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Rude Accountability in the
Unreformed State: Informal Pressures
on Frontline Bureaucrats in Bangladesh

Naomi Hossain
February 2009



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Naomi Hossain

Summary

'Rude' forms of accountability are central to how poor people negotiate their entitlements on the frontline of service delivery in Bangladesh. This paper documents the unorganised, informal pressures that poor citizens exert on officials in a context where effective formal systems for accountability are absent, and the state remains unreformed in key respects. The paper explores the impact of 'rude accountability' on services, as well as their limitations and the consequences for formal accountability systems. Based on extensive research into how poor people experience safety nets, schools and health services, the paper argues that strong social and local political pressures go some way towards supplying a rough responsiveness to demands for service. These work through shame and embarrassment, pressures to maintain reputation and status, and the threat of violence. Poor people have good reasons to use these methods in preference to formal accountability mechanisms. And poor women may have a particularly strong comparative advantage in doing so – not because they are so much better than men or rich people at complaining and shaming, but because it is comparatively less difficult for them to do so than to engage in more formally structured means of complaint or feedback. The idea of rude accountability is seductive: when formal governance systems fail, the idea that there are informal mechanisms that are better suited to context and culture is intrinsically attractive. Yet the paper concludes that the gains from rude accountability are often short-lived and may backfire, as public officials fear and resist efforts to enable citizen participation in holding them to account. There are features of contemporary Bangladeshi state-society relations that lend themselves to informal means of accountability, the analysis here of informal accountability mechanisms has wider implications for the move towards citizen involvement in performance-based accountability in other contexts.

Keywords: accountability, Bangladesh, bureaucracy, education, gender, governance, health, social protection, politics, poverty.

Naomi Hossain is a Research Fellow in the Participation, Power and Social Change Team at the Institute of Development Studies. She is a political sociologist, with 12 years of research experience in South Asia. Naomi previously worked for the Research and Evaluation Division of BRAC, in Bangladesh, where she established a programme of research on governance. Her main areas of research interest are the politics of poverty and service delivery, gender and governance.

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1 Introduction: negotiations on the frontline of service delivery

Doing research in a rural government hospital in Bangladesh in 2006, colleagues encountered a poor elderly woman who was receiving treatment from a government doctor. It was one of those mass consultations – 20 or more patients crowded into the consultation room alongside relatives, infants, curious observers – for which government hospitals are justly infamous. The woman in question was unhappy with her consultation. She complained, to the room, that the doctor had not given enough time to her problem; he had given her the same advice previously and it had not worked then either. Embarrassed by this public rebuke, the doctor responded by giving her a little more time and consideration. Later, when the woman was asked about her complaint, she denied that this was what it had been. How could, she explained, someone like me (poor, elderly, female) complain about someone like him (educated, elite, a government doctor)?

This incident stuck in my mind. I was surprised that this poor elderly woman was capable of voicing her complaint across the differentials of social status and professional power that distance doctors from poor patients. I was interested that across that gap of status and power, which I would have expected to insulate him against such complaints, she had succeeded in eliciting a slightly better consultation. I thought her denial that it was a ‘complaint’ was significant. And placed against the bigger backdrop of vast multimillion dollar health sector reforms that have to date failed to institutionalise any innovations in participation of or accountability to patients, I was amused that the only visible impact was from the power of shame and a sharp tongue.

Without wanting to get all misty-eyed in celebration of citizen agency or informal accountability – which have their limitations when it comes to strengthening state accountability – I felt the incident warranted further attention. Having reviewed the different citizen-state encounters I had witnessed or come across through my research into how governance conditions affect the poor in Bangladesh, I detected a kind of pattern, a distinctively ‘rude’ form of accountability that was at work in the day-to-day face-to-face interactions between citizens and officials. Rude forms of accountability are particularly interesting given the apparent puzzle of Bangladesh’s social sector achievements within a context of weak and unaccountable governance. These themes form the subject of this paper.

This interest in how citizens try to elicit services or sanction service failures puts this paper within a large and fast growing body of research on accountability in public services. But in its focus on the mundane negotiations that occur on the frontline, it emphasises the informal and social sources of pressure for accountability, areas that the accountability literature has been less interested in, for good pragmatic reasons: they rarely strengthen accountability in predictable, rule-bound, desirable directions. The choice of the unreformed social sectors in Bangladesh also gives it the somewhat unusual focus on accountability under ‘normal’ circumstances, when the state has no particular commitment to widening participation or strengthening accountability to citizens. And perhaps surprisingly, given the wealth of non-governmental action for which Bangladesh is known, the

paper also affords insights into how citizens claim and complain in the absence of significant mediation by organised civil society.

This paper is about these ‘rude’ forms of accountability – the informal mechanisms widely deployed by citizens to claim public service and sanction service failures, characterised by a lack of official rules or formal basis and a reliance on the power of social norms and rules to influence and sanction official performance. It addresses the following questions:

- When and why do poor citizens resort to ‘rude’ accountability? An important related question is, given that formal accountability mechanisms so often exclude participation by the poor, do they have a comparative advantage in the use of these more informal mechanisms?
- Do informal mechanisms work, in terms of gaining better service? If so, why and how?
- What are the limitations and implications of rude forms of accountability for efforts to reform accountability systems in social service delivery?

The paper tackles these questions as follows. The next section describes the elements of what is here termed rude forms of accountability. It attempts to situate these dimensions of rude accountability within ongoing debates, with a focus on debates about frontline relations, or the ‘short route to accountability’, as the World Bank framework has it. Section 3 provides a sketch of the expanded but unreformed social sector in contemporary Bangladesh before analysing ways in which formal accountability mechanisms fail. It then looks in detail at the evidence that rude forms of accountability fill some of that space. Section 4 considers the question of impact, asking ‘so what?’ of these findings of seemingly random encounters. Section 5 concludes with a discussion of whether rude accountability is a specifically Bangladeshi story, and of the implications for thinking about accountability.

A methodological note: the paper is based substantially on original research undertaken with colleagues in BRAC’s Research and Evaluation Division over the last four years, all focused around the theme of how governance affects the poor. Most of this research is published and in the public domain, but the research also refers to one unpublished survey of men and women eligible for beneficiary selection of the Government of Bangladesh’s old age and widows’ allowance schemes. Brief methodological details of that survey are provided in the annex, pending publication of the report of that survey.

2 What is rude accountability?

Is there such a thing as a distinctively rude form of accountability? What distinguishes these encounters from others between state and society? This section looks at whether there is anything special about this group of encounters that distinguishes it from those analysed in the accountability literature.

There is, as we will see below, a continuum of ‘rudeness’ in public service delivery

encounters. These range from the faintly impolite to the downright abusive and on to the plainly violent. Possibly this range of reactions reflects degrees of severity of the failure, or the frequency of its repetition, so that you are rude if you are fairly annoyed, abusive when angry, and violent when you feel you have exhausted all other possible response.

This sense of 'rudeness' is plain enough. But there is another, equally significant sense in which these encounters are 'rude', or perhaps rudimentary; this is in how unmediated and unorganised – spontaneous, even – many of these reactions are. In this sense, these encounters are out of the frame of the prominent modes of thinking about civil society: they typically bypass associations; are uncivil in their lack of rules and their bad mannered exchanges; and they do not precisely take place in the public sphere, because it is the private, social attributes of the public official that are most often targeted by the ruder form of accountability.

2.1 The politics of bad manners and the crowd

What is 'rude' about these meetings of state and society? In the first instance, they can be literally impolite. This is not trivial. Rudeness is a classic 'weapon of the weak'; fear of public embarrassment is a serious matter to the public official, whose personal status and professional authority depend on the precarious business of keeping up the fiction.¹ Every schoolteacher expects the children poke fun at her behind her back and politicians live in fear their speeches will be heckled or worse; deep in his heart, the emperor knows he is naked.

Knowing subordinates are disrespectful behind your back is one thing; having to confront open insolence quite another. Transgressing public norms about behaviour towards public officials can be an electrifying moment of political possibility, a momentary adjustment of power. In her mild way, our elderly woman who made her claim for more of the doctor's attention did something transgressive and political: she breached 'the frontier between the hidden and the public transcripts' in a moment of 'charged political impact' (Scott 1990: 202). The crack that fleetingly opened in the smooth surface power of the medical professional was just enough for him to feel her sharp tongue.

It is bad manners, in Bangladesh, to complain about higher status people. I can think of no context in which it is acceptable to do so, or in which a 'polite' form of complaint has been developed that would be minimally acceptable to the middle classes. (By contrast, it could be seen as the duty, an act of benevolence, even, for an educated individual to guide the behaviour of someone less polished). This means, of course, that poor people must necessarily resort to boorish behaviour if they are to register complaints about their treatment by public services. This is risky: failure to pay the 'symbolic taxes' of politeness to the powerful is typically taken by elites as insubordination (Bourdieu, cited in Scott 1990: 48).

1 Reading Orwell's account of *Shooting an Elephant* during his time in Burma, Scott suggests he had so fully absorbed the idea that colonial officials had to be publicly fearless that he feared being laughed at more than he feared being killed (1990: 49).

Perhaps because Bangladeshi society prides itself on its lack of caste hierarchies, and even now class differences are only beginning to harden into significant sources of social distinction, social status differences have depended a great deal on the civilising qualities of formal education.² Even now, when you ask rural parents about why school is important for their children, they often talk about learning how to speak – meaning the social etiquette of engaging with people in positions of power – government staff, city people, office workers. The significance of politeness as a structuring feature of Bangladeshi society is most striking when you meet the very poorest. Ultra poor women selected for a BRAC anti-extreme poverty programme in northern Bangladesh were notorious among the programme staff for their tendency to shout; one unofficial indicator of upward mobility of ultra poor women was that their behaviour became quieter, less ‘shouty’, more in line with middle class mores about feminine behaviour.³

One reason it is important for the ultra poor women to become more demure is that Bangladeshi society does not, in general, reward stridency in women. Rude behaviour has consequences – being excluded from the category of the ‘deserving poor’, for instance. The price of complaint is that you risk access to the very resources you are trying to complain. This is why rudeness is the hidden transcript. It also explains why our elderly woman denied that her complaint had been a complaint. It is safer, on the whole, not to be labelled as one of those bolshy trouble-makers.

At the other end of the rudeness continuum is violence. There is no mystery about why episodic violence in the face of public service failure is a serious problem for the authorities, and may even elicit efforts to change how those services are delivered. Those may be temporary, and they may be counter-productive (from a citizens’ perspective). But they frequently have an effect.

One interesting feature of many of the violent episodes discussed here is how people come together to act, it seems out of shared outrage, on an *ad hoc* and instant basis. Rude accountability is distinguished, it seems, by the organisational formlessness of the crowd. This is *ad hoc* and not always ‘civil’ collective action, in contrast to the view of civil society as constituted by rule-bound formal associations, occupying some notional and political space distinct from the state or the market that still seems dominant in development thinking (Mitlin, Hickey and Bebbington 2006). It is also strikingly different from the form of civil society Bangladesh is best known for – big bureaucratic development NGOs with groups and members and service delivery programmes. It seems to be precisely the formlessness and undirected quality of the crowd that makes elites most nervous, so that they detect in every act of apparently authentic spontaneous crowd protest the hidden hand of a malign outside influence.⁴

2 Hossain (2005).

3 I am very grateful to Rabeya Yasmin for this insight.

4 The classic account of elite paranoia about hidden forces stirring up ‘the crowd’ remains Rudé (1981).

2.2 Social, informal, multiple accountabilities

Rude forms of accountability involve what Newell and Wheeler (2006) see as a 'culture of accountability' that is distinctively different from the social accountability innovations that have excited so much attention in India and Brazil and elsewhere. The 'new accountability agenda' is indeed striking: ordinary citizens and their associations across the world engaging directly in setting standards and mandates, in a role in new and different spheres of public life (Goetz and Jenkins 2005). Social accountability has also been enabled by reforms of how the state conducts its business in relation to poor citizens, most notably in Brazil and India (see volume edited by Houtzager, Joshi and Gurza-Lavalle 2008). Social accountability is distinctively associational and instinctively viewed as rule-abiding and a little bit virtuous, in contrast to its rude cousin. In *Seeing the State*, Corbridge *et al.* find rudeness to be a feature of encounters between poor citizens and state officials; but this is India, where notable battles have been won to strengthen formal accountability through legal rights to information and employment for poor and ordinary citizens (2005). Reforms on the Indian scale or depth have not happened in Bangladesh. Nor is there, so far, any sign that the millions of unorganised reactions will coalesce into some more coherent form of social mobilisation which might actually shape the formal system (Newell and Wheeler 2006).

Rude accountability takes place not in intensive processes of monitoring and lobbying over policies, but at the frontline, or in the terms of the World Bank accountability framework, along the 'short route' to accountability (World Bank 2003/4). Despite the World Bank's treatment of frontline service delivery as a marketplace laboratory for testing 'choice'-type innovations, there is actually a substantively political dimension to these frontline accountability relationships. High levels of discretion are characteristic of the work of 'human service workers' – the corps of public professionals that includes social workers and the police (on social work, see Evans and Harris 2004; Lipsky 1980 for the classic account). Their work brings them into contact with people whose needs and lives often defy the neat categories and criteria of official practice, and about whom, therefore, decisions are taken for which the rule book often may have no guideline. In poor countries, this includes public officials tasked with delivering services intended for the poor. One way of viewing the accountability of the frontline officials is to recognise that they operate within a network of relations – with other parts of their organisation, colleagues, communities they serve – that exposes them to multiple claims for and sources of accountability (Hupe and Hill 2007).

Informal pressures for accountability operate through the channels afforded by the location of frontline officials in these webs of social, professional, and official relationships. The right kinds of social relationship can have powerful impacts on accountability, and on how frontline officials perform: Tsai's work on rural China demonstrates the potential for social sources of accountability to influence the level and quality of public services (2007). Comparing wealthy and poor communities whose levels of public good endowments could not be explained either by formal governance or economic conditions, Tsai observed that 'the right kind' of informal institutions, and in particular, how these 'meshed' with state structures, explained differences in public goods provision. Tsai's evidence was

that 'solidary' lineage groups embedded public officials within the society's social norms and moral codes, thereby subjecting them to community sanctions and the incentives of reputation. But these groups also encompassed official administrative units, so that roads for the administrative unit of the village also served the lineage group as a whole.

The conditions Tsai sets out as minimal for effective informal accountability suggest higher standards of social cohesion and moral authority than found in many contemporary modernising, urbanising societies. But even where such strong forms of social organisation are not present 'officials may still have a strong incentive to provide public goods ... [c]itizens award officials moral standing when they comply with these informal institutions and take away moral standing when they fail to do so (Tsai 2007: 88). These examples trace how moral standing becomes a resource to be lent, exchanged, awarded or withdrawn, either to reward good or sanction poor performance of village-level officials.

To this we can add the view of Corbridge *et al.* that the barriers between poor people and the Indian state include the problem of etiquette – fears of not knowing how to behave or the correct form for speaking with high status public officials on the part of poor citizens, and fears that interaction with villagers will expose officials to rudeness on the part of officials (2005).⁵ Perhaps particularly under conditions in which representing the state is substantially a matter of theatre – power acted out behind a desk with little more than the props of official seals and papers to back up the fiction – that mask of deference becomes crucial. The performance is spoiled if the official loses face publicly, as Scott notes was George Orwell's fear in Burma (1990). The citizen's complaint, the public heckler and the improperly casual greeting can shake confidence in the self-image and the constantly recreated drama of state power, as represented by the frontline official at work.

3 Rude accountabilities in action: social services in Bangladesh

There is a clash of motifs in the story of Bangladesh's social service provision in the last two decades. There is the good news story of dizzyingly rapid expansion of schools and teachers, textbooks and students; some positive movement in health and nutrition indicators; steady but still modest declines in the proportion living in poverty; and new social safety nets for the poorest and most vulnerable. Given all the attention to NGOs in Bangladesh, it is significant that the state appears to have been critical to these gains.⁶

5 Corbridge *et al.*'s account of the importance of politeness in negotiating citizen-official relations in India sparked my interest in rudeness in similar encounters I had witnessed (2005).

6 There is a large literature dedicated to understanding Bangladesh's social sector and poverty reduction gains, much of it from World Bank programme evaluation literature, but also from domestic civil society research and analysis. For a sample, see Sen (2000); BIDS (2001); World Bank (2005); Deolalikar (2005); Hossain and Kabeer (2004); Sen *et al.* (2006); World Bank (2007).

But there has been a grubby and paradoxical side. Efforts to expand access to services pushed new resources down to local settings. If corruption perception surveys and other research are to be believed, enduring suspicion that many government takas get stuck to palms on the way down is well-founded.⁷ Governance reforms have persistently failed in the face of political reluctance and lack of a constituency to challenge the powerful professional teacher and doctor groups by strengthening their formal accountability to policymakers or citizens. At public service delivery point, the focus of this paper, the signal failure to tackle accountability is visible in the extremely weak rules and practices for citizens to claim services, feedback and complain, or gain redress or recourse. It is this clash of failure with success that has raised the idea of a 'Bangladesh paradox'.⁸

3.1 Why formal accountability fails

Formal accountability mechanisms fail citizens and service-users in Bangladesh in at least three ways. First, for many services, official mechanisms for enabling users to claim or complain do not exist. If, for instance, you believe you have been wrongly denied beneficiary status for a state safety net, and that a less needy person has been assigned one in your stead, there is no known official procedure through which to claim or complain. This may be why a survey found that while fewer than half of those eligible for old age and widows' pensions felt the selection process had been fair, only a small proportion actually went to the trouble of making a complaint. They appear to have been right in reserving their efforts. Two other findings illustrated the futility of complaint. First, of those who had actually complained, 88 per cent had complained to their Union Parishad member or chairman – the official tasked with beneficiary selection in the first place. To do so not only sounds like a waste of time, it may actually jeopardise access to future benefits. Second, complaints that were made about beneficiary selection processes do not appear to have yielded promising responses (see Table 3.1).⁹

Formal accountability also fails in this context when mechanisms exist on paper or within official rules, but are not implemented. Within the health sector there is supposed to have been the Local Level Plan, an initiative for regular stakeholder meetings to discuss local health sector issues and performance. A study as part of a public expenditure tracking survey in which I was involved found that many doctors were not even aware that such a Plan had existed; there was in general strong resistance to user feedback or patient participation in hospital management. In one case, a district level health official had reported to his superiors on the stakeholder meetings they had held, only to be ignored. Years

7 Chapter 9 in CGS (2006) reviews the evidence on corruption in the social sectors.

8 This is primarily an idea circulated within World Bank literature, notably the Country Assistance Programme of 2006, which discusses the Bangladesh 'conundrum'.

9 Unpublished survey report by BRAC Research and Evaluation Division: 'Small Scale Old Age and Widow Allowance for the Poor in Rural Bangladesh: Targeting, Selection, and Distribution of Benefits and its Association with Different Socio-economic and Health Indicators'. The report will be available by end 2008 on www.bracresearch.org.

later, he received a letter instructing him to reactivate the Local Level Plan (FMRP 2007). Perhaps not surprisingly, this initiative to pilot citizen participation in clinical management was deemed a failure and discontinued (see Mahmud 2007 for a detailed account of other efforts to create channels for downward accountability in the health sector).

Table 3.1 The result of complaints about beneficiary selection processes

What happened as a result of the complaint?	frequency	%
Said they would give card when it is ready	188	34
Said they would give card when ready, but didn't	152	27
Couldn't afford to pay money for card	61	11
Nothing happened	27	5
Not enough cards compared to the numbers of poor people	27	5
Didn't get because didn't vote	20	4
Didn't get because too young	16	3
Didn't get because too well-off	11	2
Didn't get because working as day labourer	1	0
Didn't get because living with parents	1	0
Didn't get because son works/earns	15	3
Husband/wife/other family member gets allowance/stipend	10	2
Were told they were unable to provide a card	8	1
Were told it was their decision who gets cards	5	1
Verbal abuse from member/chairman	4	1
Chairman referred me to the member	4	1
Didn't get because has VGD card	3	1
Will get card if current beneficiary dies	2	0
Guard couldn't do anything	2	0
Chairman/member took money but didn't get card made	2	0
Not related to chairman	1	0
Total	560	100

Source: BRAC survey of the old age and widow allowance for the poor in rural Bangladesh.

Compared to this stop-start history, the Upazila Health Services Improvement Committee is an altogether more enduring and robust institutional mechanism for health service accountability. The Committee is officially chaired by the local

Member of Parliament, and is supposed to include community representatives drawn from the local elite. But meetings are usually ornamental, and committee meetings primarily function to honour the MP's presence (FMRP 2007).

A third failure occurs when mechanisms formally exist and function, but fail to function as intended. The institution of the Parent-Teacher Association (PTA) exists on paper only in most schools, and plays little direct role in their management or governance; parents are generally unaware that there is formal provision for such a body (CAMPE 2005). PTAs tend not to hold formal meetings, and to rely on meetings and information flows determined by the school management. Despite these failures in terms of their formal constitution, there are signs that schools in which authorities establish informal channels of communication with parents tend to perform better than other schools (FMRP 2007).

In practice, accountability from the school down to parents, students and the wider community is through the School Managing Committee (SMC). It is an accountability institution from another era, with its unprogressive body of members of the local elite and token representation for women. The structure and rules for SMCs were established back when there were few educated villagers, and despite changes, remains an institution more sympathetic to ideas about benevolence and charity than democratic participation and accountability. The failures of school-level institutions of accountability to enable full parental participation have in many contexts resulted in teachers behaving and misbehaving with impunity. However, the embedded nature of schools and teachers mean they also represent promising grounds for informal accountabilities to function in ways that enhance service delivery. We look at these next, for social safety nets, health and basic education, in turn.

3.2 The politics of making claims to social safety nets ¹⁰

One of the most striking widespread examples of 'rude' accountability in action is the lobbying campaigns would-be safety net beneficiaries must mount if they are to have a chance of being selected. Observers of the Vulnerable Group Development (VGD) programme in Bangladesh noted active lobbying for selection into the programme. Matin and Hulme found poor women actively lobbying local elites and NGO staff to be selected as VGD beneficiaries (2003), while Ahmed *et al.* (2004) found that more than two-thirds of those who failed were told their turn would come, and that 'persistent expression of demand by applicants played a very important role' in any eventual success (2004: 96). The unpublished survey of the old age and widows' allowance scheme discussed above found that fully 76 per cent of all of those eligible by virtue of age of marital status had made some active claims to be selected.

The fact of widespread lobbying to be selected as a beneficiary reflects one of the embedded accountabilities or informal pressures on frontline officials in the public

10 This section draws on Hossain (2007) and on Hossain and Zahra (2008).

safety net system. There are two points at which these pressures can be exerted.

- a *Reputation.* Union Parishad officials, the lowest tier of elected representatives, are tasked with beneficiary selection for most public safety nets,¹¹ including the VGD and the old age and widows' allowance schemes. Union Parishad chairman and members face electoral pressures, and the poor are numerous. But as Tsai shows for the rural Chinese communities in her study, local electoral pressures are blunted if competition is weak or there are stronger motivations for voting behaviour (2007). But a reputation for attracting resources and distributing them fairly is still a source of political capital. Sympathies for destitute women and the elderly poor make these specially sensitive procedures; there may be consequences for officials who flout community rules on fairness and sympathy for the poor.
- b *Discretion.* While guidelines and criteria are set by the centre, local officials enjoy considerable discretion about who gets on the list at the very local level. This discretion is an important factor behind concerns about corruption, as there are concerns that a significant proportion of beneficiaries may not be poor.¹² Research into local party politics first suggested that something like a political formula is applied to the distribution of public safety nets at the local level. This means beneficiaries fall into one of three groups:
 - i Needy eligible people. This group may not need to lobby, because there are good reputational motivations for demonstrating sympathy by selecting some of this group as beneficiaries.
 - ii Eligible poor or vulnerable people, with good political connections or potential as voters. This group are likely to need to lobby hard, and probably also invest cash bribes towards securing selection.
 - iii Ineligible, often wealthy people with local political influence or relations (the mother or aunt of the Chairman, for instance). This group may not be absolutely poor, for instance, the genteel widow of 'good' family, for instance. They may not need to lobby, although less well-connected clients are likely to have to jostle for attention among the other two groups (Hossain and Osman 2007: 13).¹³

The precise allocation of safety net resources across these three groups reflects the political settlement within the given community. There is widespread acceptance that local members and chairmen will use some portion of these

11 Selection for the school-based transfer programmes is made at the school-level.

12 For instance, the survey of citizens eligible for the old age and widows' allowance scheme found that 73 per cent of those benefiting personally could be defined as poor, and 87 per cent as food insecure. This suggested that local targeting was sensitive to matters of vulnerability which are less likely to be picked up by more formal eligibility criteria relating to income or assets. However, some 5 per cent of food secure and 7 per cent of the total non-poor respondent population were also benefiting personally from the programme.

13 I am grateful to Mrinmoy Samadder for helping me understand the local political formula for the distribution of benefits to the poor, based on his work on local party politics (reported in CGS 2006).

safety net resources to refund campaign expenses by charging beneficiaries for their cards, or reward their supporters by selecting them as beneficiaries. The issue appears to be not whether, but how much of this sort of leakage is acceptable within the community.

3.3 The incentives of doctors

Rural health services in poor countries typically feature absenteeism and high vacancy levels; illegal charges and corruption; incompetence and neglect in patient treatment, the direct result of the weak incentives doctors have to attend or to provide quality services.¹⁴ Bangladesh is no exception to this rule. One reason is that the formal incentives and accountability mechanisms that govern doctors' services in government health facilities are particularly weak. This is why the finding that rural health facilities perform reasonably well given the level of resources is unexpected.¹⁵ Here we try to contribute an explanation for the reasonable performance of such poorly governed services with reference to the strength of the informal pressures on doctors' attendance and performance in rural Bangladesh.

3.3.1 *Socially embedded vs. elite imports*

While doctors as a group have weak incentives to reside and practice in rural government hospitals, there are significant social differences among them which shape their attitudes towards patients, rural practice, and their career trajectory within the government health bureaucracy.¹⁶ The social characteristics of those widely believed to typify government doctors are those of the distanced, educated, urban elite. They are likely to have relatives in high bureaucratic positions in Dhaka, to come from families with independent wealth and assets, and to be at least one, and probably more generations out of the village. They will have studied in one of the elite government schools in one of the big cities, and will find it comparatively easy to migrate abroad for study or work.

You are only likely to encounter the younger representatives of this elite group in rural health facilities; the two-year posting in a rural health centre is mandatory for government doctors seeking to further careers through postgraduate training. Specialist training is the route into more prestigious and lucrative parts of the profession, such as teaching hospital professorships and private practice. Professional or career-based incentives to be present, let alone to perform to a high standard while posted to the rural health facility, are limited. One rural health centre manager told me his strategy for motivating young doctors was to ask them to work nicely and offer them tea, underlining his lack of actual power over this

14 For a global view of these issues, see WHO (2006) and World Bank (2003). On Bangladesh, Chaudhury and Hammer (2003) and CIET (2004).

15 See FMRP health report.

16 This section draws on evidence discussed in more detail in FMRP (2007) and Hossain *et al.* (2007).

well-connected young professional elite. *Upazila* and union health facility managers have no authority to penalise doctors who do not attend or perform, few health facilities have accommodation of a standard that middle class professionals would consider adequate, and other informal pressures (on which more below) make it perhaps remarkable that any newly qualified doctors are present at all.¹⁷

But our research identified a second group of government doctors, whose incentives to attend and to perform to a reasonable standard are stronger. In contrast to junior doctors, senior frontline health officials usually end up or choose to follow the administrative career route rather than the high-flying academic route. This is particularly true of health sector managers such as the Resident Medical Officers (RMO, managers of the sub-district hospital itself) and Upazila Health and Family Planning Officers (UHFPO, who manage health and family planning services across the sub-district, average population 250,000), both of whom play a prominent role in health service delivery on the frontline in Bangladesh.

The advantages of the career path of an RMO or a UHFPO are more obscure than those of the elite doctors, but they tend to relate to their own social origins and aspirations. In our small sample RMO and UHFPO career histories suggested an orientation towards acquiring a posting near their district or *upazila* of origin, as compared to the elite doctors whose sights are consistently fastened on the big city. There are good reasons to believe that local origins help these doctors in building up what are often lucrative private practices. The career patterns of this group suggest that the private practice attractions may be so great that it is even worth their while to seek return transfers after a brief nominal posting elsewhere. The social profile of RMOs and UHFPOs is more likely to include origins in rural middle class households in which having become a doctor represents considerable progress in household education levels and gains in social mobility.

The crucial source of informal pressure that differentiates attendance and performance between these two groups, then, is their incentives and capacities to establish lucrative private practices. All government doctors have the competitive edge on non-government *daktars*; the government brand carries weight. But a government doctor who has been around long enough to establish a regular private patient list, a reputation for listening and good service, and whose local origins diminish the social distance between himself and his patients, has the undeniable edge on a fresh-faced unknown without reputation or bedside manner. Elite doctors who have no intention of remaining rural frontline service providers because they are aiming for postgraduate training, rarely have the time or the inclination to perform well enough while delivering government services to develop a reputation that might serve them in their private practice.

17 There are many reasons why rural health facilities lack doctors, one being that many posts remain unfilled. But when posts are filled, absence can be a problem. A World Bank survey in 2003 found absenteeism rates of 41 per cent in *upazila* health complexes (Chaudhury and Hammer 2003), while the Social Sector Performance Survey in health found a similar absentee rate of 35 per cent. However, only 8 per cent involved unexplained or unpermitted absences (FMRP 2006a). While there is a serious problem of absent doctors, then, most of these absences are within the rules.

3.3.2 The threat of violence and shame ¹⁸

A second source of rude accountability pressure is the threat of violence. Health service workers believe attacks on health facilities or their staff are reasonably common.¹⁹ In three of the six *upazila* level health facilities in the FMRP study, recent attacks by disgruntled members of the community were reported. Each of these incidents was in response to perceived medical negligence, and in each case the incidents were significant in scale and impact. In one *upazila* facility identified as particularly poor-performing, violence was a regular occurrence. One patient explained that because there were no regular means of registering complaints, locals had committed *bhangchur* (vandalism) on a number of occasions in protest against bad service. Each time the situation improved briefly before reverting once again to the original situation. Strikingly, even institutionalised forms of citizen participation have resorted to violence to galvanise action. Mahmud describes what happened when a local government representative and member of the activist organisation of the landless, *Nijera Kori*, a woman member of the short-lived Healthwatch Committee initiative, acted in the face of health sector failure. She reported that after having shouted for half an hour for a doctor for the patient she had brought for emergency care, she threatened the doctor who finally showed up with processions and 'a movement against him the next morning'. His response was to ask for a transfer (Mahmud 2007: 64).

On a smaller scale, frustrated patients also reportedly threaten violence against individual staff members: a patient at a union health facility told of how when one member of her community had failed to get free medicine, her son had grabbed the *daktar* by the collar and demanded medicine. For two weeks afterwards he had not charged patients for their 'free' drugs, but the situation soon reverted turned to normal. In one hospital where overall performance was better, protests against informal payments for services had been common in the past. Community action supported by the influential family that had donated the land for the hospital in the first place had recently helped to put a stop to private practice. The protests had reportedly stopped since, although the hospital was reportedly having some difficulties ensuring its drugs supplies (as bribes need to be paid to other officials to guarantee this flow) and was experiencing high doctor vacancy rates.

The threat of violence appears to influence doctors' behaviour in quite wide-ranging ways. For instance, new doctors may not know when a patient they are treating is influential and well-connected or not, and the FMRP research findings included suggestions that this uncertainty helps to curb doctors' worst behaviour. One junior doctor in a health centre in that study had been involved in a violent altercation resulting in a court case when he had behaved rudely to a local politico.

In addition to violent repercussions, doctors also fear being shamed through exposure in the media for negligence or wrongdoing. Doctors in the FMRP study

18 This section also draws on FMRP (2007) and Hossain *et al.* (2007).

19 See also Gruen *et al.* (2002).

commented on articles read in the local or national press about medical negligence or corruption in the health sector. One doctor spoke of an exposé of a doctor who earned commission by referring patients for medical tests, including a child with a fever who had been subjected to 23 tests. Another doctor felt that the presence of three local newspapers which had printed reports about the *upazila* health facility meant that doctors 'were aware and tried to do their duty properly', to avoid seeing their names in the paper, which would cause them problems with higher authorities and erode their respectability. Some doctors felt the impact of regular media exposure of medical negligence and corruption had brought the entire profession into disrepute, even if they also believed that some reportage on medical issues was pure sensationalism, or itself the result of corruption. Overall, however, there was a sense that the media did act as a watchdog: in one health facility, for instance, staff reported that the fear of appearing in the newspaper had meant they coordinated their movements to ensure a doctor was on-site 24 hours a day, to provide emergency care should it be needed.

3.4 Teachers and communities ²⁰

In contrast to other social services, a formal, functioning mechanism for community participation in school governance exists. This is the School Managing Committee (SMC), and it regulates, monitors and sanctions important aspects of school activity. It enables participation chiefly by local elites – the educated, the philanthropic and the influential – and public servants (mainly teachers), but there is provision for parents and for at least one woman to participate. SMCs are expected to play a key role on behalf of the community to hold teachers and schools to account. To the mixed and varying extent that they do so, it is not because of their formal rules or practices, but because of the indirect, informal pressures on reputation. We look next at how rude accountability pressures become part of micro-political competition, and at how their social embeddedness exposes local elites to – while also protecting them from – informal pressures for performance. Teachers and SMCs are of interest here because of their great potential as sites for the exercise of informal pressures, of how they highlight the limits of such pressures, and, finally, because of how they illustrate how informal accountability strategies develop around formal policies and institutions.

3.4.1 *The financial attractions and political pressures of school governance*

SMC chairmen are often landed members of the local elite, with political careers to nurture. They are not characteristically well-educated nowadays, but they are often rich in local social capital and deep in networks with national links. In my experience of research with local elites in Bangladesh, there seem to be two reasons why they are drawn to SMC membership. The first is financial: around the period of the great expansion in the 1990s, many more resources began to flow to schools than had previously been the case. These included conditional assistance

20 This section draws on FMRP (2007), Hossain and Osman (2007), and ongoing research on school choice.

programmes for poor students and girls, which relied on SMCs to select beneficiaries and teachers to distribute cash, and school construction and teacher recruitment drives. The common view that SMC chairmanship is nowadays a business rather than a civic duty does not seem wildly off the mark. Nor are the amounts involved trivial. Teachers and officials reported Tk 50,000 (somewhat less than US\$1,000 at 2008 exchange rates) as the standard bribe to SMCs to secure any teaching positions, with the reported range reaching as high as Tk 200,000, presumably for the most desirable teaching jobs (FMRP 2007). Less is known of the earnings from civic works, but these should be significant. In a bid to limit the financial incentives of SMC membership, the reform agenda has recently included rules about the number of SMCs one person can chair; I met one individual who, tea-stall gossip had it, chaired 20 such committees.

But while the new financial attractions of SMC membership have made the need for accountability more urgent, SMCs have not been reformed to meet this challenge. The SMC is a promising site for formal accountability, in theory. By the standards of formal governance institutions in Bangladesh, the SMC is old, with its basic form dating to the Raj. Because of their venerable age, SMCs are credible institutions: people generally know what they are about and many even understand how they work. But none of the major reform programmes have to date effectively tackled their membership or rules or jurisdiction in ways that have increased accountability to poor parents or students.²¹ There is no sign that women have begun to taken the central role warranted them as parents, carers and domestic managers. The problem seems to be that SMCs are too nicely adapted to the context, moving in a friction-free space rubbed smooth by the absence of expectations they will bend to ask accountability from those in power in schools on behalf of parents or students.

On the other hand, there are also considerations of political power. There was a time, in the view of education bureaucrats, that the class of people whom the role attracted were generally more respected, better educated, and from a more exclusive strand of society. But with many more schools and so many more SMCs needing members, the busy class of professional local politician has moved in. Education officials see the decline in the social class status of the SMC as having lowered the quality and effectiveness of the institution as a whole.

This seems more like class bias against the *mofussil* elite, who lack the higher education credentials and urban refinements of the bureaucratic class, than a reflection of what SMCs achieve in practice. Indeed, if it were just their formal role in school accountability that mattered, we could expect very little of SMCs. But political ambitions have drawn school improvement programmes into the ambit of political competition. This has led to accusations of 'politicisation' in the basic education system – a usual criticism whenever political competition is seen to feature in the distribution of public resources. I have certainly come across cases

21 Innovations to engage women more closely in school governance activities have succeeded in overcoming constraints on women's participation in holding school authorities to account (see ESTEEM 2004). However, these remain isolated experiments, and have not to date achieved notable influence over education governance in Bangladesh.

in which politicisation of school management had resulted in damaging conflict. In one primary school, school management had deteriorated to the extent that local people brought out a 'missil' (a procession) to protest corruption and other bad behaviour by the head teacher. His behaviour had gone unchecked because the SMC leader was himself in jail on murder charges (FMRP 2007).

But political competition over SMCs does also create incentives for accountability. A bazaar committee chair and local Bangladesh Nationalist Party (BNP) activist had become the leader of the SMC of one secondary school through the unusual process of election. This brought to a close a battle for control of the school between the BNP group and the rival Awami League leader, who had held the position the role for the previous 15 years. The school had failed to flourish during that period. But the resolution of the conflict yielded rapid improvements in terms of material resources, monitoring of teacher attendance, academic performance, and high morale. This was partly because of the benefits from the change towards the ruling party, which included access to new resources. But other examples of this kind suggest that a little light local political interest in how schools are managed is a good thing, as it does help to attract and monitor resources and teachers (FMRP 2007).

3.4.2 The perverse consequences of public policies for teachers

It is of course teachers that SMCs are expected to hold to account, particularly headteachers. But here once again, it is to the extent that they are embedded – but not too dominant – within society, that teachers can be made to feel the pressures for accountability. Teachers occupy that interesting and powerful space at precisely the point where the highly centralised Bangladeshi state meets the vast, densely-populated, unruly Bangladeshi society. As 'village-level bureaucrats' (Mahmud 2002), teachers have historically been key frontline representatives of the state, not only for education, but for many other vital state functions. Officially they staff election booths, (until recently) enlist voters, survey the child population, and promote official health, education and social messages. Unofficially, they participate in *shalish-bichar* or customary dispute resolution, sanction marriages and other aspects of social behaviour, and provide advice and broker access to official services and institutions. Teachers are, in effect, the long arm of a state which is, in fact, endowed with very limited reach into society. This influential position, particularly staffing the polling booth, gives teachers an especially secure place in public policy, and helps to explain why attempts to reform formal accountability mechanisms to empower parents and students rarely even make it to the policy table.

Given that local elites dominate School Managing Committees and parents play no organised role it is no surprise that teachers easily get away with a minimalist approach to their public duties. Although absences without permission are rare in primary schools, there is no officially provided teaching cover when teachers are absent with permission, which they often are, for training, official work or illness.²² The school year and the school day are in any case short, and easily accommodate teachers' multiple additional official and private activities. These additional activities are generally critical to the achievement of a lower middle

class lifestyle: although government school teachers are reasonably well-remunerated, those from government-supported 'private' schools are considerably less so; the official income of these teachers would have them on or close to poverty levels. The public system thus depends to a significant degree on permitting teachers to manage their farms and small sideline businesses.

In one publicly-funded school I was involved in researching, students told colleagues that they passed their headteacher's home on their way to school in the morning, and he was usually either sleeping or smoking a *biri* (FMRP 2007). He was a local man, a person of influence and standing. Poor parents must, I thought, find it difficult to challenge this behaviour, even if they had possessed a standard against which it would be considered reproachable. In another school, the headteacher, his wife and his brother dominated local education institutions, sitting on each other's School Managing Committees and effectively foreclosing on any chance for downward accountability. Social embeddedness can seriously weaken the scope for poor parents or students to exert pressure for performance.

But the social status and respect customarily accorded teachers has declined in the last decade or so, for two reasons. The first is that the expansion of education has meant that teachers are no longer one of few educated people in a rural community. The second is the perverse (for teachers) consequence of public policies to create new material incentives for the poor and girls to attend school. These have been in the form of conditional cash/kind transfers (the Food-for-Education and Primary Education Stipend programmes at primary and the Female Secondary School Stipend programme at secondary), much feted in the development literature.

Teachers and SMCs have been charged with the selection of beneficiaries and the distribution of benefits. This has made people suspicious of teachers, whose role is now akin to that of other local officials with the discretion to distribute state resources and therefore to 'eat' a little along the way. The system is not financially transparent, and nobody feels obliged to answer to poor parents about why little Mukul has received less than his usual Tk 300 this quarter. The lack of transparency nourishes the belief that some official somewhere has 'eaten' some of it. Perceptions of corruption may not actually always be well-founded – officially declared amounts often fail to make it into the programme budget, whether for reasons of corruption or under-resourcing is not clear (FMRP 2007; Al-Samarrai 2007b).²³ But discretion over beneficiary selection has permitted teachers to exercise their own ideas about merit in relation to conditions of academic attainment; these have helped to screen out many poor children in favour of the

22 Estimates by the World Bank and the Social Sector Performance Surveys suggest that between two and three per cent of public school teachers are absent without permission at any given time (FMRP 2006b).

23 Transparency International Bangladesh conducted a series of surveys in the early 2000s which uncovered widespread perceptions of corruption in the education sector (for one example, see Karim 2004). A study by the World Bank contentiously found extensive evidence of corruption in education conditional transfer programmes (reviewed in CGS 2006); the FMRP primary education survey found leakage and mis-targeting in the cash stipend programme, but less evidence of corruption for personal gain by officials (FMRP 2006b).

moderate- and the non-poor. Ironically, given that the programmes should in theory have further empowered teachers in relation to communities, the presence of cash resources intended for poor students also appears to have stimulated the interest of poor parents in monitoring what goes on in school.²⁴

4 Why does rude accountability matter? Impacts and implications

4.1 Why poor people resort to rude accountability

The front page of the leading English language daily on 7 August 2008 featured a picture of an operation being carried out at one of the top teaching hospitals in the country. It is a clear, full-colour picture. The caption describes the conditions in which the surgery was taking place, including that the operating table was being held in position by a footstool and (distinctly non-sterile) planks of wood. It explained that the surgeons, both very young men, were operating without protective surgical masks, gowns or caps. The caption does not refer to the patient, but from the work-roughened condition of his feet and legs, this appears to have been a poor, working man. Should infection set in, post-op – a common enough scenario in the grim public healthcare system – the patient and his family are unlikely to be in a position to hold anyone to account for their negligence. In the absence of an actual riot, we can be assured that there would be no answers and no enforcement of sanctions against the negligent doctors. I cannot think of any other context in which a national newspaper photographer could gain access to document such grotesquely poor conditions; the suggestion is of total impunity.

The main reason poor people in Bangladesh resort to rude forms of accountability is the scope to do so: services are frequently so poor, public officials usually so arrogant, and accountability mechanisms so impenetrable where they exist, that it is either that or nothing.

What I have learned from this exploration of how poor people try to get their due from frontline officials is that this ‘rudeness’ reflects a latent sense of entitlement, perhaps even rights, with respect to public services. In the official mind, by contrast, the obligation to provide service is just that – somewhat discretionary, good if they do it, but not exactly *compulsory*. They are obliged at least in part because in so many cases they are embedded in and amongst the communities they are supposed to serve. But this means they are often at once the benevolent local elite as well as the official representative of the state. And when it comes to

²⁴ Even more ironic is emerging evidence that far from driving the successful expansion of access for poor children, as is commonly thought, the introduction of the national cash-based Primary Education Stipend Programme appears to have coincided with the start of stagnating primary enrolments, as well as declining enrolment among poor boys (Al-Samarrai 2007a, 2007b). Poor and rich children alike seem to have voted with their feet – either to enter work earlier than a few years previously, or to go to other types of school outside of the poor quality public system.

managing the demands of poor people, they are distinctly more comfortable with the polite outward forms of patronage than with the idea that they are public *servants*.²⁵ An important corollary of this may be that rude forms of accountability are of particularly rural bent: many public policies for the poor in Bangladesh have had a rural bias, with which the urban poor appear to be familiar.²⁶

But it is not usually possible to take someone's power away from them without incurring a little discomfort, or worse. It is both because poor people seem clearer now than ever before that they have entitlements to public services, and because they seem able to speak directly to power that they can respond thus (Kabeer and Kabir forthcoming). At the beginning of the paper I noted that there was a surprising absence of effective NGO mobilisation around accountability in public services. Yet discourses of rights have been very widely transmitted by the NGOs that are in almost every village of the country, even if the cases of direct mobilisation around services are less notable here than elsewhere. Party political competition around the provision of schools and safety nets and health clinics has also likely to have raised expectations of the public sector. The experience of engagement with NGOs has also given poor women the undoubtedly empowering experience of regular contact with educated strangers and men. And despite the faltering state of democracy in the Bangladesh of 2008, democratic values in relation to how the state should operate do appear to have taken hold. Poor people expect more, and now can ask for it directly. But there has been no corresponding response from the state machine.

For poor women, in particular, formal accountability mechanisms are exclusionary to the point of irrelevance. What is the point of trying to get on to an SMC that is chaired by the big local landlord, in which you will be unlikely to be given space to speak? As Simeen Mahmud notes with respect to the prospects for Bangladeshi citizens engaging in public processes:

poverty mediates all action ... The costs of participation by the poor can be prohibitive and gains negligible. Poverty also strengthens the hand of the powerful through the real threat of withdrawal of support, and hence limits the spaces in which poor people are able to participate.

(2006: 58)

If you are concerned about young Mukul or Meena, then, it makes more sense to go down to the school and discuss it with the teacher, whom you know slightly from the neighbourhood, and with whom you can trace some kind of kinship. Poor women definitely enjoy a comparative advantage with respect to informal accountability – not so much because they are so effective at it, but because they are comparatively less ineffective when they shout and embarrass officials into action than when they invest their efforts in formal committees.

25 As if to reinforce this point, a colleague recounted how she had been trying to explain the concept of social accountability to a civil servant. 'You don't know the proper way to speak to a civil servant!' was the outraged response to my friend's suggestion that the civil servant had not fully grasped the concept.

26 Many thanks to Steve Commins for pushing me on this point, and to Niki Banks and Omar Faruq Siddiki, whose work on urban poverty uncovered this perception.

4.2 Impacts on services

Does rude accountability actually result in better services? The opening anecdote suggested it can. Other examples suggest similarly that informal pressures on frontline officials do encourage them to pay more attention to the claims and complaints of poor citizens. But these may be short-term and reversible wins, as many of these cases have shown. Repeated petitioning for beneficiary status appears to be an important factor shaping who gets selected to receive safety nets, while the generalised threat of violence or shame apparently creates a climate of fear among doctors who worry about being caught out for gross negligence. This fear is quite well-placed given that high vacancy rates, high absentee levels, and private practice combine to create a situation in which doctors are frequently inaccessible to poor patients. Similarly, teachers appear to have some awareness that their handling of the cash stipends programmes have led to their being fingered as among corrupt officials, in a significant comedown from the high status respectability that they have customarily enjoyed.

It seems unlikely that any impact on service delivery from these various rude forms of accountability could be quantified. However, they do suggest that frontline official culture is or has the potential to be broadly responsive to the needs and interests of poor citizens. This can be seen in the signs of collective and institutionalised responses to informal pressures: shared card-holding and grain distribution practices in the VGD programme that respond to claims from the unselected poor, as identified by Ahmed *et al.* (2004); rotas for establishing 24 hour emergency cover to protect against charges of negligence; teachers' reluctance to remain involved in the distribution of the stipends, despite its popularity with communities and the opportunities for corruption and patronage for themselves. To the extent that these rude accountabilities work, they appear to do so by affecting the status or prestige of frontline officials.

4.3 The limits of stronger accountability in the short route

Reflecting on the picture of the unsterile operation, I realised that it was possible that the teaching hospital had no supplies of sterile surgical kit, and that the young surgeons were in fact heroically undertaking emergency surgery despite these conditions. Frontline officials can rarely affect the material conditions in which they work. Doctors lack discretion over medical supplies and drugs. These often fall short, because of centralised distribution formulae which fail to take into account differences in population or clinical need, as well as because of corruption and pilferage. One health service manager explained that his attempts to make his facility an 'ideal' health centre were thwarted by the fact that they lacked staff, resources and equipment: 'At this moment we just have one sweeper. There has been no supply of X-ray film for more than six months. I indent this every month, but there is no supply' (FMRP 2007: 58). The lack of resources are one reason why many health service staff feel entitled to shrug off or reject patients' demands for accountability: a common theme was that their patient feedback mechanisms are pointless, as their main complaint is that there are not enough medicines, about which facility staff can do nothing.

Poorer citizens do not always recognise the limits to the power of frontline officials. Official publicity around safety nets stresses their universal nature, but in practice there are usually many more eligible people than there are resources. Safety nets are estimated to cover less than 10 per cent of total need, or around 4 or 5 million poor people (World Bank 2006b); our survey of the old age and widows' allowance schemes found more than three-quarters of the poor were covered by neither programme. Most public services seem desperately under-resourced in Bangladesh, and it is frontline officials who face the demands of those whom the service has not reached. Tactics for coping with resource constraints are deeply ingrained in frontline public service delivery. In the social safety net, pressures to widen the net encourage frontline officials to spread the benefits among a larger pool of poor people, by requiring beneficiaries to share cards or 'taxing' the grain to distribute amongst others among the poor who are not beneficiaries (Ahmed *et al.* 2004).

4.4 Impacts on formal accountability mechanisms

Rude forms of accountability do not obviously have any lasting positive impacts on formal accountability. There are some collective responses to these pressures at the frontline which informally affect how services are delivered, but no signs of positive influence over the bureaucratic ethos resulting in greater responsiveness towards poor citizens. Among medical professionals, for instance, the FMRP study found that patient participation, even for feedback purposes, was rejected as undesirable and unnecessary. Reasons offered included that patients are mainly poor uneducated people who do not understand medical issues; that medicines fall short, which facility staff can not address; that medical officers are already adequately informed about patient and community health needs through their own interactions and health workers in the field; patients can complain directly to doctors or nurses; and local elites (chairman, members) represent community views on the Health Services Improvement Committee; direct participation is not necessary. It was striking how few doctors appeared to have considered the possibility of a formal structure to represent patients. One health sector manager explained the 'hazards in involving local people in management', suggesting that just as School Managing Committees have become sites of corruption, so could any equivalent institution in the health sector (FMRP 2007: 66).

These attitudes were surprising given that health policy reform debates have raised the issue of user complaints about doctor behaviour with the Medical Association (e.g. CIET 2004). Some doctors felt that the existence of a complaints box for receiving written complaints was adequate. On one occasion it was suggested, however, that it might be necessary to have a literate person standing by to write the complaints, neatly underlining the gross inadequacy of such a procedure in this context.

While there may not be much hope that informal innovations at the frontline of bureaucratic practice will necessarily feed back into formalised professional attitudes or practices, there may be lessons for performance accountability monitoring. When developing formal systems for monitoring frontline official performance it may make sense to learn from what citizens already do, and to

what they, and the officials themselves, believe to affect their behaviour.

However, as the example of the doctors also suggests, rude accountability can lead to a well-placed fear of stronger downward accountability. Poor people may not always be in a good position to judge whether medical negligence has or has not caused the death of a community member, but in the certainty that other routes to accountability are closed to them, a violent response may be the only recourse. Alternatively, a shortfall in medical supplies does not entail that health centre staff have pilfered the resources: it is equally likely that grand corruption higher up the bureaucratic chain or excessive seasonal demand within an unresponsive, supply-driven system are the causes. When safety net or education stipend funds are delayed or fall short, as sometimes happens, beneficiaries assume the officials tasked with distribution have 'eaten' their benefits. While there are good reasons for arguing that better channels of communication between service-users and officials would help to clarify these issues, it is understandable that frontline officials may feel that they are already over-exposed to the claims and complaints of citizens.

5 Conclusions

The massive expansion of social service provision in the 1990s has meant the Bangladeshi state is now a larger presence in the lives of poor citizens (Ali and Hossain 2005). But the terms of its interaction with those citizens remain largely unreformed, more strongly marked by the culture of patronage and deference than by any common ground on rights and responsibilities. This paper has focused on the informal pressures for accountability that poor Bangladeshi citizens exert on frontline officials of safety net, health and basic education services. It found that these have some impacts on the services they receive. These impacts are not measurable, but they seem real enough to contribute to explaining the so-called 'Bangladesh paradox' of social sector achievements with persistently weak governance. To understand these gains in Bangladesh, this paper has suggested, it is necessary to look more closely at these interactions on the frontline of service delivery, which demonstrate the strength of personal social and local political pressures on public officials to perform, in the effective absence of bureaucratic or formal mechanisms to do so.

The tools and instruments of accountability, in this account, are status and reputation; instead of Citizen Report Cards or participatory budgets, there is the weapon of embarrassment and the looming threat of the crowd. It is not obvious that these are factors that good governance policymakers would want to take into account. For one thing, the paper offers no hope that rude accountability will yield enduring changes in social sector governance. The threat of violence or shame may even be counter-productive, by strengthening frontline official resistance to deeper downward accountability.

But the emphasis on frontline negotiations yields lessons well beyond the Bangladesh case. It highlights prospects for performance-based accountability, or the orientation of accountability systems to measurement and monitoring of performance, in ways that would enable them to be informed and driven by

citizens. Performance-based accountability in the social sectors has the potential to devolve the focus of formal accountability mechanisms away from high-end governance concerns with the scandals of grand corruption or bureaucratic politicisation (Peters 2007), and on to the more mundane concerns of citizens in terms of service use by involving them in the setting of standards and indicators of performance. There is ample evidence here to suggest an appetite and a capacity to monitor frontline service provision on the part of poor citizens. More importantly, much can be learned about the power of ‘soft’ social sanctions on public officials who fail in their duties. Accountability is only a big word if it lacks enforcement. Given that the state seems unable to enforce administrative sanctions against failing officials, shame and embarrassment and the loss of political face may be reasonable stopgap measures.

The paper initially noted the surprising lack of organised civil society action behind these rude encounters between state and society. The promising innovations to enable citizens to hold officials to account in Brazil and India have not materialised here, despite the wealth of civil society organisation and innovative NGO approaches. Civil society here may have created more impetus for accountability from the top, through high-end high-profile monitoring exercises²⁷ than through mobilising social accountability from below. There are some notable exceptions, such as the fiercely resistant organisation of the landless, *Nijera Kori*, and the health-focused organisation *Gono Shasthya Kendra*. But impacts on public policy have been elusive. Pioneering approaches have not usually gone to scale, in a country where scale determines impact. It is arguably the case that the big service-providing NGOs such as BRAC have been hesitant about more direct engagement with frontline officials because they depend to such a significant degree on the uneasy détente they depend on to sustain their operations at the local level. The appetite for critical activism around public social service delivery may also be diminished by the fact that big NGOs increasingly rely on government financing for public-private partnerships (World Bank 2006a). BRAC, at least, has focused its efforts on demonstrating alternative models for social service delivery and on constructive engagement, than on the necessarily more hostile and conflictual matter of demanding accountability from the state. Given this, there has been a sense of disappointment with how little social accountability has actually achieved in Bangladesh.

Yet the strength of the sense of entitlement, perhaps even a notion of rights, is present. Explanations of this must involve reference to the vast NGO programmes of group mobilisation, most involving microfinance, but others also to do with building the organisational capacities of the poor, particularly women. And crucially, this has involved educating poor women in the modes and methods of engaging with state officials: as we saw in the case of the local government representative from *Nijera Kori*, this can involve the threat of the crowd and other rude forms of accountability.

27 Regular monitoring reports include the Transparency International Bangladesh corruption perception surveys, the Independent Review of Bangladesh’s Development by the Centre for Policy Dialogue, Halkhata, a report on the quality of education and Unbundling Governance on the general state of governance by the Power and Participation Resource Centre; and the Educationwatch, Healthwatch, and State of Governance reports, all with close links to the NGO BRAC and BRAC University.

Rude accountability may have a particular potency in Bangladesh because of the unusual flatness of that society; it is minutely and intensely hierarchical, yet also widely unmarked by the rigidities of ethnic, caste or other forms of social distinction. In this context social status is delineated by education and professional position. Bureaucrats are jealous of their prestige and status, for they have comparatively little else, particularly at the frontline. And in a context of dramatic under-resourcing of public services, including salary scales overtly set on the assumption that public officials use their public service time to moonlight as private tutors, landowners, contractors or private doctors, the maintenance of status and reputation are critical to that most powerful motivation for performance – personal income. In this respect, the social services in Bangladesh are much like those of other developing countries. And this is why rude forms of accountability are likely to be as potent in other under-resourced, unreformed states.

By way of final conclusion, rude accountability matters because it highlights how relationships of accountability in service delivery are in effect embedded in social relations and political pressures that are unofficial, informal, and personalised. When accountability systems fail, it may be worth looking to which informal pressures are in fact operating, and to learning from how poor citizens actually attempt to claim their entitlements. But the prevalence of ‘rude’ forms of accountability – which I believe is probably as common in other unreformed states – is not to be celebrated as the spontaneous flowering of rights discourses and people-power in poor countries. These are, I suggest, the accountability mechanisms of the poor; but they are, as often as not, poor accountability mechanisms. The practical agenda here must be to bridge the rude and the official mechanisms of accountability, so that the power and accessibility of the informal can be married to the sanctions and rules and neutrality of the official.

Annex

The BRAC-RED survey on the Government's old age and widows' allowances scheme

The survey on the old age and widows' allowance schemes was conducted in 10 out of 64 districts, in sites in which BRAC has maintained a demographic surveillance system since 1995 in 52 villages. The selected districts are geographically representative, and at least one *upazila* was sampled from each of the six administrative divisions of the country.

All ever-married single women irrespective of socio-economic status and age, and all elderly persons of at least 60 years were sampled, and a total of 4,824 respondents were successfully interviewed.

The main objective of the questionnaire was to explore the impact on the health-related quality of life of beneficiaries of the old age and widows' allowance schemes. In addition, a module was developed to explore the experiences and process of becoming a beneficiary, the characteristics of those who succeed in doing so compared to those who do not, and the experience of accessing the benefits.

Group-level differences were explored with respect to the selection, implementation and disbursement processes for 811 respondents who were receiving the allowances or were members of recipient households, 1,660 eligible non-beneficiaries and 2,353 non-eligible individuals.

Full details of the survey methodology are available in BRAC RED, *Small Scale Old Age and Widow Allowance for the Poor in Rural Bangladesh: An Evaluation*, BRAC Research Monograph series 36.

Source references

Ali, T. and Hossain, N. (2006) *Popular Expectations of Government: Findings from Three Areas in Bangladesh*, PRCPB Working Paper 13, www.prcpb-bids.org/content/workingpaper.htm (accessed 6 January 2009)

FMRP (2007) *Governance, Management and Performance in Health and Education Facilities in Bangladesh: Findings from the Social Sector Performance Qualitative Study*, Dhaka: Financial Management Reform Programme, Ministry of Finance, Government of Bangladesh

Hossain, N. (2007) *The Politics of What Works: The Case of the Vulnerable Group Development Programme in Bangladesh*, Chronic Poverty Research Centre Working Paper 92, www.chronicpoverty.org/pdfs/92Hossain.pdf (accessed 6 January 2009)

Hossain, N., and Osman, F. (2007) *The Governance and Politics of Social Policy and Social Protection in Bangladesh, 1991–2006*, BRAC RED Monograph 34, www.bracresearch.org/monographs/Monograph_34%20.pdf (accessed 6 January 2009)

Hossain, N. and Zahra, N. (2008) 'Targeting, Implementation and Distribution of Benefits', chapter in BRAC RED, *Small Scale Old Age and Widow Allowance for the Poor in Rural Bangladesh: An Evaluation*, BRAC Research Monograph Series 36

Hossain, N. and Zaman, R.; Banks, N. and Geirbo, H.C. (2007) *The Incentives and Constraints of Government Doctors in Primary Healthcare Facilities in Rural Bangladesh*, BRAC Research Report, www.bracresearch.org/reports/Government_Doctors.pdf (accessed 6 January 2009)

References

- Ahmed, A.U.; Rashid, S.; Sharma, M. and Zohir, S. (2004) *Food Aid Distribution in Bangladesh: Leakage and Operational Performance*, IFPRI Food Consumption and Nutrition Division Discussion Paper 173, Washington DC: International Food Policy Research Institute
- Al-Samarrai, S. (2007a) 'Changes in Educational Attainment in Bangladesh, 2000–2005', Background Paper for World Bank poverty assessment, Dhaka
- (2007b) 'Education Spending and Equity in Bangladesh', Background Paper for World Bank poverty assessment, Dhaka
- BIDS (2001) *Fighting Human Poverty – Bangladesh Human Development Report 2000*, Dhaka: Bangladesh Institute of Development Studies
- CAMPE (2005) *Education Watch 2003–4: Quality with Equity: The Primary Education Agenda*, Dhaka: Campaign for Popular Education
- CGS (2006) *The State of Governance in Bangladesh 2006: Knowledge, Perceptions, Reality*, Dhaka: Centre for Governance Studies, BRAC University
- CIET (2004) *Bangladesh Health and Population Sector Programme 1998–2003: The Third Service Delivery Survey 2003 Final Report*, Cietcanada and MOHFW, Government of Bangladesh
- Chaudhury, N. and Hammer, J.S. (2003) *Ghost Doctors: Absenteeism in Bangladeshi Health Facilities*, World Bank Policy Research Working Paper 3065, Washington DC: World Bank
- Corbridge, S.; Williams, G.; Srivastava, M. and Véron, R. (2005) *Seeing the State: Governance and Governmentality in India*, Cambridge: Cambridge University Press
- Deolalikar, A.B. (2005) 'Poverty and Child Malnutrition in Bangladesh', *Journal of Developing Societies* 21.1–2: 55–90
- ESTEEM (2004) *Longitudinal Study Final Report*, Report 8.17, Dhaka: Government of Bangladesh, Dhaka, and DFID, UK
- Evans, T. and Harris, J. (2004) 'Street-level Bureaucracy, Social Work and the (Exaggerated) Death of Discretion', *British Journal of Social Work* 34: 871–95
- FMRP (2006) *Social Sector Performance Surveys: Primary Health and Family Planning in Bangladesh: Assessing Service Delivery*, Oxford and Dhaka: Oxford Policy Management Limited, and Financial Management Reform Programme, Ministry of Finance, Government of Bangladesh
- (2006b) *Social Sector Performance Surveys: Primary Education in Bangladesh: Assessing Service Delivery*, Oxford and Dhaka: Oxford Policy Management Limited, and Financial Management Reform Programme, Ministry of Finance, Government of Bangladesh
- Goetz, A.M. and Jenkins, R. (2005) *Reinventing Accountability: Making Democracy Work for Human Development*, Palgrave Macmillan

- Gruen R.; Anwar R.; Begum T.; Killingsworth J.R. and Normand C. (2002) 'Dual Job Holding Practitioners in Bangladesh: An Exploration', *Social Science and Medicine* 54: 267–79
- Hossain, N. (2005) *Elite Perceptions of Poverty in Bangladesh*, Dhaka: University Press Limited
- Hossain, N. and Kabeer, N. (2004) 'Achieving Universal Primary Education and Eliminating Gender Disparity', *Economic and Political Weekly* 39.36: 4093–9
- Houtzager, P.; Joshi, A. and Gurza Lavalley, A. (eds) (2008) 'State Reform and Social Accountability: Brazil, India and Mexico', *IDS Bulletin* 38.6, Brighton: IDS
- Hupe, P. and Hill, M. (2007) 'Street-level Bureaucracy and Public Accountability', *Public Administration* 85.2: 279–99
- Kabeer, N. and Kabir, A.H. (forthcoming) 'Citizenship Narratives in the Absence of Good Governance: Voices of the Working Poor in Bangladesh', mimeo
- Karim, S. (2004) *Transparency in Education: Report Card in Bangladesh*, Paris: UNESCO, International Institute for Education Planning
- Lipsky, M. (1980) *Street-level Bureaucrats: Dilemmas of the Individual in Public Services*, New York: Russell Sage Foundation
- Mahmud, S. (2007) 'Spaces for Participation in Health Systems in Rural Bangladesh: The Experience of Stakeholder Community Groups', in A. Cornwall and V.S. Coelho (eds), *Spaces for Change? The Politics of Citizen Participation in New Democratic Arenas*, London and New York: Zed Press
- Mahmud, W. (2002) *National Budgets, Social Spending and Public Choices: The Case of Bangladesh*, IDS Working Papers 162, Brighton: IDS
- Matin, I. and Hulme, D. (2003) 'Programmes for the Poorest: Learning from the IGVGD Programme in Bangladesh', *World Development* 31.3: 647–65
- Mitlin, D.; Hickey, S. and Bebbington, T. (2006) *Reclaiming Development? NGOs and the Challenge of Alternatives*, GPRG (Global Poverty Research Group) Working Paper Series 43, Oxford: Centre for Study of African Economies
- Newell, P. and Wheeler, J. (2006) 'Introduction', in P. Newell and J. Wheeler (eds), *Rights, Resources and the Politics of Accountability*, London and New York: Zed Press: 1–36
- Peters, B.G. (2007) 'Performance-Based Accountability', in A. Shah (ed.), *Performance Accountability and Combating Corruption*, Washington DC: World Bank
- Rudé, G. (1981) *The Crowd in History: A Study of Popular Disturbances in France and England, 1730–1848* (revised edition), London: Lawrence and Wishart
- Scott, J.C. (1990) *Domination and the Arts of Resistance: Hidden Transcripts*, New Haven: Yale University Press
- Sen, B. (2000) 'Growth, Poverty and Human Development', in R. Jahan (ed.),

Bangladesh: Promise and Performance, London/Dhaka: Zed Books/University Press Limited

Sen, B.; Mujeri, M.K. and Shahabuddin, Q. (2006) 'Explaining Pro-Poor Growth in Bangladesh: Puzzles, Evidence, and Implications', in T. Besley and L.J. Cord (eds), *Delivering on the Promise of Pro-Poor Growth: Insights and Lessons from Country Experiences*, Washington DC: World Bank and Palgrave Macmillan

Tsai, L. (2007) *Accountability Without Democracy: How Solidary Groups Provide Public Goods in China*, Cambridge: Cambridge University Press

WHO (2006) *Working Together for Health: World Health Report 2006*, Geneva: World Health Organization

World Bank (2007) *To the MDGs and Beyond: Accountability and Institutional Innovation in Bangladesh*, Bangladesh Development Series 14, Dhaka: World Bank

World Bank (2006a) *The Economics and Governance of NGOs in Bangladesh*, The World Bangladesh Development Series 11, Dhaka: World Bank

— (2006b) *Social Safety Nets in Bangladesh: An Assessment*, The World Bank Bangladesh Development Series 9, Dhaka: World Bank

— (2005) *Maintaining the Momentum to 2015? An Impact Evaluation of Interventions to Improve Maternal and Child Health and Nutrition in Bangladesh*, Washington DC: World Bank Operations Evaluation Department

— (2003) *World Development Report 2004: Making Services Work for Poor People*, Washington DC: World Bank