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Brokers and citizenship: access to health care in Indonesia

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ABSTRACT

Faced with unresponsive and intimidating bureaucracies, citizens across particularly the global south regularly rely on intermediaries to gain access to public services. Focusing on how such brokers arrange access to health care in Indonesia, this essay discusses the impact of brokered state–citizen interaction on the character and experience of citizenship. On the basis of extensive fieldwork in both urban and rural Java we argue that brokers not only enable the realization of citizen rights, they also transform the experience and interpretation of these rights. Brokers ‘vernacularize’ citizenship, in the sense that citizenship comes to be experienced and interpreted not just in terms of a formal relationship with a national state, but also in terms of the character of personal relationships and attendant obligations that exist between citizens, brokers and power holders.

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Introduction

Citizenship is characterized by both the rights that citizens enjoy on paper as well as the capacity of citizens to actually realize those rights. Social marginalization and bureaucratic unresponsiveness – often in vicious combination – generate a gap between rights-on-paper and rights-as-realized. This gap between rights-on-paper and rights-as-realized has engendered a class of intermediaries: individuals – called brokers, ‘fixers’ or mediators – who use their social contacts and knowledge of state procedures to help (poorer) citizens deal with state institutions. As descriptions of such ‘punteros’ in Argentina (Auyero 2001), ‘fixers’ in India (Berenschot 2014) or ‘community leaders’ in Brazil (Koster 2012) illustrate, such intermediaries are playing an important role in facilitating state–citizen interaction by helping, for example, to arrange hospital treatment, welfare support or school admission. With their experience and connections with politicians and bureaucrats, such intermediaries and their acts of ‘political mediation’ (Berenschot 2010; Witsoe 2012) help citizens realize citizenship rights, thus playing an important role in making citizenship ‘effective’ (Heller 2009).

Focusing on how brokers mediate access to health care in Indonesia, this article reflects on how such brokered state–citizen interaction impacts the character and experience of

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citizenship. In doing so, this article aims to contribute to an emerging literature on ‘post-colonial citizenship’. This literature emphasizes the need to study citizenship through concepts and analytical lenses that are less deeply associated with Western experiences of state formation and more attuned to the everyday, actual patterns of state–citizen interaction in post-colonial states (Robins, Cornwall, and von Lieres 2008; Chatterjee 2011; Isin and Nyers 2014). As Berenschot and van Klinken argue in the introduction to this special issue (2018), until recently the largely Western-oriented field of citizenship studies has paid little attention to how brokers and other such informal connections shape the character and experience of citizenship. This mediated form of state–citizen interaction is often dismissed as a deviation from – rather than a constitutive element of – notions of citizenship. This is increasingly untenable. In reality, claims to public services are often not treated as justifiable rights, as they are more likely to be settled through informal, politicized negotiations (Chatterjee 2004). Observing this pervasiveness of informality in shaping state–citizen interaction in (particularly) post-colonial countries, various authors have argued that citizenship should not only be studied in terms of the formal status and rights that citizens enjoy, but also in terms of the ordinary, everyday negotiations and transactions that shape the realization of these rights (Das 2011; Zivi 2012; Tully 2014; Neveu 2015).

We take up this challenge by focusing on the way in which brokers enable citizens to gain access to subsidized health care. Such health care programmes have expanded considerably in Indonesia since the fall of Suharto’s authoritarian regime in 1998. Yet, because of the complexity of procedures and the inadequacies of government funding, everyday access to health care has remained a highly negotiated affair. Poorer citizens regularly depend on influential intermediaries to arrange hospital admission or access to subsidized care. Using year-long periods of fieldwork in both urban Jakarta and rural West Java, we observe that the broadening of subsidized health care in Indonesia over the last decade has actually deepened a dependence on intermediaries. As we study the everyday interactions between citizens, brokers and state agents, we focus particularly on how this broker-mediated interaction shapes the relationship between citizens and the state. What is the impact of this dependency on brokers on the ways in which citizens experience and interpret citizenship?

We argue that brokers not only enable the realization of citizen rights, they also transform the experience and interpretation of these rights. Brokers ‘vernacularize’ citizenship. Citizenship comes to be experienced and interpreted not just in terms of a formal relationship with a national state, but also in terms of the character of personal relationships and attendant obligations that exist between citizens, brokers and power holders. In this sense, brokers operate not only at the intersection between citizens and state institutions, but also at the intersection between formal and informal institutions.

We develop this argument by combining two ethnographic studies on brokers and public service provision. Both were undertaken between September 2014 and June 2015. One of us (Sambodho) conducted fieldwork in a village we call Sariendah, in West Java. This is a quite densely populated village that largely depends on agriculture as well as wage labour in factories in nearby towns. The second study was conducted by Hanani in Palmeriam, a working-class neighbourhood (*kelurahan*) in East Jakarta with levels of poverty and education similar to those in Sariendah. In both areas the 10 months of intensive fieldwork consisted of extensive interviews as well as participant observation of everyday interactions taking place in hospitals and local government offices. We employ these two sets of fieldwork material to explore both similarities and differences in the character of brokerage in urban and (semi-)rural contexts.

The first section of this article reviews the literature on brokerage and citizenship. We subsequently discuss why the recent expansion of health care in Indonesia has boosted a demand for brokers. In the third and fourth sections, we discuss the character of brokerage in Jakarta and rural West Java. The fifth section highlights the ways in which this brokerage transforms the experience of citizen rights. The sixth section concludes.

Brokerage and citizenship

Given the increased prominence of brokers in literatures on governance and local politics, it is surprising that brokered state–citizen interaction is rarely theorized in terms of citizenship. Brokers have become regular protagonists in the literature on clientelistic politics, which highlights how politicians rely on brokers to provide voters with preferential access to state resources in exchange for electoral support (Stokes et al. 2013). Brokers also figure increasingly often in studies on public service provision and local governance, which highlight the way in which informal machination by brokers often ends up distorting the impact of state policies (Veron et al. 2003; Baud and de Wit 2008). Brokers make further appearances in studies on the ‘anthropology of the state’, which highlight their importance in shaping the ways in which citizens experience the ‘everyday state’ (Fuller and Bénèi 2001; Corbridge et al. 2005). In line with this literature, we define brokers as individuals who use their procedural knowledge and informal connections with politicians and bureaucrats to help their clients – often poorer citizens – to navigate bureaucratic procedures and gain access to state benefits. It bears pointing out that this definition limits our focus on a particular subset of ‘political brokers’ mediating between state and society. These can be distinguished from a wider range of brokers found in sociological and anthropological literature discussing access to, for example, markets or cultural spheres (e.g. Boissevain 1974).

These literatures on clientelism and governance offer a mixed evaluation of the impact of brokers. On the one hand, a range of studies argue that broker-mediated interaction undermines democratic accountability, because the clientelistic nature of this interaction discourages voters from making unencumbered judgements about the functioning of incumbent politicians. As citizens depend on brokers for access to important resources, this dependency can easily be exploited to manipulate their voting behaviour (Stokes 2005). On the other a growing body of ethnographic studies – remarkably often on India – have concluded that brokers also play an important role in empowering their communities. For example, it has been argued that neighbourhoods with a wider range of brokers are generally more successful in pressuring governments to improve public services (Auerbach 2016). Other studies highlight the role of brokers who help marginalized communities such as street vendors or slum dwellers to mitigate the impact of otherwise harsh state policies (Edelman and Mitra 2006). A running theme of all these studies on local governance is that brokers constitute important conduits for marginalized communities to realize the rights that, on paper, they already enjoy.

Given this importance of brokers in everyday state–citizen interaction, it is surprising that brokers have, at least until recently, made only rare appearances in the literature on citizenship. As argued in the introduction to this special issue, this might be due to the fact that informal brokerage does not sit well with conventional approaches that interpret citizenship in terms of membership and formal rights. In such interpretations, reliance on brokers is merely an indication of a weakness in, or even an absence of citizenship. In

particularly the Anglo-American literature on citizenship the gap between ‘rights-on-paper’ and ‘rights-in-practice’ is not a prominent theme.¹ Yet over the last decade, as research on citizenship in the global south has boomed, a growing number of scholars is arguing that citizenship also needs to be studied in terms of the everyday, ‘ordinary’ transactions and negotiations involved in the ‘dynamics of representation’ (Cornwall and Leach 2011) through which citizens make their citizenship ‘effective’ (Tilly 2000; Lazar 2007; Holston 2008; Heller 2009; Neveu 2015)

As we aim to show in this article, brokers play a prominent role in such everyday negotiations. In describing their role in facilitating access to subsidized health care, we build on a number of recent publications that do study brokers in terms of citizenship. Von Lieres and Piper’s collection of studies on ‘mediated citizenship’ (2014) has been important in drawing attention to how various intermediaries – civil society actors as well as brokers – represent the interests of the poor. While deriving inspiration from their work, we do feel that their study blurs an important distinction between interest representation that seeks to influence the *drafting* of state regulation and representation that seeks to influence the *implementation* of such regulation. Our focus is squarely on the latter. As our illustrations will show, brokerage is very different from policy advocacy in terms of its strategies, its relational dynamics as well as – and that is our main focus here – its impact on how citizen rights are interpreted and experienced. While the discourse and strategies involved in NGO-mediated interest representation generally revolves around strengthening (an awareness of) citizen rights, our brokers rarely employ a discourse of rights. Their strategies often involve an invocation of social norms and interpersonal obligations, and in doing so they often generate the impression that the access to public services is not due to an impersonal right, but rather due to the quality of one’s relationships and one’s willingness to adhere to norms of reciprocity.

In developing this argument, we employ Scott’s notion of ‘moral economy’ to describe this set of normative convictions about who is, and who is not deserving of support (Scott 1977). We derive inspiration from McFarlane and Desai who pointed out that ‘moral economies provide a legitimate, though not necessarily legal, basis for claims and affect how entitlements are conceived, claimed, contested, and ultimately realized or denied’ (McFarlane and Desai 2015, 442, 443). As brokers facilitate the interaction between state agents and citizens, they do not simply ensure that state regulation is applied properly. Rather, they also interject prevalent social norms and considerations about who is (and who is not) deserving of access to state benefits. As we shall see, these considerations do not only revolve around the poverty and ‘need’ of clients. Norms of reciprocity are core to these considerations, specifying the kinds of obligations embedded in particular relationships, such as family, kinship or friendship. As Scott (1977) argued, reciprocity figures prominently in such notions of distributional fairness. This kind of ‘moral economy’ can be at odds with the content of formal state regulations. The disjuncture constitutes the particular challenge that brokers face. It means that brokers, in effect, ‘vernacularize’ citizenship. Through the mediation of brokers, the set of formal rights and duties that characterizes citizenship gets refashioned in terms of the character of personal relationships and its attendant moral economy.

Indonesia's expanding subsidized health care programmes

Before diving into this everyday brokerage, we need to highlight briefly how this dependency on intermediaries to gain access to health care is partly due to the particular way in which subsidized health care has developed in Indonesia over the last three decades. During the authoritarian New Order period (1966–1998), the state largely refrained from providing health care subsidies (Ramesh 2002). It focused on providing community-based health care, deploying a rather paternalistic propaganda motivated by developmentalist concerns about how, for example, healthier habits could boost productivity (Ferzacca 2001). Under the New Order's President Suharto, a basic health care system was built upon a vast number of local, small health care posts. These posts were supported by local volunteers, mostly women, who were themselves organized into groups called PKK (*Pembinaan Kesejahteraan Keluarga*, translated as Family Welfare Movement). The main role of the PKK members – referred to as 'kader' or cadre – was to organize community health posts called *posyandu* and provide basic maternal, child and elderly care. The PKK volunteers worked together with the lowest tier of Indonesian Government (village heads, and area and neighbourhood heads – called 'RW heads' and 'RT heads') to implement a host of health care-related programmes, such as immunization drives, family planning, infant nutrition and hygiene. Yet for more expensive hospital treatment, the Indonesian state provided little, either in terms of subsidies or health insurance.

This changed after the fall of Suharto in 1998. The accompanying economic crisis precipitated the expansion of Indonesia's health care system. Partly in response to the hardship that befell many Indonesians in the late 1990's, a programme of health care insurance for the poor called Jamkesmas (*Jaminan Kesehatan Masyarakat*, community health insurance) was adopted in 1998. Jamkesmas was a targeted non-contributory scheme and worked partly as a social assistance programme. This basic programme was gradually expanded during the 2000's through both national as well as regional policies. Indonesia's parliament adopted the National Social Security Law (UU SJSN) in 2004 and the Social Security Agency Law (UU BPJS) in 2011. These laws further expanded the coverage and eligibility of state-funded health insurance programmes by including, for example, provision of health care in case of a workplace accident or old age.

An important side effect of Indonesia's democratization process was that newly elected local politicians realized they could greatly boost their popularity by promising voters to provide subsidized health care. Due to an extensive decentralization process, local governments had acquired new responsibilities as well as freedoms to provide health services. Politicians used this opportunity to adopt local health financing schemes. By the latest count, 90% of all districts have done so, covering 9 million people, particularly the poor, with such local health insurance. The generosity of these programmes varies. Some politicians acquired national fame for adopting programmes that provide almost universal, and free health care, such as seen in Jembrana (Bali) and Musi Banyuasin, South Sumatra. Perhaps the most famous example is the 'Jakarta Health Card' programme (*Kartu Jakarta Sehat*, KJS) that played no small part in Joko Widodo's appeal and election as governor of Jakarta and, eventually, president of Indonesia. Under this KJS programme Jakarta's citizens received official cards entitling them to free health care. The programme was initially intended to cover the poor and near-poor households, especially those possessing a poverty card (*surat keterangan tidak mampu*). But in practice many more citizens managed to sign on – often

with the help of intermediaries like the ones we discuss in this paper. The programme now covers all registered Jakarta residents.

Predictably, these various programmes of subsidized health care are threatening to overburden an already under-funded health care system. Despite all the new health care programmes, Indonesia still spends very little on health care, less than 3% of the national budget. In Indonesia only 40% of health spending comes from the state, much lower than the average of 72% in OECD countries. In 2012 Indonesia had 0.3 physicians and 1 nurse per 1000 population, compared to the OECD average of 3.2 doctors and 8.8 nurses per 1000. Furthermore, hospitals struggle to get adequately compensated for their expenses on subsidized patients (Harimurti et al. 2013). In response, 14 Jakartan hospitals threatened in 2012 to leave Jakarta's subsidized health care programme KJS.²

Partly as a result of this low government spending on the health supply side, complaints about the quality and effectiveness of health care in Indonesia are rife.³ Important for our purpose are two effects of this mismatch between political rhetoric and actual government spending. First, hospitals have a strong incentive to make patients pay for their treatment in order to meet the cost. As governments are often not covering all the costs of treatment that hospitals provide – despite promises to the contrary – hospitals face a strong interest to find ways to restrict subsidized patients. Secondly, as the capacity of health institutions is inadequate to deal with this large inflow of newly subsidized patients, big queues and long waiting hours are the result. Both these aspects of the hospital experiences of poorer citizens – the queues and the reluctance of hospitals – are important reasons why these patients often opt to rely on intermediaries.

A health care broker

Pak Harjo (not his real name – Pak means Father, or Mr) is one of Sariendah's many rice farmers. His daughter had been very sick for more than a week, and the local health post suspected that she might have something serious. Pak Harjo was referred to the local hospital in Majalaya town. As he could not afford to pay for the costs there, he needed to obtain government support. But he did not yet have an official health card. This posed considerable bureaucratic hurdles. For that reason he decided to go to Ibu Elly for help. As he later said, 'there is much paperwork and the staff are often rude. It makes me feel afraid. Embarrassed. So [I prefer to] let the cadres deal with them.'

With the word 'cadre' Pak Harjo referred to Ibu ('madam') Elly, a longstanding volunteer in the PKK programme. To Ibu Elly, her role as PKK cadre implies a duty 'to devote yourself to serve the need of the community'. Her efforts usually start at the village office. In this case she asked the staff there to make a letter stating that Pak Harjo's family is indeed too poor to pay for hospital service. As Ibu Elly had developed a good relationship with the office staff, she succeeded quickly. She then went to the local health post called Puskesmas to arrange a second official document, the referral letter that any patient needs for hospital admission. After obtaining this letter in, again, limited time, she commented how useful it was that she knew the staff well. 'Otherwise they would insist on seeing the patient first.'

Ibu Elly then proceeded to the subdistrict office in Sariendah, where she approached the local administrators to register and stamp these two letters. With these two letters now bearing formal signs of authenticity, she headed to the social service department for the formal approval that Pak Harjo was really unable to pay the medical expenses. 'Again, here

you should really know where to go and who to talk to; otherwise it can take a long time. I have been there many times. Everybody already knows me, so I can expedite the process'. With this letter she then raced to Soreang, the district capital 60 km away from Sariendah, where the fee waiver letter was finally issued.

With this letter in hand, Pak Harjo and Ibu Elly went to the hospital. There, Ibu Elly still needed to argue at length to ensure the admission, due to Pak Harjo's status as a subsidized patient. To overcome the hospital's reluctance to accept subsidized patients, Ibu Elly employed the following strategy:

If they keep insisting that it is not possible, then I will go on and argue harder, usually by telling them that this is a public hospital, and funded by us through taxes, so they should give better service to citizens. I also said that BPJS [Indonesia social security program] is a government program anyway, so they should honour it. Usually, after arguing, the hospital staff relent.

In this case, they ended up accepting the letter and waiving the fee for Pak Harjo's daughter. 'The most important thing is to just be brave and know how to argue, just put up the "wall face" (muka tembok)', Ibu Elly said with a satisfied grin.

Ibu Elly's parcours through different offices illustrates the considerable skills and stamina required to arrange subsidized health care. These obstacles are off-putting, particularly for poorer citizens like Pak Harjo who are not accustomed to dealing with state institutions. The combination of complex government procedures, unresponsive officials and inadequate funding for its subsidized health care has produced a lengthy obstacle race. In this process, intermediaries like Ibu Elly are emerging as key facilitators of service provision. Indeed, in Sariendah village there is high demand for intermediaries like her. Almost all of the 45 local PKK women we encountered in Sariendah dedicate – in varying intensity – some time to arranging health care for their neighbours. In our Jakarta *kampung*, by contrast, intermediaries were not that pervasive. But still they had a notable presence. In the Jakarta suburban neighbourhood of Palmeriam (which has about ten thousand inhabitants) we counted six intermediaries who all – like Ibu Rini below – spend a considerable amount of their time in mediating access to hospitals and doctors. Not every budding health care mediator is as sought after as Ibu Elly, however. The number of clients depends on their reputation and their skills. A reputable mediator like Ibu Elly helps, in our estimation, about 3–4 families per week. To address their problems, she spends about 4 days in a week ferrying between government offices and hospitals. During the 'sick season' (*musim sakit*, the onset of the rainy season) she could be occupied full-time.

The frequent use that villagers make of her services does not only stem from her familiarity with government procedures. She also possesses connections with officials and power holders that, because of the obligations embedded in them, can serve to manipulate the implementation of government policies to Pak Harjo's benefit. She developed these contacts through her involvement in the PKK programme. As PKK cadres regularly visit government offices for their work they could acquire status, skills as well as useful relations with bureaucrats. This helps explain the relative prominence of female brokers. While brokerage elsewhere is generally described as a male-dominated activity (e.g. Jeffrey et al. 2011; Berenschot 2014), in both our research locations the majority of mediators involved in facilitating access to health care were women. This prevalence of female health brokers harks back to the character of local health care programmes during Suharto's New Order (1965–1999). In the PKK groups set up under the New Order, women were given a pre-eminent role.

These groups were given considerable discretionary control over the implementation of government welfare programmes, which helped to cement their local status.

Another reason for people to seek out brokers like Ibu Elly is their capacity to talk back (*'berani ngomong'*) to government officials. As one PKK member put it, 'only a *galak* (vicious) lady can be PKK, so they can confront someone (*ngelabrak*) when they do not do their job. If we were not vicious, the hospital staff will work very slowly'. Ibu Elly liked to relate, for example, a story of how she got a very sick villager admitted to the hospital. Because the patient did not have a BPJS card yet, Ibu Elly proposed to the hospital to admit him first so he could receive treatment while she took care of the BPJS card. The hospital staff initially refused. At this point, Ibu Elly raised her voice in the middle of the full waiting room and said: 'Fine, up to you. I will just leave him here! Up to you what you want to do with him, it is not my fault if he dies right here in the waiting room!'. Faced with this prospect, the hospital staff relented and admitted the patient. To describe their capacity for such bickering, brokers themselves use the term *keukeuh* ('adamant' or 'resolute'). This seems to be a universal character trait of brokers. In the context of an unresponsive bureaucracy, a capacity to argue and, if needed, shame bureaucrats in front of others, offers a form of 'rude accountability' (Hossain 2010) that comes in handy when citizens lack other means to pressure front line bureaucrats.

Political mediation

This negotiated realization of citizen rights is increasingly taking place on a political terrain. During the New Order, the access to public services was largely in the hands of civil servants and local state representatives like village heads. As politicians did not involve themselves in such matters, local brokers depended, like Ibu Elly above, on bureaucratic contacts. However, after the advent of local parliamentary elections (in 1999) and direct elections for regional government heads (in 2005) new avenues for pressuring front-line bureaucrats opened up. Politicians in, it seems, particularly bigger cities like Jakarta are realizing that an involvement in the provision of health care is an effective means to generate popularity and votes. Consequently, the brokers we encountered not only develop bureaucratic connections but also cultivate politicians as means to gain access to state resources.

One such politically connected broker is Ibu Rini, a resident of Palmerian in Jakarta. One of her neighbours, Ibu Yomi, approached Ibu Rini because she wanted to take her son Rafi to a nearby private hospital. A single mother and daughter of a respected local *preman* ('free man', i.e. individual known for a capacity for violence), Ibu Rini has acquired considerable fame for her tenacity in dealing with hospital staff. Rafi was suffering from acute diarrhoea and vomiting (*muntaber*). As he developed signs of dehydration, treatment was urgently needed. Because of the severity of the symptoms his mother Yomi was adamant that Rafi needed to be taken to the hospital. With support from Ibu Rini, Ibu Yoma felt more confident that she could get through the hassle of hospital admission.

Official procedures prescribe that patients need a reference letter from primary health care centres (Puskemas) before they can be admitted to hospital. To get subsidized hospital treatment under the Jakarta Health Card, patients need to show this reference letter as well as a family card (*kartu keluarga*) and poverty card (*surat keterangan tidak mampu*). These requirements can, however, be circumvented in case of emergency or, as Ibu Yoma put it, 'if we have *connections*'. She contacted Ibu Rini because 'I do not know where to go and I

am afraid to speak to a hospital administrator. If they know that I am going to use KJS they will reject us. She will deal with the administration process’.

Rini knew that there were good grounds for Ibu Yoma’s apprehension. As she said, ‘we have to wait when we are KJS patients. Private patients [i.e. paying patients] get faster treatment’. Rini asked Yoma to write down all the necessary personal details and together they proceeded directly to the hospital. Sure enough, upon entering the hospital they were asked about the reference letter from the primary health care centre. The admission officer bristled, ‘this is the problem. People [like you] always come to the emergency room without following the rules’. After lengthy discussions and waiting for two hours the social insurance unit of the hospital stamped the necessary ‘eligibility letter’ that made Rafi qualify for treatment.

Yet, the waiting had barely begun. Hospital staff claimed that no hospital bed was available. Rini’s regular inquiries were met with brisk replies (‘just wait, we have many patients like you’). Rini reacted with ingenuity. Pretending to be a patient, she moved through the hospital to find an empty room with eight third-class beds. With this new evidence Rini confronted the admission officer. Thus embarrassed, the officer duly provided Rafi with a hospital bed.

The biggest battle was yet to come. The hospital asked for four million rupiah (just under 400 US dollars) as an advance payment, an amount beyond the means of Ibu Yoma. To solve the impasse, Rini decided to play her trump card. She called Rio Sambodho, an elected member of the local district council and a member of the commission that controls health care budgets. After a lengthy phone call, Sambodho agreed to call the hospital’s director as well as the Head of Jakarta’s health office. Sure enough, the hospital staff waived the advance payment. Rafi recovered quickly and after one week of treatment he was discharged.

In contrast to Ibu Elly, Ibu Rini’s career as a broker depended on political contacts from the start. This career took off in 2004 when one of her neighbours, Cik Mang, was given a bill of 50 million rupiah (4000 dollars) for the hospital treatment of her son, despite having health insurance. As this sum was beyond her means, Cik Mang approached Rini, who lived nearby. At this time, Rini mainly worked as a local caterer. Having often provided food for gatherings of Jakarta’s biggest political party PDI-P, she had acquired various useful contacts within the party. Among them was Rio Sambodho, a rising star within PDI-P due to his earlier involvement in student politics. Rini decided to contact Rio about the hospital fees. Rio then managed to get the hospital management to forfeit Cik Mang’s hospital bill. As news spread about Rini’s contacts with powerful politicians, Cik Mang’s case did much to build Rini’s local reputation as an effective broker.

Ibu Rini’s interaction with Rio Sambodho is comparable to descriptions of political brokers in studies on clientelistic politics in countries like Argentina (Auyero 2001) or India (Berenschot 2014). These studies describe brokers as facilitators of clientelistic exchanges between voters and political parties. While relaying requests and demands upwards to politicians, brokers provide politicians with reassurance that their support will translate into popularity and votes at election time. Such brokers have been considered a *sine qua non* of clientelistic electoral strategies. Politicians in mass democracies need to rely on a ramified network of brokers to provide targeted benefits in exchange for electoral support (Stokes et al. 2013). Indeed, fulfilling her part of this bargain, Ibu Rini was very active when Rio Sambodho ran for election for a seat in Jakarta’s city council (DPRD). As the local representative of Rio Sambodho’s campaign team, Rini toured the neighbourhood to remind her neighbours – particularly those whom she had supported – of how helpful

Pak Rio has been. Rio emerged as the winning candidate in Palmeriam during the 2014 legislative elections. His responsiveness to Rini's requests paid off, as Rini was able to deliver the votes. As we will explore further below, their capacity to arrange access to state benefits has turned brokers into influential electoral agents.

Brokered rights

Brokers like Ibu Rini and Ibu Elly help citizens to acquaint themselves with government procedures and, arguably, give them some confidence to deal with otherwise intimidating and alienating state institutions. In this sense it can be argued that brokers serve to familiarize citizens with the idea that they possess certain rights that could be lawfully claimed at these government offices and hospitals. Yet this is not a straightforward story of citizen empowerment. In the process this brokerage transforms and, arguably, mutes the experience of citizen rights. Two particular transformations can be identified.

First, this dependence on intermediaries fosters an experience of citizen rights as contingent on the quality of personal relationships and the willingness to fulfil social obligations. The clients we studied were often keenly aware that they were morally indebted to mediators for the help they had provided. Their dealings with these brokers were often guided by a sense that a failure to fulfil this debt might jeopardize future access to state resources. In both Jakarta and Sariendah, we observed that the support brokers provided was not perceived to be entirely unconditional. The relationship between broker and client is shaped by feelings of gratefulness and 'moral debt' (*hutang budi*). In everyday life, such feelings of indebtedness translate into gestures of deference and subtle confirmations of social hierarchies. Ibu Elly acknowledged as much when she expressed in rather roundabout terms what she expected in return for her efforts: 'as long as they do not forget who helped them. In principle, just do not be arrogant (*sombong*) to me. Besides, if there is any problem, I am also the one who helps, right? So that I also feel appreciated'. Here, Elly puts into words the generally unspoken norms of reciprocity that fuel broker–client relationships. We observed that clients often acted with considerable deference towards people like Ibu Elly. Their support, it seems, comes with an obligation to show respect and a capacity to, as our informants put it, 'know how to be grateful' (*tahu terima kasih*). As we shall see, this obligation sometimes includes deferring to the opinions and advice of such brokers, particularly in political matters.

Money constitutes an ambiguous dimension of this relationship between brokers and their clients. We found that such exchanges were somewhat more monetized in Jakarta, but even there the money constituted only one element of this broader obligation to show respect. In Palmeriam, clients were expected to pay brokers like Ibu Rini a certain amount of 'transport money'. A failure to do so was seen as impolite and could jeopardize future support, as one of Rini's clients experienced:

One day I collapsed and (...) Rini helped us to get to the hospital. She took care of everything. Unfortunately, Rini now does not want to help us anymore. Rini was disappointed that my family did not give her the appropriate reward. But I did not know how much was appropriate because my (economic) situation is not very good. I gave her 200,000 rupiah [about 15 dollar] and some money to buy food. Maybe that was too little.

This 'moral debt' plays a particularly important role during elections. Ibu Rini's clients were generally well aware that she was linked to Rio Sambodho and the PDI-P. During the

2014 elections many of Rini's clients felt an obligation to reciprocate for the help they had received. For example, both Yoma and Cik Mang felt compelled to vote for Pak Rio as well as attend PDI-P activities. Cik Mang said,

Rini never said anything about voting. But I think the kampung residents have to vote for Pak Rio. Pak Rio helps many people in the kampung. PNPM, Raskin, KJS, KJP [welfare and health care programs] all come from him. If the people here do not vote for him, it is called not knowing how to be grateful (*tidak tahu terima kasih*).

While, as mentioned, the brokers in Sariendah are less directly politically connected, they play a similar role during election campaigns. Pak Bambang, one of the loyal clients of Ibu Elly, described her influence over voting behaviour in the following terms: 'She is very well known. Therefore every candidate who campaigns here usually goes through her, and I usually support whomever she supports'. When asked why, he answered: 'well, in the end she already helped us a lot, so it would be impolite and ungrateful not to follow her voting advice. So I think it is okay to support her. It is fair (*wajar*)'. Because of this perception that the support received from brokers should be reciprocated at election time, brokers like Ibu Elly and Ibu Rini become important electoral agents. Ibu Elly herself joked about the regular visits from politicians who request their support: 'during election time, many people come here and ask for my support. [At that time] I feel like a celebrity! [laughs]'.

Another active PKK cadre from Sariendah related her experiences during elections in the following terms:

at that time, [candidates for local parliaments] really spared no expense. They asked me to do speeches in a campaign rally. I got paid 300,000 rupiah [about US 30 dollars] per speech, and I did that in all 14 neighbourhoods. That is quite a lot of money. I was also responsible for the recruitment of people, and gave them money [from the candidate].

She described her campaign strategy as follows: 'one of the most useful tricks I use is that I ask the villagers: "from whom did you get these programs and handouts? From me, right? So now vote for my candidate"'.

As these electoral strategies illustrate, the support that brokers provide to clients is not unconditional. It comes with expectations that clients are willing to reciprocate at opportune moments. The access to services like health care is often premised on the willingness of a client to fulfil the obligations that such a relationship entails. In this sense brokers insert informal institutions such as notions of reciprocity into evaluations about who is, and who is not, entitled to state benefits. These obligations arguably constrain the political agency of clients – in the sense that, for example, their vote choice is not unencumbered. At the same time it is important to emphasize these efforts to maintain and cultivate a relationship with influential brokers itself constitutes a significant dimension of the political agency that poorer citizens possess. The cultivation of relationships with brokers constitutes an important strategy that poorer citizens employ to gain access to state benefits.

Personalizing rights

A second key effect of the dependence of citizens on intermediaries is that citizen rights are presented and experienced as a personal favour rather than an impersonal right. This can be observed in both the way intermediaries describe their work as well as in the way their clients frame their experiences. The brokers that we followed rarely, if ever, formulated their activities in terms of a need to help citizens 'realize their rights'. Rather, the emphasis

was always on feelings of sympathy (*kasihan*) for those in need. As Ibu Elly said about the help she provided for a single mother living in a small hut, 'I personally could not stand it (*tidak tega*) when I saw her son and her house. I felt so sorry for her. Therefore, I always tried to put her name on every [welfare] program that I can'.

Particularly important in the discourse of brokers is the notion of or 'peduli' or 'care'. Brokers regularly presented their activities as motivated by a sense of obligation to care for needy, less fortunate citizens. Ibu Elly, for example, described her motivation thus:

Some people think that I do this for the money, but in reality, in most cases, I actually have to spend my own money. In the end, these people are my family, and I have to at least do what I can do to care (*peduli*) for people.

In contrast, brokers rarely formulate their motivation in terms of a sense of injustice about a state that fails to fulfil citizen rights. Rather, they seem more driven by a conviction that despondency and helplessness merits intervention. These perceptions resonate with the particular conception of citizenship promoted during the New Order. Suharto's regime presented the state as a fatherly figure who cared for the needs of common Indonesians. In that light, government programmes were not framed in terms of rights and entitlements, but rather as acts of kindness and generosity (Parker 2003; Bouchier 2014). This heritage lingers. Brokers rarely motivate their activities in terms of a need to force the state to perform its duties vis-à-vis citizens. Rather, they perceive their work as fulfilling the obligation that a community has towards its needy citizens. As Tania Li (2014, 152) observed elsewhere in Indonesia: 'The emphasis was on taking responsibility for oneself and extending care to others, not on meeting obligation or enjoying entitlements'. In doing so, brokers are agents of a locally prevalent moral economy. They insert locally prevalent notions about who is (and who is not) in need of support into the process of realizing citizen rights. In comparison to formal criteria (i.e. those formulated in state regulation), such notions can end up enlarging *as well as* curtailing the pool of citizens entitled to state benefits, depending on prevalent normative considerations about who deserves care.

Such interpretations are also present in the way villagers themselves perceive the benefits they received from welfare programmes. These benefits are rarely, if ever, perceived as their 'right'. Instead, a commonly used word is *rejeki*, a difficult-to-translate term that refers to luck or 'manna from heaven'. One Sariendah villager described to us her experience of getting support for her disabled son: 'I do not know why I got it. I am just grateful. Maybe this is already my *rejeki*'. Or, as another villager put it,

I do not know why she [a broker] gave this (welfare) program to me. Maybe because she felt sorry for me? [laughs]. I have a difficult life. Maybe because she cared (*peduli*) for me. I just say thank you and *alhamdulillah* [praise to god].

These villagers balked at the idea of complaining in case of a failure to get access to such benefits. Quite a few considered such complaints as impolite or a sign of not knowing your place (*tidak tahu diri*). Complaints could also damage important relations: 'If we made a fuss, we may not get any more help in the future'.

Intermediaries like Ibu Elly do little to dispel such notions. They spend little effort to inform their clients about their rights as citizens. This is partly because the eligibility criteria of the various government programmes are often difficult to fathom. When asked why particular people were not selected for a particular programme, the standard answer was *sudah dari sananya*, which could be loosely translated as 'that is decided by those above us'.

But this vagueness is also due to the fact that brokers have an active interest in presenting the provision of government benefits as a personal favour rather than an impersonal right. This perception boosts their influence and status. When the broker quoted above asked rhetorically ‘from whom did you get these programs and handouts?’, she claimed credit for programmes that, technically speaking, came from the state. Such perceptions sustain their capacity to influence votes and, more generally, the sense of obligation that their clients feel towards brokers. Brokers have, therefore, an active interest in maintaining the notion that Indonesia’s alien, unpredictable state only works thanks to their heroic interventions. As access to services is thus presented as a personal privilege rather than an impersonal right, the sense of duty and gratefulness for the access of public services might evoke is directed at helpful brokers rather than at the larger political community that the Indonesian state represents. In that sense brokers are not straightforward enablers of citizen rights. They transform the experience of rights into something that resembles a personal favour.

Conclusion: brokered citizenship

The informal nature of much state–citizen interaction across particularly the global south calls out for more attention to the role of brokerage in realizing citizen rights. Much of the literature conceptualizes citizenship in terms of a formal relationship between citizens and the state, ignoring the impact of informal state–citizen interaction on the quality and experience of citizenship. With this article, we aimed to address this oversight by drawing attention to the crucial role of brokers in realizing citizen rights. We argued that brokers vernacularize citizenship. Brokers not only help citizens to claim their rights, they also refashion the experience of these rights by inserting considerations about personal relationships and prevalent social norms into the process of realizing them. While there is much that is specific to Indonesia – such as its relatively recent democratization, the haphazard expansion of its subsidized health care, and the country’s long-standing reliance on female health brokers – we feel that these conclusions are applicable across (particularly) the global south where citizens regularly depend on brokers to gain access to public services (see Von Lieres and Piper 2014).

The brokers discussed in this paper both boost and curtail political agency. The reliance on brokers is not simply a sign of ineffective citizenship. As Hickey (2012, 1231) argued, an engrained preference for Weberian forms of governance ‘fails to reflect the extent to which informal and patronage-based forms can sometimes play a positive role in enabling poverty reduction’. Brokers do empower citizens. They boost the capacity of citizens to deal with state institutions and they discipline unresponsive bureaucrats. They sometimes familiarize citizens with the idea of having rights and they succeed in getting important things done. Intermediaries serve to integrate marginalized communities into the public sphere, and strengthen the capacity of these communities to make claims on the state. In this sense intermediaries are agents of democratization. They serve to discipline lazy and self-serving state institutions on a daily basis, while also enabling poorer Indonesians to deal with state institutions on a more even footing.

At the same time the dependence on brokers can also curtail political agency. The need to cultivate and maintain relationships with brokers and other influentials makes citizens vulnerable to manipulation. As we have seen, the relationships with brokers shapes voting behaviour and contributes to a reluctance to voice criticisms of elites. Brokerage thus can

cement elite dominance by limiting the capacity and willingness of citizens to criticize and discipline elite behaviour. A nuanced assessment of how and under what circumstances brokers strengthen citizenship thus requires paying attention to the particular character that these relationships take in diverse settings. In some settings brokers can be genuinely empowering, while elsewhere the dependence on brokers might primarily serve to cement elite dominance.

At present, we know very little about when and how brokers are most likely to operate as agents of empowerment. The comparative study of the functioning of brokers constitutes an as yet largely uncharted avenue for future research (see Aspinall and Berenschot, *forthcoming*). Given the importance of brokerage in shaping the character and quality of citizenship, such a comparative study would be a worthwhile pursuit.

Notes

1. An example can be found in the recently published *Handbook of Citizenship Studies* (Shachar et al. 2017). While this book offers a valuable overview of the field, it is striking that everyday dimensions of state–citizen interaction – such as informality and brokerage – do not have a separate entry in this bulky volume. Even the entries on ‘Citizenship in the non-west’ or ‘Post-colonial citizenship’ hardly refer to such topics.
2. See <http://www.merdeka.com/jakarta/jokowi-ancam-rumah-sakit-yang-tolak-kartu-jakarta-sehat.html> [accessed 16 June 2017].
3. https://www.washingtonpost.com/world/asia_pacific/a-country-of-a-quarter-billion-people-seeks-to-provide-free-health-care-for-all/2016/05/18/f36bf7b2-1b93-11e6-82c2-a7dcb313287d_story.html [accessed 14 May 2017].

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