- [11] Democratic Socialist Republic of Sri Lanka, (1947), Municipal Council Ordinance (1947). Colombo: Department of Government Printing.
- [12] Democratic Socialist Republic of Sri Lanka, (1987), 13<sup>th</sup> Amendment to the Constitution (1987). Colombo: Department of Government Printing.
- [13] Free Ayurvedic Centers Annual Reports, (2010), Matara: Matara Municipal Council.
- [14] Gunawardena, A., (2010), Local Government under Devolution. 2010. In Amarasinghe, Y. R. et al. eds. Twenty Two Years of Devolution: an Evaluation of the Working of Provincial Council in Sri Lanka. Rajagiriya: Institute for Constitutional Study.
- [15] Hasnain, Zahid., (2008), Devolution, Accountability, and Service Delivery: Some Insights from Pakistan, Policy Research Working Paper, Washington: Poverty Reduction Economic Management Department.
- [16] Institute of Professional Public Administrators, (2007), The Operational Experience of Fiscal Devolution and Provincial Finance in Sri Lanka: Challenges and Options in Getting to Devolution and Multi-level Governance. 2<sup>nd</sup> ed. Colombo: Institute of Professional Public Administrators.
- [17] MMC, (2007), Administrative Report (2007). Matara: Matara Municipal Council.
- [18] MMC, (2008), Administrative Report (2008). Matara: Matara Municipal Council.
- [19] MMC, (2008), Budget Report (2008). Matara: Matara Municipal Council.
- [20] MMC, (2009), Administrative Report (2009). Matara: Matara Municipal Council.
- [21] MMC, (2009), Budget Report (2009). Matara: Matara Municipal Council.
- [22] MMC, (2010), Budget Report (2010). Matara: Matara Municipal Council.
- [23] MMC, (2011), Budget Report (2011). Matara: Matara Municipal Council.
- [24] Navaratne, V. T. et al. eds., (1989), Public Administration in Sri Lanka. Colombo: Institute of Development Administration.

- [25] Scot, H. R., (2002), *Decentralization, Does It Deliver Good Governance and Improved Services? The Experience of Uganda*. 1<sup>st</sup> ed. Coventry University: African Studies Centre.
- [26] Slater, R., (1997), *Approaches to Strengthening Local Government: Lessons from Sri Lanka*. *Public Administration and Development*. Vol. 17 (2), P. 251-265. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/> [accessed 17 February 2011]
- [27] UNDP, (1999), *Evaluation of UNDP Role in Decentralization and Local Governance*. Working Paper. New York: UNDP.
- [28] Wanasinghe, S. (1999): *Effective Local Governance*. The Foundation for a Functioning Democracy in Sri Lanka, Institute for Policy Studies, Colombo
- [29] Slater, R.P. (1989): *Central Control or Local Reform? The Case of Decentralization in Rural Sri Lanka*, in: *Planning and Administration* Vol. 16 (Nr. 2), p. 70-79
- [30] Hettige, S.T. (2001): *Empowering Local Communities through Devolution of Power in Sri Lanka*. *The Unfinished agenda*, in: *Governance Journal*. Vol. 1, No. 01-2001, Sri Lanka Institute of Local Governance (Ministry of Provincial Council & Local Government, Colombo).
- [31] GoSL (Government of Sri Lanka) (1999): *report of the Commission of Inquiry on Local Government Reforms*. Colombo