Invisible Agents: Women in Service Delivery Reforms

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1 Introduction
During the 1990s, governments in developing countries began to carry out wide-reaching reforms of the way public services such as health and education are delivered. New Public Management (NPM) heavily influenced the reform agenda that has emerged, in part as a result of the influence of international actors such as the World Bank and bilateral donors. An important component of NPM, drawn in part from social choice theory, that made its way into the reforms is the emphasis placed on empowering end-users as agents of accountability. This article argues the abstract notion of end-users of public services found in NPM-inspired reforms – either that of generic (maximising) individuals or undifferentiated households – is mistaken, making invisible the particular agents who in reality access public services on behalf of the household. Worse, it hides the constraints these agents face when seeking access to such services, which can limit their efficacy as agents of accountability.

In this article, I argue that it is overwhelmingly women who access and use public services to meet household needs, despite differences in women's societal position across regions of the world. Women tend to have greater responsibility in the household division of labour for education, health, clothing and food of the members. Men's roles are seen as ensuring the economic stability of the family. Rather than generic agents, women face power relations within the household and within the community that constrain their ability to voice household needs or exercise the best choices in the service marketplace. In addition, the article presents compelling evidence that the gender of who obtains social benefits matters both for the overall wellbeing of the household and for women and girls particularly.

Gender power relations influence the way decisions are formulated both at the household level as well as within the community. Reformers need to take gender power relations into consideration in the design of service delivery reforms, particularly if they are betting on women as important agents of accountability. If women are to be important agents of accountability, they have to become visible in the design of service delivery reforms.

Given the limitations that women can face when acting individually, this article takes one further step and explores the role of collective action in strengthening their voice. Collective action has often led to strengthening of the voice of a particular group at the local, national and international level. However, this article finds that women face a specific set of obstacles to collective action that make constructing collective voice, for example by participating in social movements, more difficult.

Data on women and social policy is generally sparse in middle- and low-income countries, and there is very little research on the impact of recent reforms on women's voice and choice. This article is an attempt to bridge some of this research gap.

2 Intra-household power relations
Very few public services reforms explicitly take into account the power relations that exist within households. The design of public services is often based on the assumption that individual or household decisions conform to neo-classical economic theory (Beall and Kanji 1999; Kabeer 1994; Evans 1989). Here, the household is viewed as a single entity and treated as a unit of analysis (Kabeer 1994; Becker 1981). In urban household surveys, 'the household' is often used to assess how the aggregate

public accumulates, spends, or uses and experiences housing, infrastructure and urban services (Beall and Kanji 1999: 4). In the case of NPM, Batley (2004: 32) argues, this conception of the household as an undifferentiated (utility maximising) unit is put at the service of 'the reduction of governments' direct role in managing economies and providing service; a greater reliance on markets, communities and individuals to manage services; adoption by governments of new roles of 'steering' (setting policy frameworks, regulating and supporting) service providers rather than providing directly; and the reform of public management to create incentives for efficiency and effectiveness'. The justification of the NPM reforms in service delivery has been to enhance the leverage of individual users *vis-à-vis* providers through voice and choice reforms, ensuring greater accountability and responsiveness by service providers.

There is a wide range of literature that has questioned the neo-classical construction of the household. However, despite the existence of a wide body of literature NPM reforms have failed to take into consideration gender power relations. New Household Economics (pioneered by Gary Becker in the 1960s) emerged to challenge the neo-classical account highlighting the importance of production within the household (Becker 1974, 1981). In the new household economic model, all resources are pooled and distributed in an altruistic manner by a benevolent male household head to maximise the welfare of household members. Marxist theory according to Folbre (1986: 254) has also portrayed household relationships as reciprocal and characterised by consensus rather than conflict.

Gender analysts, particularly feminist anthropologists and economists, have demonstrated that this characterisation of the household is naïve and ignores gender and power imbalances and conflict within the household (Kabeer 1994; Evans 1989).[1] Intra-household allocation of resources refers to the dynamics of how different resources that are generated within, or which come into the household are controlled and accessed by different members (Baden and Reeves 2000: 24). Gender analysis has revealed evidence of bias against female members of households in the allocation of resources such as income, food nutrition, healthcare and education. Katz (1997: 25) observes that research on household bargaining models shows that women, in

comparison to men, do not have equal power to voice their needs, nor equal ability to exit from households that do not meet their needs. Nonetheless, these patterns are not universal and are often mediated by other factors such as age and birth order (Baden and Reeves 2000: 24). In South Asia, nutritional bias against girls has been more widely noted than in Latin America.

Deeply influential in this field of intra-household bargaining models is the work of Amartya Sen (1990) who has argued that the access to different household goods is determined by bargaining in the context of cooperative conflict. Sen (1990) argues that households are formed and sustained so long as members have more to gain from being within them than outside. There are a number of variables that will strengthen women's voice and therefore influence over household distribution of resources. Sen (1999: 191–2) identifies women's ability to earn an independent income, to find employment outside the home, to have ownership rights and education as key variables in affecting women's agency. Through working outside the home and earning an independent income, women's social standing both within the household as well as in society more broadly, will improve. The contribution to the family prosperity is more visible and her voice will be strengthened in resource allocation because she will be less dependent on other members of the household. Outside employment often has useful 'educational' affects, in terms of exposure to the world outside the household, making her agency more effective. Similarly, the education of women increases their agency, by providing more information and skills. The ownership of property can also give women more power in family decisions. As a result of such factors, how much say women have over resource allocation at the household level can vary even within the same region in households with the same income.

There is considerable research showing that the way resources enter the household has an effect on resource allocation within households. Lundberg *et al.* (1997) used the changes in the UK welfare system in the late 1970s to test how the gender of the welfare recipient can affect intra-household resource allocation. In Britain prior to 1977, public transfers for child benefits were paid to households through the tax system. Their financial entitlement was deducted from income tax accrued to the father. The welfare system was then

remodelled replacing the tax deduction with a cash transfer to the mother. The study shows that there was a coincident change in the expenditure pattern: relative to men's clothing, expenditures on women and children's clothing increased. They conclude that the shift in power within the household did affect allocation of resources, strengthening the women's in decision making.

Thomas (1997) found that in Brazil, additional income placed in the hands of women in poorer households resulted in a greater share of the household budget being devoted to health, education, and nutrition related expenditure. And Kanbur and Haddad (1994) found that when US$10 was given to the female in the household, rather than her husband, spending on alcohol and tobacco was reduced in favour of children's health and education.

Therefore, the way a government injects money into a family can have important implications for resource allocation and by extension the wellbeing of individuals within the household.

In Latin America, minimum income guarantee and conditional cash transfer programmes are among the few examples of new social welfare policies that have operationalised intra-household resource distribution (Braine 2006). Mexico's Oportunidades, for example, seeks to empower women in beneficiary targeted households. It is made up of three components: educational grants to facilitate and encourage school attendance at elementary and high school levels; provision of basic healthcare services as well as public health talks; and monetary transfers and nutritional supplements to enhance the nutritional status of women and children in targeted households. Only women are entitled to receive the programme's cash transfer. Rubalcava *et al.* (2002) argue that Oportunidades, by placing the benefits in the hands of women, allows more resources to be allocated towards girls' and boys' clothing, and less to expenditures on adult male goods, such as male clothing. The authors found that women with more power tended to allocate more resources towards what they perceive as an improvement of the dietary condition of their household members. They conclude that welfare programmes that explicitly incorporate into their design operational rules to enhance the status of women may indeed affect the bargaining power of women within the household as manifest in household allocation decisions.

Oportunidades has become the largest programme in the federal budget, growing from 9 million pesos (US$0.82 billion) in 2000 to 33 billion pesos (US$2.99 billion) in 2006. Five million families (or 25 million people) currently participate (Braine 2006).

3 The case of healthcare reform
Globally, health policies have gone through dramatic shifts over the past three decades. The debates and subsequent policy approaches towards health service provision have been heavily influenced by economic trends (Oxaal and Cook 1998: 14). In the 1970s, there was a comprehensive focus on primary healthcare. By the 1980s, in the face of economic crisis, recession and structural adjustment policies, health policy moved towards more selective interventions and cost recovery mechanisms became the norm. Neither of these waves of reforms has taken into account women's position within the household and how gender power relations influence the demand for health. As evidence in this section suggests, the reforms have had a differential effect on men and women.

The widespread response to adjustment and public sector retrenchment has been health sector reform along the principles laid out in the *World Development Report 1993* (Oxaal and Cook 1998: 15). The health sector reform advocated in the report consisted of a 'package of policies for the financing and provision of services, emphasising cost-effectiveness through the provision of relatively low-cost, high-impact interventions, such as public health programmes, increasing efficiency through competition between providers and greater private sector provision, and the introduction of cost-recovery mechanisms such as user fees, pre-payment and insurance' (Oxaal and Cook 1998: 16). Despite the background of economic crisis, the objective of universal coverage was retained in principle (World Bank 1993). However, this was to be achieved by 'making more efficient use of available resources through institutional reforms and widening the range of financing options and institutional players who provide healthcare' (Standing 1997: 4).

3.1 Differential gender costs of user fees
Global blueprints have been advocated by agencies such as the World Bank to promote privatisation of health service providers and to increase funding via user fees of public providers (Whitehead *et al.* 2001: 833). This is further reinforced by the World

Trade Organization (WTO), a body that in recent years has promoted commercial interests through striving to open up public services to foreign investors and markets. Introduction of user fees for public services has become common in many developing countries. This was usually as part of an ascribed health policy package, which in turn was one component of common macroeconomic structural adjustment programmes for countries facing debt (Whitehead *et al.* 2001: 833).

The introduction of user charges has had an adverse affect on some of the poorest people in the world and the most affected are likely to be girls and women.[2] This is because demand for girls' and women's education and health is more price elastic than men's and boys (World Bank 2001: 151). Furthermore, household demand for girls' education and health is often more sensitive to price changes than for boys. In their study of user fees Alderman and Gertler (1997) found that among low-income households in Pakistan a decrease in the price of doctor's services would increase female use by 57 per cent more than male use. Research in West Africa found that puzzling responses to the introduction of user charges for health services reflected the fact that women and men have responsibility for different types of household expenditure. Asking men if they are prepared to pay for health services when this is customarily an item of female family expenditure, has provided little insight into aggregate household demand or sustained 'willingness to pay' (Orubuloye *et al.* 1991).

While the World Bank has highlighted the importance of improving women's health outcomes, in particular by raising women's education, the push for cost recovery mechanisms appears to go in the opposite direction and represents a common failure to take intra-household power differentials into account.

3.2 Decentralisation and women's voice
Since the mid-1980s, more than 60 governments in developing countries have experimented with some form of decentralisation (Crook and Manor 2000: 2). In many countries, decentralisation has prompted shifts in approaches to service delivery that have provided wider spaces for citizen involvement (Cornwall and Gaventa 2001: 32). Pressure from local and national civil society as well as the development establishment has meant that decentralisation of service delivery has almost always been accompanied

by participatory mechanisms. This form of democratic decentralisation can increase the political space available for citizens to articulate their priorities and pursue their needs at the neighbourhood, city, or district, and state or provincial levels. Democratic decentralisation can also provide scope for local government to respond more promptly and flexibly to local needs and priorities, and to raise revenue locally which can be used to improve services resulting in more efficient government (Rakodi 2002: 16).

Despite the potential for greater citizen voice – particularly those who have often been marginalised from policy processes – there is a body of literature that questions participation and how democratic it is in reality (Cornwall and Gaventa 2001; Chambers 1997; Frazer 1989). Local communities are not homogenous but instead contain a variety of groups and interests, and are often characterised by complex power dynamics. Gender, ethnicity, age, nationality and class may all have a bearing on whose voice is heard in the public arena. The voices of the socially excluded, particularly women may not be heard in a community setting. Rakodi (2002: 16) argues 'that conflicts between interests, marginalisation of groups such as women or young people, and undue influence on political agendas by powerful business interests are as, if not more, intense at the local level'. Political forces and opinions particularly in regard to women's position within society are often stronger at the local than at the national level. This could lead to women's needs – particularly their reproductive needs – left unmet. There is a wide research gap on the impact of decentralisation and women's voice.

The healthcare system in Brazil is decentralised to the lowest administrative tier of the federal government: the municipality. In their study of 45 municipal health systems, Atkinson and Haran (2004) found that decentralisation was associated with improved performance, but this was only shown in five of their 22 performance indicators. They concluded that good management practices led to responsive decentralised local health systems rather than vice versa. 'Any apparent association between decentralization and performance seems to be an artefact of the informal management and wider political culture in which a local health system is embedded' (Atkinson and Haran 2004: 822). Emmett's study (2006) found that in Kerala devolution of health sector decisions to the local

level have led to policies that reflect women's needs. The effect of these decisions has been reinforced by a strong civil society who have strongly vocalised needs, particularly those of more marginalised citizens (Emmett 2006: 76). Besley *et al.* (2004) explored representation at the local level in India and found that if the leadership of a locally elected village government in India is reserved for a scheduled caste or tribe member (SC/ST), then SC/ST households residing in the group of villages represented are more likely to receive targeted welfare transfers. In a study of villages in the states of West Bengal and Rajasthan, Chattopadhyay and Duflo (2001) found that villages with women leaders elected as a consequence of mandated political reservations in village governing bodies are more likely to invest in public goods that, interviews revealed, women prioritise – water, fuel and roads (as it provides employment) and less likely to invest in education.

The findings of the last two articles do not necessarily highlight the success of decentralisation, but rather of political reservations at any level of government in environments where there are substantial social pressures operating against the political participation of particular groups. Taken together, the work on political reservations and village decentralisation in India suggests that traditionally disadvantaged groups that receive new democratic privileges tend to exert pressure to shift resources out of education and into other targeted public goods that provide immediate benefit specifically to their group (Ahmad *et al.* 2005: 19). While this suggests that political decentralisation coupled with political reservations indeed succeeds in giving greater voice to the disadvantaged groups, it is also indicative of problems in the public provision of education services (Ahmad *et al.* 2005: 19).

Transferring power and administrative responsibility for service delivery from the national to the local level can lead to policy decisions that reflect the needs of local people, but it can also lead to inhibiting women's voice in health-related decision making. Where decentralisation has worked effectively there has been a strong civil society which has pressured policymakers to ensure that marginalised groups are taken into consideration. This article will now turn to examine the role of women's movements in ensuring women's voices are heard in debates around service delivery policies.

4 Women's collective action and service delivery

Women's movements have had important repercussions for women's rights and access to health, education, and other public services. Emmett (2006) cites women's movements in Kerala, South India and the Philippines as playing a significant role in ensuring that service providers respond to women's needs. Where responsibility for service delivery has been devolved to the local level they can also counteract some of the more conservative opinions. By articulating their needs collectively women have been more successful in gaining recognition for their rights not just at the global level but at the national and community level as well.

There is a wide scholarship on women's movements (Basu 1995; Waylen 1994; Katzenstein and Mueller 1987; Mohanty 1991; Nelson and Chowdhury 1994; Molyneux 1998; Threlfall 1996; Wieringa 1995). Comparative research on these movements, which have proliferated across the world, shows wide variation in their composition – race, class and ideological orientation – and their objectives, strategies, and effectiveness (Molyneux 1998: 221). What constitutes a 'women's movement' in the global context is almost impossible to define, and the subject of considerable debate. Here I focus broadly on women's collective action that aims to influence the provision of public services.

Historically, social movements have played an important part in shaping social policy by pressuring the state for an array of public services (Skocpol 1992). The labour movements in particular have played a vital role in creating the welfare state. As Cornwall and Gaventa (2001) point out, many of the national liberation movements in the global South included concerns about equality of access to education and healthcare. While defining women's social movements remains problematic, few social movements have flourished in as many parts of the world as women's movements (Basu 1995: 1).

Women's collective action has had a particularly strong impact on global policy debates. Women's activism for rights, equality, and policies that enhance human development and justice for all has been one of the most successful instances of global citizen action (Mukhopadhyay 2003: 3). Women's constituencies have emerged as global citizens, arguing for the right to development, freedom from domestic and sexual violence, sexual and

reproductive rights, and the application of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Beijing Platform for Action (Mukhopadhyay 2003: 3). These global policies are the result of three decades of sustained pressure by women's movements within the UN, which has led to women's rights being recognised as human rights on the global agenda. At the national level, women's collective action has played an important role in constructing social assistance policies for people outside of the formal labour market, as well as influencing health and education policies. At the local level, where rapid urbanisation has taken place without infrastructure and services, poor women's movements have been at the forefront of struggles for services such as water, sewers, electricity, health centres, childcare facilities and transportation (Rodriguez 1994: 32).

4.1 Particularities of women's collective action and voice

Collective action is rarely easy and despite the important historical examples of influential women's movements, in many contexts women face a particular set of obstacles to collective action that men do not. Among the gender-specific obstacles that appear to be almost universal in the global South, two have been particularly important constrains on women's ability to express collective voice: the time pressure women face and the social norms that define their role in the public sphere.

Women's household responsibilities, such as for childcare and domestic work, especially if there are also work commitments outside the home, pose a significant obstacle to participation in collective action (Kaufman 1991). Because many of these household responsibilities are fulfilled at times of the day considered 'free-time' for men who work – that is, meals and childcare in the evenings, domestic and other chores on weekends, etc. – they are less able to participate fully in community or movement meetings, which are typically scheduled in the evenings or on weekends.

Gender social norms can pose even greater obstacles to women's collective action. If, for example, meetings are held in bars late at night and social norms dictate that women should not be present in such public spaces, then women have less opportunity to become involved in collective action. A more extreme example of a constraining social norm, which affects women's

ability to participate, is when women are prohibited from going out in public without an accompanying male member of the family. Hence Kaufman (1991) points out that the demands on women's time and such social norms, and the resultant limitations on women's participation, 'is a story repeated throughout the world and forms the single major impediment to women's participation in political organisations'. Survey data collected in Mexico City, Delhi and São Paulo show that in each of these cities women are considerably less likely to participate in associational life than men (Houtzager *et al.* 2007; Harriss 2005).

Intra-household power dynamics can also affect women's ability to participate in social movements. In Costa Rica, where a squatters' housing movement arose during the 1980s, land was occupied and the government was pressed to give squatters land and supplies to build modest houses (Kaufman 1991). In the months or years of organising leading up to an occupation, and in subsequent negotiations with politicians and civil servants, women played an increasingly important role in many communities. Many occupations were backed by roadblocks of key highways – roadblocks staffed by women and children that lasted only a day at a time until the government agreed to negotiate. Despite this role played by women, some men placed limits – or tried to – on their wives' participation. They were jealous of their wives going to town with another man from the community or meeting, and possibly having a meal with, a politician or bureaucrat (Kaufman 1991). Rodriguez (1994: 38) cites women reporting increased levels of domestic violence when they were involved in urban movements.

The point here is not that women do not participate in collective action, but rather that it cannot be assumed that their voice will emerge in response to simple institutional mechanisms, such as local participatory councils. As Kaufman (1991) points out, one of the characteristics of many community-based, grassroots movements of popular power is the high percentage of women among the active membership. Reforms that seek to enhance voice as an accountability mechanism need to take the different types of obstacles women face to collective action. At this stage, policymakers in fact have little material to work with. Far more research, or perhaps more syntheses of what we currently know, is needed on the particular obstacles to women's collective action or voice.

There is, however, good research on social movements in general that suggests that differences in the organisation of the state and in the design of public policies more specifically, can facilitate or inhibit the expression of such collective voice (Garay 2007; Houtzager 2003; Tarrow 1998). In the literature on women's movements it has been widely recognised that political opportunity is a strong factor in affecting whether women form movements (Molyneux 1998; Goetz and Hassim 2003; Basu 1995; Waylen 1994). Basu points out that 'a much more important influence on women's movements than the level of [economic] development is the extent of state control. Women's movements tend to be weak where state control permeates civil society and strong where state is or has been relaxed' (Basu 1995: 2). More specific and contextual research on how the institutional design of particular policies can facilitate women's voice, however, is needed if we expect service delivery reforms to address the obstacles to women's collective action.

5 Conclusion

Women have been invisible agents in recent service delivery reforms because policymakers and their advisers tend to see end-users as generic agents of accountability. Across cultures, however, it is women who overwhelmingly access public services on behalf of the household, and these women face constraints on their agency that are quite distinct from those men face. If women are to play a substantial role in holding public service providers accountable, then the design of service delivery reforms needs to pay far greater attention to countering gender power relations in the household and community that limit the agency of women. In programmes where design features seek to enhance women's agency, such as in Oportunidades and Bolsa Família, the results appear to have been highly positive.

Notes

1   The term 'gender' in this article refers to how a person's biology is culturally valued and interpreted into locally accepted ideas of what it is to be a woman or a man (Baden and Reeves 2000: 1). Gender relations are socially constructed rather than derived from biology.

2   One study of 39 developing countries found that the introduction of user fees had increased revenues only slightly while significantly reducing the access of low-income people to basic social services (Whitehead *et al.* 2001: 833).

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