CPRs AND THE RURAL POOR : A MICRO LEVEL ANALYSIS

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Common Property Resources (CPRs) are the resources which are collectively used by a group of people. These resources include community forests, common grazing grounds, tanks and their beds, tank foreshores, threshing grounds, rivers and river beds etc. (Jodha 1990, Nadkarni 1990, Arnold and Stewart 1991). Since the historical past, these resources have been contributing a lot to the village economies. Particularly, the rural poor survive on these resources to a greater extent. CPRs, apart from maintaining the ecological balance by way of checking soil erosion, deforestation and siltation, benefit the rural masses in terms of availability of fodder, fuel wood, small timber, mulch and manure, fruits and medicinal herbs. Due to more than one reason, these resources have either declined or are in a state of degraded condition, as a result of which the rural economy particularly the economy of the rural poor is subject to severe stress. CPRs play a crucial role in the economies of the rural poor, who have a very low access to remunerative income - earning opportunities. As Rao has pointed out, given the peripheral position of the poor in relation to the mainstream economy and their meagre access to remunerative income - earning opportunities, a reduction in the access to CPRs would be a disaster for them (Rao, 1990).

The paper tries to assess the extent of access the rural poor have to CPRs both in the recent past as well as at present, and the impact of developmental programmes through CPRs on the rural poor. It also examines to what extent these programmes are helpful in improving the access of the rural poor to CPRs, and how far the rural poor have been involved in the regeneration of degraded CPRs. Though

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the investigation is limited only to the state of Karnataka, it is believed that the findings are a pointer to what is happening in general in Inida at large. The role of CPRs has been studied here at two levels. At the 1st stage, 14 villages were selected all over Karnataka, keeping in view the different characteristics of the villages in different zones, viz., rainfall, extent and type of vegetation, soil type, cropping pattern, extent of irrigation etc.* In each village, structured questionnaires were canvased at different levels and data on CPRs were collected. Information was also collected and recorded through discussions with the village elders, village level officers and through our own personal estimate of CPRs by way of observations. In the first part of the paper it has been tried to present an aggregative picture about the extent of CPRs and the access of poor to CPRs in the 14 villages. At the second stage, out of the 14 villages, 3 villages have been identified and studied in detail at the household level. Identification of these three villages was based on the extent of development and backwardness of the selected villages. Thus one village (Siddapura in Chitradurga District) among the developed villages, one among the medium type of villages (Bathasandra in Tumkur District) and one village among the backward villages (Kurumaraddikere in Chitradurga District) has been selected. Information on the use and management of CPRs was collected at the household level. Structured questionnaires were used for the collection of data. After listing all the households on census basis in the selected villages, stratified sampling procedure was adopted to select the households for detailed investigation. Out of

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* The selected villages are : Tadapalli (Bidar District), Herundi (Raichur District), Siddapura and Kurumaraddikere (Chitradurga District), Bathasandra and Sathenahalli (Tumkur district), Kolur and Bande Marasandra (Bangalore District), Tagadur and Chinnambally (Mysore District), Samakahalli (Mandya District), Chilkoor (Hassan District), Bommanahalli (North Kanara District) and Kabaka (South Kanara District).

428 households in the selected three villages, a total of 140 households have been studied. Further we have classified the sample households into two groups, viz; 'Poor' and 'Non-poor'. 'Poor' include landless households and marginal farmers with less than 2 acres of standardized land holdings, whereas 'Non-poor' includes farmers with more that 2 acres of standardized land holdings.

Access to CPRs by the Rural Poor :

Table 1 explains that in the recent past around 6999 acres* (35.6 per cent of the total geographical area of the 14 villages) of land was available and used as CPRs in the sample villages. According to our survey during 1989-90, it has come down to 4654 acres (i.e. by 23.7 per cent). Along with the increase in population (both human and animal) and decline in the quality of CPRs, the poor have to survive on the decreased availability of CPRs. This has aggravated both their living conditions as well as the quality of CPRs.

The reduction in CPRs is mainly due to encroachments by the rural households and due to the developmental programmes of the government. Out of the total CPRs lost (2345 acres), 1220 acres (52 per cent) have been encroached by the rural rich depriving the poor of complete access to it. Government has tried to improve the access of rural poor by distributing the CPR lands to individuals for crop cultivation, housing and for raising the trees which amounts to 600 acres (25.6 percent of the lost CPRs). This, ofcourse, might have improved the economic status of some of the rural poor who have obtained such lands, but has contributed very marginally in meeting their biomass requirements. Apart

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* This includes area under forests, grazing grounds, barren and unculturable lands, tank beds and foreshores.

Table 1 : Access to CPRs by the Rural Poor in the Selected Villages of Karnataka

1.	Total number villages	14
2.	Total geographical area of the 14 villages (acres)	19644.8
3.	Total CPRs available in the past (acres)*	6999
4.	3 as percent of 2	35.6
5.	Total CPRs available at present (acres)**	4654
6.	5 as per cent of 3	23.7
7.	Total CPRs lost (acres) (3 - 5)	2345
8.	CPRs encroached by the poor (acres) (Private access)	525
9.	(8) as percent of (7)	22.4
10.	CPRs distributed to the poor (acres) by the government (anti-poverty programme)	600
11.	(10) as percent of (7)	25.6
12.	CPRs encroached by the rich (acres) (No access by the poor)	1220
13.	(12) as per cent of (7)	52.0
14.	CPRs taken up for development under social forestry programme (acres)	740
15.	(14) as per cent of (3)	10.6

* CPRs in the past = CPRs available at present + CPRs encroached by the rural households + CPRs distributed to the rural poor + CPRs taken up for development under social forestry.

** This include CPRs taken up for development under social forestry programme.

from the grant of CPR lands to the poor, the poor themselves managed to have complete access over a part of the CPRs by way of encroachments. This amounts to 525 acres (22.4 per cent of the lost CPRs), awaiting regularisation by the government. Unfortunately, even with this the poor are hardly able to meet their total biomass requirements. Government has tried to protect the CPRs by way of regenerating them by taking over 740 acres under the social forestry programme (10.6 percent of the total CPRs available in the past). The main objective is to increase the access of the rural poor to CPRs, so that they can meet their required biomass. Fuelwood, fodder and timber trees have been raised on the CPR lands, and the rural poor will have access to it along with the other fellow villagers. Meanwhile they are allowed to cut the grass on head load from the developed areas. Only those areas which are taken up for development under social forestry may meet the biomass requirements of the poor to some extent. But this also depends on how the poor are involved in the use and management of such areas.

As compared with the recent past, the poor at present seem to have access for their biomass requirements mainly from the available degraded CPRs. Earlier apart from the abundant availability of biomass from CPRs they use to get free fodder and fuel wood from the rich households as perks for their labour. But now even the rich themselves face the problem of fodder and fuel wood. Further, whatever CPRs the poor have possessed so far as private access, either by way of encroachments or by way of governmental programmes, may not be either available with them nor can meet their biomass requirements. Since the poor lack other complementary resources like capital, own bullocks and other agricultural implements they hardly cultivate the land properly and regularly. In many cases due to poor cultivation and excessive grazing by the livestock, these lands have become barren areas. As a result of this, the poor have either sold these lands to

the non-poor or unable to meet the required biomass from such lands.

Thus we have three options before us to improve the access of the rural poor to the available CPRs: (1) Grant of CPR lands exclusively to the poor for crop cultivation. (2) 'Tree Patta' system. (3) Regeneration of CPRs as common village woodlots to be used by all the villagers, ensuring equitable share to all.

Option I : Grant of CPRs to the Poor :

In our study villages around 48 per cent of the total CPRs lost are under private access of the rural poor. This include both CPRs encroached by the poor (which has to be regularised) and land distributed to individuals by the government under anti-poverty programmes (see table 1). With this one can expect their economic status to have improved. It can also be expected that they no longer face a shortage of biomass. But the story at the village level is entirely different. These beneficiaries have neither crossed the poverty line nor are they self sufficient in their biomass requirements. They depend to a large extent on the meagre income from wage earnings. The type of land granted and/or encroached by them is of very poor quality and non-viable. Also, the crops and method of cultivation adopted by them yield very low output as well as low proportion of crop residues which can be used as fodder and fuelwood. In such a state, it would not be surprising if these poor households transfer their lands to others. Jodha has found in his study of dry villages in India that the privatised CPR lands by the poor have gone to the hands of the non-poor. The CPR lands received by the poor was also given up by them as they did not have complementary resources to develop and use the newly received lands (Jodha 1986). Further, even if all the available CPRs in our study villages are distributed among the poor, each household may get 1.57 acres of CPR land. This includes area under forests, canal banks, gomals, tank beds, tank

foreshores and other CPRs. Distributing these type of land for crop cultivation appears to be nothing but destroying the village economy. Also, even with this amount of land the poor can neither cross the poverty line nor can meet their required biomass.

Option 2 : 'Tree Patta System':

Under 'tree patta' system the degraded CPR lands planted with trees are allotted to the rural poor ranging from 0.50 to 2.00 acres per household. The beneficiaries have to maintain the trees after one year. They are allowed to collect the usufruct from the developed area. The ownership of land lies with the forest department. 'Patta' (deed) is issued on the trees. But the beneficiaries are not allowed to cut the trees except harvesting the usufructs. When the trees become old or mature, forest department will cut them and the beneficiaries will have a share in the value of the output (presently, there is no clarity regarding the exact share). Once the planted area is handed over to the beneficiaries, each beneficiary will get Rs.500 per annum both as an incentive as well as to look after the planted area. Apart from this as the trees are planted in rows leaving around 10 to 12 feet space in between the rows, the beneficiaries are also allowed to cultivate food crops. It is too early for us to judge the effectiveness of the 'tree patta' system on the rural poor, as the plantations are only 4 to 5 years old. Meanwhile we have tried here to present some of our own observations about the scheme. In the sample villages we have also tried to understand the perceptions of the beneficiaries about the scheme through discussions with them.

First of all, it was found that 'tree patta' system was in operation mostly in the backward villages. This may be because in the backward villages one can find large areas of degraded CPRs as compared with the developed and medium type of villages. Since the quality of CPR

lands in backward villages is poor, the growth of trees is also poor. Even the mortality rate particularly of fruit and fodder trees is also high. The beneficiaries no longer cultivate food crops in between the rows. To compound this they allow their animals particularly, local cows to graze in the planted area, as a result of which mortality of planted trees is high due to trampling by the cows. The beneficiaries are concerned more about the immediate than with future benefits. This is due to their immediate requirements. More than this one can hardly find among them a sense of ownership of the trees. They feel that since the land and trees belong to the forest department, in future it may take away these lands and trees from them. Instead they felt that ownership of land ('patta on land' instead of 'Tree patta') should be given to them so that they can cultivate it and can avail the loans from the bank. This shows their dependency on government as well as their perceptions about trees and CPRs. Since they get Rs.500 per annum as incentive, they visit the planted area once in a way. In fact they demand Rs.1000 per annum upto 10 or 12 years instead of the present 500 rupees per annum for about 6 to 7 years. All this shows that under 'Tree Patta' system neither the poor nor the CPRs are protected properly.

Option 3 : Regenerating CPRs as Common Wood Lots :

Forest department has adopted this model hoping that both the rural poor as well as the degraded CPRs are protected. Degraded gomal lands (grazing grounds) C & D class of lands and Tank foreshores have been planted with different species of trees (Fodder, fuel, fruit and timber trees). It is proposed to hand over the developed woodlots (plantations) to the mandal panchayat once the plantation becomes 4 or 5 years old. Afterwards the mandal panchayat has to look after the plantations. When the final produce (timber etc.) is harvested both the mandal panchayat and the forest department will share it (presently, there is no

clarity about the exact share). Meanwhile, the local villagers are allowed to cut the fodder and can collect dead and fallen wood on head loads. Also, grazing is allowed in the plantations once the trees are grown beyond the browseable height. In our sample villages though a few plantations have become 4 to 5 years old, they have not yet been handed over to the mandal panchayats. There seem to be certain legal and administrative constraints in the transfer of such plantations, which is not the concern of this paper. Also, it is too early to assess the impact of these plantations on the rural poor. Nevertheless, we have tried to present in the subsequent part of this paper, the perceptions of the rural poor about the plantations and the extent of participation and involvement of the poor in developing such CPRs.

Extent of Land and Livestock Holdings by the Poor in the Selected Three Villages :

CPRs and PPRs (Private Property Resources)* are complementary to each other. Since the non-poor control and own a large proportion of PPRs thus greater exploitation of CPRs by them. In order to ensure equitable use of CPRs by all sections of rural society, it seems essential to have equitable distribution of PPRs. As far as the arable land is concerned, it may look difficult to have equitable distribution. But it may be possible to achieve equity to a greater extent as far as the livestock ownership is concerned. Through loans and subsidies the poor can be encouraged to own and maintain livestock. This in turn also increases among the poor a common thrust to protect and maintain the available CPRs. In other words, some amount of PPR ownership by all the rural households will help in protecting and maintaining the CPRs communally. But the size of PPR ownership by each household again depends on how the rural society behaves. As Kanchan Chopra et.al have argued the degree to which

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* PPRs are private land holdings and livestock owned by the rural households.

participation can develop in the context of a particular village economy depends on its socio-cultural and economic structures. In economies where a large percentage of households have access to PPRs in the form of land or livestock, it is easier to set up rules for the management of common property (Kanchan Chopra et. al, 1990). Table 2 indicates that in our study villages it is the non-poor in all types of villages who own large holdings of land and livestock (between 7 and 10 acres of land and about 3 to 7 heads of ruminant livestock, respectively) as compared with the poor, who own on an average 1 to 1.5 acres of land and one head of ruminant livestock. Further, in the developed village the variation between the poor and non-poor is very large as far as the land holding size is concerned. This shows that in the developed village it is the non-poor who own even the sub-marginal lands, leaving very little to the poor. On the other hand in the backward village though there is some variation in land holding size across poor and non-poor households, the poor households seem to have very little interest in cultivating their marginal land. Even the non-poor show little interest in acquiring these type of marginal lands of the poor. This may be due to the poor quality of the land. More than this in the developed village the non-poor own large size of ruminant livestock (6.8 heads per household) and concentrate on dairying based on buffaloes and cross breed cows. Though the poor households also own a few local breeds of cows they are not in a position to commercialise dairying. This is because the non-poor apart from exploiting the available CPRs, maintain their animals on own crop residues. During off seasons (dry periods) it is difficult to maintain the ruminant livestock fully on available CPRs by the poor. And thus they own very few animals per household.

Even in the backward village it is the non-poor who maintain a larger number of ruminant livestock than the poor. But the disparity in livestock holding across poor and non-poor households is less in the backward

village as compared with the developed village. Further, in the backward village one can find both poor and the non-poor households maintaining sheep and goats (see table 2). Due to the degradation of CPRs, the rural

Table 2 : Ownership of Private Property Resources (Land and Livestock) in the Selected Three Villages

	Category of households	Type of Villages: Developed	Medium	Backward	All the three villages
1. Land holding size per household (acres) :	Poor	1.19	0.93	1.50	1.00
	Non-poor	9.85	7.01	6.97	7.85
	All	8.73	4.20	6.84	6.45
2. Size of ruminant livestock per household:					
(a) Bullocks, local cows & buffaloes:	Poor	0.17	0.8	0.5	0.6
	Non-poor	6.5	3.5	2.3	3.8
	All	4.4	2.1	1.8	2.7
(b) C B Cows:	Poor	-	-	-	-
	Non-poor	0.3	0.05	-	0.1
	All	0.2	0.02	-	0.06
(c) Sheep and goats:	Poor	-	0.7	0.4	0.4
	Non-poor	-	0.6	0.9	0.6
	All	-	0.6	0.8	0.5
(d) Total ruminant livestock:	Poor	0.17	1.5	0.9	1.0
	Non-poor	6.8	4.1	3.2	4.5
	All	4.6	2.7	2.6	3.2
3. Total CPRs (acres) available in the sample villages:		23.0 (5.1)	36.0 (4.3)	1692 (48.4)	1751 (36.6)

Note : Figures in the brackets are percentages to total geographical area of the village.

households try to concentrate on less risky animals (sheep and goats) which can be maintained on lower quality and lesser availability of herbages and forages from CPRs than in the case of other types of animals. Similar changes in the composition of livestock due to the degradation of CPRs have been recorded by Jodha in his study of dry regions in India (Jodha, 1990). Another study in a drought prone region of Karnataka by Pasha has also found that as the quality and quantity of CPRs declines, apart from the poor even the rich households concentrate on the rearing of sheep and goats (Pasha 1991).

Contribution of CPRs to the Poor :

Inspite of the shrinkage and degradation of CPRs, their contribution to the rural economy continues to be significant, particularly in dry and drought prone areas. Jodha had found in his study that the per household per year income derived from CPRs ranged between Rs.530 and Rs.830 in different areas of India, and that this was higher than the income generated by a number of anti-poverty programmes in some areas (Jodha, 1986). Table 3 shows that in our study villages both poor as well as non-poor in the villages depend to a greater extent on CPRs. Around 10 and 6.2 percent of the gross income of poor and non-poor households, respectively, come from CPRs. This include mostly fodder and fuelwood collected as also the imputed value of fodder grazed by the ruminant livestock. Though the available CPRs are degraded and are unable to meet the required demand of biomass by the rural households, nevertheless, in the absence of whatever is available from them the rural households would have had to pay heavily towards the purchase of such biomass. Since the cash income of the rural poor is hardly enough to provide two meals a day, spending on fuelwood and fodder could be suicidal for them. Increasing the access of rural poor to CPRs by protecting and regenerating these resources as well as giving equal opportunity to the poor in the use and management of CPRs on a sustainable way seem to be the urgent need of the day. It was observed in the study villages, that women and children aged between 10 and 15 belonging to the poor households browse over 5 to 6 kilometres on CPRs (including road sides) for dead and fallen wood, twigs, thorny bushes, dry leaves, roots, etc. If wages on labour days spent on such a type of fuelwood collection are calculated, even a child has to be paid more than the average wage rate in many dry villages.

Though CPRs play a crucial role in the household economy of the rural poor, it is the non-poor who gets much

more benefits from CPRs in absolute terms. Nadkarni et.al. found in their study in the western ghats of Karnataka that income from CPRs was much more in the case of rich households than among the poor families though in relative terms the poor obtained a greater proportion of their income from them (Nadkarni et.al. 1989, pp.147-8 and 152). We obtained a similar picture in our study villages. Table 3 explains that in our study villages the per household gross income from CPRs is nearly double (being Rs.1393) among the rich households as compared with that for poor households (being Rs.794). But the difference is higher still in the developed village, which shows that even in the developed village the pressure on CPRs by the non-poor is high, inspite of their economies being more diversified. In the developed village, apart from the benefits of development it is the non-poor who exploits the available CPRs to the greater extent. Though the poor households get much less income from CPRs, it is relatively more important in their total household budget in the developed as well as in medium level villages. On the other hand, in the backward village, both per household gross income from CPRs as well as share of income from CPRs to total gross income is higher among the non-poor as compared with the poor households (see table 3 for details).

Further, as far as the use of fodder is concerned, table 4 shows that in the selected villages per household use of fodder is more in the case of non-poor as compared with the poor households. In the developed village the share of fodder collected from CPRs to total fodder used by the poor appears to be very high (78.4 per cent) but in absolute terms it is very meagre, since their total consumption itself is very low. On the other hand, it is the non-poor who extract the maximum amount of fodder from CPRs including the developed areas. In the backward village though there are large areas of CPRs, the poor

Table 3 : Share of Gross Income from CPRs* to Total Gross Income of the Households in the Selected three Villages.

Type of village	Category of house-holds	No.of house-holds	Total Gross Income (Rs.)	Gross Income per house-hold (Rs.)	Share (%) of income from CPRs to Gross income	Gross Income per house-hold from CPRs (Rs.)
	Poor	12	103998	8666	7.2	626
Developed:	Non-poor	27	1062935	39368	4.4	1746
	All	39	1166933	29921	4.7	1402
	Poor	26	183739	7066	12.8	906
Medium:	Non-poor	21	466834	22230	5.6	1233
	All	47	650573	13841	7.6	1052
	Poor	13	116121	8932	8.1	726
Backward:	Non-poor	41	478365	11667	10.6	1242
	All	54	594486	11009	10.2	1118
All the	Poor	51	403858	7918	10.0	794
Three	Non-poor	89	2008134	22563	6.2	1393
Villages:	All	140	2411992	17228	6.8	1175

* Gross income from CPRs is the imputed value of Biomass (fodder, fuelwood and small timber) collected and the imputed cost of free grazing during the year.

purchase a substantial proportion (14.3 per cent) of their total requirements of fodder. Since their agriculture depends on animal husbandry to a large extent (for own draught power and manure) these households try to maintain the required number of ruminant livestock. Also, animal husbandry supplements their meagre household income. Poor households cannot depend fully on crop cultivation in the dry villages, as crop cultivation is risky and uncertain here. Also, their average size of land holding is very low and hence non-viable as compared with the non-poor.

Generally it is assumed that as development takes place, along with a reduction of CPRs, the rural households themselves adopt new methods of fuel

Table 4: Consumption of Fodder by the Ruminant Livestock in the Selected Three Villages

Type of village	Category of households	Fodder Consumption (Qunitals) by the Ruminants (per hh)			
		Own*	Free**	Purchased	Total
	Poor	2.25 (21.6)	8.17 (78.4)	-	10.42 (100)
Developed:	Non-poor	64.09 (28.8)	158.75 (71.2)	0.07 (0.03)	222.91 (100)
	All	45.07 (28.6)	112.42 (71.4)	0.05 (0.03)	157.54 (100)
	Poor	5.38 (16.2)	26.25 (79.1)	1.54 (4.6)	33.17 (100)
Medium:	Non-poor	48.14 (35.6)	85.94 (63.6)	1.05 (0.8)	135.13 (100)
	All	24.48 (31.1)	52.92 (67.2)	1.32 (1.7)	78.72 (100)
	Poor	3.42 (13.3)	18.49 (71.8)	3.84 (14.9)	25.75 (100)
Backward:	Non-poor	16.97 (21.1)	62.88 (77.9)	0.82 (1.0)	80.67 (100)
	All	13.70 (20.3)	52.19 (77.4)	1.55 (2.3)	67.44 (100)
	Poor	4.14 (16.0)	20.02 (77.2)	1.76 (6.8)	25.92 (100)
All the three village:	Non-poor	38.62 (28.3)	97.40 (71.3)	0.65 (0.4)	136.67 (100)
	All	26.06 (27.1)	69.21 (71.8)	1.05 (1.1)	96.32 (100)

Note : Figures in the brackets are percentages to total.

* Crop residues and collected from own fields.

** Collected from the developed plantation (Social forestry project), collected from other farmers' fields and imputed quantity of fodder through free grazing on CPRs.

consumption. In other words as the availability of fuel wood from CPRs declines and the rural families' incomes rises, these households shift to new methods of fuel use and consumption, i.e. to biogas, electricity, kerosene, fuel efficient choolas (Hearths) etc. But in our study villages almost all the households still depend to a large extent on fuel wood from CPRs and own lands (crop

residues). Even the famous 'Astra' choola (fuel efficient hearth) has not made any impact even in the developed village. In fact, per household consumption of fuel wood is the highest in the developed village and that too among the rich households (see table 5). Though the share of fuel wood from CPRs to the total consumption of fuel wood

Table 5 : Fuel wood Consumption (per household) in the selected three villages

Type of village	Category of households	Fuelwood Consumption (Qunitals) Per Household			
		Own *	Free **	Purchased	Total
	Poor	0.42 (2.1)	18.17 (91.6)	1.25 (6.3)	19.84 (100)
Developed:	Non-poor	32.21 (85.9)	5.30 (14.1)	- -	37.51 (100)
	All	22.43 (69.9)	9.26 (28.9)	0.38 (1.2)	32.07 (100)
	Poor	1.17 (5.27)	21.47 (94.8)	- -	22.64 (100)
Medium:	Non-poor	14.44 (52.3)	12.48 (45.3)	0.66 (2.4)	27.58 (100)
	All	7.10 (28.6)	17.45 (70.2)	0.30 (1.2)	24.85 (100)
	Poor	0.15 (0.8)	18.05 (99.2)	- -	18.20 (100)
Backward:	Non-poor	2.43 (10.6)	20.44 (89.4)	- -	22.87 (100)
	All	1.88 (8.6)	19.87 (91.4)	- -	21.75 (100)
	Poor	0.74 (3.5)	19.82 (95.1)	0.29 (1.4)	20.85 (100)
All the three village :	Non-poor	14.30 (50.3)	13.97 (49.2)	0.15 (0.55)	28.42 (100)
	All	9.36 (36.5)	16.10 (62.7)	0.20 (0.8)	25.66 (100)

Note : Figures in the brackets are percentages to total.

* From own fields.

** Collected from the developed plantation (social forestry project), from other farmers' fields and from CPRs.

by the non-poor is low (14.1 per cent), these households have managed to meet the requirements from their own lands. Further, in the developed village, though the poor households depend on available CPRs for their fuel wood requirements, they do also purchase it from the market. This shows that the overall development of the village has affected the poor much in terms of decreased availability of fuel wood and fodder from CPRs.

Participation of Poor in the Use and Management of CPRs

Apart from protecting the CPRs from further degradation, their participative management, involving all the rural households, particularly the rural poor, promotes the social bond across families at the village level. This will help both poor as well as the rich. For example, in the past the poor maintained the livestock of the rich on common grazing lands and in turn used to get paid for their services in terms of cash, fodder, fuelwood and livestock. This was both a means to strengthen the social bond at the village as also an assured source of income to the poor. In our study villages, though the development agencies have tried and succeeded in protecting and regenerating the degraded CPRs, they have failed in involving all sections of the rural society in such developmental programme. It appears that the share of poor households in the biomass from the developed CPRs may further decline as the quantity and quality of biomass from it increases. This is because it is the non-poor who have an absolute control over the use and management of such resources. Even while taking up the degraded CPRs for development it appears that all the households were never consulted or involved. No doubt the officials along with the representatives of the rich might have made one or two poor households to nod their heads as 'yes', but in reality there was no active involvement or participation. The poor as a result of their socio-political and economic submission to the non-poor hardly express their clear views. Keeping the poor in the

background a few representatives of the rich try to commercialise and gain from the developed CPRs. In one village, the forest officials have tried to form the village committee to manage the CPRs, by involving all the households. But in practice no committee is active. The leader of the village (an elite) plays his own games on the one hand, and the leader of the poor, his own games on the other.

Further, it may be interesting to understand how actually the rural poor perceive the CPRs. In other words to what extent do they protect the CPRs by their participation in the use and management, if equal chance is given. What we have noticed through our own discussions with the poor households in the sample villages is that, even these households largely prefer the available CPRs to be distributed among them as PPRs. The reasons for reactions of this type may be due to : (1) Unequal distribution of PPRs (Land and livestock) among the rural families (2) Lack of CPR based PPRs among the poor (3) Neglect of non-market forces in the rural economy and (4) Lack of a proper policy by the government about the CPRs. Particularly, regularisation of the encroached CPRs. Thus, in such a situation promoting participation from all sections of the rural society in the use and management of CPRs seem to be a difficult task.

Concluding Observations

CPRs play a very important role in the rural economy of the state of Karnataka. This role was much more in the recent historical past. Nevertheless, even now these resources contribute substantially to the gross income of the rural families. The rural poor had a greater access to CPRs in the past, which has come down by nearly 50 per cent. The reduction in CPRs or the reduction of access to CPRs by the poor is due to encroachments of these resources by the rural families and due to the governmental programmes.

In absolute terms, the contribution from CPRs to the gross income of the rural non-poor is much more than in the case of poor families. But in relative terms whatever the poor get from CPRs is very important and crucial in their household economies. Even now apart from their shrinkage and degradation, CPRs contribute substantially to the total requirements of fodder and fuelwood by the rural families.

The developmental agencies have tried to protect and develop the degraded CPRs so that the access of poor to these resources is improved. They have also tried to involve all the rural families at the village level in the use and management of the developed CPRs with mixed results. It appears that the share of poor households in the biomass from the developed CPRs may further decline as the quantity and quality of biomass from it increases. This is because it is the non-poor who have an absolute control over the use and management of such resources. Thus, more than protecting the CPRs, it seems essential to have community based use and management of these resources with active participation of all the rural households. In addition to the increased availability of biomass from the protected CPRs, community based use and management of these resources can also help in promoting sustainable development of agriculture and allied activities of the rural areas. Once all the rural households are involved in the management of CPRs, it may not be difficult even to have common irrigation equipments, tractors, tillers, grain hullers etc. at the village level. If this happens, the overall development of the village, particularly of the poor families can be achieved.

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