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DIVERGENCES, DISSONANCES AND DISCONNECTS

*Implementation of Community-based
Accountability in India's National Rural Health Mission*

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Abstract

Accountability of health systems to the individuals and communities they serve is increasingly recognized as a key aspect in efforts at health system strengthening. This has led to a greater focus on efforts to evolve systems that enable communities to hold health systems accountable. In parallel with this change, the governance of public systems has been transformed under the influence of the neo-liberal paradigm of governance. India introduced the flagship National Rural Health Mission (presently termed the National Health Mission) in 2005, to bring about an architectural correction of the health system. One of the five key components of the mission was 'Communitization'. This component aimed to increase the ownership of the health systems by the communities they serve. As part of this a programme called Community Action for Health (CAH) was piloted in nine states and then rolled out nationally. The implementation diverged from the originally envisaged process in different states.

This PhD research aims to understand the institutional level influences that impact on the implementation of community-based accountability and governance mechanisms and the potential of integrating such processes in the public health system in India. I used qualitative methods to map out the divergences in implementation and sought to understand the reasons for these. Next, I conducted a case study of the southern state of Tamil Nadu, in which I focused on the processes within the apex administrative level of the state.

In addition to mapping two dimensions along which the policy seemed to diverge, I also documented three distinct perspectives on accountability among the key actors involved in implementing CAH. Overall there were three constructs that emerged from the research: 'Divergences', 'Dissonances' and 'Disconnects'. Divergences refer to the way in which policies and programmes shift from the original conceptualization. Dissonances points to the presence of multiple perspectives on the same concept in the same organizational setting. Disconnects represents the lack of spaces within the organization that enable processes of collective sense-making. The emergent understanding from the research is that the divergences in policy implementation may in fact reflect a deeper level of conflict at the level of belief and perspectives in different layers of the administration. In the absence of spaces and processes to facilitate collective sense-making, it is likely that policies, even when introduced with significant commitment from policymakers at the higher administrative layers, are likely to require systematic effort to sustain.

Key words: Community Action for Health, Community-based Accountability, Policy Implementation, Problematization, Institutional Perspective, National Rural Health Mission / National Health Mission, Tamil Nadu, India

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