GOVERNANCE PROCESSES OVER THE PROVISION OF LOCAL FACILITIES FOR SUSTAINABLE RESIDENTIAL NEIGHBOURHOODS

CHALLENGES AND POTENTIALS: CASE STUDIES IN ALEPPO, SYRIA

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ABSTRACT:
Local facilities are of great importance to planning sustainable neighbourhoods, while governance processes is a key factor for achieving this planning objective. The research this paper is based on showed that provision of local facilities in residential neighbourhoods in Syria is inadequate to contribute to sustainability at the neighbourhood level. This paper analyses governance processes over planning and implementing local facilities in three case study neighbourhoods in Syria. It focuses on six aspects: actors responsible for the provision; roles they play; relationships among them; rules controlling the process; resources flowing to implement the facilities; and rationalities defining actors’ practices. The analysis of these aspects is completed with an understanding of the wider political economy within which the process is taking place. Findings revealed that governance processes over providing local facilities in Syria are hampered by many challenges. Socialist relations were the basis for the country’s political economy, where the state continually attempted to control the provision process of local facilities but failed to deliver adequately. The most important challenges include: poor coordination among the different actors; lack of clear definitions of responsibilities; rigid and unclear laws and regulations; lack of funding; and mixed and confused perceptions and attitudes among the main actors. The research suggests appropriate participation of the different actors in a more widely inclusive mode of governance as a solution in order to improve the provision of local facilities.

KEY WORDS
Local facilities; Governance process; Sustainable neighbourhoods; Syria
INTRODUCTION

Unsustainable forms of planning and concern for the impact on the environment accompanied with the increasing desire to improve the quality of life, encouraged people to look for alternatives and initiated the need for creating more sustainable forms of residential settlement in the 21st century (Friedman, 2007; Kim, 2005). The concept of sustainable neighbourhood was identified by a number of authors. Carley and Kirk (1998, p. 5) introduce a definition for sustainable neighbourhood in their report Sustainable By 2020 as: “Lively, local, mixed-use settlements which maximize quality of life and social interaction and minimize negative effects, whether social or environmental, thus benefiting both local residents and society at large”. On the other hand, many authors and organizations attempted to assess sustainability in the neighbourhood. However, there is a consensus among the different scholars that providing mix of use and local facilities have been shown to be a common component of sustainable neighbourhood (e.g. Barton et al, 2010; BREEAM, 2008; Dempsey, Brown, & Bramley, 2012). This paper focus on local facilities which include: Local and service centres; Community centres; Health facilities; Schools; Nurseries; Religious worship places and Green spaces.

On the other hand, the importance of the relationship between governance process and sustainable development was seen to be of great importance. This relationship was first highlighted in the Brundtland report (World Commission on Environment and Development, 1987), which pointed to the lack of capacity of social organisation to make sustainable development choices. Later on, in 1992 Agenda 21 discussed comprehensive capacity building and institutional issues as a part of the Sustainable Development agenda (United Nations Conference on Environment and Development, 1992). However, it was not until global events such as the UN Millennium Declaration (UN, 2000) that the importance of governance to achieving sustainable development became formally addressed. Thus, many scholars have argued that implementing the principles of sustainable development requires various strategies, including collaborative governance (Wheeler, 2004; Berke, 2002; Jepson, 2001; Innes and Booher, 1999b) and establishment of partnership among and within the three main sectors: the state, the market and the civil society (Healey, 2006; Jenkins & Smith, 2001; Mandeli, 2010; Tas, Tas, & Cahantimur, 2009). In this paper, it is believed that the understanding of how governance is practiced in providing local facilities is of great importance to promoting sustainability in residential neighbourhoods.

In this paper, it is believed that the understanding of how governance is practiced in providing local facilities is of great importance to promoting sustainability in residential neighbourhoods. This paper is based on research focused on Syria, where different modes of governance have dominated development. It argues that the poor conditions of local facilities in Syria were not only a problem of setting appropriate planning standards but mainly a problem of enforcing these standards. The next section discusses the analytical framework applied in the research. The paper then provides a brief discussion of the Syrian context followed by a description of the conditions of local facilities in the three case study areas and an analysis of the governance process over delivering these facilities. The
Governance processes over the provision of local facilities for sustainable neighbourhoods – challenges and potentials: case studies in Aleppo, Syria

I Hajjar and H Smith

ANALYTICAL FRAMEWORK

Many authors have discussed models of the development process and different approaches have been adopted to analyse governance activities, each focusing on specific aspects (Healey 1991, 1992, 2007, Madanipour 1996, Jenkins and Smith 2001, Dredge and Whileford 2011). A wide consensus has emerged that a comprehensive approach to understanding the governance process can be achieved through analysing the stakeholders involved in the governance process and how these are influenced by wider structural and institutional factors. In this paper governance process is analysed focused on six main aspects, grouped into two categories:

Stakeholders:
- Actors who are responsible for the provision of local facilities
- Roles they play in the process
- Relationships among those actors

Institutional factors:
- Rules: planning laws and legislation that control the process
- Resources that flow to implement the facilities
- Rationalities of the actors that define their practices in the provision process.

CONTEXT OF SYRIA

Before presenting the case studies it is of great importance to mention that most of the data used in this paper was originally collected in the period between 2008 and 2010, when the researcher undertook two field visits to Syria. The researcher has not visited Syria since August 2010, shortly before the start of the Syrian uprising in March 2011. Thus, data on more recent developments are less prominent, and the conditions and processes described here may well have changed substantially. Analysis of this pre-uprising data is offered, however, with the hope that it may serve as an input to improvement in the governance processes over local facility provision in Syria once the current conflict has ended.

Syria is a strategic point located in western Asia. The capital is Damascus, with other major cities including Aleppo (the largest city in terms of population). Population has increased from 8 million in 1971 to about 23 Million in 2009 (MLAE, 2009, Bosman, 2012). Population growth in Syria was estimated at 2.38% 2000-2005 (MLAE, 2009, Bosman, 2012) and residential density in 2002 was estimated at 95 p/km². Urbanisation in Syria has increased rapidly. The urbanisation rate was estimated at 3.3% between 2002 and 2005, with 55% of the population living in cities (MLAE, 2009, Bosman, 2012). Syria was classified by the World Bank as a middle-income country. However, UNDP figures for 2005, using Syrian criteria, showed that 30% of the population lived in poverty, and that 11.4% lived below the subsistence level. Poverty is likely to have grown substantially due to the drought and even more so since the start of the uprising (Bosman, 2012).
The Arab Socialist Ba’ath Party took decisive control of the country’s government in the 1963 coup. The economic development of Syria has been hampered by a number of internal and external factors and has not kept pace with population growth. As a socialist state, the Government-sponsored land reform and the nationalization of major industries and foreign investments confirmed the socialist direction of the country’s economic policy (FRD, 2004). The private sector was adversely affected and became alienated from the state. Until 2000, the economy was characterised as an immobile state-centred economy. However, the economy of Syria experienced stages of liberalization during the period of the Ba’ath party governance. A major reform took place in 2001 towards some ‘economic liberalisation’ of the social market economy when certain sectors of the economy were opened up, with more privatisation and contracting out of state services, and supposedly improved market regulation (Bosman, 2012). The regime adopted a social market economy through a combination of central planning and market forces which, according to (Haddad, 2011), was considered as an unequal partnership.

In terms of the state and civil society relationship, when the Ba’ath party seized power, the state was seen to have sharply reduced societal autonomy. At the same time, the Ba’ath party created other popular organizations, to replace grassroots organizations, including peasants, youth, and women associations which were the only organisations allowed to work on women’s, youth and labour issues (Hinnebusch, 1993). In terms of community associations, under Local Administration Law 15, the government established community organizations such as neighbourhood committees and Mokhtars1 which were appointed by the government. The government also dominated the labour and professional unions. All associations were to be approved and regulated by the Ministry of Labour and Social affairs. However, in the move towards some economic liberalisation in recent years, certain sectors of the economy were opened up including some charity organisations.

URBAN DEVELOPMENT IN SYRIA

Urban planning in Syria was concentrated on a ‘command and control’ approach that relied on the production of ‘blueprints’, or ‘master plans’ by governmental institutions. These plans were prepared by experts who made plans of what they considered to be the public interest. Master Plans were to consider the objectives of the five-year plans made by the State Planning Commission SPC drawing the main lines for planning in Syria. Urban planning was to be undertaken by a strong central authority in order to make and impose decisions required by a plan (Ghorayeb, 1998). Local authorities, however, had an important role. These were to prepare master plans based on urban development laws and regulations. The central government was responsible for approving all plans and preparing regional plans for urban development covering all municipalities. A marginal role was given to the market and civil society despite the recent approaches, since 2001, towards decentralization and involving the private and community sectors in urban development. In terms of planning and implementing residential neighbourhoods, the Ministry of Housing and Utilities has set standards for planning and implementing the neighbourhoods since the 1960s. Table 1 shows the range of facilities

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1 The government appoint a person in each neighbourhood to deal with local social issues The Mokhtar has a semi-official role. He acts as a neighbourhood representative through his activities with the NC, at the same time the Mokhtar is a government representative within his neighbourhood
addressed in the ministry standards. New standards were intended to be issued since early 1982; however, work on the new standards started only in the mid 2000s and the new standards were still awaiting formal approval in 2010. In the 1960s standards certain set of local facilities were to be provided. Implementation of these facilities was largely the responsibility of the state through different actors. According to Local Administration Law 15, the municipality was to manage and monitor the urban development process in general and was directly responsible for providing shopping facilities (local and service centres) and recreational facilities (with participation from the housing associations or other organizations responsible for delivering housing at the neighbourhoods). The municipality was responsible for managing the development of plots for other services through allocating the plots to the relevant developers. Other public providers also includes the Directorate of Health (DoH), responsible for providing health centres; Directorate of Services (DoS) and Directorate of Education (DoE), responsible for providing schools and occasionally for nurseries; and Directorate of Awkaf (endowment - DoA), responsible for religious buildings. Semi public organizations like the Union of Women (UoW) also participated in delivering facilities like nurseries as part of their aim to care for working mothers. Neighbourhoods committees NCs and Residents committees² were to monitor the development of the neighbourhoods and report to the municipality.

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Population</th>
<th>Area of land specified for the service m² per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery</td>
<td>6000</td>
<td>10m² pp, 5% of residents are considered to be in primary school age</td>
</tr>
<tr>
<td>primary schools</td>
<td>6000</td>
<td>10m² pp, 16% of residents are considered to be in primary school age</td>
</tr>
<tr>
<td>Local centre(12-20 shops,Café,Religious building)</td>
<td>6000</td>
<td>0.5m² pp</td>
</tr>
<tr>
<td>Green space play area</td>
<td>6000</td>
<td>1-4m² pp (depending on the type of housing)</td>
</tr>
<tr>
<td>high schools</td>
<td>12000</td>
<td>15m² pp, 7% of residents are considered to be in high school age</td>
</tr>
<tr>
<td>Local public garden</td>
<td>12000</td>
<td>1m² pp</td>
</tr>
<tr>
<td>Health centre</td>
<td>12000</td>
<td>1.6 m² pp</td>
</tr>
<tr>
<td>Service centre(Pharmacy,Café,Restaurant,Religious centre,Community centre,Gas station)</td>
<td>12000</td>
<td>1m² pp</td>
</tr>
</tbody>
</table>

[Table 1] Local facilities according to Ministry of Housing and Utilities (MHU) Standards

**CASE STUDIES**

Analysis of the implementation of the previous Master Plan of Aleppo (1974 Plan) showed great differences between plans and reality. At the city level, unplanned residential settlements were established outside the master plan area or occupied area designated originally as green, agricultural or service areas. Moreover, areas designated for services at both city and district levels were developed at a very slow pace and some of these areas were developed for other uses. At the neighborhoods level, plans were implemented showing marked difference between plans and reality. On the one hand, densities of many neighbourhoods increased as more housing units were provided than those planned.

² RCs are established only in neighbourhoods where housing is developed by housing associations. These committees are formed from members of housing associations who reside in the neighbourhoods.
On the other hand planned local facilities were provided at a much slower pace than housing provision while uses of some designated facilities were changed to other facilities serving at district or city level. In addition, unplanned facilities spread across the residential neighbourhoods to respond to the demands for services not met by implemented planned ones.

The case study neighbourhoods were selected from among the formal relatively new implemented and occupied neighbourhoods. The three case study neighbourhoods were selected according to three main criteria. First, the three neighbourhoods have different socio economic conditions: (1) upper-middle income, (2) middle income, and (3) lower-middle income surrounded by illegal settlements. Second, the neighbourhoods have different actors involved in the development process. And third, the three neighbourhoods have different densities and building typology.

FIRST CASE STUDY Halab AlJadeeda (the upper-middle income neighbourhood)

The neighbourhood is located on the western edge of Aleppo with an area of about 175 ha. The neighbourhood was planned to house about 23000 people but in reality it housed about 35000 people.
The increase in population was due to the building of a higher number of housing units than that originally planned. Building typologies range from single-family villas of one or two stories to three-storey buildings which have three to sixteen flats. The neighbourhood is considered to be upper middle income.

The area was specified in the 1974 Master plan as a residential area. However, early development of the neighbourhood started sometime before issuing the 1974 Master plan. The development of the area was undertaken by four main housing associations through different periods of time. The first project started in the 1960s and residents started to arrive in the neighbourhood since the late 1960s but it was not more fully occupied until recently.

Facilities within the neighbourhood:
The original plan for the neighbourhood contained a variety of facilities: 15900m$^2$ for local centres divided into four plots; 4000m$^2$ for community centre; 2800m$^2$ for a local health centre; 65000 m$^2$ for schools divided into seven areas of land; 14200m$^2$ for nurseries divided into four plots; 12500m$^2$ for mosques divide into three plots and 110000m$^2$ for green spaces divided into four public gardens, eight smaller ones and green corridors. In addition, the plans contained 22950m$^2$ of land divided into six plots for public services.

However, the existing facilities are quite different from the planned ones. A local centre which contains a few shops, a restaurant and the centre of the Residents’ Committee (RC) is provided by one of the Residents Committees on one of the plots allocated in the original plans since 1976. In 2010 construction of a seven storey shopping centre provided by the municipality on land allocated for a local centre in the original plans was almost finished, while construction had just started on another plot of land to build another seven story shopping centre by a private developer. On the other hand there are a number of corner shops in the neighbourhood converted by private developers from garages or ground floors in residential buildings, totalling about 77 shops of a wide variety like food shops, clothes shops, barbers, stationery stores, etc and 70 real-estate offices. On the plot allocated as a community centre a restaurant and a café have been provided by the RC with participation from a private developer recently.

In terms of health facilities, a health centre of 1400m$^2$ (half area of the designated plot) was provided in the neighbourhood by the DoH in 2000 (this serves not only the local residents but also residents of the surrounding areas). On the other half of the plot a specialised health centre at the city level was provided. Around 15 private clinics of various specialities are available in the neighbourhood; these are converted from ground floors in residential buildings. Along with the private clinics, two private hospitals are provided and a third one was about to open in 2010. The three hospitals are provided on land allocated for housing.

In terms of educational facilities, six schools were provided gradually by the DoS and DoE in the neighbourhood in the years 1976, 1993, 2000, and 2002 on four areas of land allocated for schools. Only two of these schools work in one shift while the other four work in two shifts. In 2010 the construction of two other schools had just finished and an eighth one had just started. Two public nurseries are provided; one was built in 2000 by the UoW on land allocated for this purpose while the other has been provided as part of one of the primary schools. In addition to the public nurseries, four private ones were converted from ground floors in residential buildings from the late 1990s.
Governance processes over the provision of local facilities for sustainable neighbourhoods – challenges and potentials: case studies in Aleppo, Syria
I Hajjar and H Smith

There are five mosques in the neighbourhood which were provided gradually by civil society since the late 1980s. Three of them were built on land allocated for this purpose, of which one is still under construction, one was provided on land allocated as a green area and the fifth one was provided on a plot allocated for public use.

Two public gardens are provided in the neighbourhood. The first one was provided since the late 1980s by one of the housing associations and the other one was opened to the public in 2007. Another green space is also well planted and maintained. Other green spaces in the neighbourhoods have plants and trees. Most of them are not well maintained except for the ones in the area built by one of the housing associations’.

Some facilities are available in the neighbourhood which are not serving the local neighbourhood in particular. A police station which serves the local neighbourhood and a few others surrounding was built on land specified for public use. The second storey of the police station is used as the centre for fighting drugs which serves not only the whole city but also the north part of Syria. A health centre for a specific disease is provided on half of the land allocated as local health centre and this serves the city level. Construction is taking place of the Pharmacists Union centre on land allocated for public services; this will serve as administrative offices for the Union of Pharmacists. The offices of the General Company for Bakery are located on land specified for a local centre. A phone and post centre is provided on one of the areas of land allocated for public use and serves the neighbourhood and its surroundings and a college serving at the city level is also provided. Finally, a plan to provide a ten storey mail centre on one of the areas of land allocated for public use is waiting for final approval from the municipality.

SECOND CASE STUDY  Hamdanyah (the middle income neighbourhood)

The neighbourhood is located in the western-southern side of the city of Aleppo area of about 132ha. It is occupied by 38000 people according to the survey of 2007 but is planned to reside up to 32825
people. Moreover, population of the neighbourhoods slightly exceeded this number as illegal flats are built in of the private gardens of many of the residential buildings.3 Building typologies varied in the neighbourhood. It includes an area designated for single-family detached villas of two to three stories. This area housed rich families. The rest of the neighbourhood is divided into three areas with terraced buildings of 4 to 5 stories and also few detached high rise building of 8 to 12 stories which host mainly middle-income families. All buildings are surrounded by private gardens in ground floors belong to residents of these ground floors. Many of these gardens in the terraced and high rise residential buildings were occupied by either additional small flats or shops. The neighbourhood was initiated by the General Company of Military Housing (GCoMH) as an endeavour to solve housing problem for people of middle income mainly from the members of the military. Residents started to arrive in the neighbourhood in early eighties and it was fully occupied in the late eighties except for the villa’s area which still had unoccupied housing units in 2010.

LOCAL FACILITIES WITHIN THE NEIGHBOURHOOD:
The original plan of the neighbourhood contains a variety of facilities which was amended to include even more facilities in 1999: 9800m² for small groups of shops divided into 13 plots; 12500m² for a service centre (which was designed to have about 80 shops, a convenient store, two multipurpose halls and a nursery); 2600m² for a health centre; 77900m² for schools divided into 14 plots; 1245m² for nurseries divided into 7 plots; 30500m² for mosques divide into 8 plots; 32825m² for small green spaces and 30600m² public garden. In addition, the plans contained 20000m² of land divided into 7 plots for cultural and administrative facilities.

As with the first case study, the existing facilities are quite different from planned ones. The service centre was developed by the GCoMH and opened late 1990s. Of the 80 shops in the service centre only 20 are run by private investors and the rest are not opened. The nursery and the convenient store were run by the GCoMH for a short period and have been closed in 2007. Part of the centre was developed as offices of local public newspaper which was then converted to a private school. Of the 9800m² allocated for small centres, most of the plots were built by the GCoMH and sold to private developers, while few plots were still undeveloped in 2010. In addition to these publicly provided shopping facilities, 409 private corner shops were provided gradually in the neighbourhood through building parts of the front gardens in residential buildings. Another 12 shops were built on premises of religious buildings.

In terms of health facilities, a small public health centre was provided by the GCoMH through converting a ground floor in one of the high rise building. This was mainly directed to serve military members but at the same time it provided few services to local people. A specialised health centre (serving at city level) was provided in the mid 1990s on the plot designated originally as a local health centre. In addition, 32 private clinic (of one doctor or one nurse) were provided through converting flats in residential buildings into clinics.

In terms of educational facilities, 7 schools were provided by the DoS and the DoE gradually in the neighbourhood between 1980 and 1995. The other 7 school plots are still empty. Only one of these schools works in one shift while the others all work in two shifts. One nursery was provided in 1989

3 Residents in ground floors built extra small flats within their gardens to provide housing for their extended family members or to rent for other families. Residents of these flats are more than 2000.
by the UoW on a plot allocated for this purpose. Another one was provided in the service centre by the GCoMH for a limited period of time. In addition to the public nurseries, 4 private ones were converted from ground floors in residential buildings.

Seven mosques and one church were provided gradually since 1990 with fund from the civil society. The main public garden was provided in 1995 by the GCoMH. It has trees, plants, seats and playing areas for children. Other green spaces in the neighbourhood are mostly left empty, few are equipped with few plants.

Five of the seven cultural and administrative facilities’ plots were used as: administrative offices of the GCoMH; a petrol station; a fire station; a post centre. The other two plots are still empty. Moreover, the GCoMH allocated three plots converted from the green belt surrounding the neighbourhood to develop a police station; a power station; a small centre for paying bills and a centre for the Directorate of services DS. These facilities serve not only at neighbourhood level but at higher level.

THIRD CASE STUDY Hanano (the lower-middle income neighbourhood)

The neighbourhood is located on the eastern edge of Aleppo with an area of about 125 ha. The neighbourhood was planned to host about 30000 people. In 2010 it had about 52000 people (mainly due to larger number of households than expected), and was expected to host more people as few residential building was still under construction. The building typology is of 5 stories with no private gardens at the ground level. The neighbourhood is considered to be lower middle income. The neighbourhood is surrounded by informal settlements of low income people with population of about one hundred thousand people. An adjacent formal area of 32000 people also depends on the facilities in Hanano as it was planned with very few facilities.

The Hanano neighbourhood was planned as part of the government attempt to provide housing for low income people. The area was specified in the 1974 Master plan of the city as a green area and was later changed into a residential area. The development of the area was undertaken during different
periods of time. Construction of the first area started in the late 1970s and residents arrived in the early 1980s. Construction of the rest of the neighbourhood has been undertaken gradually. Nearly all residential blocks were constructed by late 1990s except for a few that were still under construction in 2010. On the other hand, the construction process of the commercial street buildings started after 2000 and finished only recently.

LOCAL FACILITIES WITHIN THE NEIGHBOURHOOD:
The original plan for the neighbourhood contains a variety of facilities: 20600m² for local centres and shops divided into 12000m² for a local centre; 2400m² for a convinient store; and 6200m² for shops designated as ground floors of residential buildings on one of the main streets (the commercial street); 5100m² for a health centre divided into 3 plots; 25300m² for a hospital; 69000m² for schools divided into six plots; 14900m² for nurseries divided into six plots; 31500m² for mosques divide into four plots and 145000m² for green spaces divided into a 60000m² public garden and a number of smaller ones and green corridors; 44000 m² for a play ground. 12800m² for a cultural centre; 8800m² for cinema and 9700m² for a phone and post centre. In addition, the plans contained 33600m² of land divided into six plots to be used for public services with no specific land use.

The existing facilities are quite different from the planned ones. On the plot designated as a local centre, a small shopping centre of about 1500m² was provided by the municipality in the early 1990s. This contains 44 small shops of which less than one third are opened. In 2009 the rest of plot was developed by a private company in partnership with the municipality, containing 427 small shops of which about 350 are opened. The provision of the commercial street was undertaken by the municipality. It only started in early 2000s and two blocks were still under construction in 2010. 167 shops in the commercial street are opened while another ninety shops are still vacant. In addition to these shopping facilities, 455 private corner shops were provided gradually in the neighbourhood and another 90 small stores are developed but not opened yet. This provision was made through converting part of the ground floors in residential buildings into shops.

In terms of health facilities, a small health centre of 1300m² was provided by the DoH in the early nineties to serve mainly people in the surrounding informal settlements. In 2003 a health centre of about 3200m² was provided through fund from an international organization to serve residents of the neighbourhood as well as residentnts in surrounding neighbourhoods. Along with the latter public health facilities 32 private doctor clinics and 15 nurse clinic have been provided through converting flats in residential buildings into clinics.

In terms of educational facilities, ten schools were provided gradually in the neighbourhood by the DoS and the DoE in the years between 1989 and 2010 on plots allocated for this purpose. Only one of these schools works in one shift while the rest work in two shifts. In terms of nurseries, only one public nursery was provided in 1988. In addition to the public nurseries, a few private ones were converted from ground floors in residential buildings.

Two mosques were provided in 1997 and in 2001 through donation from civil society. A third one is still under construction. However, before the building of these mosques, residents of the neighbourhood constructed a prayer room on part of a green area.
The main public garden was provided in 2001 by the municipality. It has trees, plants, seats and playing areas for children. Other green spaces in the neighbourhood were left deserted; few of them have some plants. The play ground is not developed but youngsters use the area for playing football games.

With regards of the public services’ plots, four of these are used for facilities serving the local neighbourhood and as well as the surrounding areas: a post centre; a DS centre; a police station and residencies for police officers. The rest of the plots were left empty.

ANALYSIS OF GOVERNANCE PROCESSES IN THE THREE CASE STUDY NEIGHBOURHOIDS

STAKEHOLDERS: ACTORS, ROLES AND RELATIONSHIPS

The actor that was most active in the provision process of most of the planned local facilities in the case study neighbourhoods was the state. In theory, the state was supposed to be the main provider of most of the planned facilities and was responsible for monitoring the development process in general and organizing participation of the private and civil society sectors in the provision process.

The role of the state was undertaken by different actors. The municipality was the most important one. The case studies proved that as a provider, the municipality could not provide all planned facilities in appropriate time with the housing, as most facilities provided were developed long after the development of the housing, and some facilities were still undeveloped in 2010. In addition, the municipality’s provision was of poor quality in many cases. However, the case studies showed that the municipality favoured the lower middle-income neighbourhood in terms of providing shopping facilities and recreational facilities faster than in the upper middle-income neighbourhood. In terms of managing and monitoring the provision process: as an allocator of land, the municipality proved to be slow in allocating the local facilities’ plots in most cases; information sharing was seen to be weak between the municipality and other public and semi-public providers in many cases; while bureaucracy and long routine procedures were seen to have delayed the provision process. Again the municipality was slightly more active in allocating plots in the low middle-income neighbourhood than the upper middle-income neighbourhood in order to respond to the high pressure coming from the informal areas surrounding it.

Moreover, the municipality was seen to be responsible partially for the change in density which had increased in the three case study neighbourhoods. Change in building codes by the municipality allowed larger number of residencies than planned originally in the upper middle-income neighbourhood. In the middle-income neighbourhood the illegal provision of extra residential units took place with the municipality turning blind eye to this provision. In all cases, no attempt was made to provide extra facilities to respond to the increase in density. The municipality’s attitude towards provision by other actors varied. The case studies showed that when dealing with formal private provision through change of use, the municipality usually approved the change of use, which involved long and routine procedure which was not appreciated by private developers. On the other hand, the role of the municipality in managing private sector participation in providing planned facilities, e.g. new shopping centres in both upper middle-income neighbourhood and lower middle-income neighbourhood, was seen to be successful in terms of undertaking projects at a faster pace than when provided by the public sector. However, these have come late in the case study areas after the
development of illegal facilities that people had become used to using, thus newly provided facilities were not able to attract residents.

In terms of dealing with informal provision, the municipality proved to be unable to prevent the illegal activities. New illegal services were still appearing in the case study neighbourhoods in 2010. On the other hand, the way the municipality was dealing with the representatives of local communities and residents in the case study neighbourhoods proved to be inefficient in most cases. Community representatives expressed that their demands and suggestions were delayed or ignored, while residents expressed lack of trust in the municipality to respond to their demands. Finally, the municipality was responsible partially for the increase in density in the case study neighbourhoods which put more pressure on using local facilities where change in building codes by the municipality allowed extra number of residencies in the upper middle-income neighbourhood, while illegal provision of residential units in the middle-income neighbourhood took place with the municipality turning blind towards it.

The other state actor that was responsible for delivering facilities in the neighbourhoods was the different public sector directorates. Their role was mainly to provide facilities on plots allocated for them by the municipality. The case studies showed that, as with the municipality, these directorates were not able to provide the facilities in appropriate time in relation to the development of the housing. The DoH, which was responsible for the provision of health facilities, was in general not able to develop facilities in appropriate time. Moreover, the DoH was keener to provide services at the city level rather than the local level, thus it delivered city level facilities on local level facility plots. However, the DoH was seen to favour the lower middle-income neighbourhood in terms of providing health facilities rather than the other neighbourhoods. Similarly, the development of schools was slightly faster in the lower middle-income neighbourhood than the upper middle income neighbourhood. The middle income neighbourhood was the poorest in terms of developing school plots where GCoMH still keep the ownership of many of the schools’ plots. However, development of schools by the DoS and the DoE was better than facilities developed by other providers in terms of developing most of the school plots and using most of them as local schools. In the three case studies development of nurseries was undertaken mainly by the UoW while DoE have only been involved since 2003 in nursery provision which, was seen as a cause of conflict over the plots allocated for nurseries. In general, the UoW who provided only one nursery in each neighbourhood was not keen to develop the rest of the nursery plots. As a semi public (or civil society) organization, the UoW was not formally required to develop nurseries. The DoA acted as the facilitator of civil society’s provision of religious building rather than as a main provider. This cooperation between the DoA and civil society proved to be able to provide facilities that in some cases exceeded standard or planned ones. In addition, the different public sector directorates were to license the private provision of unplanned facilities. The case studies showed that in some cases these were not allowed despite the local need – e.g. the DoE did not permit the private provision of nurseries in the low middle-income neighbourhood. However, in general private provided facilities in the case study neighbourhoods showed that more efforts could have been made to organise this provision to meet the local needs rather than just leaving this to private developers.

Apart from the state provision of local facilities, the three case studies showed that the market had played an important role. Its main role was focused on providing local facilities that were not planned originally through change of use, either formally through obtaining appropriate licence from the
related public sector organization or informally. The focus of the unplanned private provision was on shops, private clinics and hospitals, and nurseries, which were seen as providing facilities when the public sector was struggling to provide the planned ones. The other role of the private sector was to deliver planned shopping facilities; through partnership contracts with the municipality (e.g. Build, Operate, Transfer contracts). Despite only one project being completed in 2009 in one of the case study areas while a few others were under construction in 2010, these projects were seen to be undertaken at a faster pace than when provided merely by the public sector. However, private sector participation in provision of both planned and unplanned facilities could have been more organised to respond to local needs where the range of unplanned facilities was left to the private developers while private provided planned facilities came late after the development of unplanned ones.

The civil society sector was seen to have the least participation in the provision process of local facilities than the state and the market. As a provider of facilities, the most remarkable role of civil society was evident in the provision of religious building. This role was seen to be effective, with religious buildings being provided at a faster pace than other facilities in the three case study areas. The provision of religious facilities was slower in the lower middle-income neighbourhood where the poor income of residents of the neighbourhood affected the provision process. Other important roles of the civil society as a provider of local facilities were taken on by different actors: the Residents’ Committee RC in the upper middle-income neighbourhood maintained green spaces and provided very few community facilities in the RC’s centre. This participation of the RCs was seen to be effective, however, it was largely subject to personal opinion of members of RCs in terms of services provided and was limited to the upper middle-income neighbourhood where these committees where based. Charity organizations also played an important role in providing some facilities. The charitable provision was seen to have favoured the lower middle-income neighbourhood, where two charity health centres were provided, while only one was provided in the middle income neighbourhood and none in the upper middle-income one. Finally, the participation of international organizations in providing the public garden in the upper middle income neighbourhood and the children’s library also proved to be effective in the lower middle-income neighbourhood, where such provision was not made by the public or private sector. However, this participation happened only once in the case study neighbourhoods. In addition to direct provision of some facilities, civil society through residents of the neighbourhoods and their representatives participated in the provision process through initiating development when complaints and suggestion regarding the delay in providing facilities or regarding the negative impact of some of these facilities were made. This role was more evident in the lower middle income neighbourhood. However, the relationship between the state and civil society lacked trust and appropriate response from the state. Moreover, the relationship between residents and their representatives were seen to be very weak, with the latter being appointed by the government rather than chosen by the community. Moreover, most residents were not aware of the existence of such community organizations.

INSTITUTIONAL FACTORS: RULES, RESOURCES AND RATIONALITIES
A set of rules had influenced the provision of local facilities in the three case study neighbourhoods. The legal view that the state was the main provider dominated provision of local facilities in all three case study neighbourhoods until the mid 2000s, when the economic reform (represented by Law 10 and the 10th five-year plan) encouraged participation of the private sector. In terms of planning standards, a set of local facilities was to be provided in all residential neighbourhoods in Syria with a
slight variation in terms of areas specified for green spaces, as these varied according to housing typology. However, planning standards were not strictly applied when planning residential neighbourhoods where smaller areas were designated for local facilities than addressed in standards in general. Application of these standards varied between the case study areas subject to planners’ opinions. Moreover, implementation of the local facilities in the case study neighbourhoods suggested that the planning law defining the implementation process, which did not specify timescale for the delivery of facilities, did not provide a clear vision of the process of allocating the land and had a negative impact on the provision process. In some cases the unclear definition of the responsible bodies regarding provision was also seen as an obstacle in the provision process, in terms of clarifying procedures for ensuring the provision of local facilities in response to plans and in appropriate time in relation to provision of housing. This lack of clarity in the rules and the poor implementation of them allowed the municipality and some public sector provider to change the use of certain facilities. Planning law had also left the decision over change of use and the use of public service plots to the municipality without paying attention to the opinion of local residents. It was not clear if these changes to new uses should be advertised to the public, which allowed the ignoring of public opinion in most of the cases. Planning laws defining public participation in the planning stage, which was limited to public participation during 30 days after advertising master and detailed plans, were seen to be inefficient. The role of residents’ representatives addressed in local Administration Law 15 was seen to be weakly applied in the provision process, as the opinion of these community representatives was usually ignored despite the law giving them the right to communicate with relevant bodies responsible for the provision of local facilities. Laws over licensing change of use changed frequently, encouraging the change of use from residential to other facilities, which slightly differs among the three neighbourhoods subject to building codes and housing typology. The building and use licensing laws favoured the upper middle income neighbourhood, where building codes permit the use of part of ground floors for shopping facilities, nurseries, health facilities etc, as opposed to in the middle income and lower middle income neighbourhoods, where fewer facilities were permitted. However, limited action was taken to prevent breaching of these laws where a large number of facilities were developed informally in the lower middle income and low income neighbourhoods.

In terms of resources, officials expressed that the shortage in finance and in land at city level and at local neighbourhoods’ level was an important obstacle for appropriate delivery of many of the local facilities. Budgets of the municipality and public directorates were noted to be tight and had to be divided among many things that varied from year to year. The 2001 reform and new forms of BOT contracts with private sector were seen to have provided good sources of finance to the municipality, as well as providing direct finance to build some facilities like shopping centres. Other resources for providing local facilities came from the private sector, which was seen as a main source of funding in providing unplanned facilities by means of change of use. Moreover, the private sector have provided resources for developing a few planned facilities. This had been limited to establishing green spaces in the upper-middle income neighbourhood, but since the mid 2000s private sector resources were used to build planned shopping facilities. Other sources of funding came from civil society sectors in terms of building one of the shopping centres in the upper-middle income neighbourhood, charity health centres in middle and lower middle-income neighbourhoods and providing and maintaining green spaces in the lower middle-income neighbourhood. However, resources coming from civil society varied among the three case studies, with community resources being more available in the upper middle-income neighbourhood than in the other two neighbourhoods. Resources coming from charity
organizations were directed to the lower middle income and the middle income neighbourhoods rather than the upper middle income neighbourhood, while funds from international organisations were used both in the upper middle income and lower middle income neighbourhoods, depending on types of facilities provided (library for children in lower middle income neighbourhood and public garden in the upper middle income one).

In relation to rationalities, when asked about their rationalities for providing local facilities, there was a clear variation among the actors with regard to the different facilities in the different neighbourhoods. While all actors accept the importance of local facilities to provide for local needs, there were marked differences in their attitudes in delivering these facilities. While policy makers stressed the importance of local facilities through setting planning standards, planners were not highly committed to these standards when planning neighbourhoods. However, among the different facilities, schools were given the highest priority as the areas devoted for schools in the three case study neighbourhoods were similar to areas set in the standards, while local and service centres were usually given the smallest areas in comparison to standards. In terms of the different neighbourhoods, the lower middle-income neighbourhood which was planned by the municipality was allocated larger areas for facilities in general than the other two neighbourhoods, planned by housing associations and by the GcoMH. On the other hand, developers of local facilities were less keen to provide local facilities according to plans. However, the DoE and DoS, which were responsible for providing schools, were the actors that were most committed to providing local facilities. The DoH, which was responsible for providing health centres, was more focused on providing facilities at the city level rather than local levels due to shortages in resources and land and due to the accepted trend that local residents will not use local health centres unless they can not afford private ones. Both DoH and DoE showed more interest in providing for the lower middle income neighbourhood than the other neighbourhoods. The UoW, which was the only provider of planned nurseries in the three case study areas, was more interested in the value for money of delivering nurseries than in nurseries as a local facility. Similarly, the municipality, which was to provide shopping facilities, was more focused on these as an investment to provide funds for the municipality. The same can be said about the change of use to corner shops and shopping centres, with these being welcomed by the municipality as a source of revenue. Private developers were always focused on providing facilities based on demands rather than local needs, thus certain types of facilities were provided which were seen to be profitable rather than important for local residents. The value for money incentive was also evident in some of the civil society provision – e.g. the community centre plot in the upper middle-income neighbourhood which was developed by the RC as a cafe and restaurant. Moreover, some other provision undertaken by civil society was focused on the importance of providing local facilities like maintaining green spaces in the upper middle income neighbourhood and providing religious building and charity health centres, which at the same time can be considered as religiously-inspired giving. Another important point in addressing rationalities was the difference in understanding the meaning of some facilities between planners and providers. For example, planners designated plots for local shopping centres rather than local and service centres, which would have included a range of facilities such as community centres. In addition, the case studies showed that the meaning of the community centre was not clear for all actors. This unclear understanding of meaning of such facilities was accompanied by unclear definition of responsibilities which in turn influenced actors’ attitudes towards development of some facilities. Moreover, conflict over responsibilities for the provision of facilities (e.g. green spaces and nurseries) was seen to have great influence on the provision process with each actor blaming the other for the lack of provision or the poor conditions of this provision.
CONCLUSION

Analysis of the case studies showed that the formal process of governance does not involve a wide range of the concerned actors. It shows a system largely controlled by central and local government actors: the municipality and public organisations. It was the ‘state as a provider’ approach through its very dependence on state management of resources, which affected the appropriate delivery of local facilities. In this approach the market was excluded from the provision process in most cases, its participation being limited to running some publicly provided facilities, mainly shopping facilities. Civil society has low participation in decision making. Community representation is undertaken by Residents Committees (RCs), Neighbourhoods Committees (NC) and Mokhtars with residents being not aware of the presence and/or the role of these representatives.

In terms of rules, resources and rationalities, the governance process around local facility provision can be characterised by centralisation in decision-making along with rigid, unclear, contradictory and inflexible laws and regulations. The standards were based on western standards and not based on local experiences and had not been updated for long period of time. Shortages in human and fiscal resources were seen as an obstacle for appropriate provision of local facilities. Differences in rationalities among the providers from the different sectors accompanied by unclear definitions of responsibilities, along with unclear understanding of the value of local facilities, were seen to hamper the governance process.

Therefore, urban development in Aleppo, Syria, continued in an unorganized and random pattern led by the inability of the government to plan and implement local facilities that respond to the needs of urban growth on the one hand, and by private sector participation based on local demands rather than local needs. The state ended up responding to the day by day conditions rather than applying a well structured development plan.

Therefore, findings from the case study neighbourhoods showed the need for wider governance that includes all stakeholders. It showed a potential way forward if private and community sectors are given a stronger role to participate within a comprehensive and flexible system. In order to do this, the public sector should be more open to accept and respond to the participation of the private and community sectors. The relationship between these actors should be strong and based on respect and trust. This will also involve strengthening community organisations and building their capacity to participate with the private sector and public sector in the governance process. With regard to rules over the governance process, the existing top-down decision-making process could be coupled with an ascending bottom-up approach which emphasises the principle of shared responsibilities within a comprehensive and flexible system that defines objectives and strategies rather than regulations and procedures. Changes to the centralisation in distributing resources and providing local resources that can be managed directly by the local government and local public organisations and decisions over priorities of allocating the finance should be shared with civil society. Finally, the case studies also showed a great need to provide a clear vision of the end product of local facilities based on the perception of the different stakeholders, rather than depending merely on experts’ opinion in deciding on the public interest.
REFERENCES


