

**Dealing with Sectoral Corruption in Bangladesh: developing citizen  
involvement**

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## **Title: Tackling Corruption in Bangladesh: A Sectoral Study**

### **Abstract**

Bangladesh has had a troubled political history since gaining independence in 1971 and is also beleaguered by poverty and natural environmental disasters. In particular however, corruption is blighting its prospects for economic growth, undermining the rule of law, and damaging the legitimacy of the political process. This paper adopts a sectoral approach to the study of corruption by examining people's experiences of using health and education services in Bangladesh through a large scale quantitative survey. It also presents case study research which assesses the impact of anti-corruption work by Transparency International Bangladesh (TIB) in the areas of health and education. The paper concludes that: the poorest in Bangladesh are most penalised by corruption; there are significant benefits for health and education service users resulting from TIB's interventions; and there is a need for committed political leadership beyond the period of the current caretaker government if ongoing efforts to tackle corruption are to be effective and sustainable.

Key words: Bangladesh; corruption; Transparency International; public services.

## **Background**

The People's Republic of Bangladesh, formerly East Pakistan, became an independent state after the civil war of 1971. It is a densely populated South Asian country with some 160m people who commonly experience natural disasters in the form of floods and cyclones in the flat land and delta of rivers on the Bay of Bengal. Poverty is widespread with GDP per head estimated at just \$444 in 2006, or almost half the population living on less than one dollar per day (Oxford Economics, 2008). Since independence, Bangladesh has experienced political turbulence and spent 15 years under military rule until democracy was restored in 1991. Continuing unrest has been a major impediment to economic growth set alongside the increasing strength of Islamic fundamentalism. Politics have been dominated and polarised by the two largest political parties, long-time rivals the Awami League (AL) and the Bangladesh Nationalist Party (BNP). The October 2001 elections produced a BNP victory in the form of a 4-party alliance. The opposition party, Awami League, refused to accept the result and from 2001-2006 their attendance at Parliament was sporadic, claiming discrimination by the BNP speaker. Violence, political strikes/hartals have accompanied the political turmoil. In August 2004, twenty people were killed and more than 100 injured in a grenade attack at an Awami League political rally. In January 2005 the former finance minister, Shah Kibria, was assassinated along with four colleagues and over 70 injured in an attack at an AL rally in Northern Bangladesh. Since summer 2006 opposition parties, directed by Awami League claimed that the BNP-led government was seeking to manipulate the electoral infrastructure and announced in January 2007 a boycott of the general election. The parliamentary elections were cancelled.

On 11<sup>th</sup> January 2007, the President declared a state of emergency and a reconstituted unelected military-backed caretaker government was put in place. The caretaker Prime Minister, Dr Fakhruddin Ahmed, governs Bangladesh through a number of advisers who, *inter alia*, are carrying out reforms to the electoral system in preparation for a poll to elect a new democratic government. This has resulted in some 12 million duplicate, deceased or bogus names being removed from the electoral register. Under the constitution, executive power rests with the caretaker government until a prime minister heading a new

administration is sworn in following a parliamentary election. Foreign governments are keen to see emergency rule lifted and the restoration of full constitutional rights amidst reports of human rights abuses and mass arrests. August 2008 witnessed signs of a return to an elected government in the first round of local mayoral elections. The Election Commission hopes to hold a parliamentary election in December 2008. However, given the delay in formal talks between the Commission and the main political parties, the date of the election could be pushed back to 2009. Despite the introduction of a range of electoral reforms, the election is expected to be fought between the two largest political parties. The dysfunctional two-party system therefore looks set to continue in Bangladesh. The two major obstacles to economic progress in Bangladesh are lawlessness and corruption.

## **Corruption in Bangladesh**

Corruption has been defined as ‘behaviour which deviates from the formal duties of a public role, because of private-regarding pecuniary or status gains (personal, family, private clique)’ (Nye, 1967:419). This behaviour includes bribery, nepotism and misappropriation of public funds. Other definitions include: the misuse of public office for personal gain (Klitgaard, Maclean-Abaroa and Parris, 2000), and the abuse of public office for ‘private economic gain’ (Rose-Ackerman, 1999: 75), although all three definitions erroneously suggest that corruption is limited to the public sector. Notwithstanding definitional nuances, its impact is widely acknowledged as harmful. As Heineman and Heimann have argued:

The true impact of corruption is now widely acknowledged: corruption distorts markets and competition, breeds cynicism among citizens, undermines the rule of law, damages government legitimacy, and corrodes the integrity of the private sector. It is also a major barrier to international development – systemic misappropriation by kleptocratic governments harms the poor (Heineman and Heimann, 2006: 115).

Bracking (2007: 5) provides a comprehensive summary of the different types of corruption as follows:

- *Administrative or bureaucratic corruption*: elicit payments required from users by civil servants in the (often distorted and arbitrary) implementation of existing regulations, policies and laws.
- *Petty corruption*: refers to these small acts, or rent-taking actions, by civil servants. Bribery, influencing, and gift giving are sometimes seen as different forms of petty corruption.
- *Graft*: involves the utilisation of public resources to serve individual or private interests.
- *Influencing*: forcing a decision in one's favour.
- *Political corruption*: often conflates with grand or high-level corruption: the misuse of entrusted power by political leaders. More specific meaning is corruption within the political or electoral process.
- *Political patronage (clientelism) and nepotism*: government resources are directed to patrons, clients, family or ethnic clan of office holders
- *High-level corruption*: the misuse of high office, public resources or public responsibility for private, personal or group, gain.
- *State capture*: private payments to public officials, and the 'capture' of their area of jurisdiction, in order to affect laws, rules, decrees, regulations or capture resources, for example, contracts.

The pervasiveness of corruption in Bangladesh is evidenced by Transparency International's Corruption Perception Index (CPI). The CPI ranks countries, according to Transparency International, by 'their perceived levels of corruption, as determined by expert assessments and opinion surveys'. The results on a scale of 0 – 10 (1 = highly corrupt; 10 = highly clean) show Bangladesh at the bottom of the list for 5 successive years from 2001 – 2005 (with a corruption index score of 1.7 in 2005). In 2006 and 2007 Bangladesh records a marginal improvement with a corruption index score of 2.0 (Transparency International Corruption Perceptions Index, 2007). Although there has been criticism of the validity of this index (Sík, 2002), not least because it is measuring perceived rather than actual corruption, Ivanov (2007: 33) sees its value more 'about public relations than about scientific measurement' which is used by Transparency International to 'rally support for anti-corruption'. Data from worldwide governance indicators also show Bangladesh unfavourably.

### Bangladesh: Control of Corruption

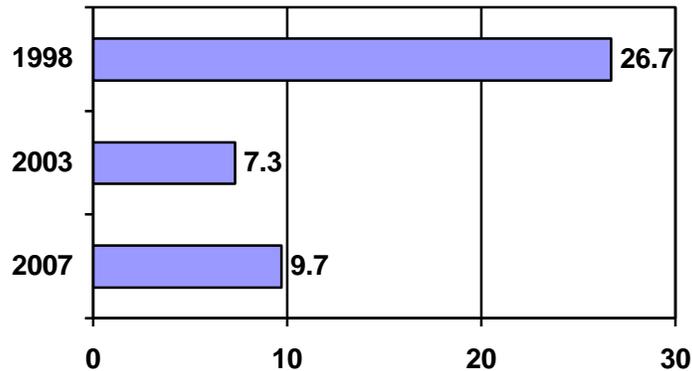


Figure 1: Country's percentile rank (0-100)

Figure 1 shows the percentile rank of Bangladesh measured on one (of six) dimensions of governance used by the World Bank (Kaufmann, Kraay, and Mastruzzi, M.: 2008). The 'control of corruption' indicator measures the extent to which public power is exercised for private gain, including petty and grand forms of corruption, as well as 'capture' of the state by élites and private interests. Percentile rank indicates the percentage of countries worldwide that rate below these countries. Higher values indicate better governance arrangements. In the case of Bangladesh therefore, only 9.7% of countries rate worse on the control of corruption in 2007.

### The literature

There is a limited literature on the specific problems of corruption in Bangladesh despite its pervasiveness. What literature does exist tends to focus on political corruption. Akuter (2001), for example, examined electoral corruption before and after independence from Pakistan in 1971 comparing the part played by various governments (military, civilian and non-partisan caretaker regimes) in overseeing elections. His work explored the significant impact which electoral corruption had on the process of democratisation in Bangladesh. Khan (2005) considered political and administrative corruption in Bangladesh and catalogued an extensive widespread abuse of power and position by politicians and civil servants in the absence of proper accountability mechanisms and

prevalence of self-seeking behaviour (see also Younis & Mostafa, 2000). He argued that corruption is all-pervasive in Bangladesh, ‘so strong and sustained is the influence of corruption that most people have come to accept it as a *fait accompli*. Not only have citizens accepted it as a part of their daily life experiences but more frighteningly, they feel powerless to address the phenomenon at any level’ (Khan, 2005, 19). Ahmad (2005) argued that checks on corruption are possible through strong political commitment, a comprehensive and independent Anti-Corruption Commission, transparency of decision making, enforcement of accountability and civil society vigilance. Zakiuddin (2006: 17) highlighted the disproportionate impact which political corruption exerts on the lives of people in Bangladesh. He argued:

Although corruption in any form is undesirable, it appears to be less acceptable when the state is corrupt. This is partly because the state presumes upon the membership and loyalty of its citizens – something which a private body does not (cannot) assume. Consequently, because the state has a special position, and is regarded to be neutral, impartial, and a representative body which provides for and protects the rights of people, any perversion of this understanding is regarded to be far more serious than if the same act were carried out by a private body.

Quah (2005) in an edited collection examined how governments responded to both political and administrative corruption in selected countries, one of which was Bangladesh. Specifically in his work on (mainly South East) Asian countries he argued that curbing corruption is difficult mainly because of lack of political will – however ‘it is not an impossible dream’ (Quah, 2006: 176). He suggested the most effective approach is the impartial implementation of comprehensive anti-corruption laws by a specific anti-corruption agency, supported by strong political leadership.

Ahmad and Brookins (2004) analysed and compared various newspaper reports on corruption in 3 south Asian countries (India, Sri Lanka and Bangladesh) to discern the nature and patterns of corruption and to understand actions taken to combat it. They found that Bangladesh had more ‘coercive corruption, with countervailing actions dominated by direct actions of victims. In India and Sri Lanka, corruption was generally collusive, with countervailing actions on behalf of victims frequently leading to legal actions and investigative reports’ (Admad and Brookins, 2004: 29). Admad (2002) has

also conducted an empirical analysis of 43 countries (including Bangladesh) on the relationship between government regulations and corruption and concluded that government regulations spawn corruption up to a certain threshold level, after which they can be used to reduce corruption. Most of the literature on Bangladesh therefore tends to report on political and high-level corruption with little research on petty corruption although Kashem (2005), as part of an edited international collection on policing, examined what he described as the ‘social organisation of police corruption’ in Bangladesh. He explored the circumstances under which corruption can flourish and its consequences for individual safety and freedom as well as security, economy and sovereignty of Bangladesh.

Moving beyond the specific confines of Bangladesh, the research for this paper is located in three areas of the literature (two of which are substantive and one methodological). First, Ivanov (2007) is critical of the global anti-corruption agenda and its associated universal diagnosis of the problem and calls for a move away from a global campaign against corruption which is devoid of local context. He argues that ‘a more contextualised analysis of corruption as a social construct could inform more successful policies’ because corruption is a ‘value-ridden concept that should not be treated as though it were essentially the same phenomenon around the world’ (Ivanov, 2007: 42).

Second, Spector (2005), drawing on Kaufmann’s work (2003), argued that conventional approaches to fighting corruption (passing laws, creating new institutions, and conducting anti-corruption campaigns) have not significantly impacted on corruption or reducing state capture. Spector (2005) poses the question ‘is corruption in government incurable?’ He suggests not, and argues there is evidence that anti-corruption reforms which have targeted particular programmes and sectors have made a difference:

One of the best ways to understand the spread of corruption and what can be done to control it, is by analysing its impact sector-by-sector. International experience has demonstrated that broad anti-corruption programs may have positive, though short-term, effects on the problem while raising public awareness. However, programs that are targeted at vulnerable sectors (i.e. the education and health areas) can take hold and be sustained over the longer term (Spector, 2005: 6).

In short, he claims that an approach which analyses corruption on a sector-by-sector basis and helps identify concrete initiatives, is more likely to have an impact. As an example of sector-specific corruption in developing countries, Vian (2005) examines corruption in health care provision arguing that it is government's role to promote equitable access to services, sustainable finance for health objectives, and the prevention of the spread of disease. In many cases, she contends, government failure is linked to corruption in health care which is particularly vulnerable because of the diversity of services, the scale and expense of procurement, and the nature of health care demand. Vian (2005: 59) concludes that 'much of the corruption found in the health sector is a reflection of general problems of governance and public sector accountability'.

In a similar vein, Chapman (2005) argues that national education systems across developing countries are particularly vulnerable to pervasive corruption. This is because: its delivery structures down to community level make it attractive to patronage and manipulation; there are a number of significant gatekeepers at each level (district education officers, headmasters/mistress and teachers); and, education funding is spent across multiple sites resulting in weak monitoring and accounting systems. Chapman concludes that 'corruption is not inevitable and is not a life sentence for a country or government' - the key factor influencing the level of corruption is the quality of top leadership. Leaders, he contends, 'who respect the rule of law, emphasise transparency in the operation of the offices they oversee, take actions against subordinates found violating rule, and exhibit integrity in their own transactions can make a difference' (Chapman, 2005: 71). Azfar (2005: 211) arrived at similar conclusions in an economic study of health and education in developing countries where he found that 'corruption does in fact undermine the delivery of health and education services and that increasing accountability reduces corruption'.

The third area of the literature which informs this paper is the methodological approach to researching corruption. Doig, McIvor and Theobald (2006) call for convergence in the way we assess the progress and impact of the development agenda in reducing

corruption. These scholars examine both quantitative (e.g. Transparency International's corruption perception index and World Bank governance indicators) and qualitative or 'descriptors' approaches (National Integrity System country studies<sup>1</sup>) used in corruption research. They highlight the deficiencies in each and suggest a convergence:

For the quantitative approach to provide an effective framework within which to consider the progress of development, it must avoid a narrow linear path toward a specific objective or destination... Descriptors, on the other hand, may provide the analytical framework, as well as the insights into nuances and underlying trends relating to, for example, the exercise of political power... How the convergence of the two approaches may be sequenced, however, is only now being developed (Doig, McIvor and Theobald, 2006: 248 & 249).

Taking into account these three areas of the literature, this paper will:

- (a) Analyse people's actual experiences (as opposed to perceptions) of corruption at grassroots level in using key public services in the health and education sectors in Bangladesh.
- (b) Consider how Transparency International Bangladesh (TIB) is trying to tackle abuse in these sectors and the impact of their work on petty corruption in health and education services.
- (c) Draw some conclusions on the sectoral approach to tackling corruption in Bangladesh.

In considering these issues, the paper attempts in methodological terms to adopt a convergent approach of the type described above by Doig, McIvor and Theobald (2006).

## **Experiences of corruption in education & health**

One of the key areas of interest here is the extent of corruption in the delivery of core public services, those seen as fundamental to the day-to-day lives of Bangladesh people. For the purposes of this paper we therefore examine people's direct experience as service users in the health and education sectors. Education is seen as a basic right of citizens and an investment in human capital if Bangladesh is to improve its economy and enhance the quality of people's lives. The Constitution of the People's Republic of Bangladesh (article 15) states: It shall be a fundamental responsibility of the State to attain, through planned economic growth, a constant increase of productive forces and a steady improvement in the material and cultural standard of living of the people, with a view to

securing for its citizens: the provision of the basic necessities of life, including food, clothing, shelter, education and medical care. The Government of Bangladesh is therefore tasked to provide education and health care services to all citizens particularly the disadvantaged groups, such as the poor, women and children. But the quality of education and health services is inferior.

The data set used to investigate direct experiences of education and health service users in this paper is a 5,000 household interview probability survey selected across 52 districts (out of 64) within the 6 divisions of Bangladesh. A three stage stratified cluster sampling method was used to select households: primary sampling units or *Mauzas* were randomly selected from each strata; a block of 200 households was randomly selected from each primary sampling unit; and 20 households were selected systematically for interview. The survey was conducted in June to July 2007 and probed questions on corruption in the previous 12 month period.

The key findings from the survey were:

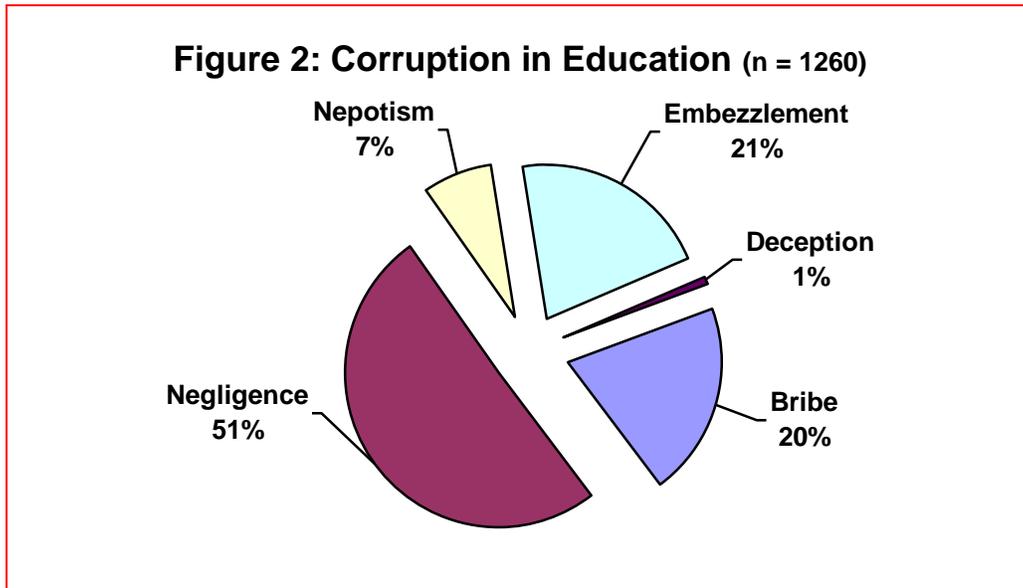
- Overall 66.7% of households experienced corruption in their interactions with different public service providers.
- Corruption is pervasive in Bangladesh and remains unabated with no significant difference between 2006 and 2007
- 42.1% of households paid bribes for receiving services from different sectors, an average of Taka 4134 per household or Taka 861 per capita (about 60\$ and 12.5\$ respectively).
- Bribery represents 3.84% per capita income (Transparency International, 2008a).

We consider people's experiences of education and health services more specifically.

## **Education**

Data from the survey revealed that 72.6% of respondents (n = 3,629) had used education services in the previous 12 months. This level of service usage represented the highest interaction with services examined in the survey which included: education, electricity, health, NGOs, banking, tax, land administration, local government, law enforcement, and the judiciary. In terms of the experiences of service users, 34.7% of them had encountered corruption in education under various guises: bribery, negligence of duties,

nepotism, embezzlement, or deception. The breakdown of these figures is shown in figure 2.



The largest form of corruption in the experience of users was negligence of duties by teachers involving such things as: poor time keeping, irregular classes (absenteeism), delays in releasing exam results, and lack of interest and motivation by teachers in their jobs.

To further understand which factors influence/predict corruption in the education sector in Bangladesh, we conducted logistic regressions. We were interested in finding out which variables predict the likelihood of education service users paying bribes (as one element of corruption). In this case we selected the categorical dependent variable and predictor variables as follows:

**Survey question: Did you pay a ‘donation’ or bribe for admission to education services?**

Categorical dependent variable:

*Paybribe:* Did you pay a donation or bribe for admission?

Predictor variables:

*Toincome:* total household income per month.

*Locate:* area/location of respondents.

*Sex*: gender of the respondent.

*Type*: type of institution (government/non-government & private).

*Time*: regularity and timeliness of teachers.

*Tutor*: Respondent's children attend their teachers as a private tutor.

*Addben*: Additional benefits gained (prior sight of exam papers & additional marks).

The results are shown in table 1.

**Table 1: Did you pay a 'donation' or bribe for admission to education services?**

**Variables in the Equation**

	B	S.E.	Wald	df	Sig.
SEX	2.267	1.229	4.403	1	.045
TYPE	.400	.893	.200	1	.654
TIME	.871	.930	.879	1	.349
TUTOR	-2.382	1.062	5.029	1	.025
LOCATE	.622	1.057	.347	1	.556
TOINCOME	.000	.000	4.435	1	.042
ADDBEN	-1.079	1.671	.417	1	.519
Constant	-1.237	2.493	.246	1	.620

**Omnibus Tests of Model Coefficients**

		Chi-square	df	Sig.
Step 1	Step	17.807	7	.013
	Block	17.807	7	.013
	Model	17.807	7	.013

**Hosmer and Lemeshow Test**

Step	Chi-square	df	Sig.
1	4.654	7	.702

**Model Summary**

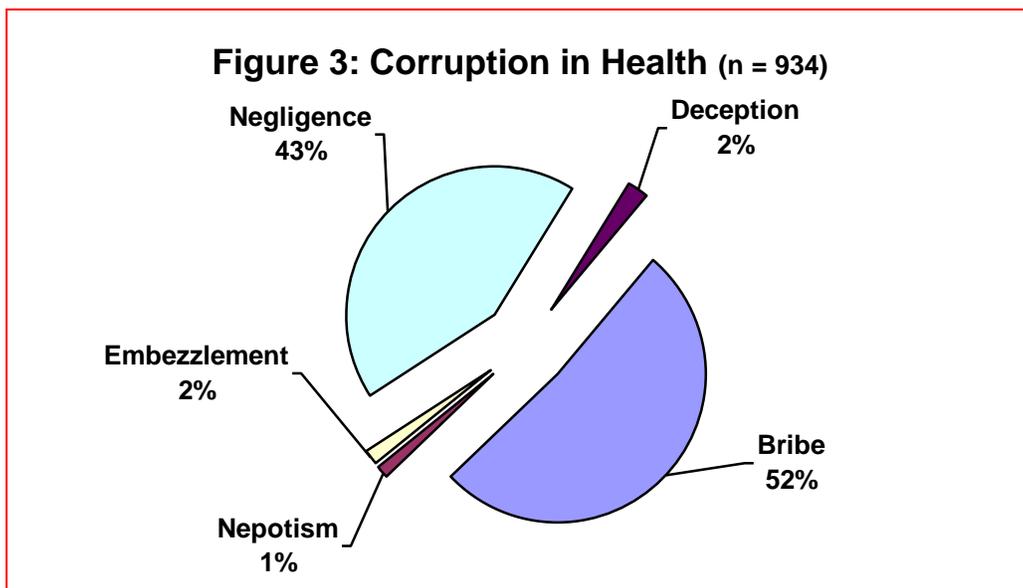
Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	39.898(a)	.277	.426

The omnibus tests of model coefficients show a significant value ( $p < .05$ ) and the Hosmer and Lemeshow test supports the conclusion that the model is a good fit (chi square value

of 4.654 and  $p > .05$ ). The model summary statistics indicate that between 27.7% and 42.6% of the variability in the dependent variable is explained by this set of predictor variables. The Wald test shows that three variables contribute significantly to the predictive ability of the model (significance  $< .05$ ): whether children employ their teachers as private tutors; the total household income of the family; and the gender of the victim of corruption. The results suggest that those who paid a bribe at admission are: less likely to employ private tutors; are from lower income groups; and males (probably as the head of household). We now turn to people's experiences of health care in Bangladesh.

## Health

The survey data showed that 44.7% of respondents ( $n = 2,234$ ) had used health services in the previous 12 months. In terms of their experiences as service users, 41.8% of them had encountered corruption in education under various guises: bribery, negligence of duties, nepotism, embezzlement, or deception. The breakdown of these figures is shown in figure 3 where bribery and negligence are the highest forms of corruption experienced by health service users. These will take the form of: doctors charging for writing prescriptions; referring patients to their private clinics; and having to pay extra fees for pathological tests in government health facilities.



To further understand which factors influence/predict corruption in the health sector in Bangladesh, we conducted logistic regressions. We were interested in finding out which variables predict the likelihood of health service users paying bribes (as one element of corruption). In this case we selected the categorical dependent variable and predictor variables as follows:

**Survey question: Did you paid any extra money (excluding fees) for hospital treatment?**

Categorical dependent variable:

*Paybribe*: Did you pay any extra money for hospital treatment?

Predictor variables:

*Toincome*: total household income per month.

*Locate*: area location of respondents.

*Sex*: gender of the respondent.

*Private*: advised to go to private clinic.

*Diagnose*: doctors press you to go to a certain diagnostic centre.

*Prescrip*: paid money for prescription.

The results are shown in table 4.

**Table 4: Did you paid any extra money (excluding fees) for hospital treatment?**

**Variables in the Equation**

	B	S.E.	Wald	df	Sig.
PRESCRIP	1.758	.398	19.561	1	.000
DIAGNOSE	.666	.396	4.826	1	.043
PRIVATE	.218	.384	.323	1	.570
TOINCOME	.000	.000	.171	1	.679
LOCATE	-.161	.391	.169	1	.681
SEX	.385	.451	.730	1	.393
Constant	-2.180	.550	15.725	1	.000

**Omnibus Tests of Model Coefficients**

		Chi-square	df	Sig.
Step 1	Step	26.342	6	.000
	Block	26.342	6	.000
	Model	26.342	6	.000

**Hosmer and Lemeshow Test**

Step	Chi-square	df	Sig.
1	7.852	8	.448

**Model Summary**

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	218.639(a)	.100	.160

The omnibus tests of model coefficients show a significant value ( $p < .0005$ ) and the Hosmer and Lemeshow test supports the conclusion that the model is a good fit (chi square value of 7.852 and  $p > .05$ ). The model summary statistics indicate that between 10% and 16% of the variability in the dependent variable is explained by this set of predictor variables (this is a lower level of explanation than the education model above). The Wald test shows that two variables contribute significantly to the predictive ability of

the model (significance  $<.05$ ): whether the patient pays the doctor for writing a prescription; and if the doctors press service users to go to a specific diagnostic centre. The results suggest that patients who have to pay extra money for hospital treatment are: more likely to be those for whom the doctor must write a prescription; and those who are pressed by doctors to go to a certain diagnostic centre. Comparing both education and health provision the data indicate that while negligence by professionals in these services is a major problem (51% in education and 43% in health), there is much greater prevalence of bribery in the health sector (20% in education and 52% in health). We now consider how Transparency International Bangladesh, as a major anti-corruption agency, is tackling petty corruption in these core services.

### **Tackling petty corruption in education and health**

Transparency International Bangladesh (TIB) is an accredited national chapter of Berlin-based Transparency International, a global civil society organisation leading the fight against corruption. TIB began its activities as a trust in 1996, and in 1998 the Government of Bangladesh approved its registration as an independent, non-partisan, not-for-profit, non-governmental organisation. TIB's vision for Bangladesh is a country in which government, politics, business, civil society and the daily lives of its citizens are free from corruption. To secure this vision, its mission statement is:

To catalyse and strengthen a participatory social movement to promote and develop institutions, laws and practices for combating corruption in Bangladesh, and to establish an efficient and transparent system of governance, politics and business (Transparency International Bangladesh, 2007: 8).

The 'social movement' operationalises its mission statement through the TIB *Making Waves* project (2003 – 2008). TIB works against corruption, not against the government of the day, nor any particular public sector department. As a social movement TIB's task is to create a demand for effective policy reform and institutional change conducive to the reduction in corruption. It has no mandate or capacity to investigate or take action against individual cases or allegations of corruption, whether large or small. TIB is a co-

stakeholder and a source of support to initiatives for reducing corruption and establishing transparent and accountable governance in Bangladesh including those by Government.

The key mechanisms through which *Making Waves* impacts on reducing corruption and generating accountability in education and health at local level are: committees of concerned citizens; volunteer youth groups (youth engagement and support); advice and information desks; report cards; and people's theatre.

Committees of Concerned Citizens (CCCs) are local level watchdogs and a key pillar in TIB's social movement against corruption. The CCCs are groups of citizens with a high degree of moral and social standing/credibility who motivate and mobilise citizens in various activities designed to curb corruption and promote good governance in public services such as education, health and local government. Once the committees are formed, they draw up their own programme priorities and annual plan of work. TIB provides the technical and financial support in implementing the programmes. Apart from various anti-corruption awareness activities, the focus of the CCCs' watchdog functions is normally on improving key public services. Members of the CCCs are committed to the values, mission and code of ethics of TIB and work on a fully voluntary and non-partisan basis. Six Committees of Concerned Citizens were formed in the greater Mymensingh area in 2000. Based on their success, another 30 committees were formed in July 2006 – in total 36 CCCs are working in 34 districts across all 6 divisions in Bangladesh.

Volunteer youth groups of local students/young people (usually aged between 15 – 30 years and unlimited in numbers) are mobilised and attached to the CCCs. They involve themselves in awareness raising activities. By undertaking various tailor-made programmes, these young people learn the core values of volunteerism and prepare themselves as future leaders of the anti-corruption social movement. They also develop the commitment and leadership qualities needed to expand and strengthen the anti-corruption constituency. The activities of these groups entitled *Youth Engagement and*

*Support* (YES) include debating competitions, publications, anti-corruption campaigns, cycle rallies, human chains against corruption, and cartoon exhibitions.

In addition to the above, there are three mechanisms of note:

- (a) Advice and Information Desks (AI desks) provide access to information which is key to creating awareness and helping people to resist and become victims of corruption. TIB has set up advice and information desks attached to the CCCs and in satellite format. Members of the public are provided access to basic information and advice on key public services.
- (b) Report card surveys are conducted by the CCCs in consultation with local people to examine issues which most directly affect their daily lives, typical of which are: health, education, land administration and local government. The surveys make an assessment of the content and quality of public services provided to local people and highlight the nature, process and implications of corruption at local levels. Reports are then used to advocate and demand public accountability from service providers.
- (c) People's theatre is one of the major advocacy tools of TIB which is used at the local level to build awareness against corruption, particularly amongst the most vulnerable and illiterate.

### **Impact on petty corruption**

To assess the impact on education and health services we adopted a mixed methods approach involving: secondary data analysis; interviews with key stakeholders; field work visits to, and case studies of, Committees of Concerned Citizens (CCCs); and focus group work with education and health service users and victims of corruption at case study locations. Impact assessments are undertaken to estimate whether or not interventions produce their intended effects. In strict methodological terms, determining impact requires comparing, with as much rigour as is practicable, the conditions of targets/recipients that have experienced an intervention with those of equivalent targets/recipients who have not, using quantitative designs such as randomised experiments, quasi experiments, before and after studies and so on. Due to the complex and often hidden nature of corruption, quantitative methods were ruled out and we relied on narrative accounts from providers and users of education and health service in case study locations.

The selection of the CCC case study locations was a particularly important choice and we used the following criteria to inform the process included: length of time CCCs had been established; CCCs perceived by TIB to be ‘successful’ through to ‘less successful’; gender diversity within CCCs; and an area without a CCC to act as a counterfactual for comparison in assessing impact.

The case study areas selected to gather evidence of impact were:

- (1) Natore: Natore Sadar Hospital; Moshironnessa Government Primary School; and Laksmipur Union Parishad.
- (2) Chapai Nawabgonj: Chapai Nawabgonj Sadar Hospital; Bidirpur Government Primary School; and Chapai Nawabgonj Municipality.
- (3) Rajshahi: Rajshahi Municipality, Education Board and School Management Committee.
- (4) Gazipur: Gazipur Municipality
- (5) Naogaon: local hospital, primary school and NGO group (control area)

By its nature, a case study approach has inherent methodological weaknesses. The trade-off in securing depth and richness of qualitative information in 5 case study areas is lack of generalisability. That said, the selection of our case study areas was judicious and we used secondary data on CCCs which we did not visit to validate our findings. In addition, researchers must be careful attributing changes/impacts to an intervention (before and after studies) without the benefit of an experimental design approach.

Through the case studies we met with CCC and YES members in all areas (except the control area), and a mix of groups ranging across: teachers, school management committees and mothers of students, victims of corruption, hospital users and health watch groups. We also held meetings directly with health providers, nurses, doctors, civil surgeons, school principals and elected representatives in each of the case study areas. We summarise the findings from the qualitative data gathered through interviews, focus groups and non-participant observation in education and health services.

**The Education Sector:** The CCCs actively engaged with primary schools in the case study areas, a key improvement being the significant number of eligible students now enrolled. Student attendance had not been satisfactory and CCCs intervened to address

this and other issues. They met with school management committees and guardians, organised workshops and promotional campaigns along with awards aimed at incentivising attendance. As a result, student enrolments have increased and text books are available for free distribution to students. The scholarship pass rate has also improved. Teachers, the school management committees and guardians are now jointly engaged in providing better education for the children in an accountable and transparent way. Teacher attendance and performance in their jobs are being closely monitored by CCCs.

**The Health Sector:** CCC members and the YES group have worked consistently with hospitals in the case study areas to improve health services. They have met with the authorities and identified gaps in their provision. They prepared information booklets about the nature and types of health care services available which they distributed through satellite advice and information desks. In addition, the YES group members have organised public theatre shows and exchanged views with people from the hospitals' catchment areas. As a result, there have been some significant developments in health provision such as an improvement in the ticketing system. Previously the price of a ticket for services in the out-patients department was 4.40 taka, but patients paid 5.00 taka due to 'lack of change' being available. Now a fund has been created for patients in poverty with the extra 60 paisa received from each ticket.

Medicine supplies were also very low. Following the intervention by CCC and YES members, supplies have increased and the list of medicines available is on public display. The behaviour of doctors, nurses and ancillary staff towards patients has also improved. An ambulance service is available for which patients do not make additional payments, patients tests are carried out in the pathology departments of the hospitals (as opposed to a private clinic) and toilet facilities have been significantly improved. Finally, the issue of cleanliness is a higher priority although has still some way to go. Interesting though, the control hospital visited was displaying information on prices and medicine in response to a Ministry of Health circular requesting this in all hospitals. We summarise the case study education and health services before CCC intervention, following intervention and the nature of the impacts in table 3.

**Table 3: Pre and Post Intervention in Health & Education**

Services before CCC intervention	Current status – CCC intervention	Impacts
<b>Pre and Post Intervention in Health</b>		
<ul style="list-style-type: none"> <li>▪ High level of dissatisfaction over services of public hospitals/health complex</li> <li>▪ Corruption by doctors in terms of time spent outside hospitals on private work, irregular office hours, referring patients to his/her own private practice or specialised diagnostic centres</li> <li>▪ Money charged for free services and extra money taken for different health services by doctors, nurses and ancillary ward staff</li> <li>▪ Inadequate medical facilities such as beds, operating theatres, trolleys and ambulances</li> <li>▪ Bribes demanded to issue medical certificates</li> <li>▪ Medical representatives in doctors' offices during clinic hours</li> <li>▪ Lack of cleanliness and hygienic environment</li> <li>▪ Inadequate supply of medicines</li> </ul>	<ul style="list-style-type: none"> <li>▪ Doctors are coming to hospitals on time</li> <li>▪ The availability of doctors has increased</li> <li>▪ Information on ticket fees, service charges, fees for diagnostic tests etc are published on notice boards</li> <li>▪ Published notices that patients should not pay extras for free services</li> <li>▪ Extra money from fees for tickets is either deposited to welfare fund or returned to patients (e.g. Rangpur and Kurigram)</li> <li>▪ Cleanliness improved</li> <li>▪ Health officials (surgeons and doctors) are now more helpful both in terms of information transparency and gradual improvements in health facilities</li> <li>▪ Updated list of medicines, and doctors &amp; nurses rota is now on display</li> </ul>	<ul style="list-style-type: none"> <li>▪ There has been a general degree of co-operation following the release of the report card and ongoing engagement with the CCC</li> <li>▪ Key health personnel such as the Civil Surgeon, superintendent, senior medical staff and ancillary staff participated in the report card press release and answered questions from journalists</li> <li>▪ The report card findings received extensive publicity in the media</li> <li>▪ Volunteers of the CCC regularly visit hospitals to monitor services and ensure patients receive the necessary support</li> </ul>
<b>Pre and Post Intervention in Education</b>		
<ul style="list-style-type: none"> <li>▪ Extra money collected under the guise of various fees</li> <li>▪ Lack of transparency in collecting money</li> <li>▪ Anomalies in distributing stipends among poor students</li> <li>▪ Teachers reluctant to take classes on time and to teach allocated class times</li> <li>▪ School Management Committee inactive</li> <li>▪ Absence of (or inactive) Parents Teachers Associations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Education authorities are aware of the anomalies which exist and have sought to address these</li> <li>▪ Teachers' performance has improved including their time-keeping and maintaining class discipline</li> </ul>	<ul style="list-style-type: none"> <li>▪ School management committees are more active and willing to work with CCC to improve the quality of education services. In some areas (such as Sunamganj) they did not even know each other.</li> <li>▪ Through events like Mothers' Gatherings and satellite AI-desks, people have become more aware of their rights</li> </ul>

## Conclusions

There are a number of conclusions which can be drawn from this two-part study comprising a quantitative analysis on people's direct experiences of corruption in education and health services, and a qualitative assessment of the work of Transparency International Bangladesh in selected case study areas.

First, the empirical results from the survey highlight the prevalence of petty corruption in the delivery of health and education services in Bangladesh – 42% and 35% respectively. The incidence of public services corruption in rank order in Bangladesh is: law enforcement, local government, land administration, the judiciary, followed by health and education (Transparency International, 2008a: 14). In health care those users who are most vulnerable to corruption are patients needing a prescription from the doctor and those requiring further medical tests who are coerced to attend a private diagnostic centre of the doctor's choice. In education, lower income groups and males are more likely to have to pay bribes at admission and, as a consequence, are less likely to need to employ private tutors. These findings broadly reflect the empirical results from the Transparency International's Global Corruption Barometer (2007) which interviewed 63,199 people in 60 countries (Bangladesh is not included). The barometer study concluded that the poor are most penalised by corruption. Reported bribery across regions varied considerably and in the Asia-Pacific group of countries 22% of respondents had paid a bribe in the past year<sup>2</sup>. This is significantly lower than petty bribery in health and education services in Bangladesh. The barometer report concludes that 'the poorest in all societies are the ones hit hardest by bribery. However, as they face the most demands for bribes, they are more likely to pay. This, in turn, means that corruption acts as a regressive tax that increases income inequality' (Transparency International, 2007: 13).

Second, the case study evidence on the work of Transparency International Bangladesh demonstrates both the tangible impact their work at grassroots level is having and its potential as a social movement for expansion. The mobilisation of concerned citizens and young people who act as a watchdog over education and health providers has increased local accountability and produced a level of financial savings either for reinvestment in

public services or a reduction in petty corruption for users. TIB intends to scale-up these activities beyond individual schools and hospitals in the next phase of its development (Transparency International, 2008b). They will do this by institutionalising ‘integrity pacts’ with public bodies as a means of maximising accountability, transparency and integrity in the wider public sector. The pact is an agreement between stakeholders under which all parties have rights and obligations. Neither side will: abuse entrusted power for private gain; pay, offer, demand or accept bribes for services rendered or public contracts made or carried out; and, collude with each other including competitors to obtain a contract. Any violation will result in sanctions. These grassroots activities operate alongside work by TIB at the national level which includes: monitoring and holding to account the key pillars of the National Integrity System; diagnostic studies on institutions where the level of corruption is perceived to be high; supporting the work of the Anti-Corruption Commission (set up under the caretaker government in February 2007); and, major advocacy campaigns to raise awareness of people’s entitlements to public services.

Finally, an examination of the Bangladesh case attests to key messages from the anti-corruption literature. This country study lends support to Spector’s thesis (2005) that fighting corruption on a sectoral basis is more likely to yield positive results. However it does so in a specific context where the decentralised approach adopted by TIB has facilitated local accountability of service providers. Quah’s (2006) argument that the control of corruption will only be effective if supported by strong political leadership is particularly relevant in Bangladesh where its key politicians ( Khaleda Zia (BNP) and Sheikh Hasina (AL)) have been jailed on corruption charges, although the latter is in exile in America following release on medical parole. Despite the launch of an anti-corruption drive by the caretaker government progress has been slow and mired in legal disputes. Even with the implementation of electoral reforms, the return of the old guard, eager to access public funds after nearly 2 years in the political wilderness, looks inevitable. So entrenched is corruption within the two main parties that the work spearheaded by Transparency International Bangladesh and the Anti-Corruption Commission may well falter. Bracking’s (2007: 23) review of anti-corruption campaigns ends with ‘a call for more contextual understandings of the politics and political economy of different

countries and areas'. In the politics of Bangladesh, greater democratisation and the return of an elected government may ironically reinforce or exacerbate problems of corruption.

## References

- Ahmad, M. (2005) 'Governance, Structural Adjustment and the State of Corruption in Bangladesh, research paper, available at:  
[http://www.ti-bangladesh.org/index.php?page\\_id=332](http://www.ti-bangladesh.org/index.php?page_id=332)
- Ahmad, N. (2002) 'Corruption and Government Regulations: An Empirical Analysis'. *Bangladesh Development Studies* 28 (4): 29-51.
- Ahmad, N. and, Brookins, O.T. (2004) 'On Corruption and Countervailing Actions in Three South Asian Nations.' *Journal of Policy Reform* 7 (1): 21-30.
- Akuter, M.W. (2001) *Electoral Corruption in Bangladesh*. Aldershot: Ashgate.
- Azfar, O. (2005) 'Corruption and the delivery of health and education services' in B. I. Spector (ed.): 181 - 212 *Fighting Corruption in Developing Countries: Strategies and Analysis*. Bloomfield, CT: Kumarian Press
- Bracking, S. (2007) 'Political Development and Corruption: Why 'Right Here, Right Now!''? 3 – 27 in S. Bracking (ed.) *Corruption and Development: The Anti-Corruption Campaigns*. Basingstoke: Palgrave Macmillan.
- Chapman, D.W. (2005) 'Education': 65- 78 in B. I. Spector (ed.) *Fighting Corruption in Developing Countries: Strategies and Analysis*. Bloomfield, CT: Kumarian Press.
- Doig, A., McIvor, S. and Theobald, R. (2006) 'Numbers, nuances and moving targets: converging the use of corruption indicators or descriptors in assessing state development' *International Review of Administrative Sciences* 72 (2): 239-252.
- Heineman, B. W and Heimann F. (2006) 'The long war against corruption' *Foreign Affairs* 85 (3): 115 – 117.
- Ivanov, K. (2007) 'The Limits of a Global Campaign against Corruption': 28 – 45 in S. Bracking (ed.) *Corruption and Development: The Anti-Corruption Campaigns*. Basingstoke: Palgrave Macmillan.
- Kashem, M. B. 'The Social Organisation of Police Corruption: The Case of Bangladesh' 237- 246 in R. Sarre, D.K. Das, and H. J. Albrecht (2005) (eds), *Policing Corruption: International Perspectives*. Lanham: Lexington Books.
- Kaufmann, D. (2003) *Rethinking Governance: empirical lessons challenge orthodoxy*. Washington DC: World Bank.
- Kaufmann, D., Kraay, A. and Mastruzzi, M. (2008) *Governance Matters VII: Governance Indicators for 1996-2007*. Washington: World Bank.

- Khan, M.M. (2005) 'Political and Administrative Corruption: Concepts, Comparative Experiences and the Bangladesh Case', research paper, available at: [http://www.ti-bangladesh.org/index.php?page\\_id=373](http://www.ti-bangladesh.org/index.php?page_id=373)
- Klitgaard, R., Maclean-Abaroa, R. and Parris, H. L. (2000) *Corrupt Cities: a practical guide to cure and prevention*. Oakland, CA: ICS Press.
- Nye, J.S. (1967) *Pan-Africanism and East African Integration*. Cambridge, MA: Harvard University Press.
- Oxford Economics (2008) *Bangladesh: Country Briefing*. ABI/Inform Global
- Quah, J.S.T. (2005) (ed.) *Corruption and Accountability in Selected Countries*. Marshall Cavendish Corp.
- Quah, J.S.T. (2006) 'Curbing Asian Corruption: An Impossible Dream?' *Current History* 105(690): 176-179.
- Rose-Ackerman, S. (1999) *Corruption and Government: Causes, Consequences and Reform*. Cambridge: Cambridge University Press.
- Sík, E. (2002) 'The Bad, the Worse and the Worst: Guesstimating the Level of Corruption': 91-113 in S. Kotkin and A. Sajó (eds) *Political Corruption in Transition: A Skeptic's Handbook*. Budapest: Central European University Press.
- Spector B. I. (2005) (ed.) *Fighting Corruption in Developing Countries: Strategies and Analysis*. Bloomfield, CT: Kumarian Press
- Transparency International (2007) *Report on the Transparency International Global Corruption Barometer 2007*. Berlin: TI International Secretariat.
- Transparency International Corruption Perceptions Index (2007), available at: [http://www.transparency.org/policy\\_research/surveys\\_indices/cpi/2007](http://www.transparency.org/policy_research/surveys_indices/cpi/2007)
- Transparency International Bangladesh (2007) *Making Waves Project*. Dhaka; TIB
- Transparency International Bangladesh (2008a) *National Household Survey 2007 on Corruption in Bangladesh*. Dhaka: TIB.
- Transparency International Bangladesh (2008b) *Paribartan: Driving Change - Strategy Document 2009 – 2013*. Dhaka: TIB
- Vian, T. (2005) 'Health Care' in B. I. Spector (ed.): 43- 63 *Fighting Corruption in Developing Countries: Strategies and Analysis*. Bloomfield, CT: Kumarian Press.
- Younis, T.A. and Mostaka. I. (2000) *Accountability in Public Management and Administration in Bangladesh*. Aldershot: Ashgate.

Zakiuddin, A. (2006) 'Corruption in Bangladesh: An Analytical and Sociological Study', research paper, available at:

[http://www.ti-bangladesh.org/index.php?page\\_id=377](http://www.ti-bangladesh.org/index.php?page_id=377)

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<sup>1</sup> The concept of the National Integrity System (NIS) has been developed and promoted by Transparency International as part of its holistic approach to countering corruption. The NIS consists of the key institutions, laws and practices that contribute to integrity, transparency and accountability in a society. When it functions properly, the NIS combats corruption as part of the larger struggle against abuse of power, malfeasance, and misappropriation in all its forms. The main 'pillars' of the NIS are considered to be the following: Executive; Legislature; Political Parties; Electoral Commissions; Supreme Audit Institution; Judiciary; Public Sector; Police and Prosecutors; Public Procurement; Ombudsman; Anti-corruption agencies; Media; Civil Society; Private Sector; Regional and Local Government; and International Institutions. Source: Transparency International.

<sup>2</sup> The Transparency International Global Corruption Barometer (2007) Asia-Pacific countries included: Cambodia, Hong Kong, India, Indonesia, Japan, South Korea, Malaysia, Pakistan, Philippines, Singapore, Thailand and Vietnam.