SOMETHING TO COMPLAIN ABOUT: POLITICAL CONFLICT, VOICE AND GRIEVANCE REDRESSAL MECHANISMS

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1. Introduction

1.1. **Motivation.** The process of development is uneven, often leaving behind political minorities and marginalized groups. Individuals in these groups are caught in a bind, neither able to strike out on their own nor make claims on the state. In this paper, we present new evidence of historically marginalized groups using the relatively nascent technology of grievance redressal mechanisms to exercise voice, negotiate conflict and, crucially, attempt to make development more equitable.

This paper is set against the backdrop of a significant wave of decentralization in the Indian state of Bihar. The move transferred considerable financial and implementation powers of two key water-and-sanitation (WAS) development programs, costing upwards of $4.5 billion to hyper-local elected representatives[1]. These representatives (called "ward members" - we refer to these simply as "lower tiered representatives") occupy the lowest rung of government, representing a population of 900 persons on average. By definition, they are political minorities - barely conceivable as members of the state.

We focus on social minorities within these political minorities: our results chiefly pertain to lower-tiered representatives from scheduled caste (SC) backgrounds. Schedule Castes in India are a non-homogeneous collection of castes formerly considered "untouchable". Though the Indian state abolished untouchability in 1950, SCs continue to face discrimination and lag severely on several social indicators.

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[1]The WAS schemes are (i) laying of drains and lanes (ii) piped water connections to households

We begin by causally demonstrating that conflict between lower- and higher-tiered members of the local state adversely impacts implementation of WAS development programs in SC-governed wards. We use caste mismatch between tiers of the state as a proxy for conflict. Exploiting exogenous variation in the caste identity of upper-tiered representative, we show that WAS outcomes in SC-wards are worse when there is mismatch. We further complement this by showing, using a fixed-effects OLS regression framework, that WAS outcomes are worse when SC lower-tiered representatives are paired with non-SC local bureaucrats.

What are the channels through which SC lower-tiered representatives negotiate conflict? We categorize and document responses of two types: *compromise* or *complain*. Using primary surveys of local representatives, we show compromise ranges from, on the one hand, entirely handing over the reins of public goods provision to the upper-tiered representative to, on the other, keeping control of implementation while paying a bribe to the upper-tiered actor.

Complaining, on the other hand, primarily involves resorting to a grievance redressal system. Even if originally envisaged as technologies for citizens to monitor the local state via the explicit intervention of the non-local state, such mechanisms could - as in our setting - also end up empowering marginalized members of the local state. We establish two causal facts in this regard: first, using a close-election RD framework, we show that becoming a representative doubles the likelihood of filing grievances. Furthermore, incumbent narrow-winners file a greater share of grievances related to public goods than their losing counterparts. The presence of conflict between tiers of the state results in the lower-tiered SC representative filing *more* grievances.

However, exercising voice via a grievance redressal mechanism may or may not affect development outcomes. To test this, we intend to run an experiment over approximately 1800 lower-tiered jurisdictions comprising over 1 million persons. In the experiment, we encourage and file grievances on behalf of randomly selected lower-tiered representatives in SC-wards where at least one type of WAS work has not happened. We then measure the impact of filing grievances on whether WAS good construction is initiated (and, later on, completed) in treated wards, spillover effects into "close" wards and perceived efficacy of the

lower-tiered representative among other co-habitants in the ward. We also measure other outcomes outlined below.

1.2. **Water and Sanitation Schemes.** Two key development programmes of the incumbent Bihar government, costing about 1 trillion rupees, that feature an interesting innovation relevant to our work: as per the rules, they are to be implemented by the lower-tiered representatives and not the upper-tiered representative. For the purpose of this Note, we will refer to these two as Ward-Implemented Schemes (WIS).

Crucially, the financial powers are handed over to the lower-tiered representative, who is supposed to (a) identify beneficiaries/project sites (b) arrange for labour and materials and (c) monitor implementation, including carrying out payments to vendors/labour. Money for the schemes is transferred from the state to the GP-account. It is incumbent on the upper-tiered representative to transfer the funds further down to the lower-tiered representative. It is here that problems arise. Our qualitative focus-group discussions suggest that upper-tiered representatives, in most cases where work hasn't been undertaken, are loathe to transfer funds, demanding a cut or some other favour.

2. Research Question

Our objective is to understand how, if at all, grievance filing by incumbent lower-tiered representatives from marginalized groups affects provision of water-and-sanitation (WAS) public goods in their jurisdictions. Specifically, we seek to answer the following questions:

(1) Does grievance filing by SC lower-tiered representatives initiate construction of WAS public goods in these jurisdictions?
(2) Are there spillover effects of grievance filing - i.e does grievance filing by a lower-tiered representative in one jurisdiction result in more (a) grievance filing and (b) WAS public good construction in jurisdictions of other lower-tiered representative close to treated jurisdiction?

(3) How does grievance filing change the nature of interaction between lower-tiered representatives and upper-tiered representatives/bureaucrats?

(4) If grievance redressal mechanisms are powerful tools, why, then, is grievance filing so low? Specifically, can information alone suffice to initiate grievance filing?

3. Experiment

3.1. **Treatments.** All treatments are administered over the phone in our setting. The experiment comprises two treatments arms: a grievance-filing (G) treatment and an information-only (I) treatment.

In Treatment G, we call randomly sampled SC lower-tiered representatives where, as per official records, no WAS work has been undertaken and provided them information about the grievance redressal scheme and offer to file grievances on the representatives' behalf. Our main objective here is to measure the impact of grievance filing on WAS public good provision.

In Treatment I, we call randomly sampled SC lower-tiered politicians and only provide information. The key difference between Treatment G and Treatment I is that in the latter, we do not offer to file grievances. Our main objective here is to see if information alone suffices to increase the number of grievances filed.

3.2. **Design.** On piloting, we realized that the official data is observed with a lag. About a third of wards that have "no wok" in the official data actually have both WAS works either completed or ongoing on checking with representatives/visiting wards.

We, therefore, decided to have a set of screening questions to weed out such wards. Once we ascertain that at least one of the two WAS works have not been undertaken - based on the ward representatives' testimony during the call - we then proceed to randomly offer to file grievances on their behalf.

3.2.1. *Treatment G.* The grievance filing treatment is carried out as follows: first, a call is made to a randomly sampled SC lower-tiered representative in whose ward, as per official

data, work has not been undertaken. Subsequently, we screen out wards where the representative claims that at least one work has been undertaken. Once a representative clears the screening, she is randomized (with equal probability) into one of two arms: (a) treatment arm where she is given information about the grievance redressal mechanism and then offered the chance to file a complaint regarding non-implementation of WAS works in her ward or (b) a control arm where she is given information about other welfare programs implemented on a priority basis by the state government. Once a complaint is filed in treated wards, a follow-up reminder call is sent to the representative the day of the first hearing of the grievance.

3.2.2. *Treatment I.* The information treatment mirrors the process in Treatment G with the key difference being that lower-tiered representatives are not offered the choice to file grievances through our enumerator. This will, thus, allow us to separate the role of awareness from that of transaction costs of filing a grievance in actual grievance-filing.

3.2.3. *Control.* Representatives are randomized into the control group after screening questions ensure that they are eligible for treatment. Control group members are provided information too - about key government schemes, aside from the water and sanitation, that have been introduced by the incumbent government.

3.3. **Sampling and Randomization.** Our sampling frame comprising all wards that, according to official government data in May 2019, had:

(1) Had not seen any water-and-sanitation asset construction AND

(2) Have a representative who belongs to a Scheduled caste.

Now, as explained previously, upon piloting we discovered that the official data reports asset construction with a lag. Hence, we have a series of screening questions to screen out wards where work has occurred.

Subsequently, local representatives are randomized into one the two treatments arms or the control arm. Randomization occurs in real-time on the survey app the enumerators use. Representatives are equally likely to be randomized into either of the treated arms or the

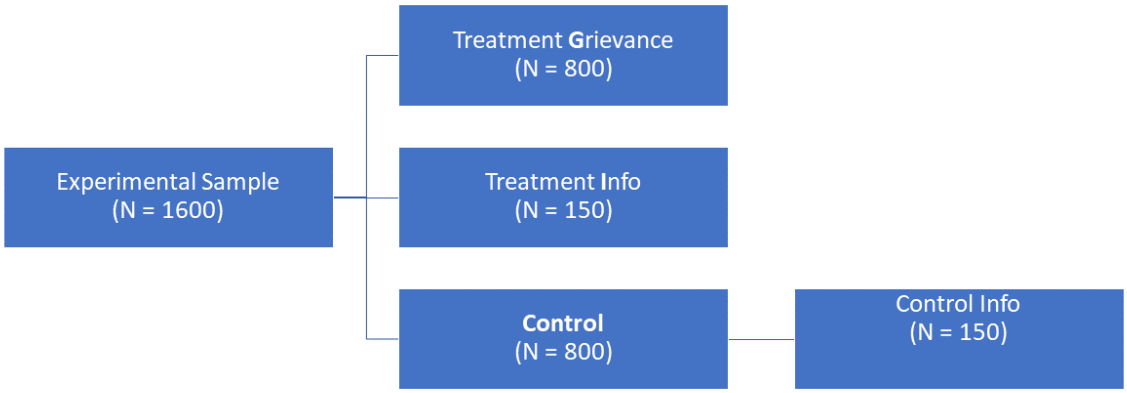

FIGURE 1. Design shows approximate sample numbers, since actual numbers will vary depending on how many wards are screened out. Treatment Grievance refers to the Grievance Filing Treatment (Treatment G); Treatment Info refers to the Information Treatment (Treatment I). Treatment Info will run in the latter third of the experimental period.

control arm. However, since we want to detect smaller sized effects in Treatment G and power calculations suggest that we would require about 6 times as many wards to see the effect sizes we want to see, we will begin our experiment with only two arms, Treatment G and Control, occurring with equal probability. Subsequently, the third treatment arm - Treatment I - will be added and all three arms will occur with equal probability.

We will attempt to cover about 800 Treatment G wards, 150 Treatment I wards and 800 control wards. The actual numbers will vary based on how many wards get screened out.

4. Data and Outcomes

4.1. **Data sources.** We have multiple sources of data. These are:

- Government of Bihar data on whether either of the two water-and-sanitation goods have been constructed (or initiated) in wards across Bihar.

- Grievance Redressal MIS data from the Government of Bihar.
- Midline survey data from 100 randomly sampled Treated G wards and 100 randomly sampled Control wards.
- Endline survey data of lower-tiered representatives (to be conducted in September 2019) across all treated and control wards.
- Endline survey data of co-habitants of treated and control lower-tiered representatives
- Endline survey data of upper-tiered representatives across a cross-section of GPs that have treated and control wards.

4.2. **Outcomes.**

(1) WAS Asset Construction (from WAS MIS Data/Endline Survey)
   - Whether work(s) is initiated
   - Whether work(s) happens
   - Amount spent on WAS works in ward after experiment is conducted.
   - Time taken for amount to be transferred from the upper-tiered representative's bank account (GP account) to the ward-account for each new work that occurs in the ward.
   - Whether there exist any spillover effects on asset construction in neighbouring wards.

(2) Grievance Filing (from Grievance Redressal MIS data/Endline Data)
   - Whether a grievance is filed by the lower-tiered representative regarding WAS works.
   - Whether a grievance is filed by lower-tiered representative regarding other non-WAS issues, including both public and private complaints.
   - Spillover effects of grievance filing - both WAS-related and non-WAS related - on other ward members in the GP/other members in the Gram Panchayat (and ward).

(3) Political and Bureaucratic Effects (Endline Survey of lower- and upper-tiered representatives and citizens)

- Whether lower-tiered representatives face any backlash from their upper-tiered counterparts. This includes:
  - Increased contact by upper-tiered representatives
  - Threatening/harrassment by the upper-tiered representative
  - Perceived efficacy of the lower-tiered representative among ward constituents/other neighbouring lower-tiered representatives and their upper-tiered counterpart
- Perceived state capacity
  - Lower-tiered representatives views on efficacy of government
  - Lower-tiered representatives views on responsiveness of upper-bureaucracy, political class and incumbent government.

(4) Process of grievance hearings

- Whether grievance hearings happened
- Presence of bureaucrats at hearings
- What told at hearings
- Number of hearings

5. Empirical Analysis

5.1. **Impact on Grievance Filing.**

5.1.1. *Direct Impact. Treatment G vs Control* and *Treatment I vs Control I/ Treatment I vs Control I.*

We compare Treatment G and Treatment I with the control group separately to test for the impact of the treatment on grievance filing. For information treatment, we run the same specification across two samples: first, using the Control I group of wards only; second, using the entire control group.

(1) $$Y_i = \beta_0 + \beta_1 * T_{G_i} + X + S + \eta_i$$

(2) $$Y_i = \beta_0 + \beta_1 * T_{I_i} + X + S + \eta_i$$

where Y_i indicates whether a grievance has been filed by representative from ward i. X is a matrix of ward- and GP-level controls. Here, we are primarily interested in WAS complaints ward members file. However, Y_i could also refer to non-WAS related complaints ward members would file.

S indicates Subdistrict fixed effects. T_{G_i} in equation 1 takes the value of 1 if the ward representative is treated with the grievance filing treatment. T_{I_i} in equation 2 takes the value of 1 if the ward representative is treated with the information treatment.

5.1.2. *Spillovers.* To measure within-GP spillovers in grievance-filing, we first ask and identify who the closest lower-tiered representative is to participants in the experiment. We restrict our attention to a maximum of 3 such representatives. Next, we run:

(3) $$N_i = \beta_0 + \beta_1 * N_{G_i} + C_i + X + S + \eta_i$$

(4) $$N_i = \beta_0 + \beta_1 * T_{I_i} + C_i + X + S + \eta_i$$

where N_i could stand for:

- Number of WAS grievances filed by closest ward representatives to sampled ward representative.
- Number of non-WAS grievances filed by closest ward representatives to sampled ward representative.

- Alternatively, N_i could also stand for the share of grievances filed by close ward representatives that pertain to WAS or other types of complaints.

C_i is the number representatives who are deemed "close" by the current ward representative.

5.2. **Impact on WAS works.** *Treatment G vs Control.*

We will estimate both ITT and ToT estimates for the impact of grievance filing on whether there is differential provision of work. We are interested in the impact of Treatment G on outcomes, here. The ITT estimates can be calculated using a regression equation that mirrors equation 1:

$$Y_i = \beta_0 + \beta_1 * T_{G_i} + X + S + \eta_i \tag{5}$$

here, Y_i could measure whether work initiated (as per official data or endline survey), work completed, total works undertaken, total money spent on works and other outcome variables mentioned in section 4.2.

The ToT estimates can be calculated by running equation 6, but restricting our attention to only those wards that have filed grievances (about half of all treated wards, as per our estimates).

5.2.1. *Spillovers.* These will be calculated in a manner similar to the method mentioned in section 5.1.2. Our outcome variables for WAS work are mentioned in section 4.2, but, here, we measure them for the wards that have representatives closest to that of the incumbent leader.

5.3. **Political and Bureaucratic Effects.** *Treatment G vs Control* and

(Treatment G + Treatment I) vs Control

For most ward-level political and bureaucratic outcomes based on interviews with lower-tiered representatives, we will measure impact using a regression of the type specified in

equation 1. We will run two types of regressions: first, using Treatment G and control wards alone.

A second regression will be a pooled estimate measuring the impact of either Treatment G or Treatment I. The pooled regression will be as follows:

$$Y_i = \beta_0 + \beta_1 * T_{P_i} + X + S + \eta_i \tag{6}$$

where T_{P_i} takes the value of 1 if the representative was administered either Treatment G or Treatment I.

For measuring the impact of grievance filing on perception of co-habitants, we will speak to 1 randomly sampled co-habitant from our dataset of candidates who contested elections and lost. Care will be taken to identify those candidates who are less like politicians and more like citizens - we will do so by contacting not the closest loser, but those who ran and won very few votes. We are also trying to collect an independent dataset of co-habitants.

6. Further Analysis

6.1. **Mechanisms.** A key mechanism is whether grievance hearings occur and what exactly transpires in these hearings. We plan to collect data on this from everyone who files grievances during the experiment. This will allow us to get at the bottom of *how* exactly grievance filing - if at all - helps in improving public good provision.

Since we are already collecting data on contact/backlash by the upper-tiered representative/bureaucrat in the experimental sample, this will also help us understand how grievance filing mediates work provision.

6.2. **Heterogeneous treatment effects.** A whole host of factors could affect both take-up of treatment and, more importantly, if treatment affects construction of WAS works. We posit that electoral, social and human capital related attributes of both, lower-and upper-tiered representatives could significantly vary the extent to which the experiment affects

outcomes. We intend to capture this as part of our study. Below, we list out these factors in greater detail:

(1) Electoral strength of representatives: Votes obtained, Margin of victory, number of candidates contested in the previous lower/upper-tiered elections.
(2) Age, education and other election-affidavit related information of the lower/upper tiered representative
(3) Gender of lower/upper-tiered representative.
(4) Sub-caste (poverty status, population) grouping of lower/upper-tiered representative.
(5) Caste of upper-tiered representative
(6) Distance to grievance redressal centre from GP
(7) Type of WAS issue in the ward (whether either of two works are done in the ward; if no work has been done).
(8) Quality of the grievance redress office
(9) Demographic grouping including caste and gender of the grievance redressal officer and the block development officer.

6.3. **Time path of treatment effects.** Our experiment will run for a period of 1 month - we will interact our treatment indicators with time-dummies to test if treatment administered earlier results in quicker and greater impacts. We do not expect there to be significant differences here because a month is a relatively short period of time.

6.4. **Long-run effects.** We believe that the intervention could have a host of effects beyond the first endline survey. Creation of ward-level water and sanitation assets could affect health outcomes, electoral outcomes for the incumbent representatives, local politics, long-run changes in political dynamics and the nature of interaction between lower- and upper-tiered representatives. We will design and conduct a second endline exercise a year from the intervention to measure some of these effects.

7. Threats to Validity

7.1. **Balance Checks.** Our sampling frame comprises all wards where, as per official data, work has not occurred up to May 2019. Our experimental wards were randomly sampled from this set. However, since some wards are screened out before treatment is administered, we will check, once the experiment is run, to ensure that randomization ensures comparability across treatment(s) and control groups across all observables.

7.2. **Potential Spillovers.** Our sample, on average, covers 1 experimental ward per GP. As mentioned before, we will test for spillovers by looking at wards that have representatives who are "closest" to the incumbent ward representative. Thus, a clear and direct spillover effect can be measured in our experiment.

However, spillovers can occur across GPs if the Block Development Officer, for instance, takes it upon themselves to redress grievances across GPs when a complaint occurs from one of the treatment wards. These effects are likely to dampen our treatment effect estimates, if anything. Subsequently, any effect we see will be in spite of these effects.

7.3. **Attrition.** We may observe attrition in spite of our field protocols. If so, we will conduct a number of additional tests. First, we will check overall rates of attrition and assess whether our attrition is differential across experimental groups. While high rates of attrition affects our power in detecting treatment effects, it does not affect the internal validity of our experiment as long as the attrition is not differential across groups. For the set of attriters, we will also examine whether pre-treatment characteristics are the same on average across groups. Finally, we will also check the robustness of our results to using predicted attrition weights, which we calculate by predicting the probability of refusal given treatment status and covariates.

8. Timeline

The anticipated Timeline is as follows:

(1) Screening Survey + Interventions: May 17th, 2019 - June 30th, 2019.

(2) Midline survey of randomly sampled wards: July 2019 (approx 100 treated and control wards each).

(3) Endline 1 of all wards: October 2019.

(4) Working Paper Draft: October 2019.

(5) Final Draft: April 2020.

(6) Endline 2 for further work: June 2020.

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