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# Trust in a Rent-Seeking World: Health and Government Transformed in Northeast Brazil

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**Summary.** — This article draws lessons from a set of innovative programs carried out by a state government in Brazil, now widely acclaimed for excellence in public management. Key to the high performance was strong worker commitment to the job, and what the state did to elicit it — a topic of little note in the development literature but of central importance in the literature of industrial performance and workplace transformation in the industrialized countries. The state created an unusual sense of "calling" among the program's workers, new prestige in the communities where they worked, and an informed citizenry that both monitored the workers and trusted them.

## 1. INTRODUCTION

In the 1950s and 1960s, international donors and the literature of economic development were quite cheerful about the prospects for promoting economic development through the governments of the "underdeveloped" countries. Today, these same advisors and writings have become much gloomier — disappointed as they are with the inability of many developing-country governments to cope with corruption, persistent poverty, problems of macroeconomic management, and to deliver good public service. They have richly chronicled and theorized about the reputed causes of this poor performance, which by now have become a familiar litany: public officials and their workers pursue their own private interests rather than those of the public good; government spending and hiring is overextended; clientelistic practices are rampant, with workers being hired and fired for reasons of kinship and political loyalty rather than merit; workers are poorly trained, and receive little on-the-job training; and, tying it all together, badly conceived programs and policies create myriad opportunities for graft and other forms of "rent-seeking."<sup>1</sup>

This sorry experience, and the literature attempting to explain it, have given rise to a body of advice by donors directed at limiting the "damage" the public sector can do by reducing its size — through layoffs, privatization, and contracting out of services; terminating many of the policies and programs that provide bureaucrats with opportunities to be corrupt — such as

the licensing of imports or exports, or the highly subsidized provision of agricultural credit and other inputs; and subjecting public agencies and their managers and workers to market-like pressures and incentives to perform.<sup>2</sup>

The explanations of poor performance, and the advice drawn from them, have advanced our understanding of why governments so often do badly. But they err in three important ways. First, they have not provided the same rich case study material on, or generalizations about, the circumstances under which governments actually do well. Much of the advice about public sector reform is therefore derived from a lopsided understanding of developing-country performance.<sup>3</sup>

Second, the world of advice has had a difficult time

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adapting its views of the proper role of government to the last decade's findings about the role of government in successful stories of economic development.<sup>4</sup> The advice is stuck, in many ways, in its moorings in earlier models of rational choice and rent-seeking.<sup>5</sup> This is because the current explanations of good performance do not yield the simple formulas for advice that the earlier models did. In addition, the newer research — particularly that on the East Asian successes — has found that government plays a far more active role in the successful economies than the current advice considers desirable.<sup>6</sup>

Third, many of today's views on the roots of poor performance in developing countries, and on how to improve it, simply contradict or ignore an impressive body of evidence on the causes of high performance and worker commitment in large organizations in the industrialized countries. This evidence appears in the literature of industrial performance and workplace transformation, in an older literature on the sociology of organizations, and even in the discussions of "competitiveness" in the media. Among other things, this literature dwells on the key role in the performance of organizations played by high worker commitment to the job and by relations of trust between workers or firms and their clients — findings that emerged in part as a result of studying high-performing firms.<sup>7</sup> The development field, in contrast, continues to be preoccupied with the case for *mistrust* of public workers — partly a result, as noted above, of studying only bad performance.

While the literature of industrial performance has been discovering the importance of increased worker autonomy and discretion in explaining high performance, the development literature has been concerned with *reducing* the discretion of the government worker or manager — because of his reputedly "inherent" propensity to serve his own interest rather than the public good. In fact, the development field is almost silent on the matter of worker commitment to the job and its determinants — except for chronicling and explaining the absence of commitment. Moreover, whereas laying off government workers occupies center stage in today's advice to developing countries,<sup>8</sup> the shedding of labor represents only one of many of the current approaches to improving performance on the private sector — including worker teams, multi-skilling of workers and multitask jobs, and more flexibly organized production.

This article attempts to present a basis for formulating advice on how to improve government that is drawn from good performance and, in so doing, to indicate where some of the current advice goes wrong. It is grounded in the experience of a country — Brazil — with a mixed or even poor reputation for performance, and is guided by some of the more recent contributions of the literature cited above. It draws its lessons from a set of cases involving a state in

Northeast Brazil, whose government suddenly turned from bad to good.

In December of 1991, *The Economist* of London (1991) devoted three pages of a special supplement on Brazil to the remarkable accomplishments of one of the country's poorest states, Ceará. With 6.5 million inhabitants and an area of 147,000 square kilometres, Ceará is not one of Brazil's largest states, but it is nevertheless larger than a few dozen small countries.<sup>9</sup> *The Economist* reported that Ceará had, since 1987, increased its revenues dramatically by collecting taxes already on the books, freed the public payroll of thousands of "ghost" workers, and initiated some outstanding and innovative programs in preventive health, public procurement from informal sector providers, and initiated a large emergency employment-creating public works program. Similarly laudatory press coverage appeared in *Newsweek* (1992), *The Christian Science Monitor* (1993), *The Washington Post* (1992), and *The New York Times* (1993a and 1994), as well as various Brazilian newspapers and magazines.<sup>10</sup>

To anyone who knows Brazil, the Ceará stories were surprising. Ceará belongs, with eight other states, to the country's poorest region — Northeast Brazil, which holds almost one-third of Brazil's population, and is roughly equivalent in size and population to France. One-third of the population of 45 million lives in absolute poverty. Like state governments in many chronically underdeveloped regions, the nine Northeast states are legendary for their clientelistic and corrupt ways of governing and for the resulting poor quality of public administration.<sup>11</sup> They are exactly the kinds of government that have fueled the despair about the public sector noted above.

How could a state in a region with such a long and consistent history of mediocre performance "suddenly" do so well? The press coverage attributed the success to two successive reformist governors who ran the state during 1987–94 and belonged to the same center-left party formed in the late 1970s — the Brazilian Social Democratic Party. Granted their centrality to the Ceará story, it still was not clear how these reformist governors could have overcome a long tradition of clientelism in public expenditure so rapidly, or how chronically mediocre public agencies could have delivered the sustained performance — over a period of eight years and including a change of administration — that was necessary to make these reforms work. In short, how could the state have become a "model" of public administration sought out by even the more developed state governments of Brazil and other Latin American countries — as reported in the news items cited above — as well as feted by international institutions such as the World Bank?

These questions became the topic of a research project in Ceará, in which Tendler worked together with

seven research assistants looking into six programs that showed varying degrees of good performance.<sup>12</sup> The cases involved innovative programs in different sectors — to name the most salient, preventive health, agricultural extension, employment-creating public works programs, and business extension to informal sector firms. Similar explanations for good performance ran across the cases, and we chose to illustrate them with one — a rural preventive health program, created by the state in 1987.<sup>13</sup> The achievements of the health story were the most institutionalized, reached the largest number of people, and involved by far the largest number of public workers — 7,300 health agents and the 235 nurses who supervised them.

(a) *The case*

After only a few years in operation, Ceará's new preventive health program had contributed to a 36% reduction in infant deaths from one of the highest rates in Latin America — from 102 per 1,000 to 65 per 1,000 in 1992.<sup>14</sup> Named the Health Agent Program (Programa de Agentes de Saúde, PAS), the program tripled vaccination coverage for measles and polio from 25% of the population (the lowest in Brazil) to 90%. Whereas only 30% of the state's counties had had a nurse before the program started, let alone a doctor or health clinic, the program was operating in virtually all the state's 178 counties five years later.<sup>15</sup> By 1993, the health agents were visiting 850,000 families in their homes every month, roughly 65% of the state's population, providing assistance and advice with respect to oral rehydration therapy, vaccination, prenatal care, breastfeeding, and growth monitoring as well as collecting data for health monitoring. For all these accomplishments, Ceará won the UNICEF Maurice Paté prize for child support programs in 1993, the only Latin American government to do so since the prize's inception 27 years ago (UNICEF, 1993; *New York Times*, 1993a).

The health initiative started in 1987 as a very small part of an emergency employment-creating program responding to one of the periodic droughts that afflicts Northeast Brazil every four to seven years. Financed out of temporary disaster relief funds from the central government, the program was so successful that the state decided to fund it permanently in 1989, after the emergency funding ended. Program costs averaged US\$2 per capita served, totaling approximately US\$7 to \$8 million a year, compared to the US\$80 estimated per capita costs of Brazil's existing health care system.<sup>16</sup> About 80% of costs represented payments to the health agents, who earned the minimum wage (US\$60 per month) and worked under temporary contracts without job security or fringe benefits. Unlike the jobs offered to the unemployed during droughts and other critical times by temporary employment-creating pro-

grams, the health agent jobs went mainly to women. Nurse-supervisors earned an average of five times the minimum wage, \$300 per month, often more than they would have earned in urban clinics and hospitals.

Because of our interest in patterns of good performance cutting across more than one sector, what follows should not be read as a case study of a successful preventive health program, nor is it comprehensive enough to be one.<sup>17</sup> We do not claim, moreover, that the program did better than some successful health programs in other countries — such as, among the most noted, in China, Cuba, or Sri Lanka — nor that it was necessarily doing things, or making discoveries, that other innovative programs have not. We have stressed, rather, the features of the program that can be used to interpret actions and behavior by public agencies and their workers outside, as well as inside, the health sector.

(b) *The themes*

The thousands of new field workers of Ceará's health program would seem to constitute the makings of a good rent-seeking nightmare à la the development literature, rather than a story of success.<sup>18</sup> Out of our quest to understand why the nightmare did not materialize, three main themes emerged.

First, although the health program might seem to be a success in decentralization from state to municipal governments, the actions of the more centralized state government turned out to be more important in explaining what happened. In what might seem a rather cumbersome division of labor, for example, the state maintained an iron control over the hiring and payment of the large municipally-based labor force of health agents who worked for nurse-supervisors hired by the municipality.

Second, the work environment differed substantially from that of similar public sector services, or from the way experts think such services should be organized. As a result, both workers and supervisors saw their jobs as giving them more prestige and status than they normally had. The state government played an unusual role in bringing this about by creating a sense of "calling" around these particular jobs through a rigorous process of meritocratic selection and training, unending publicity, and repeated public prizes for good performance.

Third, workers voluntarily took on a larger variety of tasks than was normal, often in response to their perception of what clients needed. The resulting "self-enlarged" jobs and their "fuzzier" definition would seem to make supervision more difficult and to provide more opportunities for graft and other self-serving behavior. But two other factors counterbalanced this, hemming in the health workers with new pressures to be accountable from outside their agencies.

One was watchful monitoring from the community, newly informed by the government's publicity campaigns about the health agents' responsibilities; the other was the embedding of these particular workers in a set of relations of trust with their clients.

Section 2 focuses on the unusually strong actions of the state government in a program meant to devolve parts of its power in the health sector to municipalities. Section 3 shows why workers felt more prestige and status in their jobs and, at the same time, were more "monitored" than is normally the case by the communities where they worked. Section 4 discusses the broader job definitions invented by these workers and their supervisors, and how they contributed to more effective performance. Section 5 concludes.

## 2. THE CENTRAL IN THE DECENTRALIZED

Ceará's health program represents an important first step in the decentralization of health from state government to municipalities, and even appears as a case study in a World Bank sourcebook on decentralization (World Bank, 1993b). But some of the lessons that emerge from the story do not receive much attention in the current literature of decentralization, or are even contrary to prevailing conceptions of what happens in a decentralization.<sup>19</sup>

Most decentralized programs are obviously a mix of local and central features such as the one described here. Understandably, however, the lion's share of the concern about decentralization has been devoted to local governments, as well as local nongovernment institutions, and to the new capacities and revenue sources they must acquire. It is understandable that less attention would be paid to the tasks of central government in the new order, given decentralization's agenda of reducing the disadvantages of centralized government and given that local governments have been traditionally weak and in need of attention. Asking central governments to do less than they normally have done, moreover, would not seem that demanding or complex a task, albeit politically challenging. In this case, however, the state government was not simply doing "less" of what it had been doing before. It not only was doing more than it had done in the health sector before, but was also doing something totally different. The following two sections show how and why.

### (a) *Dividing the labor*

Prior to the initiation of the health program in 1987, most municipalities had no public health program. At best, the mayor had an ambulance at his disposal and kept a small dispensary of prescription medicines at his home. Mayors typically doled out these medi-

cines, as well as ambulance rides, to relatives and friends, and to needy constituents in return for political loyalty. The new Brazilian Constitution of 1988 augmented the mayors' access to revenues for health expenditures by increasing the percentage share of federal transfers to municipalities, giving them greater taxing power, and mandating that 10% of these new revenues be spent on health (plus 25% on education).<sup>20</sup> Many mayors, however, continued spending less than the mandated amount on health, because enforcement mechanisms were not strong enough; or, if they did increase health expenditures, they continued dispensing services in the traditional clientelistic way.

The planners of the health program knew that they had to work within the new mandates of decentralization, regardless of their concerns about the "clientelism" around municipal health spending. According to the formal division of labor between state and local government, the state financed 85% of program costs (health agent wages, mainly, and supplies), and the municipality 15% (one to four nurse-supervisors, usually half-time and working the remaining time in curative care for the municipality); financial support from the municipality for other items — such as for bicycles, canoes, or donkeys for the agents to make their household visits — was not formally required but was usually forthcoming, for reasons explained below.<sup>21</sup>

The state quelled its fears about clientelism and the hiring of so many new public workers in three ways. First, it hired them without the usual job tenure, giving them only temporary contracts — a matter we return to in Section 3. Second, the state kept the funds for health agent salaries not only out of the hands of the municipalities, but away from the health department itself; these funds remained in an account in the office of the governor. Third, and most relevant to the decentralization issue, the state health department appropriated for itself the responsibility for hiring the health agents, while leaving to each municipality the responsibility to hire and pay one or two half-time nurse-supervisors. To administer all this, a nine-member coordinating team ran the program with an iron hand out of the State Department of Health and traveled extensively in the interior to recruit the agents through a rigorous selection process, as described in Section 3, and later to supervise the program. It gave the newly hired agents three months of training and substantial on-the-job training; nurse-supervisors had three days of orientation and numerous subsequent meetings with the coordinating team.

This way of dividing the labor between the state and municipal governments was the opposite of what one might expect. Instead of controlling the hiring of the more skilled nurse-supervisors, which usually had to be recruited from outside the community anyway, the state chose to control the hiring of the much more numerous unskilled workers, who resided in the communities where they worked. Given the ultimately

felicitous results of this division of labor, moreover, it is ironic that the state saw it as fortuitous and "second-best." It would have preferred to have had complete responsibility for the program and, particularly, to not cede control over the hiring of the nurse-supervisors — knowing how crucial good supervision was to such a program. But it felt pinched for funding, could not appear to be moving against the popular wave of decentralization, and would need some form of at least tacit support from local authorities in order for the program to function smoothly.<sup>22</sup>

While contributing to the program's good performance, the state's control over the hiring of the health agents also inadvertently turned the mayors into a potential source of opposition to the new program, because it reduced their power over patronage. The health department team, that is, would first enter a municipality and explain to the mayor that he could join the program if he hired a nurse-supervisor and paid her salary. At the same time, however, he was to have no say over the hiring of a large number of new public employees in his municipality, ranging from roughly 30 to 150, depending on the size of the municipality. To even join the program, moreover, the mayor had to finance his contribution to the program out of the newly mandated transfers from the federal government, which he was looking forward to using without such constraints on his power. No surprise, then, that some of the mayors were not enthusiastic about the program when it began. One actually hired his own health agents out of municipal funds to accompany the state-hired agents on the rounds to households, so that they (the mayor's agents) could distribute campaign leaflets on these visits — a common practice among field-based public servants in many countries but strictly prohibited by the new program.

(b) *The reluctant mayors*

With this kind of discontent, why wouldn't the mayors simply have used their new federal transfers as they liked and not joined the program at all? Wasn't the state running the risk, after noisily announcing a bold new program of preventive health, of having only a small number of municipalities join? This didn't happen, for three interrelated reasons.

The first relates, interestingly, to the way the program expanded throughout the state, which was not, in contrast to many such programs, according to a preordained plan. Because a municipality's participation in the program was dependent on the mayor's agreement to its conditions, the pace and pattern of spatial expansion throughout the state was dependent on the order and pace according to which mayors agreed to join. As a result, the program spread gradually through the state over a period of two or three years. This meant

that a municipality that had joined the program often bordered one that had not. News of the new program therefore spread rapidly to these nearby communities, which pressured their own mayors to have a program like the one next door. By luring mayors into the program one by one, then, the crazy-quilt pattern of expansion generated pressures for mayors to "voluntarily" join, whether or not they were skeptical.

The second source of pressure on the reluctant mayors relates to the state's publicity about the program. The state government surrounded the health program with an unusual and unending flurry of publicity directly through the media, particularly radio, and through the visits of the state coordinating team to communities during the hiring process. The publicity had a major impact on worker morale and, hence, is described in Section 3. Suffice it to say here that these messages, on the one hand, regaled citizens with promises of dramatic improvements in the health of their babies and, on the other hand, instructed them as to what they would have to do in order to bring that about: namely, they were to urge their mayors to hire a competent nurse, pay her salary, and run the program cleanly. "Simply don't vote for your mayor," some of the program's managers advised or implied on their trips to the interior, "if he doesn't provide you access to our health program."

The third and final reason for the mayors being lured into supporting the program relates to the health workers and nurses themselves. Once a program was fully operating, its "army" of 30–150 health agents usually constituted the largest and most visible public sector presence in the municipality. Visiting several households a day, the agents worked mainly outside rather than inside the office. They could be easily spotted in their "uniforms" of white tee shirts emblazoned with the name of the program, blue jeans, and blue backpacks with their supplies<sup>23</sup> — moving about the town from house to house or, in their visits to more distant areas, traveling by bicycle, donkey, and canoe. Together with the fact that the work they were doing endeared them to the community — of which they themselves were a part — they became a rather formidable local force, not easily ignored by the mayor. At least as important, the agents also saw it as their task to "educate" the mayors about public health initiatives they should support, such as purchasing chlorine for campaigns against cholera, or about the need to provide means of transport to the more remote and dispersed households. In this way, they elicited further and sustained financial support from the municipalities.

Ultimately, the mayors found that if the program operated well, it was quite popular and they could therefore take substantial credit for it. In creating an informed and demanding community, in other words, the state had initiated a dynamic in which the mayors were rewarded politically for supporting the program.

In so doing, the state had contributed toward replacing the old patronage dynamic with a more service-oriented one. In keeping such strict control from outside the municipality over the hiring of a work force with strong social ties in the community, the state's actions represented a felicitous combination of centralized control and local "embeddedness."

### (c) Conclusion

In the name of a program that formally decentralized some responsibility and control to municipal government, in sum, the state kept control over certain crucial aspects of the program which, among other things, caused mayors to initially lose a substantial opportunity to exercise patronage power in their domains. In addition, the state required an upfront contribution from the municipality before it could enter the program, rather than expanding according to a plan. In addition, its style of operating "squeezed" the mayor with pressures to informally commit additional resources once things got started. The state overcame the spectre of possible mayoral intransigence, in other words, in a way that elicited eventual participation and capacity building.

The literature on decentralization assumes that when it takes place, the more central branch of government will recede and do less than it did before — a seemingly reasonable assumption. It also assumes that the proper division of labor between local and more centralized government units will follow, obviously, the "comparative advantage" of each. That is, central governments are considered best at tasks with economies of scale and/or that draw on their superior finance-raising and regulatory powers (capital-intensive facilities, technical expertise, financing, oversight, training). These are the more sophisticated, more costly, or "harder" parts of the package.<sup>24</sup> Conversely, central governments are seen as not very good at "outreach" and responsiveness to users of public services, particularly in programs providing new access to public services by the poor. Local governments, or at least nongovernment organizations, are seen as better at outreach — by dint of their greater accessibility and their vulnerability to citizens discontented with service quality.<sup>25</sup>

In the preventive health program, however, the state was actually doing more, not less, of what it had been doing before. With respect to the division of labor between state and municipal government, the state's role did indeed correspond partly to that expected — in this case, providing financing, supervision, medicines, and vaccines and other supplies.<sup>26</sup> Nevertheless, key to the program's success was the state's vigorous actions in an area of its supposed comparative disadvantage — namely, crucial aspects of the program's "outreach", such as keeping the hiring

and inspiring of the health agents to itself, and extensive publicity in the communities. This represents a more complex picture of the comparative advantages of central vs. decentralized units of government, and of the proper division of labor between them.

These conclusions will become fully apparent only in the following section. We turn, then, to how the state actually carried out these particular functions and the important impact they had on worker commitment.

### 3. THE UNSKILLED MERITOCRACY

"This town was nothing before the health program started," reminisced one of the health agents three years after being hired. "I was ready to leave and look for a job in São Paulo, but now I love my job and I would never leave — I would never abandon my community."

What accounted for the intense commitment and satisfaction expressed by many of the agents and their supervising nurses, and the high performance associated with it? How could the agents' jobs, with low pay, no job security, and no seeming potential for upward mobility, be associated with high worker commitment and performance? After all, the development literature singles out the "excessive" number of these kinds of employees as one of the causes of poor performance in developing-country public sectors.<sup>27</sup> Several studies of US economic performance, moreover, have also pointed to these kinds of jobs as one of the causes of poor productivity in the United States today.<sup>28</sup> Finally, an innovative US program of preventive health for inner cities in the 1960s, with "barefoot doctors" hired from the community à la Ceará, led to "hostility" by these workers to the program they worked for because of the absence of opportunities to rise up in their work.<sup>29</sup> Why, in contrast, were Ceará's agents so committed, grateful, and high-performing?

It was only against the background of the literature of industrial performance and workplace transformation, cited in the introduction, that we came to understand the importance of these expressions of worker commitment in the program's performance and what brought them about. This does not mean that we discovered total quality management or worker-management teams in the backlands of Ceará, where the health program unfolded. Rather, the explanations people gave for why they liked their jobs better, and of how their work was different from normal, had much in common with current explanations for the cases of better worker performance in the industrialized world. The way citizens talked about the public workers who served them in the health and other programs, in turn, was reminiscent of the way this literature describes the relations of "trust" between customers and the firms they buy from, or between customer firms and their subcontractors.

This section points to the following explanations for the high commitment shown by workers and for their high performance. The state government lavished an unusual amount of attention on hiring a large force of unskilled, minimum-wage, and perhaps temporary workers for a program that was in essence municipal (section a). The way this was done also turned the users of the program into avid and informed monitors; the salutary effects of this process continued for several years because the hiring was phased over time and because of the idiosyncratic pattern of program expansion; and all these effects were enhanced by aggressive state-sponsored publicity around the program and its successes (section b). All of this added up to an interesting combination of arrangements that avoided the worst aspects of job insecurity and job security (section c). Finally, the status and the discretion of the nurses who supervised the agents increased dramatically in relation to their previous jobs (section d). A final set of explanations is reserved for Section 4.

(a) *The hiring process*

The origins of the strong commitment of the health program's workers can be traced back to something that happened before the health agents were hired — namely, a remarkable process of merit hiring. It goes without saying that such a process would help the state to select the best applicants and therefore explain part of the good performance. In addition, however, good public managers in many developing countries often have to fight to use strictly merit criteria for hiring. Several managers of successful rural development agencies in Northeast Brazil, for example, singled out merit-hiring victories as their greatest achievements — rather than getting roads built or wells dug (Tendler, 1993). It is notable, then, that the health program was able to carry out such a large exercise in merit hiring.<sup>30</sup> Even more unusual, the hiring as "staged" by the state government had a major impact on the way the workers and the users subsequently viewed the program.

The state-level coordinating team hired each health agent in three stages. It first required written applications from all applicants (family members and friends helped the less literate applicants fill out their forms), from which it culled out a list of people to be interviewed. Two members of the team (usually a nurse and a social worker) then traveled to each town for an interview with each applicant on the list, followed by a meeting with all applicants as a group. The group meeting was often followed by a subsequent round of individual interviews with those likely to be selected.

In the setting of Ceará's interior, the hiring of so many workers became an event of significance in the lives of the job seekers and the dozens of towns where they were to work. The number of jobs offered at any

particular hiring was frequently the largest one-time public sector hiring in the town — perhaps 20, 30, or 40 jobs at a time. This was the first time that most of the applicants had ever applied for a job or, at least, been interviewed for one. Many were sweating during their interview and trembled with fear. Although the jobs paid only the minimum wage and carried no fringe benefits, this was considered a quite desirable income. Even those applicants who had worked as primary school teachers for the municipality had typically earned less than the minimum wage — quite common in rural Brazil, where teachers themselves frequently have no more than an elementary school education. The minimum wage, moreover, was more than the wage paid to male agricultural labor, which was the principal occupation of the poor population of these areas.<sup>31</sup> Most significant, the health agent jobs offered full-time work year-round, in an agricultural economy where employment was highly seasonal, and those who had work frequently lost it during the dry season or the periodic droughts afflicting the region.

To be chosen for the job of health agent, in sum, was like being awarded an important prize in public. This meant that the newly hired workers began their jobs strongly influenced by the prestige accorded by the selection process to them and the jobs they were entering.

(b) *Rejects as monitors*

The coming of the state team to the interior towns evoked widespread curiosity and comment. That "important" professionals from the state capital would visit their town to run a job competition, sometimes even staying overnight, seemed to herald a new public service and a better future for the community. Townspeople avidly eavesdropped on the interview meetings from outside the open windows and doors, listening to the repeated messages of the state committee to the assembled applicants: "this program is yours, and it is you who will determine its success, whether you get the job or not"; "your community does not have to lose so many of its babies, it is not right to have such high infant mortality, you can do much better"; and, last but not least, "you have a right to demand from your mayors that they do what is necessary to start the program and support it." The applicants were also told that it would be an immense "honor" to be hired, and that the very act of applying for the job and getting interviewed was an "honor" in itself, which "had proven their commitment to the community" and their stature as "community leaders."

The traveling committee had a special message at these meetings for the applicants who would not be chosen. "Those of you who are not selected," they said, "must make sure that those who are chosen abide by the rules." The rules, spelled out in meeting after

meeting, were the following: health agents had to live in the area where they worked, work eight hours a day, visit each household at least once a month, attend all training and review sessions, and not canvass for a political candidate or wear or distribute political propaganda. Although these requirements would seem routine, they are often not observed in Brazil, as well as in many other countries. "If these rules are breached," the committee warned the assembled applicants and eavesdroppers, "we want to hear about it." The warning was clinched with the admonition that "we are keeping all the applications, just in case any of those we hire do not perform well."

Needless to say, these promises turned a group of dozens of rejected applicants into informed public monitors of a new program in which the potential for abuse was high. Community members did, indeed, frequently report to the nurse-supervisors when agents were violating the rules and not, for example, living in the community where they worked. (These agents were fired.) Less drastically, a family that had not seen its health agent in more than a month might mention this to the nurse-supervisor.

The image of disgruntled job seekers watching the job winners for one false step is certainly not one we would associate with increased worker commitment and productivity. Indeed, it smacks more of the "scab-labor" tactics reviled by labor unions. But the dynamic created by these instructions and admonitions was more complex, with strong positive elements as well. First, because the selection committee's instructions to job applicants who were not chosen made them feel involved with the program, they also reported to the nurse-supervisors when they were satisfied with what a particular agent was doing, and not only when that agent was performing poorly.

In addition, the hiring process and its warnings — far from intimidating the new workers — made the most dedicated ones feel supported by the state government *vis-à-vis* local politicians and other powerful personages who commonly pressured to divert programs to their own ends. They now had an excuse to say no, and knew they would be supported for their stand. The availability of this kind of "protection" to public servants — or lack of it — plays an important role in determining their accomplishments. Nonetheless, it has not received the same attention in explaining poor (or good) performance as have explanations relating to self-interested and rent-seeking behavior.<sup>32</sup> Rather than merely create opportunities and incentives for individuals to "whistle-blow" behind people's backs, then, the socialization of all the job applicants to the program's "mission" during the hiring process led to the creation of an informal and powerful monitoring presence among those who were not hired and the community at large, and a sense of collective responsibility for the program.

Because the health agents were not hired all at once, the salutary effect of the hiring process on the workers and the community extended long after the program's startup. First, the hiring for any particular municipality took place in batches over one, two, or three years, because the state did not think it prudent to hire so many new workers in one place at one time. In a municipality slated for 100 health agents, for example, the first competition might call for only 25 or 30; three or four subsequent competitions would hire the rest over as much as a three-year period, each time in the same way. Second, because the program expanded throughout the state slowly and unevenly, each one of these oft-repeated hiring events extended the process of "image-creation" around the program well into the implementation period.

The effects of the hiring process were enhanced and extended into the implementation period by the state's constant publicity about the program. The department of health initially resorted to publicity with the purpose of getting people to adopt preventive health measures. Early on, and with the governor's support, it succeeded in convincing some large private firms to contribute funding for radio and television campaigns advertising the program and its preventive healthcare messages.<sup>33</sup> Later, and with the same broad publicity, the state awarded prizes to the municipalities achieving the best immunization coverage. By 1992, 43 of the state's 178 municipalities had received prizes for the best DPT-III coverage (diphtheria, pertussis, and tetanus). The prizes were set up partly with the goal of getting program personnel to take seriously the collection of health data — always a problem in rural health programs. At the same time, the fanfare surrounding the granting of the prizes, as well as the program's broader publicity and its language of "mission," bestowed substantial recognition on the agents and their supervising nurses, and enhanced their prestige in the communities where they worked and lived.

Assuming greater importance as the program started to have effects in reducing infant mortality, the publicity reflected in good part the state's capitalizing politically on its successes. The two governors who ran the state during this period had clearly national political ambitions, and the publicity obviously served these ends. By the early 1990s, the first governor had become president of his party, and the second was highly conspicuous politically on the national scene — both because of their successes in administering the state. Some observers of the political scene suggested that the publicity exaggerated the two governors' accomplishments, and represented an "old-fashioned" and "populist" manipulation of the electorate. Whether this was true — and whether the accomplishments were exaggerated — the publicity nevertheless had the effect of placing the health agents and their supervisors in an unusual spotlight of public appreciation for their work. These effects were not necessarily



intended, and their importance in worker commitment and the program's performance may not actually be understood.<sup>34</sup>

With this understanding of how the publicity complemented the effects of the selection process, we now contrast the meritocracy created in this program to more typical ones. In so doing, we return to the concerns about productivity with which this section started.

(c) *Tenure as problem and solution*

The literature of industrial performance has pointed to the lack of job security and of prospects for upward mobility among many workers, as noted above, as reasons for stagnant productivity growth in the United States. At the same time, however, the development literature has identified "too much" job security as a cause of poor performance in the public sector. The case we are describing reveals a possible reconciliation of this contradiction.

That a meritocratic job selection process could bestow prestige on the job winners is not new. Professionals who work in public agencies known for serious merit-hiring procedures often cite that fact, like an item on their *curriculum vitae*, even when the competition took place many years ago; they proudly and disdainfully set themselves off from others in the public sector who were not hired in this way. In Brazil, Bank of Brazil managers and professionals in the National Development Bank speak this way.<sup>35</sup> Outside of Brazil, the Indian Administrative Service is an excellent example of civil servants who feel themselves an elite simply for having won their jobs. In all these cases, the prestige is linked to the particular service into which one is recruited, in addition to the larger elite group of trained professionals to which one belongs.<sup>36</sup>

The health program's hiring process differed in certain ways from these typical cases of meritocratic public agencies. First, it linked the prestige not just to the particular individuals who passed a rigorous competition, but also to the program's "noble" mission of bringing the community "into the 20th century" by reducing infant mortality and disease. This was reinforced by "staging" the hiring process as a public event in the very areas where the job applicants were to work. Also in contrast to most elite public service corps, the prestige accorded by the hiring process was not grounded in the particular agency that did the hiring — namely, the state department of health. Neither the agents nor their supervisors "belonged" to the agency that conferred so much prestige on them; although the state health department hired the health agents and funded their salaries, the agents worked under the direction of nurses hired and paid by the

municipality.

Also distinct from the more typical case of meritocratic public service, the status enjoyed by the health agents was not the result of their being an educated elite. Rather, education was something that the job would eventually confer on these workers as a reward for their having been "chosen." It took the form of three months of full-time training (unusually long, particularly for unskilled, minimum-wage workers), subsequent in-service trainings, and substantial feedback from supervisors. For most people living in Ceará's interior, access to this kind of training would not be imaginable.

In addition, and also in contrast to typical civil service hiring procedures, the reward for having passed the job competition did not come in the form of job tenure. As had become the practice of other fiscally strapped state governments in the 1980s, Ceará had gone out of its way to "contract" these new workers rather than hire them, so as to make it clear that they were not winning a permanent home in the state's public sector. Indeed, the governor and architects of the program liked to stress this as one of the keys to its success. The governor even publicly boasted of how he had resisted pressures to turn the agents "into state employees," claiming that to do so would cause the program to "die" (UNICEF, 1993). Doesn't this amount to the "low-road" approach to getting performance out of workers that is associated with poor productivity?

At the time of this research, the health agents' lack of job security was starting to become more a problem rather than the felicitous solution that the governor and the program's founders had seen it to be: the agents were organizing to demand, among other things, greater job security and fringe benefits accorded to other public workers. The story of how the state reacted to this turn of events, together with other features of these jobs, reveals some significant differences from the way many other governments use low-paid or contract labor.

The state did not turn a deaf ear to the growing organization and demand making of the health agents for greater security. It agreed to participate in discussing approaches to the problem, for example, by "qualifying" a certain number of the agents through a process of selection and further training. Indeed, the program's architects admitted that they had been leery about bringing on such a large contingent of new workers in a way that would imply legal responsibility to give them tenure. But they felt that they would have a short "honeymoon" period of two or three years, they said, before such demands would arise. By then, they assumed that these workers would start to bring claims of "*de facto* tenure" before the labor courts, which had been customarily deciding such cases in favor of the worker. Nevertheless, they still did not

worry too much because they felt that if the program were successful by the time the "honeymoon" ended, the state would want to upgrade the status and training of the agents anyway. Although these matters had not yet been resolved at the time of this writing, the state's interest in increasing the status of at least some of the existing workers would, if carried out, represent a granting of job security as a reward for performance, and as part of a larger process of upskilling.

Other factors that made these jobs different from typical no-security, no-upward-mobility jobs were the following. First, the three full months of training provided by the state to these "contract labourers" — as well as substantial in-service training — is more than many governments provide to their tenured workers. Given that health was an expanding sector, moreover, the training and the job experience were clearly "transportable" to other jobs in the public or private sector, if these workers were to lose their jobs. Second, the status conferred by these jobs on their workers helped to compensate for their lack of security. Third, the jobs were "low-paid" only in relation to other jobs in the public sector or in public health, as noted above, but not in terms of the perceptions and alternative opportunities of these particular workers. Finally, the jobs were more satisfying in terms of their greater variety of tasks, their greater discretion, and their satisfying relationship with citizen-clients. That job insecurity could be less problematic when counterbalanced by other features of the work environment valued by employees, and associated with high performance, was also suggested by the findings of a survey of large firms in the United States (Osterman, 1994).

In conclusion, then, the state's approach to its temporary and unskilled health agents seemed to avoid, whether intentionally or not, some of the worst aspects of job insecurity and job tenure. On the one hand, it provided invaluable training to these workers and conferred unimagined status on them. On the other hand, it ultimately ceded some job security — or seemed to be moving in that direction — but only after some time and only as a reward for work performed well.

Up to now, nothing has been said about the nurse-supervisors as distinct from the agents they supervised, except that the publicity and the hiring process had as significant an impact on their morale and performance as on their subordinates. In addition, the question arises as to why the nurses performed so well as supervisors, given that poor supervision has been the bane of many such programs. We turn to that question now.

#### (d) *The good nurse*

Evaluations of poorly functioning preventive health programs, and even of some good ones, routinely point to poor supervision.<sup>37</sup> One explanation is

that supervisors, usually nurses, are not included in the planning of the programs they are to administer, and they are allowed little discretion in their programs (Walt, 1990). The last decade's literature on management in business schools concerns itself with a more generic version of this problem, pointing to the importance of the neglected "middle manager" in the literature on innovation, and the need to "empower him."<sup>38</sup> Any study of the achievements of Ceará's program, then, must ask why supervision was better than in most such programs, and whether the nurse-supervisors had greater discretion and were included more in designing their programs. The answer to these questions also helps explain why the program was not plagued with the all-too-common resistance of physicians and nurses to the introduction of paraprofessional workers.<sup>39</sup>

In the urban clinics and hospitals where many of the nurse-supervisors had worked previously, they had been inferior in status to the doctors they assisted, who treated them as subordinates rather than coprofessionals. Now, each nurse was supervising and training an average of 30 paraprofessional agents, who referred to their supervisor as "doctor" and hung on her every word. Local people also addressed her as "doctor" when they passed her on the street, and she suddenly felt herself an important local personage in the community.<sup>40</sup>

In addition, the nurse-supervisors felt that they had not really been able to "practice nursing" in their previous jobs. Hospitals had given them more and more administrative work while, at the same time, meeting nursing needs increasingly by hiring less-trained and lower paid paraprofessional workers to carry out "nursing" tasks such as assisting physicians at surgery. On the one hand, then, the nurses had been angered in their previous jobs by the lack of "professionalism" in the way management ran nursing in their hospitals and, on the other hand, by the increasing administrative chores they had to take on without being given increased managerial discretion or status. This had led to various protest meetings at hospitals and by professional nursing associations, which were of little avail and left the nurses feeling powerless, alienated from their work, and ignored as professionals.

In the preventive health program, the situation was quite different. The state department of health had deliberately left the nurse-supervisors with substantial control over the way they ran the program in their municipality, not pressing standardization too strictly. As a result, there was a good deal of variation in programs from one municipality to the next. Some supervisors instructed their agents on how to give shots and take out stitches, for example, while others were adamantly against teaching these "curative" tasks; some included family-planning messages in the advice to be given by agents, while others were against it. (Indeed, one nurse-supervisor initiated family plan-

ning in her municipality when she learned that many of her own agents had sexually transmittable diseases and did not know how to prevent, identify, or treat them.)

All this was a far cry from the nurse's subordinate relation to the physicians of her previous job, her exclusion from decisions that were central to her identity as a professional, and her administrative burdens that came without the discretion usually accorded to a manager. As the supervisor of a preventive health program, of course, she was also not "practicing nursing" any more than in her old job. But she felt more "like a professional" in her new job because she was making decisions about how to run a program of public health, and she saw the direct health impacts of her work. That her salary in the preventive-health care program was higher than her previous urban job, of course, must have been important in attracting some of the better nursing professionals and ensuring their dedication.

The resistance of health professionals to the introduction of paraprofessionals into health programs like Ceará's often contributes to the difficulty of getting the public sector to pay adequate attention and funding to preventive healthcare, as compared to curative health problems. Part of the resistance is due to a genuine concern about compromising professional standards and jeopardizing the health and safety of the patient. Another part, of course, bespeaks worries about losing power, professional distinction, remuneration, and access to jobs. It is remarkable, then, that the very nurses who had criticized the use of paraprofessionals in their previous hospital jobs became the ardent advocates in their new jobs of a program that relied heavily on just such workers. The new nurse-supervisors also adamantly defended the use of paraprofessionals in the preventive healthcare program against the predictable criticisms that came, eventually, from their urban colleagues in nursing. Clearly, the new power of the program's nurses to decide what the unskilled workers could or could not do was key to their change of heart.<sup>41</sup>

#### 4. THE SELF-ENLARGING JOB

Many of the workers in the municipalities where the health program performed best did things that did not fall strictly within the definition of their jobs. The extra tasks fell into three categories — briefly, the carrying out of some simple curative, as opposed to preventive, practices; the initiation of community-wide campaigns to reduce public health hazards; and assistance to mothers with mundane tasks not directly related to health. In all these areas, the agents took on this larger variety of tasks voluntarily, and they liked their jobs better for having done so.

Extra activities of this nature often creep into pre-

ventive health and other public services involving considerable contact between workers and clients. In the larger research on Ceará of which the health program was a case, the "self-enlarged" jobs were also found where agricultural extension, drought relief, and business extension performed best (Tendler, 1994). (A well-known success story in preschool education in the United States, the Head Start program, documents the same phenomenon [Schorr, 1988]). In health, the extra activities are sometimes viewed by experts as undermining the proper functioning of workers, just as agricultural extension experts see them as taking the agent away from his "real" work and hence contributing to poor results.

How could it be that these "nonessential" activities would be associated with commitment to the job in the eyes of workers, and with bad performance in the eyes of experts? In trying to answer the question, we note that the literature of industrial performance and workplace transformation provides considerable support for the workers' view — namely, that more broadly defined jobs often produce more committed workers.<sup>42</sup>

The following three subsections treat the three different forms taken by the extra activities.

##### (a) *Creeping curativism*

The health agents found it quite difficult to gain access to people's homes when they started working. Mothers would not answer their knocks on the door, or would hide their children when the agent crossed the threshold. Health programs, of course, frequently encounter this problem when working in areas where, like rural Ceará, people rely more on traditional medicine and local faith healers.<sup>43</sup> But as in many other countries, this reaction was also grounded in the legacy of mistrust of anything that came from "government." Brazil's 18-year period of military government ending in presidential elections in 1984, with its repression of peasant organizing in the interior of the Northeast, had made that mistrust even more profound. It is against this background that the agents viewed the simple curative tasks as an "entryway" into preventive care.

The curative procedures performed by the agents were quite simple ones — removing stitches, treating wounds, giving shots, providing advice on treating colds and flus, taking a sick child to the hospital. The agents contrasted the immediate results of their curative procedures with the "tedious and frustrating process" of getting people to change their health and hygiene practices — teaching mothers how to take care of themselves during pregnancy and how to take care of the babies after, convincing people to take their medicines regularly, and cajoling people into washing their hands before preparing food, filtering their water,

and adding nutritious foods to their diet. It took considerable patience and perseverance to convince new mothers, who usually preferred bottle-feeding, that breast milk was not "sour" and distasteful to their babies, or that they should take time out of their day to attend parental appointments.

The perseverance paid off. "I first earned the respect and trust of families by treating wounds or giving a shot . . .," one agent reported, "so that now families listen to me when I talk to them about breast-feeding, or better hygiene or nutrition — things that don't show immediate results." In the same vein, the agents liked administering oral rehydration solutions because they are like cures — to the agent as well as the desperate mother; a severely dehydrated baby, seeming to be near death, would be happily playing in high spirits only hours after taking the rehydration solution recommended by the health agent.

Using curative tasks to get one's foot in the door for the less dramatic, longer haul of changing people's health thinking and practices would seem to represent a quite sensible admixture to a preventive health program — especially if that helped the program to be more effective on the preventive side. Curative care, however, tends to crowd out preventive care in practice and in funding, just as road construction crowds out road maintenance. This is due not only to the greater lure of curative care to paraprofessionals and users, as reported above. More significantly, physicians — who are powerful actors in health planning — find the much less capital-intensive and low-tech work of preventive care programs to be less challenging and low status — just as road maintenance is less prestigious and challenging to civil engineers than road construction.<sup>44</sup> Many public health reformers, therefore, see even a little curative care in a preventive health program as "dangerous."<sup>45</sup>

Partly for these reasons, the "creeping" curative care in Ceará's program did not go unnoticed. Nursing professionals in the state's capital complained that unskilled workers should not be dispensing curative care, no matter how minimal, without at least receiving training as nurse-assistants. Responding to this criticism, the coordinating team agreed to provide formal nurse-assistant training to at least some of its health agents. This solution, of course, runs the risk of enabling the health agents to go too far in the curative direction — exactly what preventive health planners worry about.

In arguing the virtues of a "little" curative care for the purposes of engendering worker commitment, then, we also recognize that preventive health agents cannot simply be allowed to do as much curative care as they want, just to keep them and their clients happy.

(b) *From household to community*

Many health agents took on, of their own accord, community-wide activities meant to reduce public

health hazards, in addition to their job of visiting households. In one case, for example, agents obtained free air time on the radio in order to name families leaving garbage in front of their homes; in another, agents pressured workers and management in a bakery to wear hair nets and wash their hands; in yet another, agents worked with their supervisor to introduce meetings on family planning and female sexuality, which were not part of the program. In part, interestingly, this taking on of larger causes was the result of the program's initial socialization of these workers into public service, as described above, with images of "doing good" and the dedicated public servant.

Health agents also liked their work when they were pulled away from their routine preventive tasks to participate in community-wide campaigns against epidemics of disease — the most recent example being the state's campaign against cholera. When participating in these campaigns, the health workers felt themselves swept up in a serious and dramatic public mission, in which the topmost officials of the state were intimately involved — more exciting for them than giving mothers the same message over and over again about breast-feeding or prenatal care. These kinds of tasks, and their lure, are not peculiar to health; observers of agricultural extension workers have pointed to a similar dynamic in explaining their sudden bursts of good performance during epidemics of disease or pests that threatened to decimate the crops of an entire region.<sup>46</sup>

Many public health reformers, reflecting a strong current of thinking in the fields of preventive health and medical anthropology, encourage preventive health workers to see themselves as such "agents of change" and of "empowerment" of citizens in the communities where they work.<sup>47</sup> Others worry about the tension that such broader challenges to community power structures creates between the program and local elites; or they dislike the "distraction" of such activities from the more "basic" tasks of preventive health. These differences of opinion, and the concern of experts about disrupting "basic" work have their parallel in the field of agricultural extension; extension experts worry about agents being "pulled away" from their "real" work to do nonessential things such as drought relief, arranging for agricultural credit for their clients, or surveys. They often disagree with the conception of extension workers as "agents of change," moreover, because some workers get themselves and the program into trouble with local elites by siding with small or landless farmers in contesting the power of larger farmers over access to land, credit, and farming inputs subsidized by the state.

In summary, then, good arguments may well exist for defining a hard core of basic tasks from which workers in such services should not deviate, as in the

case of preventive vs. curative care. Workers may be doing other than their basic tasks because they are being pressured to by outside forces unrelated to their mission such as other agencies or individual politicians taking advantage of the field presence of a particular group of workers to pursue their own ends. In this sense, narrowly defined job definitions can contribute to "protecting" workers so that they can do their "real" work. It should nonetheless be understood that something else is also causing the variety of tasks to grow. The best workers are themselves pushing the boundaries of their job definitions — or simply letting it happen — because they view these broader realms of operation as profoundly fulfilling and consistent with their mission as public servants.

(c) *Trust and the mundane*

The third and final area in which health workers went beyond their mandate voluntarily related to matters of "trust" between workers and their citizen-clients. When agents talked about why they liked their jobs, the subject of respect from clients and from "my community" often dominated their conversation — much more, interestingly, than the subject of respect from supervisors or other superiors.

The trust that was central to the workings of the health program was inspired by quite mundane activities. Because agents visited home during the day when mothers were there alone with young children, they sometimes assisted with cooking, cleaning, or childcare — giving a baby a bath, cutting its fingernails or hair. The mothers, often lonely and overburdened, found considerable solace in this support and in sharing their problems with the agent. "She is a true friend," a mother said of the health agent working in her community. "She's done more for us than she'll ever realize." The field workers of the above-noted Head Start program of preschool education in the United States reported remarkably similar activities and perspectives on them — down to the cutting of the baby's fingernails and washing of its hair.

The additional attention paid by field workers to the mothers they visited might seem to burden an already heavy work agenda, which required several household visits per day, often to places of difficult access. Both the health agents and the Head Start workers reported, however, that the extra help they offered was crucial to their gaining these mothers' trust, as well as that of the community in general. This, they said, was the most difficult task of their work, at least at the beginning. Just as important to understanding these workers' worlds, the agents saw their clients not only as subjects whose behavior they wanted to change, but as people from whom they actually wanted and needed respect. It is these kinds of relations of mutual trust

between workers and their clients — and, more broadly, between governments and the social networks in the larger society outside them — that have received so much recent attention, as noted in the introduction, in the attempts to explain successful states, public programs, and private firms.<sup>48</sup> Against the background of the literature of rent-seeking and individual preferences, however, it would be difficult to recognize them or understand their significance.

## 5. CONCLUSION

The findings of this study do not sit well with much of the current advice on how to make governments in developing countries perform better. Or, at the least, they reveal the importance of realms of possible action about which the current advice is largely silent. Mainly, the development field has shown little curiosity about workers in the public sector and what it is about their jobs and job environments that elicits high commitment to their work. This subject is of central importance, however, in the explanations of why certain firms, sectors, or countries in the industrialized world have performed better than others in the late 20th century. Whereas this industrial-performance literature has avidly researched the practices of the "best" performers for answers, the development field has been obsessed with poor performance.

In a certain sense, the focus of the development field on government's bad side has kept the subject of worker commitment out of the field of vision, explaining the strange lack of curiosity about the matter. Underlying much of development advice and literature, that is, is the assumption that government has "inherent" traits that "predispose" it to behave badly — mainly, its collections of self-interested individuals working on policies and programs that give them myriad opportunities to pursue their interests rather than those of the public. This explanation fits quite comfortably with the suggested reforms that occupy so much of today's advice: reducing the size of the public sector by shedding labor and shifting certain functions to the private sector, and hemming in the remaining public workers with market-like pressures to perform. To look into public workers and their commitment to the job, however, one must start with unself-interested behavior as the given, and then ask what allows it to thrive. That is what this study attempted to do. The actions and their effects are summarized in the following:

First, in an era of contempt for government, the state succeeded in creating an aura of "mission" around the program and remarkable respect for its workers in the communities where they worked. This was accomplished through a merit-hiring process for

the 7,300 health agents — unusual for such a large force of low-wage and nontenured public employees — and incessant advertising about the program and its achievements. Partly informational, and later also representing sheer boasting by the state about its accomplishments, the advertising also placed the program's workers in a public limelight that brought them widespread recognition. Repeated prizes for municipalities that reduced their infant deaths and other indicators of disease, and the accompanying publicity, had the same effect.

Second, workers often took on tasks, voluntarily, that fell outside their job descriptions. Health agents provided some curative care in addition to their preventive work, took on environmental health offenders in the community, or helped mothers with household chores. This broader set of tasks — sometimes viewed by experts as distractions from "real" work — cohered together as a more "customized" way of providing service to clients. This, in turn, formed the basis for relations of trust between workers and citizens. The greater discretion embodied in the broader job definitions was repeated in the greater formal autonomy and stature granted by the state to the program's nurse-supervisors — who typically play a more subordinate role in their workplaces. This set of features is exactly what the industrial-performance literature has found in the "best-practice," "post-Fordist" firms — multitask job definitions and multiskilled workers, greater discretion by front-line workers and/or middle managers, and worker-customer relations driven by trust and respect.

Third, in an environment already rife with rent-seeking opportunities, the greater ambiguity of these job boundaries would seem to make supervision of workers even more difficult. But the more amorphous boundaries were counterbalanced by new outside pressures to perform from the community. Through the same advertising that created the public recognition of the workers — and the "socialization" of job candidates, including the majority who would be rejected — the state raised the community's hopes about what to expect from its government, and then educated them precisely about what workers, supervisors, and mayors should be doing. This turned the community, and particularly the dozens of rejected applicants, into informed public monitors of a new program in which the potential for abuse was high. Although this aspect of the state's action was, indeed, consistent with the "user-driven" accountability now gaining currency in today's development advice, it also involved something of the opposite, a point we clarify below.

Together, these three interlinked features of the state's actions added up to an approach to the treatment of public sector workers that differed in key ways from the standard practices of many governments, let alone firms. On the one hand, that is, the

state lavished invaluable and "transportable" training on this large and unskilled temporary force of laborers, and conferred unimagined status on them. On the other hand, it ultimately ceded them some job security — or seemed to be moving in that direction — but only after some time and only as a reward for good performance. In this sense, and not necessarily intentionally, the state seemed to be avoiding some of the worst aspects of job insecurity and "excessive" job security.

Two other explanations of the health program's achievements should by now be at least partly clear from the above. First, although this case might be seen as a success in decentralization of public service from state to municipal government, the success had more to do with something done by central, rather than local, government. The state's iron control over the hiring, training, and socialization of an essentially municipal labor force is an example; a second is its swamping of the public with inspirational and educational messages about the program; a third is its decision to not extend the service to municipalities according to a preordained plan or pace but, rather, to let the expansion be determined simply by which mayors first showed good faith in hiring a nurse-supervisor and coming up with funds to pay her salary.

Second, the program did not suffer from the kind of opposition that frequently aborts or dilutes these kinds of attempts to extend public service broadly. One source was the mayors, who resented the state government's "usurpation" of their patronage power over the hiring of a large number of workers on their own turfs. Through its constant messages to citizens, the state indirectly "incited" them to demand that the mayor commit resources to the program, and run it cleanly, in return for their vote. In addition, because the health agents became the largest and most visible public sector presence in the towns where they worked, they themselves represented a similar source of pressure on the mayor and, most important, helped to "educate" him about public health problems and concrete ways to support the program. In this sense, they were more like the "independent" citizenry who were the program's outside monitors than municipal workers subject to a mayor's clientelistic whims. The state's actions, in other words, made it more politically rewarding to provide good service and more politically costly to hire the party faithful — thus changing the dynamics of patronage politics as it related to public service at the local level.

The second source of potential opposition was the physicians and nurses. Like professionals in other sectors, they frequently resist reforms that "lower standards" in order to extend service dramatically — in this case, by using low-wage, unskilled paraprofessionals. By markedly enhancing the status of the nurses as professionals, and by working in the rural areas where most physicians did not tread, the pro-

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gram turned a large number of potential resistors into ardent advocates (the nurses), or at least kept them at a safe and uninterested distance (the physicians).

We have conveyed more intentionality about what the state did, and more of an understanding of cause and effect, than was actually the case. The state considered "second-best," after all, what we found to be an ingenious way of dividing the labor between state and municipal governments — the state reluctantly giving to the municipality the hiring of the nurse-supervisors, while keeping to itself the hiring of the agents. The effect of the state's boasting about the program's successes in the media is another example — the state not having perceived the impact of this publicity on worker morale. The inadvertency of certain outcomes, of course, is quite familiar to those who evaluate public programs. But when planners do not understand why certain things turned out "right," they tend to interpret the achievements as idiosyncratic — for example, a tribute to exceptional leadership. Even though these context-specific explanations are important, as was true with respect to leadership in this case, they make such achievements difficult to generalize about and, hence, repeat. That some of the important results of this program were not intentional, then, does

not make them any less important nor does it mean that once the causal links are unearthed, they cannot be used the next time around deliberately.

In closing, we return to the question of what allows public-interested workers to thrive. In this study, part of the answer to the question did indeed have to do with the hemming in of government workers with outside pressures from the community to perform and hence is not inconsistent with the conception of the civil servant as inherently self-interested. But this was only half the story. The other half had to do with the state enabling public-minded individuals to do what they wanted to do. As the story unfolded, moreover, it became clear that the "hemming-in" we identified may actually be a misreading of that part of the story — or, at least, an incomplete reading. In summarizing the findings above, that is, we found it difficult to separate out the story of the community as outside "monitors" of the health workers from the story of the workers as embedded in that community through close relationships of respect and trust. In this instance, that is, what happened was just as much a coming together of the workers and their clients as it was a sense of workers being watched by those who would report any of their wrongdoings.

## NOTES

1. This literature is now referred to as "the new political economy" or, more narrowly, the literature of rational choice and rent-seeking elites. The seminal work with respect to developing countries was Krueger (1974); with respect to government in general, Tullock (1965), Niskanen (1971), and Buchanan *et al.* (1980). For more recent works, see Bates (1988), Colander (1984), Lal (1983), Gelb, Knight and Sabot (1991). For a recent discussion and the literature cited therein — though mainly with respect to the industrialized countries — see Schwartz (1994).

2. For an excellent review of the thinking about public management that has emerged from these concerns, though not limited to developing countries, see Hood's (1991) discussion of the "new public management." For a study of the application of some of the concepts of pressures and incentives, see Israel (1987).

3. Observations similar to these have been made by Levy (1994), p. 3, in a crosscountry study of government interventions in the small-enterprise sector, who notes the "surprisingly ... ample documentation of failed attempts at interventions" in contrast to the "remarkably little empirical research" on successful interventions — and by Eicher (1994), p. 25, in a study of Zimbabwe's "Green Revolution" in maize production, who criticizes "generalized policy prescriptions ... and standardized institutional models" that are not grounded in country-specific experiences.

4. A good part of this literature has been inspired by, but not limited to, the successful growth stories in East Asia. See particularly Amsden (1989) and Wade (1990), and the additional literature on these cases cited in World Bank (1993b).

An overlapping literature on successful states has found their governments to be thickly "embedded" in the larger societies of which they are a part. See, for example, Evans (1992) and (1994) for this argument with respect to developing and newly industrialized countries, and the literature cited therein.

5. For the rational choice literature, see note 1 above. For the critiques, see, Grindle (1991), Moore (1989), and Samuels and Murcero (1984), and Streeten (1993); without a particular focus on developing countries, see the critiques of Starr (1988) and Kelman (1988).

6. The World Bank's recent review (1993a) of the East Asian literature on the role of government is a valiant attempt to adapt to the research on these cases, though still giving a "market-friendly" characterization to its revised interpretation. For a critical comment on the Bank's learning from the East Asian cases, see Moore (1993).

7. See the excellent recent review of this literature, and citations therein, in Appelbaum and Batt (1994); on the positive effects of a more "flexible" organization of work, involving multitask jobs, see the seminal work of Piore and Sabel (1984); on trust between firms and between workers and clients, see Sabel (1992) and the literature cited; for reviews of an earlier generation of studies of the conditions under which workers performed better in manufacturing plants, see Conant and Kilbridge (1965) and Trist (1981). For attempts to apply some of these findings to the public sector of the industrialized countries, see Altshuler and Zegans (1990), Barzelay (1992), Behn (1988 and 1991), Osborne and Gaebler (1992), and Levine and Helper (1993).

8. Lindauer and Nunberg (1994), in their edited volume of World Bank studies of payment and employment reform in the public sector of developing countries, suggest that the greater preoccupation with employment-reducing reforms — as opposed to other issues of public management — has to do with the prolonged fiscal crisis of many developing countries of the 1980s and early 1990s.
9. Among them, Denmark, Ireland, Jordan, Israel, El Salvador, Honduras, Nicaragua, Costa Rica, Burundi, and Benin. Of Brazil's states or territories, Ceará is the eighth largest in population and the sixteenth largest in size (based on data from IBGE, 1991).
10. For reports in the Brazilian press, see, for example, *Jornal do Brasil* (1992) and the cover story in the weekly news magazine *Veja* (1993).
11. A recent example can be found in a *New York Times* article (1993b) on the government of the Northeast's smallest state, Alagoas. That state was also home of the first Brazilian president to be impeached (for corruption in 1992), who was governor of the state before becoming president.
12. Each of these cases became a Master's Thesis in the Department of Urban Studies and Planning at M.I.T., carried out under Tendler's guidance and cited in the references under Amorim, Bucknall, Damiani, Dorado, Freedheim, Wade, and Zarur.
13. For a discussion of the themes as they manifested themselves across several of the cases, see Tendler (1995, forthcoming). Neither the latter study nor this article treat the very interesting political questions of how these reformist governors were elected. Although this article reveals interesting information on the politics of how they succeeded in carrying out their reform agendas, it does not treat the politics as a separate subject. For a recent study of the political aspects of these two governors' administrations, see Melo *et al.* (1994).
14. See Freedheim (1993) for sources of this and any other unreferenced data in this article.
15. The only exception being Fortaleza which, as the state's capital and most populous city (1.5 million inhabitants), already had health services.
16. See McGreevey (1988) for the latter figure. Preventive care typically accounts for only a small fraction of curative care costs, even in countries with good preventive care service. The existing system in Brazil, in addition, is heavily biased toward curative care.
17. Those looking for a more comprehensive understanding of this case should refer to Freedheim (1993).
18. For some excellent and typically negative pictures of unhappy and/or self-seeking government workers in health programs in developing countries, see Aitken (1992) and Justice (1986) for Nepal, and the literature cited therein for other countries.
19. For recent reviews of this literature, and the concerns most related to development advice, see Rondinelli (1990) and Dillinger (1993). A recent study of decentralization in Latin America reports that almost all governments there are now committed to decentralization reform (Peterson, 1994).
20. See Peterson (1994) and Zarur (1993).
21. These items, not formally required, varied from one municipality to the next, covering items such as transportation (bicycles, canoes, donkeys), nutritional supplements, meals for training sessions and other meetings, chlorine for cholera campaigns, and so on.
22. The state did see a certain advantage to the nurse-supervisors being hired by the municipality rather than by the state, somewhat counterbalancing their concern about patronage in hiring. If the nurse-supervisors were to be hired by the state department of health, the program's architects reasoned, they would see their professional futures as lying in the capital city and not the communities where they worked. It turned out that the nurses did value the jobs where they worked, as seen in Section 3, although for more positive reasons than the absence of a career ladder to higher level state jobs.
23. Each backpack contained oral rehydration packets, antiseptic cream, iodine, gauze, cotton, adhesive tape, thermometer, soap, comb, scissors to cut hair and fingernails, measuring tape to monitor babies and pregnant women, growth and immunization charts for children under five years, and cards to record information about the households (status of mother's breast-feeding, mother's prenatal care, number of deaths and illnesses in the household, family's access to clean water, and the vaccination status of domestic animals).
24. To take an example from Ostrom's study (1983) of the decentralization of police services in US cities, the more central headquarters unit does best at running evidence labs, vehicle maintenance, and so on, while the decentralized precinct stations do best at managing police patrol and other activities requiring constant contact with the community — namely, "outreach."
25. Peterson (1994, p. 11), questions this assumption that local governments are "automatically 'closer to the people' than other levels of government."
26. The vaccines were actually supplied by the federal government, but through the state government.
27. See, for example, Geib, Knight and Sabot (1991), Hood (1991), Lindauer and Nunberg (1994). Hood identifies as problematic the "bottomheaviness" of employment in the public sector of developing countries — that is, the high ratio of unskilled, low-wage workers to skilled, as do Lindauer and Nunberg (1994), although they are concerned more with "wage compression" — that is, the low ratio of skilled wages to unskilled wages in the public sector.
28. See, for example, Osterman and Batt (1993). They also point out that this problem appears more in small than large firms, and hence recommend that public training programs focus special attention on developing programs with small firms.

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29. Lipsky and Lounds (1976) reviewed the US experience with preventive health and other community programs in the 1960s when, as in Ceará, large numbers of untrained workers from the community were hired — in the US case, in the name of "maximum feasible participation." They cite the eventual frustration of these workers, and hostility to the very programs that hired them, at their inability to move upward in the organizations where they worked or obtain equivalent jobs elsewhere.
30. In the industrialized world, merit hiring and the civil service institutions in which it is embedded have come to be taken for granted. Some development management experts argue that civil service institutions and the "Weberian" bureaucracies of which they are a part have come under so much criticism in the literature of organizations and management, that they are now taken too much for granted in the world of advice. One of the consequences is that donors are not paying enough attention to the basic and painstaking task in many developing countries of building these institutions from scratch. See, for example, Hood (1991), Blunt (1990, p. 302), and Moore (1992, p. 74).
31. Although the wage for agricultural day labor was sometimes as little as half the minimum, agricultural workers often earned an additional income in kind, depending on their informal arrangements with their employers.
32. See a similar argument with respect to protecting technocrats carrying out macroeconomic policy reforms (Grindle, 1994, and Grindle and Thoumi, 1993).
33. It also raised financing in this way for the training of existing curative-care personnel in vaccination and oral rehydration therapy; and it successfully lobbied the medical schools operating in the state to require that medical students take courses in preventive health care as a requirement for board certification.
34. In a fascinating analysis of the impacts of public information campaigns and their deliberate use for these purposes, Weiss and Tschirhart (1994) point out how difficult it is to distinguish the good from the "bad" aspects of public information campaigns. They also point to the kinds of "good" impacts on users and the public in general that emerged in this case. They do not, however, include the impact on worker performance discussed here.
35. See Willis's study (1990) of the National Development Bank.
36. The sense of being an elite, of course, can cut both ways, as pointed out by an anonymous referee of this article, who reminded us that many in the Indian Administrative Service are known for being "arrogant, bureaucratic, and conservative."
37. See, for example, Vaughan and Walt (1984), Walt (1988, 1990), Gilson (1989), and WHO (1989).
38. Kanter (e.g. 1982) of the Harvard Business School is one of the most important of those responsible for bringing this concern to prominence. See other works cited by her, as well as a critical review of her position and others in the middle-manager literature, in Fulop (1991).
39. This resistance sometimes comes from previously trained paraprofessionals themselves. In a study of a similar program in India, Antia (1985, p. 2259) tells of how physicians and nurses "took every opportunity to undermine the working of the project." For other mentions of the resistance to the use of paraprofessionals, see Marchione (1984), Cumper and Vaughan (1985), WHO (1989), and Walt (1990).
40. In Brazil and other Latin American countries, "doutor" or "doutora" is a form of address used not only with physicians, but with all those who are set off from the others in a hierarchy of education, work, and/or political or economic power. Some of the health agents themselves, then, also came to be addressed as "doutora" by their clients.
41. In the case of physicians, the lack of resistance can probably be attributed to two factors, explained at greater length in Freedheim (1993). First, the program operated only in rural areas, avoiding the state's largest city, where most physicians were concentrated; it did not, therefore, impinge on their domains as professionals. Second, the secretary of health who created the program had previously come together with a group of 200 like-minded public health physicians in the state, and lobbied for the election of the gubernatorial candidate who, after winning the election, appointed him. The program started with the support, then, of an important group of physicians in the state.
42. See Piore and Sabel (1984) for an early statement of these arguments, and the earlier generation of studies of Conant and Kilbridge (1965) and Trist (1981). For more recent critical reviews of this literature, see Appelbaum and Batt (1994), Bailey (1992), and Ichniowski, Shaw and Prennushi (1993). It should be noted that, despite the widespread popularity of these concepts, several researchers have questioned the extent to which these practices are widely used, actually achieve greater productivity, and/or have the same results across sectors. For these critiques, see the critical reviews cited above, and also Batt (1993). For a recent attempt to verify the existence of these practices across a wide number of US firms, see Osterman (1994).
43. See, for example, Underwood and Underwood (1981), Bannerman, Burto, and Wen-Chien (1983), Heggenhougen (1987), and Heggenhougen and Gilson (1992). Also, Heggenhougen and Shore (1986) cite WHO estimates that traditional medicine is the primary health service for up to 80% of the population in rural areas of many countries.
44. See Tendler (1979) for the case of the neglect of road maintenance as vs. road construction; Hirschman (1969, pp. 113-117) wrote about this tradeoff earlier, although in the context of arguing that it was not such a bad thing. A greater taste for the "wrong" approaches on the part of powerful professional actors on the scene has also been referred to in explaining the neglect of electricity distribution as opposed to generation (Tendler, 1968); and the neglect of labor-intensive techniques in construction as opposed to capital-intensive ones (Thomas, 1974). Thomas, in describing public-works programs in South Asia that were meant to reduce unemployment by using labor-intensive construction tech-

niques, shows how the lure of capital-intensive approaches to engineers and contractors causes them, through time, to edge out labor-intensive ones.

45. See, for example, Heggenhougen (1984, 1987) and Berman, Gwatkin and Berger (1986).

46. The work environment of extension workers changed radically when they were faced with an epidemic of crop disease or pests. Often threatening the agricultural economy of a whole region — its income, employment, and tax base — the epidemics would mobilize very high-level concern and support across the public sector. See Moore (1984) with respect

to Indian agricultural extension workers during the emergency period of Indira Gandhi's government, and Tendler (1993) with respect to the US South, Egypt, and Northeast Brazil.

47. For a review of the large literature on the participatory and empowering aspects of health programs, see the first chapter of Morgan's (1993) study of a participatory preventive health program in Costa Rica.

48. See Sabel (1992) and Evans (1992 and 1994) and the literature cited therein.

## REFERENCES

- Aitken, Jean-Marion, "Conflict or complicity? Different 'cultures' within a [health] bureaucracy in Nepal," (Liverpool: Liverpool School of Tropical Medicine, 1992).
- Altshuler, Alan, and Marc Zegans, "Innovation and creativity: comparisons between public management and private enterprise," *Cities* (November 1990), pp. 16-25.
- Amorim, Mônica Alves, "Lessons on demand: Order and progress for small firms in Ceará, Brazil," Master's thesis (Cambridge, MA: Department of Urban Studies and Planning, Massachusetts Institute of Technology, May 1993).
- Amsden, Alice H., *Asia's Next Giant: South Korea and Late Industrialization* (Oxford: Oxford University Press, 1989).
- Antia, N. H., "An alternative strategy for health care? the Mandwa project," *Economic and Political Weekly*, Vol. 20, Nos. 51-52 (December 21-28, 1985), pp. 2257-2260.
- Appelbaum, Eileen, and Rosemary Batt, *The New American Workplace: Transforming Work Systems in the United States* (Ithaca, NY: Cornell University Industrial and Labor Relations Press, 1994).
- Bailey, Thomas, "Discretionary Effort and the Organization of Work: Employee Participation and Work Reform since Hawthorne," with the assistance of Donna Merrit, (New York, NY: Teachers College and Conservation of Human Resources, Columbia University, August, 1992).
- Bannerman, R. H., J. Burto, and Ch'en Wen-Chieh (Eds.), *Traditional Medicine and Health Care Coverage: A Reader for Health Administrators and Practitioners* (Geneva: World Health Organization, 1983).
- Barzelay, Michael, *Breaking Through Bureaucracy: A New Vision for Managing in Government* (Berkeley, CA: University of California Press, 1992).
- Bates, Robert, *Toward a Political Economy of Development: A Rational Choice Perspective* (Berkeley, CA: University of California Press, 1988).
- Batt, Rosemary "Organizational restructuring in telecommunications services: the impact on firms, managers, and workers." Dissertation proposal (Cambridge, MA: Massachusetts Institute of Technology, 1993).
- Behn, Robert D., *Leadership Counts: Lessons for Public Managers from the Massachusetts Welfare, Training, and Employment Program* (Cambridge, MA: Harvard University Press, 1991).
- Behn, Robert D., "Management by groping along," *Journal of Policy Analysis and Management*, Vol. 7, No. 3 (1988), pp. 643-663.
- Berg, Anne Marie, "Excellence in government — a case study of well performing government agencies in Norway," Paper presented to a seminar on Concepts and Methods of Quality Awards in the Public Sector (Speyer, Germany: Post-Graduate School of Administrative Sciences, October 21-22, 1993).
- Berman, Peter, Davidson R. Gwatkin, and Susan Berger, "Community based health workers: head start or false start towards health for all?," Technical Paper (Washington DC: Population, Health and Nutrition Department, The World Bank, 1986).
- Blunt, Peter, "Strategies for enhancing organizational effectiveness in the Third World," *Public Administration and Development*, Vol. 10 (1990), pp. 299-313.
- Bowden, P., "The administration of regional development," *Journal of Administration Overseas*, Vol. 18 (1979), pp. 193-201.
- Buchanan, J. M., Robert D. Tollison, and Gordon Tullock (Eds.), *Toward a Theory of the Rent-Seeking Society* (College Station, TX: Texas A & M University Press, 1980).
- Bucknall, Julia, "Dual habitats: Reconciling nature conservation with the needs of low-income communities in Fortaleza, Brazil," Master's thesis (Cambridge, MA: Department of Urban Studies and Planning, Massachusetts Institute of Technology, June 1993).
- Campbell, Colin, and B. Guy Peters, (Eds.), *Organizing Governance, Governing Organizations* (Pittsburgh, PA: University of Pittsburgh Press, 1988).
- The Christian Science Monitor*, "In Brazil's Ceará state: a reversal of fortune," by Jeb Blount (March 18, 1993), p. 8.
- Colander, David C. (Ed.), *Neoclassical Political Economy: The Analysis of Rent-Seeking and DUP Activities* (Cambridge, MA: Ballinger, 1984).
- Commonwealth Secretariat, *Decentralization for Development: A Selected Annotated Bibliography* (London: Marlborough House, 1983).
- Conant, Eaton H., and Maurice D. Kilbridge, "An interdisciplinary analysis of job enlargement: technology costs, and behavioral implications," *Industrial and Labor Relations Review*, Vol. 18, No. 3 (1965), pp. 377-395.
- Cumper, G., and Patrick Vaughan, "Community health aids at the crossroads," *World Health Forum*, Vol. 6, No. 4 (1985), pp. 5-7.
- Damiani, Octavio, "Learning from collective experience: Successful small farmer associations in Northeast Brazil," Master's thesis (Cambridge, MA: Department of Urban Studies and Planning, Massachusetts Institute of

- Technology, June 1993).
- Dillinger, Bill, "Decentralization and its implications for urban service delivery," Draft, Urban Development Division, Transport, Water and Urban Development Department, Environmentally Sustainable Development Vice Presidency (Washington, DC: The World Bank, October 13, 1993).
- Dorado Banacloche, Silvia, "Fancy footwork: Policies to support small scale footwear enterprises in Ceará, Brazil, in the light of best-practice firms' strategies," Master's thesis (Cambridge, MA: Department of Urban Studies and Planning, Massachusetts Institute of Technology, June 1993).
- The Economist*, "Hope from the Northeast" (December 7, 1991) pp. 18-20.
- Eicher, Carl K., "Zimbabwe's Green Revolution: Preconditions for replication in Africa," Staff Paper No. 94-1 (East Lansing, MI: Department of Agricultural Economics, Michigan State University, January 1994).
- Escobar, A., "Decentralization and community participation in nutrition planning," *Decentralization and Development Review* [University of California at Berkeley], Vol. 1 (Spring 1981), pp. 8-10.
- Evans, Peter, *Embedded Autonomy: States and Industrial Transformation* (Princeton, NJ: Princeton University Press, forthcoming 1994).
- Evans, Peter, "The state as problem and solution: Predation, embedded autonomy, and structural change," in Stephan Haggard and Robert R. Kaufman (Eds.), *The Politics of Economic Adjustment: International Constraints, Distributive Conflicts, and the State* (Princeton, NJ: Princeton University Press, 1992).
- Freedheim, Sara Beth, "Why fewer bells toll in Ceará: Success of a community health worker program in Ceará, Brazil," Master's thesis (Cambridge, MA: Department of Urban Studies and Planning, Massachusetts Institute of Technology, June 1993).
- Fulop, Liz, "Middle managers: victims or vanguards of the entrepreneurial movement?," *Journal of Management Studies*, Vol. 28, No. 1 (January 1991), pp. 25-44.
- Gelb, A., J. B. Knight, and R. H. Sabot, "Public sector employment, rent seeking and economic growth," *The Economic Journal*, Vol. 101 (Sept. 1991), pp. 1186-1199.
- Gilson, Lucy *et al.*, "National community health worker programs: how can they be strengthened?" *Journal of Public Health Policy*, Vol. 10, No. 4 (Winter 1989), pp. 518-532.
- Gomes, Gustavo Maia, Carlos Osório, and José Ferreira Irmão, *Recessão e desemprego nas regiões brasileiras*, (Recife, Pernambuco: Program a de Pos-Graduação em Economia (PIMES/UFPE), Com a colaboração da ANPEC e o apoio financeiro do PNPE, 1985).
- Grindle, Merilee, *Challenging the State: Crisis and Innovation in Latin America and Africa* (Cambridge, MA: Harvard Institute for International Development, forthcoming)
- Grindle, Merilee, "The new political economy: Positive economics and negative politics," in Gerald M. Meier (Ed.), *Politics and Policy Making in Developing Countries: Perspectives on the New Political Economy*, Chapter 3, (San Francisco, CA: ICS Press, 1991), pp. 39-67.
- Grindle, Merilee and Francisco E. Thoumi, "Muddling toward adjustment: The political economy of economic policy change in Ecuador," in Robert H. Bates and Anne O. Krueger (Eds.), *Political and Economic Interactions in Economic Policy Reform* (Oxford: Blackwell Publishers, Ltd., 1993), pp. 123-178.
- Heggenhougen, Harald Kristian, *Community health workers: the Tanzania experience* (Oxford: Oxford University Press, 1987).
- Heggenhougen, Harald Kristian, "Will primary health care efforts be allowed to succeed?" *Social Science and Medicine*, Vol. 19 (1984), pp. 217-224.
- Heggenhougen, Harald Kristian, and Lucy Gilson, "Perceptions of efficacy and the use of traditional medicine with examples from Tanzania," Department of Social Medicine, Harvard University, 1992.
- Heggenhougen, Harald Kristian, and L. Shore, "Cultural components of behavioral epidemiology; implications for primary health care," *Social Science and Medicine*, Vol. 22, No. 11 (1986), pp. 1235-1245.
- Hirschman, Albert O., *Development Projects Observed* (Washington, D.C.: The Brookings Institution, 1967).
- Hood, Christopher, "A public management for all seasons?" *Public Administration*, Vol. 69 (Spring, 1991), pp. 3-19.
- IBGE [Fundação Instituto Brasileiro de Geografia e Estatística — IBGE], *Anuário Estatístico do Brasil* (Rio de Janeiro, Brazil, 1991).
- Ichniowski, Casey, Kathryn Shaw, and Giovanna Prennushi, "The effects of human resource management practices on productivity," unpublished paper (Columbia University Graduate School of Business, Carnegie Mellon University (G.S.I.A.), and World Bank, June, 1993).
- Israel, Arturo, *Institutional Development: Incentives to Performance* (Baltimore, MD: Johns Hopkins University Press, 1987).
- Jornal do Brasil*, "Ceará virá novo modelo de desenvolvimento [Ceará becomes new model of development]," Foco JB (December 11, 1992), pp. 12-13.
- Justice, Judith, *Policies, Plans & People: Culture and Health Development in Nepal* (Berkeley, CA: University of California Press, 1986).
- Kanter, Rosabeth M., "The middle manager as innovator," *Harvard Business Review*, Vol. 60, No. 4 (1982), pp. 95-105.
- Kelman, Steven, "Why public ideas matter," in Robert B. Reich (Ed.) *The Power of Public Ideas* (Cambridge, MA: Ballinger Publishing Company, 1988), pp. 31-54.
- Krueger, Anne O., "The political economy of the rent-seeking society," *American Economic Review*, Vol. 64, No. 3 (1974), pp. 291-303.
- Lal, Deepak, *The Poverty of "Development Economics"* (London: Institute of Economic Affairs, 1983).
- Levine, David, and Susan Helper, "A Quality Policy for America," Organizational Behavior and Industrial Relations Working Paper (Berkeley, CA: University of California at Berkeley, April, 1993).
- Levy, Brian, "Successful small and medium enterprises and their support systems: A comparative analysis of four country studies" (Washington, DC: Policy Research Department, Finance and Private Sector Development Division, The World Bank, February 9, 1994).
- Lindauer, David L., and Barbara Nunberg (Eds.), *Rehabilitating Government: Pay and Employment Reform in Developing Economies* (Washington, D.C.: The World Bank, 1994).
- Lipsky, Michael, *Street Level Bureaucracy: Dilemmas of the Individual in Public Services* (New York, NY: Russell Sage Foundation, 1980).

- Lipsky, Michael, and Morris Lounds, "Citizen participation and health care: Problems of government induced participation," *Journal of Health Politics, Policy and Law*, Vol. 1, No. 1 (Spring 1976), pp. 86-111.
- Marchione, T., "Evaluating primary health care and nutrition programs in the context of national development," *Social Science and Medicine*, Vol. 19, No. 3, (1984), pp. 225-35.
- Melo, Marcus André B.C. de, Phil Gunn, Linda Gondim, and Catia Lubambo, *Elites empresariais, processos de modernização e políticas públicas: o caso do Ceará* [Empresarial elites, modernization processes, and public policies: the case of Ceará] (Recife, Brazil: Instituto de Estudos da Cidadania (IDEC), March 1994).
- McGreevey, William, *Brazil Public Spending on Social Programs: Issues and Options Report No. 7086-BR* (Washington, DC: The World Bank, May 27, 1988).
- Moore, Mick, "Declining to learn from the East? The World Bank on 'governance and development'," *IDS Bulletin*, Vol. 24, No. 1 (1993), pp. 39-50.
- Moore, Mick, "Competition and pluralism in public bureaucracies," *IDS Bulletin* Vol. 23, No. 4 (1992), pp. 65-77.
- Moore, Mick, "The fruits and fallacies of Neoliberalism: The case of irrigation policy," *World Development*, Vol. 17, No. 11 (1989), pp. 1733-1750.
- Moore, Mick, "Institutional development, the World Bank, and India's new agricultural extension programme," *The Journal of Development Studies*, Vol. 20, No. 4 (July 1984), pp. 303-317.
- Morgan, Lynn., *Community Participation in Health: The Politics of Primary Health Care in Costa Rica* (Cambridge: Cambridge University Press, 1993).
- Murray, Robin, "Well-performing administration — International experiences," Paper presented at a conference on excellence in government. (Oslo: June 6, 1993).
- Murray, Robin, "Introduction" in Robin Murray (Ed.) *New Forms of Public Administration*, *IDS [Institute of Development Studies] Bulletin*, Vol. 23, No. 4 (October 1992), pp. 1-5.
- Murray, Robin, "Towards a flexible state," in Robin Murray (Ed.), *New Forms of Public Administration*, *IDS [Institute of Development Studies] Bulletin*, Vol. 23, No. 4 (October 1992), pp. 78-88.
- Naim, Moisés. *Paper Tigers and Minotaurs: The Politics of Venezuela's Economic Reforms* (New York: The Carnegie Endowment for International Peace, 1993).
- The New York Times*, "The flowering of Brazil's dust bowl," by James Brooke (April 15, 1994), p. A4.
- The New York Times*, "Brazilian state leads way in saving children," by James Brooke (May, 1993a), p. A1.
- The New York Times*, "Even Brazil is shocked: State is one family's fief," by James Brooke (November 12, 1993b), p. A3.
- Newsweek*, "Working for the people: A reformist state government in Brazil," International edition (June 15, 1992) p. 17.
- Niskanen, William A., *Bureaucracy and Representative Government* (Chicago, IL: Aldine, 1971).
- Osborne, David, and Ted Gaebler, *Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector* (Reading, MA: Addison-Wesley, 1992).
- Osterman, Paul, "How common is workplace transformation and how can we explain who adopts it? Results from a national survey," *Industrial and Labor Relations Review*, Vol. 47, No. 2 (January, 1994), pp. 173-188.
- Osterman, Paul and Rosemary Batt, "Employer-centered training for international competitiveness: Lessons from state programs," *Journal of Policy Analysis and Management*, Vol. 12, No. 3, (1993), pp. 456-477.
- Ostrom, Elinor, "A public choice approach to metropolitan institutions: Structure, incentives, and performance," *Social Science Journal*, Vol. 20 (1983), pp. 79-96.
- Peterson, George E., "Decentralization experience in Latin America: an overview of lessons and issues" (Washington DC: The Urban Institute, May 1994).
- Piore, Michael, J., and Charles F. Sabel, *The Second Industrial Divide: Possibilities for Prosperity* (New York: Basic Books, 1984).
- Rondinelli, Dennis A., *Decentralizing urban development programs: a framework for analyzing policy*, Policy & Research Series (P&RS), Document no. PN-ABD-906. (Washington, DC: U.S. Agency for International Development, Office of Housing and Urban Programs, 1990).
- Rondinelli, Dennis A., "Administration of integrated rural development policy: The politics of agrarian reform in developing countries," *World Politics*, Vol. 31, (1979), pp. 389-416.
- Sabel, Charles F., "Studied trust: Building new forms of cooperation in a volatile economy," in Frank Pyke and Werner Sengenberger (Eds.), *Industrial Districts and Local Economic Regeneration* (Geneva: International Institute of Labor Studies, 1992), pp. 215-250.
- Samuels, Warren J., and Nicholas Mercuro, "A critique of rent-seeking theory" in David C. Colander (Ed.), *Neoclassical Political Economy: The Analysis of Rent-Seeking and DUP Activities* (Cambridge, MA: Ballinger, 1984).
- Schorr, Lisbeth B., "The care and education of young children: Inseparable combination," in Lisbeth B. Schorr and Daniel Schorr, *Within our reach: breaking the cycle of disadvantage* (New York: Doubleday [Anchor Books], 1988), pp. 179-214.
- Schwartz, Herman M., "Public choice theory and public choices: Bureaucrats and state reorganization in Australia, Denmark, New Zealand, and Sweden in the 1980s," *Administration and Society* (forthcoming).
- Starr, Paul, "The meaning of privatization," *Yale Law and Policy Review*, Vol. 6 (1988), pp. 6-41.
- Streeten, Paul, "Markets and states against minimalism," *World Development*, Vol. 21, No. 8 (August 1993), pp. 1281-1298.
- Tendler, Judith, *Good Government in the Tropics*, (Baltimore, MD: The Johns Hopkins University Press, 1995, forthcoming).
- Tendler, Judith, *New Lessons from Old Projects: The Workings of Rural Development in Northeast Brazil*, A World Bank Operations Evaluation Study (Washington, DC: The World Bank, 1993).
- Tendler, Judith, *New Directions in Rural Roads*, Discussion Paper No. 2. (Washington, DC: U.S. Agency for International Development, Program Evaluation, March, 1979).
- Tendler, Judith, *Electric Power in Brazil: Entrepreneurship in the Public Sector* (Cambridge, MA: Harvard University Press, 1968).
- Thomas, John W., "Employment creating public works programs: Observations on policy and social dimensions in employment in developing nations," in Edgar O. Edwards,

- Employment in developing nations: Report on a Ford Foundation study.* (New York: Columbia University Press, 1974).
- Time* (September 2, 1991).
- Trist, Eric, "The sociotechnical perspective: The evolution of sociotechnical systems as a conceptual framework and as an action research program," in Andrew H. Van der Ven and William F. Joyce (Eds.), *Perspective on Organization Design and Behavior* (New York: John Wiley and Sons, 1981), pp. 19-75.
- Tullock, Gordon, *The Politics of Bureaucracy* (Washington DC: Public Affairs Press, 1965).
- Underwood, Peter, and Zdenka Underwood, "New spells for old: Expectations and realities of western medicine in a remote tribal society in Yemen," in N. F. Stanley and R. A. Joske (Eds.), *Changing Disease Patterns and Human Behaviour* (London and New York: Academic Press, 1981), pp. 272-297.
- UNICEF (United Nations Children's Fund), "Ceará keeps promise to children," *First Call for Children*, Vol. 4 (October-December, 1993), p. 7.
- Vaughan, Patrick and Gill Walt, "Implementing primary health care: some problems of creating national programmes," *Tropical Doctor*, Vol. 14 (1984), pp. 108-113.
- Veja, "O exemplo do Ceará: como o Estado escapou da crise [The Ceará example: how the state escaped the crisis]" Vol. 26, No. 48 (December 1, 1993), pp. 80-84.
- Wade, Robert, *Governing the Market: Economic Theory and the Role of Government in East Asian Industrialization* (Princeton, NJ: Princeton University Press, 1990).
- Wade, Ruth H., "Dry solutions for drought relief: Institutional innovation in relief delivery in Ceará, Brazil," Master's thesis (Cambridge, MA: Department of Urban Studies and Planning, Massachusetts Institute of Technology, June, 1993).
- Walt, Gill, "CHW's: are national programmes in crisis?," *Health Policy and Planning*, Vol. 3, No. 1 (1988), pp. 1-21.
- Walt, Gill, et al., *Community Health Workers in National Programmes: Just Another Pair of Hands?*, (Milton Keynes (England) and Philadelphia, PA: Open University Press, 1990).
- Weiss, Janet A., and Mary Tschirhart, "Public information campaigns as policy instruments," *Journal of Policy Analysis and Management*, Vol. 13, No. 1 (1994), pp. 82-119.
- WHO (World Health Organization), "Strengthening the performance of community health workers in primary health care," *WHO Technical Report*, JC: X05, Vol. 780 (1989), pp. 1-46.
- Willis, Eliza Jane, "The politicized bureaucracy: regimes and presidents in Brazilian development," Ph.D. dissertation (Boston, MA: Boston College, 1990).
- Wilson, James Q., *Varieties of Police Behavior: The Management of Law and Order in Eight Communities* (Cambridge, MA: Harvard University Press, 1978).
- World Bank, *The East Asian Miracle* (New York: Oxford University Press, 1993a).
- World Bank, "Toward decentralized health care in Ceará, Brazil," by Sara Freedheim, in *Decentralization to Local Government in LAC [Latin America and the Caribbean]: Sourcebook on Policies and Practices That Work* (Washington, DC: LATD [Latin America Technical Department] Advisory Group, November, 1993b), pp. 1-4.
- Zarur, Sandra Beatriz, "From bad to good government: The case of three local governments in Ceará, Brazil," Master's thesis (Cambridge, MA: Department of Urban Studies and Planning, Massachusetts Institute of Technology, June, 1993).

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