

**M. Saravanan\***, **K. Shreedhar\*\***

## **Impact of Innovation in Public Service Delivery**

---

### **Abstract**

Innovation is any positive change that has commercial value. It could be changes in the products, processes, thinking, governance or organizations. Given freedom, people organize themselves to find innovative solutions to the existing bottlenecks. Though private enterprises are generally credited with making breakthrough innovations, innovation per se is a neutral concept as it can happen as much in governments as in the private sector. There are many instances of successful innovation made in the public service delivery. For an innovation to be successful and sustainable in India, it has to be frugal and ensure participation of all the stakeholders.

---

### **Introduction**

Innovation is a successful replacement of an existing system or thinking with a new and better one, which could be incremental or completely radical. It could be changes in the products, processes, thinking, governance or organizations. Schumpeter, employed the terms “creative destruction” to mean innovation, while theorising the growth cycle of an economy. Schumpeter argued that entrepreneurial profits the premium for successful innovation, -motivate entrepreneurs to innovate. Encouraged by the success of the entrepreneur, other business persons follow suit. This sets off a process which eventually expands the market for the innovation, resulting in personal profits and gains for the whole economy. This process continues till the profits’ dry up and the new becomes old and necessitates creation of a new innovation for growth.

In the last 50 years there have been innumerable innovations across the globe in all sectors. But the epicenter of most innovations has been the economically developed countries, especially the U.S., led by its iconic incubator of innovations, Silicon Valley. However, the innovations that originated were primarily solutions to the ‘problems’ of the rich, which incidentally helped the poor of the world, too. With limited and depleting key resources, replication of the Western economic models, especially the American model, in the developing economies is well nigh impossible.

---

\* Young Professional, Planning Commission, Government of India, New Delhi. Email: s.twelfth@gmail.com

\*\* Scientist, Council of Scientific & Industrial Research, Government of India, New Delhi. Email: k.shreedhar@gmail.com

Public services mean the services provided by a government to its citizens, either directly or by financing private provision of such services. To improve the quality and quantity of services delivered to the citizens, governments resort to continuous improvements. Such innovation is one way to improve the services delivered. Governmental innovation may mean new products, approaches, processes, policies and programmes that may result in significant improvements in efficiency, effectiveness of the services delivered.

### **Objective and approach**

The paper attempts to string together multiple cases of successful innovation brought out by either the Central or State Governments of India to arrive at general conclusions about the essential ingredients required for a successful innovation in public services delivery.

The paper adopts case study method of analysis. Since the success of any public service delivery depends on connecting with the 'last mile' of the target group by including the usually marginalized and neglected people, the case study approach, which provides multiple perspectives and thereby gives voice to the voiceless, has been adopted. Another advantage of the case study approach is that it facilitates understanding of complex real-life situation by helping common readers to relate to everyday experience. Though the approach is criticized for generalising results, the problem is very subjective and may not affect the crux of the contextual conclusions made in the analysis.

### **Methodology**

Innovations in the public sector are not usually marketed like private sector innovations, for various reasons. Therefore, only those innovations that self-advertise through their massive success or get nominated or win awards for its utility or replicability, hog the limelight. Though there may be cases of innovations that may not be so popular, the paper is based on those cases of innovation from various sectors that have been hugely successful or recognized, as only they carry with them enough information for further analysis. The paper relies upon cases, data and information available from secondary sources including research papers, newspapers, magazines etc.

### **Literature Review**

According to a report on Service Delivery, Governance and the Citizen by CAPAM (2011), the performance of the public sector is gauged by the effectiveness and efficiency of the public services delivered by it. In the 1950s and 1960s, most of the independent nations of the Commonwealth felt a need for public services, without proper capacity to deliver them. Because of this governments directly started providing services to its citizen and in the process became overburdened. This resulted in governance crises, which led to a period of transition where nations looked up to a vibrant private sector to either collaborate or completely take over from them to deliver public services. The process is still on with most nations passing the task of delivering services to the private sector, though the responsibility for the delivery is still retained by governments.

Shah (2005) focuses broadly on measuring government performance in the delivery of public services and measuring services delivery in certain sectors of developing countries. He points out that governments have restructured their public sector to tackle the issues of growing

indebtedness and disenchantment of public with the government in delivering services and in most cases the restructuring has resulted in result oriented approach being adopted.

World Bank (2006) discusses the lessons learnt from India's experience in reforming public services by analysing twenty five cases of innovative reforms that have been hugely successful. The reasons for success include strong political leadership, competition, simplification of processes, decentralization and participation of civil society, among other things.

United Nations (2011) outlines the impact of the Award in furthering innovations in governments and also draws lessons on the factors that have made successful innovations in various sectors: effective leadership, interaction with citizens, organizational structure supportive of innovation, knowledge management and sharing, effective monitoring system etc. The Government of India has instituted "Prime Minister's Awards for Excellence in Public Administration" to recognize and reward the extraordinary innovations in the Central and State Governments.

Gilmore and D'Souza (2006) opine that e-governance in the governments has resulted in reduction in corruption by improving transparency and reduction in cost of services delivery by improving efficiency. Pathak and Prasad (2006) also arrive at a similar conclusion while discussing e-governance projects aimed at reducing corruption by increasing transparency.

### **Innovations in Public Service – Cases**

Governments, all around the world, deliver services to its citizens. Services provided could be basic necessities or otherwise. In a democratic country like India, the quality and quantity of services provided by the governments is crucial for both the ruler and the ruled. Though private enterprises are generally credited with making breakthrough innovations, innovation per se is a neutral concept as it can happen as much in governments as in the private sector. The following section briefs key innovations made by Union and State Governments of India and their impact.

### **Planning Process**

**Context:** Planning Commission formulates the Five Year Plans, which partly guides the Indian economy. Usually the Plan process used to be an in-house exercise. The Approach Paper to any Plan is usually written by Perspective Planning Division of the Commission, with a team of senior officers making various projections, allocation of resources etc. The past Plans and its approaches were felt to be lacking in inclusiveness in eliciting information from the citizens and civil society and thereby implying that the Plans may not fully reflect the needs of the general public.

**Innovation:** For the Twelfth Plan (2012–17) an innovative participatory method has been adopted. For the first time, Planning Commission has opted for an extensive consultative process by involving leading non-governmental and civic society organisations, including those who work for the rights of Dalits, minorities, gays and lesbians, in an attempt to make the next Plan truly inclusive, to elicit inputs, suggestions and experiences, for preparing its Approach Paper for the Twelfth Five Year Plan. The reason for such an approach has been the keenness of the Planning Commission to have broad-base consultations with civil society.

The scope of consultation was enlarged by including web-base consultation by launching a new website as well as a page on popular social networking site Facebook dedicated to the Twelfth Plan.

**Impact:** The complete impact of the process is not fully clear. However, the consultative process has got the approval from various sections of the general public, which is what the process intended to achieve at the end.

### Tamil Nadu Medical Services Corporation

**Context:** Prior to the setting up of Tamil Nadu Medical Services Corporation Ltd (TNMSC), drug procurement in the State was scattered, with each public entity procuring drugs on its own and following its own procedure, with several discrepancies in the cost of purchase, quantity and quality of drugs.

**Innovation:** TNMSC was established to streamline the process of procuring, storing and distributing essential drugs and medicines to ensure ready availability of drugs and medicine in the public clinics, polyclinics and hospitals throughout the State. TNMSC is the sole purchaser and distributor of drugs to all government institutions. Drugs are directly procured by TNMSC without any middlemen, at prices lower than the Minimum Retail Prices at open market, through an open tender process from manufacturers and importers of drugs. Wastage and pilferage are eliminated by procuring tablets and capsules with strip packing. Quality of drugs was ensured by procuring only medicines that are approved by the labs empanelled for it and blacklisting suppliers of substandard drugs. The TNMSC created a chain of warehouses, in every district, with all required facilities to provide storage conditions like 'cool place', 'cold place' etc. for the storage of items. To keep track of inventories and to avoid excess or shortage of drugs, warehouses were computerised and connected to the TNMSC headquarters. Every government clinic, polyclinic and hospital is given a pass book (Veena 2010)—a real innovation inspired from passbooks issued by banks—which mentions the amount it is allowed to spend in a given year on medicines and surgical items, which is based on the inpatient, outpatient and surgical load of the institution. On a fixed date each month, the institution can draw drugs from the warehouse, which immediately fulfills the order. The name and value of the drug issues is immediately entered in the passbook, which forms the backbone of the information system. The health facility also has emergency funds to purchase drugs not in the TNMSC list.

**Impact:** The result of this innovation is the dramatic reduction in prices of drugs and medicines. For instance, the price of 10 strips of antibiotic ciprofloxacin tablets in 1992-1994 (before TNMSC) was Rs. 525, which fell to Rs. 88 in 2002-2003. Similarly, the cost of 100 Norfloxacin tablets fell from Rs. 290 to Rs. 51.30 during the same period. These improvements brought down the average cost of drugs for inpatients in Tamil Nadu's public hospitals to Rs. 102, according to the National Sample Survey Organisation's (NSSO) sixtieth round survey in 2004, as compared to Rs. 3,268 in Haryana, Rs. 2,166 in Himachal Pradesh and Rs. 3,187 in Rajasthan. The total average cost of a patient's hospital stay in Tamil Nadu was the lowest at Rs. 255<sup>1</sup>. Influenced by the success story of the TNMSC, many other states in India have adopted the same or similar system. The Central Government is now using the

<sup>1</sup> See <http://business.in.com/article/on-assignment/tamil-nadu-medical-services-corporation-a-success-story/15562/0>. Accessed on 03.06.2011 at 1100 hours

TNMSC model as a national benchmark in rational use of drugs in the public sector in procuring, logistics and capacity building.

### **Rashtriya Swasthya Bima Yojana**

**Context:** Many attempts have been made in the past to provide health cover to people below poverty line (BPL). However, most of them have failed due to issues with either the design and/ or implementation of these schemes. Even the cases that were successful could not be scaled up or sustained for a longer period.

**Innovation:** Armed with the lessons learnt in the past and best practices around the world, Government of India launched the successful Rashtriya Swasthya Bima Yojana (RSBY)<sup>2</sup> scheme for the BPL population of India with annual hospitalization coverage up to Rs 30,000 for a family of five. The Central Government provides about 75 percent of the cost and the rest is to be borne by the State Governments.

Through a competitive public bidding process, a public or private insurance company is selected, who must agree to cover the benefit package prescribed by Government of India through a cashless facility that in turn requires the use of smart cards which conform to certain specifications and must be issued to all members. The smart card, along with an information pamphlet describing the scheme and the list of hospitals, is provided on the spot once the beneficiary has paid the 30 Rupee fee. At the end of the process, which normally takes less than ten minutes, the cards are issued. At the end of the each day of enrolment, where both government officer and insurance company representative would be present, the list of households which have been issued smart cards is sent to the state nodal agency. This list of enrolled households is maintained centrally and is the basis for financial transfers from the Government of India to the State governments.

After the insurance company is selected, they need to empanel both public and private health care providers. These hospitals should install necessary hardware and software necessary for using smart card transactions and also set up a special RSBY desk with a trained staff. The transaction process begins when the member visits the participating hospital where his identity will be verified by his photograph and fingerprints which are stored on his/her smart card. If a diagnosis leads to a hospitalization, then upon discharge of the beneficiary from the hospital, the card is again swiped along with finger print verification and the pre-specified cost of the procedure is deducted from the amount available on the card. The beneficiary is also paid Rs. 100 by the hospital as transportation expense at the time of the discharge. However, total transportation assistance cannot exceed Rs. 1000/- per year and it is part of Rs. 30,000/- coverage. No proof is required to be submitted by the beneficiary to get the transportation assistance. For the first time IT applications are being used for social sector scheme on such a large scale in the form of biometric enabled smart card containing their fingerprints and photographs.

**Impact:** The participating BPL household has the freedom to choose between public and private hospitals, which make him a potential client rather than a free user. As the insurer is paid premium for each household enrolled for RSBY, it results in better coverage of targeted beneficiaries. Hospitals have the incentive to provide treatment to large number of beneficiaries

---

<sup>2</sup> See <http://www.rsby.gov.in>. Accessed on 08.06.2011 at 1300 hours

as it is paid per beneficiary treated. Thus RSBY operates like a business model by making everyone involved a stakeholder, which also makes it sustainable. The use of biometric enabled smart card and a key management system makes this scheme safe, foolproof and helps beneficiary of RSBY gets cashless benefit in any of the empanelled hospitals.

### **Electronic Voting Machine (EVM)**

**Context:** Besides being expensive and time consuming, the general elections were saddled with the problems of booth capturing and other rigging instances.

**Innovation:** In order to tackle the problem of booth capturing during elections, the Government of India commissioned two companies— Bharat Electronics Limited, Bangalore and Electronic Corporation of India Limited, Hyderabad—to design a simple electronic voting machine that was inexpensive, easy to use, and tamper-resistant, which resulted in a machine EVM with two inter-connectible units. The machine has a column of buttons and corresponding to each button would be the name and symbol of a candidate or party, written on slips of paper which can be rearranged. EVM, which operates on a special power pack containing interconnected batteries, incorporates a microprocessor that has embedded software which cannot be altered or replaced. Once the polling data is recorded, EVM retains it even when the power pack is removed<sup>3</sup>. EVM retains all the characteristics of voting by ballot papers, while making polling a lot more expedient. Being fast and reliable, the EVM saves considerable time, money and manpower. A recent innovation in EVM is the introduction of a new feature called “12 second delay” which prevents the votes being “stuffed” even if the machine was physically compromised<sup>4</sup>. The machine also has an algorithm to recognize a pattern to detect the votes being cast every 12 seconds and simply discard them if needed. Yet another innovation is under pipeline: paper trail for votes cast.

**Impact:** There may be a lot of debate in India over the efficacy of the EVMs but Egypt is willing to use EVMs, after the successful deployment of the machine in the last Afghanistan general elections. The use of EVMs for elections has simplified the processes before and after polls for both helped the poll officials and voters. The EVMs reduce the time for casting votes and declaring results compared to the old system of ballots.

### **Land Acquisition for Industrial Development**

**Context:** Incidents in Bhatta-Parsaul, Singur and Nandigram clearly illustrate the problems State Governments face in acquiring land for industrial development. Land is a state subject, and different states have different land acquisition policies and the problems lie in the nature of land being acquired and the method of acquisition<sup>5</sup>.

**Innovation:** The State Government of Tamil Nadu presents a positive picture in this context. Tamil Nadu, one of the most industrialised states in the country, has around 3,000 foreign companies operating in it, including 35 Fortune 500 companies. The State has around 26,000

<sup>3</sup> See <http://www.cloudave.com/1044/india-needs-public-policy-and-service-innovation-and-not-web-2-0-companies/>. Accessed on 10.06.2011 at 1810 hours

<sup>4</sup> See <http://www.cloudave.com/1044/india-needs-public-policy-and-service-innovation-and-not-web-2-0-companies/> Accessed on 13.06.2011 at 1800 hours

<sup>5</sup> See <http://www.business-standard.com/taketwo/news/the-key-to-not-landing-in-trouble/438443/>. Accessed on 09.06.2011 at 0900 hours

factories, which together employ 1.77 million people and has 22 operational multi-product SEZs. Till now no major issue related to land acquisition has been reported, though there are voices of dissent. Reasons: i) most of the industrialisation has happened on wasteland or single crop lands; and ii) the state government has negotiated with the land owners, instead of using the traditional Land acquisition Act, to get hold of land for industrial purposes. Compensation for land in Tamil Nadu is transparently determined by the State based on the circle rate in that area.

**Impact:** No discord between the government and its citizens, which truly celebrates the spirit of democracy. The trade-off between agriculture and industrialisation is also less as only waste lands or single-crop areas are selected for acquisition.

### **Chiranjeevi Yojana Scheme**

**Context:** Maternal mortality was an important public-health issue in India, specifically in Gujarat. The major reason contributing to maternal mortality was the lack of access to specialist services for the socially and economically backward section. The problem was aggravated by the shortage of obstetricians and gynaecologists in the rural Government hospital, which undermined the provision of affordable maternal health services.

**Innovation:** As there were 2000 obstetricians in the private sector, the State Government of Gujarat, to bridge the gap in availability of affordable quality maternal health services in rural areas, implemented an innovative PPP scheme, Chiranjeevi Yojana, by which it contracted the services of private practitioners in small towns and villages. The scheme aims to ensure that skilled attendance at delivery and emergency obstetric care is available free of cost to all BPL women and thereby bring about a reduction in maternal mortality rate.

**Impact:** The scheme has provided financial protection against the cost of delivery and emergency obstetric care to the marginalized section of the population. The huge success of the scheme enabled the State to extend it to all the 25 districts. Though adequate data are still not available Bhatt et al (2007) indicate the success of the scheme. The Government of Gujarat had won the Asian Innovation Award given by the Singapore Economic Development Board and The Wall Street Journal for this scheme, which is a Public-Private Partnership (PPP) initiative to reduce maternal deaths in Gujarat<sup>6</sup>.

### **Water and Sanitation Management Organisation's Model for Drinking Water**

**Context:** Gujarat had persistent drinking water supply problem. Problem was not limited to availability of water, but also extended to the quality of drinking water used by rural community. Water borne diseases resulting from contaminated drinking water and poor sanitation have been rampant in the State.

**Innovation:** WASMO has come a long way since 2002, when it was established by the Government of Gujarat to facilitate a shift from supply-driven government owned system to a decentralized, community-driven water supply and sanitation programme in rural areas. WASMO aims to ensure water security and habitat improvement by empowering local communities to manage their water and other environmental resources efficiently. Thus, the State Government has transformed from being a provider of service to a facilitator of provision

---

<sup>6</sup> See [http://www.unicef.org/devpro/46000\\_47108.html](http://www.unicef.org/devpro/46000_47108.html). Accessed on 06.06.2011 at 1400 hours.

of service. The success may be attributed to the strategy of making citizen a stakeholder in water management and thereby ensure their willing and effective participation. The seed of the innovation is the belief that sustainability is possible only if the systems created are demand-driven and community-owned. For this, the creation or strengthening of Pani Samitis, a local committee on water and sanitation, was considered essential. As women are the worst affected by lack of access to safe drinking water, the strategy was to involve them in the initiative. This resulted in women being members and heads of large numbers of Pani Samitis. WASMO trains Pani Samiti members to effectively plan, implement and manage water supply systems, handle their finances, and spread awareness on personal hygiene and sanitation.

**Impact:** This innovative initiative has achieved tremendous success, which can be gauged from the fact that it has been extended to 14,000 villages from the initial 82 villages. The initiative has not just resulted in creation of physical infrastructure leading to water availability, but also in improved personal and environmental hygiene practices. The Union Government has suggested all the States to adopt the WASMO model to achieve drinking water security. WASMO has won the 2010 CAPAM International Innovations Award for 'Innovations in Citizen Engagement and Dialogue' category.

### **Kudumbashree**

**Context:** Persistence of poverty even though there was no dearth of programmes and projects to tackle the poverty situation prevailing in the country

**Innovation:** Kudumbashree, formally registered as the "State Poverty Eradication Mission," was conceived as a joint programme of the Government of Kerala and National Bank for Rural Development (Nabard) and implemented through Community Development Societies (CDSs) of Poor Women, which serves as the community wing of Local Governments. The objective of this holistic, participatory, women oriented innovative overarching poverty reduction approach was to eliminate absolute poverty from the State within a period of 10 years, by 2008. Kudumbashree is a unique scheme that has created a state-wide series of cooperative micro enterprises (Heeks, et al. 2005), which are all owned, managed and operated by women from "below poverty line" families. Kudumbashree envisages prosperity of the poor families in the State with multiple programmes that will provide them information, create awareness, build up their capability and capacity, enhance their confidence and show them opportunity for better social security and empower them physically, socially, economically and politically. The initiative not just brought down poverty, but also, very importantly, empowered women.

Unlike the anti-poverty schemes of the past that considered income as the only determining factor of poverty, Kudumbashree views poverty as a state of multiple deprivations. This meant that poverty alleviation has to restore the denied or deprived basic needs, basic facilities and basic rights. Kudumbashree identifies the poor based on nine point non-monetary risk indicators. The scheme creates an organisational structure for the poor, CDS, to make them aware of their entitlements first, so that it could be restored by building capabilities. The CDS provides opportunity for the poor to realise the causes of poverty and enables them to identify their entitlements and utilize the common platform to achieve it together.

**Impact:** Kudumbashree has almost achieved what it set out to and has become the largest women movement in Asia with a membership of 36 lakhs representing equal number of families. It received most of the national and international recognitions including CAPAM and United Nations awards. However, the scheme is believed to have been struck by the problem of scalability recently.

### **Cash Transfers, Vouchers**

Though the idea cash transfers and coupons to beneficiaries are old, the successful implementation of these in India has happened only recently. Factors like beneficiaries' ability to choose and the logistics involved in disbursement of cash determine the success of these schemes. Two success stories are given below:

- a) **Mukhyamantri Balika Cycle Yojana:** Under this universal scheme started in 2006, girls who pass Standard VIII and enroll for Standard IX would be given cash, through schools, to purchase bicycles (Rs 2,000) and uniforms (Rs 700). In three years, from 2007–08 to 2009–10, 871,000 girls have got bicycles.

The impact: drop-out rates for girls in the 11–14 age-group in Bihar fell from 17.6 percent in 2006 to 6 percent in 2009.

- b) **Gujarat Skill Development Mission:** Under this scheme, a person willing to get trained in a particular skill would be issued skill voucher, which could be used in any skill training institute. After completion of the training course, the candidate will be assessed by an empanelled assessment agency and only if the candidate passes the assessment, the skill training institute would get the amount mentioned in the skill voucher. This system would ensure that i) beneficiaries have choice to choose any skill trainer; and ii) skill training institute offers quality education to the candidates.

### **Jyotigram Yojana**

**Context:** Before the scheme was implemented, a single electric line served all the consumers. A substantial amount of electricity was consumed by farmers which were highly subsidized. This strained the Gujarat State Electricity Board financially and resulted in outages and erratic power supply. If free or subsidized power led farmers to over-consume and over-exploit groundwater, erratic power supply damaged expensive irrigation pumps.

**Innovation:** Gujarat made a simple innovation having far-reaching consequences. It separated lines for agriculture and non-agriculture, monitored consumption, rationed eight hours of reliable power to farmers and supplied 24/7 to domestic and industrial consumers.

**Impact:** Jyotigram Yojana has resulted in reliable supply of power at 8 hours a day for agriculture and 24 hours for domestic, commercial and industrial use. Now, farmers have pre-announced, reliable power, which helps them to keep to their irrigation schedules, conserve water, save on pump maintenance costs and use labor more efficiently. Similarly domestic consumers have 24/7 supply of power, benefitting women and children the most.

### Other innovations

Unique Identification, Right to Information (Government of India); Bhoomi scheme, Yeshasvini Co-operative Farmers Health Scheme (Government of Karnataka); Madhya Pradesh Rural Livelihoods Project (Government of Madhya Pradesh) deserve mention for their innovativeness.

### Conclusion

For an innovation to be successful and sustainable in India, a few factors are vital. One, it has to be frugal. Otherwise, it would either fail to take off or taper off after initial success. Two, it has to promote and ensure participation of all the stakeholders involved. Three, it needs to create an organizational structure that promotes innovation and change. Four, it requires knowledge management and sharing so that any adjustments required could be incorporated easily. Five, an effective monitoring system is essential to ensure the initiatives are always on the right track. Finally, it requires strong leadership without which it is almost impossible to implement any successful initiative.

With over one billion minds and unique needs, India is well positioned to innovate more than any other country. It is hoped that a healthy environment and culture is created and promoted, so that innovations happen perennially, in all fields.

---

### Reference

- Bhat, Ramesh, et al. 2007. "Maternal Health Financing in Gujarat: Preliminary Results from a Household Survey of Beneficiaries under Chiranjeevi Scheme". *Indian Institute of Management, Ahmedabad*
- CAPAM. 2011. "Service Delivery, Governance and the Citizen". *Commonwealth Association for Public Administration & Management*, 17( 2 ).10–13.
- Gilmore, Andrew and D'Souza, Clare, 2006. "Service excellence in e-Governance issues: An Indian Case Study", *JOAAG*, Available at <http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan045529.pdf>
- Heeks, Richard, et al. 2005. "Researching Women's ICT-Based Enterprise for Development: Methods, Tools and Lessons from Fieldwork". Available at [http://www.tanzaniagateway.org/docs/Researching\\_ICT\\_Enterprise\\_for\\_Development.pdf](http://www.tanzaniagateway.org/docs/Researching_ICT_Enterprise_for_Development.pdf)
- Pathak, R D and S.R. Prasad. 2006. "Role of E-governance in Tackling Corruption: The Indian Experience" (ed. in Alam, Q), *Asian Development Bank and Napsipag*,
- Shah, Anwar . 2005. "Public Services Delivery", *The World Bank*, Washington DC
- United Nations. 2011. "Good Practices and Innovations in Public Governance", Department of Economic and Social Affairs, *The United Nations*, New York
- Veena R, K.G. Revikumar, P.K. Manna, and G.P. Mohanta. 2010. "Emerging trends in medicine procurement in government sector in India - A critical study", *International Journal of Research in Pharmaceutical Sciences*, 1(3), 372–381.
- World Bank. 2006. "India: Reforming Public Services in India - Drawing Lessons from Success", *The World Bank*, R. No. 35041-IN.





# Journal of Management

The *ASCI Journal of Management*, published by the Administrative Staff College of India, Hyderabad, India, every March and September, is devoted to discussions on policy and management issues concerning various sectors of national life, including business, industry, government, economic planning, science and technology, population, health and education, etc.

The papers published in the *ASCI Journal of Management* are based on original research work, besides consulting and research experience. The journal also publishes book reviews, public lectures and seminar/conference proceedings.

## Subscription Rates

Country/category	One year	Two years	Three years
India	Rs. 500	Rs. 900	Rs. 1200
Bellavistans (members of ASCI Association)	Rs. 500	Rs. 800	Rs. 1000
USA/other countries	\$ 30	\$ 55	\$ 80
UK	£ 18	£ 30	£ 45

Note: *All payments may ideally be made by Demand Draft. In case of outstation cheques, please add Rs.30 towards collection charges. DD/cheques may pl. be drawn in favour of Administrative Staff College of India payable at Hyderabad.*

## Subscription Form

To  
Ms. Niti Anand  
Editor  
ASCI Journal of Management  
Administrative Staff College of India  
Bella Vista, Hyderabad 500 082, INDIA

Dt.

Dear Editor

I/We wish to subscribe/renew our subscription to the *ASCI Journal of Management* for \_\_\_\_\_ year/s (from \_\_\_\_\_ to \_\_\_\_\_). An amount of Rs. \_\_\_\_\_ Cash/Draft/Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ in favour of Administrative Staff College of India, Hyderabad, is enclosed.

Kindly mail the *ASCI Journal of Management* to the following address:

Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Pin: \_\_\_\_\_

Signature: \_\_\_\_\_

