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Abstract

This dissertation studies an instance of collaborative governance (called *Maarpu*) in a subnational government in India (Andhra Pradesh). Through an in-depth case study the dissertation examines the implementation of Maarpu's antecedents, processes and outcomes. At the outset, the study begins to understand India's bureaucratic functioning from a historical perspective and takes an organizational theory approach to understanding how organizational structures influence the decisions that organizational actors make. The single biggest finding and contribution of this study to collaborative governance literature is that collaborative structures are not necessarily designed for the mutual benefit of actors and institutions involved; rather, they are the result of the politics of bureaucratic structures that are designed to create winners and losers. I refer to this as the bureaucratic-collaboration paradigm. The study argues that this is the result of bureaucratic politics that infiltrates organizational structures and functioning. The study finds that policy and administrative entrepreneurs in positions of public authority influence the structure of collaborative initiatives creating a certain perception to take shape within the implementation hierarchy. The perception that Maarpu is a health-related initiative and not a collaborative initiative percolated through the implementation hierarchy and existing power balances, turf battles and institutional rivalries between participating departments helped maintain that perception. Findings from this revelatory case provide insights to refine theory, guide practice, and design better collaborative initiatives.

THE ILLUSION OF COLLABORATION AND BUREAUCRATIC POLITICS IN INDIA

by

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Dissertation

Submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy in *Public Administration*.

Syracuse University

May 2016

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For my parents

In loving memory of my mother, queen of her species, for always believing that I can aspire to
greater heights.

To my father, for betting on me against all odds.

To you both, I am ever grateful.

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No amount of gratitude is sufficient to thank those near and dear to me who have helped me come this far in the journey of my life.

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Chapter One

Introduction

Overview of the Study

Collaboration is broadly defined as a governance mechanism aimed at making actors within the public and private spheres work together to achieve common goals; it is a boundary spanning tool for governments addressing complex and wicked problems in both developed countries like the US (Kettl, 2006) and developing countries like India (Radin, 2007). Public management scholars in the US have argued that engaging citizens in the decision making process of the government has both instrumental and intrinsic value (Bingham, Nabatchi, & O'Leary, 2005; Nabatchi, 2010, 2012). Development scholars, multilateral aid agencies and national governments in developing countries have operationalized the same concept differently when they discuss community involvement to bring about accountability and transparency to the bureaucratic service delivery processes (Cornwall, 2008; 2015; Joshi, 2013; Martines et al., 2005; Murgai, Pritchett, & Wes, 2006). Thus, the new *mantra* for policy implementation is multi-sectoral collaborative arrangements that involve intergovernmental coordination and citizen engagement.

The idea that policy implementation involves the federal and state governments together navigating through complex intergovernmental arrangements is not new to a federal system like the United States (McGuire, 2006b; Pressman & Wildavsky, 1984) or India (Appleby, 1953, 1956; Mathew, 2006). What is new to the 21st century, however, is the idea of the collaborative public manager—where collaborative practices have percolated down to daily bureaucratic functioning (O'Leary, Gazley, McGuire, & Bingham, 2009), the classic tension between

bureaucracy and democracy notwithstanding (Meier, 1997; J. P. Olsen, 2006; Waldo & Lane, 1986). In this context, the focus of this study is on the instrumental value of collaborative governance—its ability to facilitate cross-boundary work, address the concerns of accountability and transparency and thus improve the overall quality of service delivery. To better understand the causal mechanisms between collaborative governance and improved service delivery, this study examines the policy formulation and implementation process of a collaborative governance initiative called *Maarpu* to improve maternal and child health services through inter-departmental coordination and citizen engagement by Andhra Pradesh (a subnational government in India).

Drawing on a historical analysis to understand the role of India's civil service bureaucracy and multiple perspectives from organization theory, this study will show how organizational actors' engagement in collaborative governance is shaped by the nature of organizational structures they operate in. Specifically, the study identifies the causal mechanisms of how external environment influences (like the Millennium Development Goals and the Government of India's social sector policies and their focus on inter-sectoral collaboration and citizen engagement) are converted into rational models of program implementation at the subnational level; this process of conversation is shaped by bureaucratic politics, which involves key actors in positions of public authority to make decisions that are favorable to some groups (winners) and unfavorable to other groups (losers). Through an in depth case study of *Maarpu* across India's intergovernmental structures at the subnational level (state, district, and village-levels of administration) this study identifies how these groups of winners and losers use perception, power balances, turf battles, institutional histories to shape the implementation process and outcomes. Thus, *the central argument of this dissertation is that collaborative*

structures are inherently political and not necessarily designed for the mutual benefit of the actors and institutions involved. This finding has profound implications for understanding the implementation of collaborative governance initiatives.

The overarching research question guiding this study is: *how do bureaucrats in an intergovernmental setting shape the implementation processes of a collaborative governance initiative?* To examine this question at a more granular level, the following subsidiary research questions are addressed:

1. How and why did the collaborative governance initiative emerge the way it did?
2. To what extent and under what conditions do bureaucrats at multiple levels of the hierarchy engage in intergovernmental collaboration and involve the community?

Maarpu is a Telugu (the language native to Andhra Pradesh) word for change i.e., change from working in bureaucratic silos to working together to address a collective goal—the improvement of maternal and child health outcomes. It is a collaborative effort between the following departments at the subnational level: 1) Health, 2) Women & Child Development, and 3) Rural Development (and its constituent subunits like the Panchayati Raj Institutions (i.e., local government bodies), Rural Water Supply, and the Society for Elimination of Rural Poverty (SERP) that oversees the Village Organizations (VOs) and Self-Help Groups (SHGs)). Thus, health related services like providing immunizations, birth planning, and deliveries fall under Health. Nutrition related services fall under the Women & Child Welfare department's flagship program called Integrated Child Development Scheme (ICDS); the ICDS provides pre-school, groceries, and cooked for kids below five years, pregnant ladies, and nursing mothers. Sanitation related services come under the purview of the Sarpanch (i.e., the locally elected village head) of the Panchayati Raj Institutions, water services are provided by Rural Water Supply, and finally

the VOs and SHGs are collectives¹ of village women to promote savings. The idea of Maarpu is to have all these departmental services “converge” at the village-level through monthly meetings to ensure service delivery integration and identify service delivery gaps. Furthermore, anchoring within the VO and SHGs structures is hoped to ensure sustainability and accountability among service providers.

In spite of increased global and national attention, political support, and bureaucratic commitment to incentivize governance mechanisms potentially improving service delivery through collaboration, we must question why there is such wide variation in service delivery outcomes across and within subnational regions in India. The federal government and subnational governments in India are increasingly relying on collaborative governance mechanisms, including inter-agency coordination and citizen engagement to improve service delivery (Choudhary, 2007). This is particularly true in the context of implementing the United Nations Millennium Development Goals (MDGs) and Government of India’s National Rural Health Mission (NRHM) to improve rural healthcare services. However, little systematic research has been conducted to examine how bureaucrats within the implementation hierarchy interpret, operationalize, communicate, and diffuse information related to collaborative governance mechanisms and how these dynamics shape the policy implementation processes and outcomes. This study is a necessary first step to apply and test the research propositions regarding collaborative governance originating in the West to the Indian context and also to understand how the Indian context can further refine our understanding of implementing collaborative regimes in developing countries.

¹ VOs and SHGs were first initiated in 1995 with World Bank funding to promote savings and loans to economically empower women from marginalized and disadvantaged socio-economic groups.

Although this study examines the implementation processes of a particular collaborative governance initiative within a subnational region in India, the findings have potential to contribute both to theory and practice of collaboration. At the outset, to the best of my knowledge, this is the first study to provide micro-level insights and analysis capturing the implementation life cycle of a collaborative initiative in India by examining its antecedents, processes, and outcomes. This is the first study to comprehensively uncover policy formulation and implementation processes as it relates to collaborative governance within the traditional and deeply hierarchical government bureaucracies in India. Even though India is the largest democracy in the world, having a federal system of government wherein the government is responsible for the social welfare of 1/6th the world's population, public management scholars know little about how Indian bureaucracies function. From a theoretical and practical standpoint, findings from a different country context could provide interesting insights for further investigation (Farazmand, 1999).

I buttress these claims by examining the findings emerging from the subsidiary research questions. The first question, for example, documents the antecedents of the collaborative governance initiative. The findings uncover the process that led to the formulation and eventual implementation of the collaborative initiative. This will help scholars to better understand the importance given to collaboration by bureaucrats as a governance mechanism to address service delivery issues—was collaboration the preferred choice or was it a choice of last resort? If intergovernmental collaboration and community engagement was indeed a choice of last resort, it has serious implications for the claim that collaborative governance is the preferred mechanism to address complex issues in the 21st century. Such an outcome raises important questions: what other alternatives were considered prior to collaboration?

The second question explores the process and speaks to the heart of the dissertation: First, how do bureaucrats actually implement the collaborative initiative? Second, how does collaborative governance finally manifest itself in the local communities where street-level bureaucrats have to engage with the beneficiaries they serve to improve service delivery? The influences of external environment and how street-level bureaucrats use their individual discretion (i.e., their understanding of the policy intent and circumstantial limitations to deliver services as prescribed) to shape implementation processes and outcomes is well understood (Lipsky, 2010; O'Leary, 2013). However, little research has examined how street-level bureaucrats' discretion is shaped at the very outset of an implementation rollout by the bureaucratic politics that play out at the upper echelons of government within the intergovernmental arrangements created for collaboration. From a theoretical perspective, it is critical to understand not only what aspect of bureaucratic politics affects implementation of collaboration on the ground, but also how these aspects of bureaucratic politics interact with well understood factors that shape the discretion employed by street-level bureaucrats. In other words, it is important to observe the implementation processes and document perceptions among bureaucrats within each hierarchy and then to examine how this plays out in an intergovernmental and community setting on the ground.

Further theoretical importance embedded in the second question lies in understanding the outcomes of implementing the collaborative initiative. While it is important to understand whether initiating collaborative arrangements improves service delivery, it is also critical to assess how sustainable these collaborative arrangements are really. Moreover, not only whether they are sustainable, but what factors influence their sustainability. It is well understood within the collaboration scholarship that leadership is a key driver of collaboration and that enthusiasm

to collaborate waxes and wanes along with these leaders. Thus, efforts to institutionalize reforms are essentially aimed at sustainability. The answers to the second question revisits the question as to who is more important for sustained collaborative action: institution or individual? The value of institutionalizing collaborative arrangements may be marginalized if it is only the individual that matters. Community members may not take collaboration seriously if they realize that these institutional arrangements can be subverted. However, it is also possible the answer may not be as simplistic, perhaps suggestive of a more symbiotic relationship between the institutions and individual.

For practitioners and policy makers, the findings have implications for the design of collaborative arrangements and offer reform ideas at a structural and functional level. Understanding the antecedents, in the first question, informs us about the decision making process and reform efforts prior to the initiation of the collaborative initiative. If collaborative mechanisms were not the initial choice and only a sub-optimal choice at a later stage, then policy makers must think about the structural barriers to collaboration that first need to be addressed. To the extent that bureaucrats are unable to work across agency boundaries, because bureaucratic structures only incentivize accountability to the hierarchical chain of command, policy elites must think about how ineffective intergovernmental collaboration might be without addressing such structural barriers. Findings regarding the process and outcomes will illuminate the extent to which collaboration is carried out given the structural barriers. Specifically, the answers will provide insights into how bureaucratic perceptions of collaboration effects their engagement, as well as the sustainability of the initiative. By shedding light on the various trade-offs of engaging in collaboration, the findings have implications for the design of collaborative initiatives. Policy makers and practitioners can think about structuring incentives and aligning goals differently to

make the implementation of collaborative initiatives a more practical and feasible bureaucratic enterprise.

An analytical case study approach is used to examine the decision making and implementation processes aimed at bringing about administrative and service delivery integration among health, nutrition, and sanitation departments at the state, district and village-level in the state of Andhra Pradesh, India. In depth examination of the implementation process was conducted at the district and village level of administration in Medak district of Andhra Pradesh. I selected this district within the subnational region because the district administration had made the implementation of this collaborative initiative a priority and thus it serves as a revelatory case (Yin, 2008, p. 48). According to Yin (2008), a case study approach is ideal for investigating a research question in its real life context and when data needs to be collected through interviews from people involved in the events and processes being studied. The primary unit of analysis is the implementation process itself with several embedded units of analysis. The primary mode of data collection is through in-depth interviews of 86 administrators, in total, engaged in implementation across the three departments and along the three levels of hierarchy. Additionally, as a way to triangulate my findings from multiple data sources, I collected data from 28 instances of village-level collaborative meetings, 12 instances of administrative review meetings, 43 instances of citizen interactions, interviewed 9 subject matter experts and reviewed numerous programmatic and departmental documents.

Fieldwork was conducted in two waves in India during 2012-14. I use the integrative framework for collaborative governance (Emerson, Nabatchi, & Balogh, 2012) to conceptualize the collaborative governance initiative and as a guide for data collection. By drawing on relevant literature I developed context-specific theoretical propositions and an analytical framework to

better suit the study at hand. Using theoretical tenets from organization theory and bureaucratic politics I develop an analytical framework—an *implementation scorecard* to trace the process of implementation at the state, district and village-levels of administration. The implementation scorecard is used to identify external influences, the rational model of implementation, key decision makers, and the groups that viewed the decisions as favorable (i.e., the winners) and the groups that viewed the decisions as unfavorable (i.e., the losers) at each level of intergovernmental structures. All qualitative data from interviews and observations from meetings were transcribed, along with various documents were analyzed using NVivo 10. The primary mode of analysis for this qualitative research is a method called *process tracing* that helps in exploring casual mechanisms and analyzing complex decisions from the data collected (George & Bennett, 2005).

Finally, there is methodological significance to the overall research design and questions. The study provides a framework to conduct implementation research within an intergovernmental collaboration and community engagement setting. The research design is replicable and lends itself to comparative studies to help practitioners and scholars understand the conditions under which collaboration might and might not work. Last, based on the micro-level insights from this qualitative study researchers may begin to examine specific hypothesis to understand the instrumental value of collaborative governance.

As Farazmand (1999) reminds us there “is a new subfield of globalization in town now, and there is a need to integrate the studies of public administration from the comparative, international and global perspectives” (p. 518). This study is an initial effort towards such an integration by using theoretical lens developed in the US to examine the implementation of a multi-stakeholder initiative by a subnational government in India in the context of the UN

MDGs. Situating this study within the domain of public administration is the logical choice because the burden of implementing these global agreements fall on the shoulders of government bureaucracies. It is the bureaucrats who have to understand, interpret, and implement these agreements which call for increased multi-sectoral and stakeholder partnerships. The study of how bureaucrats operationalize implementation is critical given the renewed focus on service delivery and involvement of beneficiaries in the designing and monitoring of programs to ensure effective implementation (2015), India Report). Thus, to the extent that global elites and national policy makers want to institutionalize cross-sectoral collaborations as key drivers for improved governance, it is imperative for public administration scholars to understand how bureaucrats responsible for implementation navigate and negotiate through their local context to implement global priorities and national policies.

There are two themes contributing to the rising prominence of collaboration as a governance mechanism across administrative systems in the world. The first has to do with the nature of complex problems that governments are responsible for today, which are boundary spanning. A common example from the policy implementation literature (Laurence J. O'Toole, 2014) is that in the past the road transport department was only responsible for road construction. But with changing times and new environmental regulations, the Road Transportation department's role has spread over its traditional boundary, requiring it to work with another agency. Globally, a similar issue faced by governments and local administrations is the issue of maternal and infant mortality—the death of a woman during pregnancy or after childbirth and the death of a child after childbirth. While health bureaucracies across the world are largely responsible for maternal and child health services through the administration of vaccines and child birth services; these outcomes are highly correlated to an individual's social, economic and

environmental factors. We thus see that the role of health ministries has become boundary spanning because they have to now work with ministries administering sanitation and poverty alleviation programs. This implementation imperative is best captured by the logic of a collaborative advantage: a single actor or agency acting alone cannot achieve what actors and agencies working across boundaries can achieve jointly (Huxham & Vangen, 2013). In bureaucratic terms, this translates into the ineffectiveness of working in silos.

The second theme has to do with addressing a lack of accountability and transparency in the bureaucratic processes delivering services. This concern for accountability and transparency is echoed in the classic question within public administration literature: to whom are bureaucrats accountable? (Rohr, 2002; Waldo, 2005). Seen from a democratic governance lens, bureaucrats are accountable to citizens and this is possible only when citizens and bureaucrats have a common platform to interact; for example, venues where citizens are involved in the decision making process (Adams, 2004; Nabatchi, 2007). A similar variant of this democratic ethos in governance is seen globally among developing countries with the emphasis on community involvement in monitoring the services being delivered by traditional government bureaucracies, but not so much in decision making (Mullen, 2011). The logic of community involvement, as scholars have argued, has both intrinsic and instrumental value. It not only empowers communities to ask questions, have access to information, and thus be effective participants in the democratic administration process, but also brings citizens and bureaucrats on a common platform so as to make the latter accountable and transparent thereby improving governance.

This normative and sweeping preference for viewing collaboration as a tool for achieving coordinated action has also led to a consensus among public management scholars that much of the “literature on collaboration is often celebratory and only rarely cautious” (O’Leary et al.,

2009, p. 6). Given the acceptance and pervasiveness of cross-sectoral work, third-party contractors, and civil society as the new pillars of government, McGuire, Lee, and Fyall (2013) observe: “there is one aspect of collaborative public management research that appears to have gone missing, however: government” (page 2). Thus, there have been calls for the need to engage in research focused on public managers engaged in collaboration through intergovernmental arrangements. Furthermore, there have been calls for us to understand how bureaucrats in other country contexts interpret and implement collaborative initiatives (O’Leary & Vij, 2012). The scholarship on collaboration is largely prescriptive in that it encourages public managers to embrace the inherent conflict that arises out of collaboration or that it must be avoided if not absolutely needed (O’Leary & Bingham, 2009). What is needed then is systematic and empirical research to understand how collaboration manifests itself in a different country’s context and examination of any evidence to support the claim that governance can be improved through collaboration. This study is a necessary first step to address this gap in the public management scholarship by focusing on the implementation of a collaborative initiative in India within an intergovernmental and community setting.

Roadmap of the Study

Chapter 2 introduces India’s federal system of government, the Indian bureaucracy, and provides a historical background to the case study. The chapter serves to understand the structural preconditions for collaborative governance in India by tracing the evolution of administrative structures within key bureaucratic institutions. It then proceeds to an in-depth discussion about Appleby’s reports studying the administrative structures and practices prevalent in India at the time and his assessment of their relevance to democratic governance (1953, 1956). The chapter then traces the evolution and adaptation of bureaucratic institutions, roles and

reforms with reference to three broad time horizons: pre-independence (i.e., the colonial era), at the time of independence and planned development (1947-1970s), and the era that ushered in deregulation and a changed role for government of India (1980s-1990s). In this context, I discuss the impact of colonial rule, constitutional status to local government institutions, economic liberalization, and new public management reforms on the Indian Administrative Service (IAS) and district administration.

Chapter 3, titled Era of the Collaborative Bureaucrat, is the sequel to Chapter 2. The chapter turns its attention to India's commitment to national and global development goals (2000-2015) and the implications of the historical evolution of administrative structures on implementation of collaborative governance at the state, district, and village-levels of administration. What emerges from this literature review and analysis is the conceptualization of a *collaborative bureaucrat*; an organizational actor that operates in a paradoxical environment where the organization's structures are rigid and wired toward centralization, but at the same time is mandated to work in an environment of devolved power, decentralization, and collaboration. In conclusion, I propose three key theoretical propositions pertaining to the collaborative bureaucrat and the organizational structures to guide the case study.

Chapter 4 situates the case study under the analytical lens of different streams of organizational theory literature. Namely, the perspectives of the rational system, natural and open system, and a political theory of the bureaucratic organization. I use these streams of organization theory to better understand the bureaucratic organization. The underlying argument of this chapter is that organizational structures influence the decisions that actors within them take. I use these organizational perspectives to reflect on the paradoxical nature of India's bureaucratic organization and situate the collaborative bureaucrat within these structures. Finally,

I contextualize these perspectives to develop an *implementation scorecard* capturing the complex implementation environment within India's decentralized administrative structures. In essence, the implementation scorecard is an analytical framework to better understand my findings.

In chapter 5, I introduce the case study, discuss the research design, data collection and analysis methods. Using Yin's (2008) typology of case study designs (p. 46), I use a single case study, which is embedded with multiple-case studies. Within this single case, I select a particular geographic area or a district to examine the implementation process across 27 villages that share similar socio-economic, cultural, and geographic characteristics (common factors that can account for variance in implementation results). I discuss the purposive sampling strategy used to select informants for the interviews from the three agencies involved in the initiative and across the different levels of implementation hierarchy. Furthermore, I discuss data collection strategies to ensure validity of findings.

The findings are organized by the two subsidiary research questions and are thus presented in two chapters. In chapter 6, I address the first research question (how and why did the collaborative governance initiative emerge the way it did?) related to the emergence of Maarpu and in chapter 7 I address the second research question (to what extent and under what conditions do bureaucrats at multiple levels of the hierarchy effectively engage in intergovernmental collaboration and involve the community?) related to the implementation process of Maarpu. Chapter 6 is thematically titled *The Policy of Implementation* to capture the antecedents, rhetoric, and the associated bureaucratic politics that led to the final formulation of the collaborative initiative. Chapter 7 is thematically titled *The Implementation of Policy* to capture all the processes and outcomes that unfolded as a result of bureaucratic politics and how specifically perception, turf battles, institutional histories, and the maintenance of power

balances influenced bureaucratic discretion that finally shaped the implementation processes and outcomes.

There are several major findings from this study. The findings confirm that bureaucratic structures responsible for implementing the collaborative initiative are paradoxical i.e., they are rational, natural, open and political at the state, district, and village-level with varying degrees of influence at each administrative level with profound impact on the implementation processes and outcomes. However, what permeates throughout the intergovernmental structures is the politically charged nature of bureaucratic and collaborative structures. Thus, as a consequence of these inherently political structures the *overarching finding is that the policy of implementing Maarpu was one of collective action to address maternal and child health issues, the implementation of Maarpu's policy was skewed towards programmatic indicators dominated by the Health department's agenda*. The findings suggest fear for formal authority ensures all relevant stakeholders agree to the collaborative framework of implementation, in principle. The collaboration literature teaches us about the key role played by leaders in driving collaboration, but this study also sheds light on the role played when such boundary-spanning leaders occupy positions of formal authority in traditional bureaucracies respective of the leader's policy prescriptions. In reality, to the extent that individuals engage in collaboration within strictly demarcated bureaucratic boundaries depends on an individual's agency.

In the conclusion, Chapter 8, I discuss the findings and their implications for the theory and practice of collaborative governance. The limitations of the study and ideas for future research are also discussed. To better contextualize and provide analytical reasoning to all the paradoxical findings from the case study, I introduce the idea of a *bureaucratic-collaboration paradigm*. In such a paradigm, the bureaucracies and officials adopt a collaborative governance

initiative (with all its constituent parts of an open system; diffused power, shared values, collective good, joint action, horizontal hierarchies through convergence committees) and essentially converted it into a rational and closed system (Government Orders (GOs), training programs, and review meetings at the state and district-level and functioning in bureaucratic silos at the village level). *I refer to this process of converting (and reducing) a collaborative governance initiative into a set of formalized instructions by individuals in positions of public authority as the bureaucratic-collaboration paradigm.*

There are three aspects of such a paradigm, which are also the key contributions of this study to the literature examining the implementation of collaborative governance regimes:

1. A collaborative governance initiative is reduced to a formalized set of instructions with the aim of institutionalizing collaborative practices among the participants.
2. Collaborative structures are not necessarily designed for the mutual benefit of actors and institutions involved; rather, they are the result of the politics of bureaucratic structures that are designed to create winners and losers.
3. Formal authority and power is needed to make bureaucratic actors collaborate across departmental boundaries.

This dissertation will show how the combined effect of these three aspects of *the bureaucratic-collaboration paradigm resulted in the emergence and implementation of Maarpu as an illusion of collaboration.*

Chapter Two

Structural Preconditions for Collaborative Governance in India

No other large and important national government, I believe, is so dependent as India on theoretically subordinate but actually rather distinct units responsible to a different political control, for so much of the administration of what are recognized as national programs of great importance to the nation (Appleby, 1953, p. 21).

Introduction

This chapter lays the foundation for this study by examining the structural preconditions for collaborative governance in India. Rather than take a temporal view (i.e., documentation of historical events in chronological order), I approach this chapter thematically covering India's Constitution, landmark reports, public sector reforms, and new institutions. Thus, the chapter covers the historical evolution of the Indian Administrative Service (IAS), the District Collector, and institutions of self-government. The chapter analyzes the consequences of India's federal polity and colonial legacy on effective policy implementation. Many eminent scholars during the early phase of India's independence and development planning (1947-1960s) were asked by the newly formed government to study existing administrative structures and processes with a focus on the questions of whether and how colonially inherited administrative structures were relevant in a post-independence era that promised democratic governance. In this context, I examine two important reports written by Paul H. Appleby based on his study of India's administration during 1953-1956. An analysis of Appleby's reports provides a useful baseline to understand the extent of change in India's bureaucratic functioning today. The chapter then turns to major governance reforms after these reports that affect the functioning of government bureaucracies, for example, constitutional status given to local government institutions, economic liberalization, and public sector reforms. I then discuss the impact of these reforms on the Indian bureaucracy in general

and on district administration in particular. Finally, I present three theoretical propositions that require empirical study to understand the ability of India's social service bureaucracies to engage in collaborative governance.

The Republic of India: Duality in the Republic's Federalism

The Federal Structure, Units of Government, and Administrative Services

The Republic of India has a federal structure of government with a central government, twenty-nine states or subnational governments, and seven union territories. India follows the Westminster system of parliamentary democracy, with an Upper House (*Rajya Sabha*) and a Lower House (*Lok Sabha*). Following a national election, the leader of the majority political party is elected to be the Prime Minister, the executive head of the government in the Lok Sabha, whose members are elected by the people of India. Members of the Rajya Sabha are elected by the state legislatures in a proportional representation system. Each of the states have their own elections once every five years among the regional and national parties. The leader of the majority political party is elected Chief Minister, or executive head, of the state government. Unlike state governments, union territories do not have elections and are ruled by the central government.² Other political positions of formal authority include the President of India and state Governors. The President of India is elected by members of both the houses and presides over all branches of the government (executive, legislative, and judiciary). Similarly, a Governor is appointed by the central government to preside over state governments.

This multiparty democratic system of elections in India is governed by an autonomous body, the Election Commission of India, which conducts elections once every five years for the

² This is true with the exception of New Delhi (the national capital region) and Pondicherry, where elections are conducted every five years in a manner consistent with other state governments.

central and state governments. In 1993, as a result of an amendment to the Constitution, a third tier of government was put into motion: local government units in urban (municipalities) and rural areas (*panchayats*). This effectively makes India a “multilevel federation,” even though these local government units have little or no power over administration (Mathew, 2006, p. 173). Between the state and local government units, the nerve center of administration unique to the Indian context is the institution of the District Collector; an institution vested with formal authority, power, and prestige with roots in India’s imperial and colonial history. The District Collector is a career bureaucrat of the Indian Administrative Service (IAS) who serves a two year duration as the chief executive of a particular district (or geographic area) responsible for the implementation of all central and state government programs and law and order.

A professional cadre of bureaucrats or civil servants are recruited and placed by the central government to serve at the central and state governments, providing “administrative synergy to the federal union of India” (p. 158). The All-India Services and the Central Civil Services together constitute the permanent civil service bureaucracy in India. The All-India Services has three main components: the Indian Administrative Service (IAS), Indian Police Service (IPS), and Indian Forest Service (IFS). The Central Civil Services cadre (20 categories altogether) are recruited to a particular ministry for the entirety of their careers (similar to the IPS and IFS), including the Indian Revenue Service (IRS), Indian Railway Traffic Service (IRTS), Indian Foreign Service, Indian Engineering Services, and Indian Economic Service to name a few.

Additionally, every state has their own competitive, merit-based, state-level civil services recruitment process, where examinations are held within each subnational region. The state-level cadre work in a range of state-level government agencies at the top, middle and lower level of

the administrative hierarchies. Furthermore, after several years of dedicated service, a few such officers may be recommended to the title of IAS, but they will continue to work only at the state level. Thus, at the subnational level, government bureaucracies are staffed with members from the All-India Services, Central Civil Services, and the State Civil Services. However, only a member of the IAS can hold the position of the District Collector, thus, consolidating the prestige attached to these two institutions.

Within this federal structure, the Constitution of India divides the power of legislation between the central and state governments by giving them each legislative privilege over certain policy domains. These policy domains are divided into three lists: union, state, and concurrent. The overarching goal behind such a division of power and flexibility in the transfer of legislative powers between the central and state governments is to enable the central government to maintain national unity, security, and uniformity of social and economic development. The union list covers 100 subjects on which the central government has the prerogative to legislate (e.g., national defense, railways, highways, telecommunications, and foreign affairs). The state list covers 61 subjects that are the states' prerogative for legislation (e.g., regional law and order, public health, sanitation, fisheries, and state pensions). The concurrent list covers 52 subjects over which the center and states both have power of legislation (e.g., education, forests, social security, and population control), though in the event of a conflict the central government's legislation will prevail over the state legislation.

The Constitution of India grants states administrative, legislative, and fiscal powers for which they are not dependent on the central government. However, the balance of power in terms of legislation and sharing of revenue is tilted much more towards the central government (Majeed, 2005). For example, the central government can transfer subjects from the state list to

the union list, change state boundaries, and dissolve state governments, if there is a threat to communal harmony or national security. In such instances, the Constitution allows for the central government to transform from “a federal form of government into a near unitary one” (Tummala, 2004, p. 212). To gain a better appreciation of this duality within India’s federal polity, it is important to understand the socio-cultural milieu of India and the antecedents that led to the framing of the Constitution.

Historical Context of the Constitution of India

At the time of independence from the British in 1947, in addition to the British India provinces, 562 princely states became independent in India. The cultural pluralism that existed at that time in the region continues to define the character of India today. India is the seventh largest country geographically and the second most populous country in the world, with a population of 1.4 billion (ranging from .6 million to 170 million per state). Of the total population, 72% live in rural areas and 27.8% live in urban areas. The population is 85% Hindu, 13.4% Muslim, 2.3% Christian, 1.9% Sikh, 0.8% Buddhist, and 0.4% Jain or other (Mathew & Hooja, 2009). These groups, particularly the Hindus, are further divided into castes and sub-castes. While Hindi is the official language of the nation, spoken by 30% of the population, the country has 114 spoken languages, of which 22 are officially recognized by the Constitution, and the Constitution allows for English to be used for official purposes (Mathew, 2006). Although a rising economic power,³ India is still a poor country, with a per capita income of \$2900 and an average literacy rate of 65.38% among the states, ranging from states with 100% literacy (e.g., in Kerala and Goa) to states with literacy below 50% (e.g., Bihar). *Thus, the issue of utmost*

³ India is the fourth largest economy in the world after the U.S., China, and Japan in terms of purchasing power parity (PPP).

importance at the time of independence for the framers of the Constitution was how to ensure an indestructible union made up of such diverse and disparate groups. The year 1947 was a turbulent time for India, which faced independence from the British, partition into India and Pakistan, a refugee crisis, and demands for secession from different princely states. The leaders at the time needed a reliable administrative machine to ensure stability amidst a turbulent transition. The leaders did not have to look far for a solution, as they came to rely on the Indian Civil Service (ICS) cadre to help the central government hold the nation together, in much the same way that they had for the British from 1858 to 1947.

The British East India Company ruled over India from 1757 until it handed over the realm of administration to the British Crown in 1858. Under the Government of India Act of 1858, a “highly centralized form of government was established with the governor general functioning as the agent of the British government” (Mathew, 2006, p. 156). Although the British administration of India moved slowly toward a relatively more federal structure, the overarching ethos of the British was to have a strong central government to control all of the disparate groups. The Government of India Act of 1919 introduced a “dyarchy” (Majeed, 2005, p. 181), which classified subjects as central or provincial. The Government of India Act of 1935 brought about division of powers between the center and provinces; thus, the “constituent units of federalism included the governors’ provinces and the 562 Indian (princely) states” (p. 182). This development moved the structure of British government and administration in India from a unitary to a more federal system. However, there was provision for the “governor general, in case of a breakdown of the constitutional machinery in a province, to assume all or any of the powers entrusted to the province” (p. 182). The administrative machinery that ensured British

rule across this vast land populated with diverse and sometimes factious groups was the Indian Civil Service (ICS), an elite civil service of the British Empire in British India.

At that time, the ICS ruled over a population of 300 million, with each ICS officer administering on average 300,000 people. Thus, the ICS became known as the “steel frame” upon which the entire British Empire relied for its rule in India. At the beginning of the ICS regime, all of the 1000 posts were British; however, by 1947, there were 510 Indian and 429 British members (Potter, 1973). Thus, at the time of independence, leaders of the new nation appointed eminent ICS officials to key administrative portfolios, retaining the cadre but renaming it the Indian Administrative Service (IAS). A national leader of great stature, Home Minister Sardar Vallabhbhai Patel (who was responsible for national security, law, and order), strongly advocated for retaining the cadre and structure of the ICS (Radin, 2007). Patel also noted in Parliament the role of the ICS in ensuring that the country did not collapse during partition. Thus, the legacy of the ICS as the “steel frame” was passed on to the IAS to ensure the stability and unity of a new nation.

The British Parliament passed the Government of India Act of 1947 on July 18, 1947; on August 15, 1947, India emerged as an independent nation divided. With the help of the remaining Indian ICS cadre and the existing law and order machinery, all princely states and provincial territories became part of the new union. The Constitution of India came into effect on January 26, 1950, with India’s civil service bureaucracy closely resembling the structure and purpose of the British civil services in colonial India. In addition to the ICS, the British administrative legacy included the railways, legal system, army, and postal system. When the Constitution of India was adopted, there were fourteen states and six union territories.⁴ From this

⁴ As a result of various state reorganization committees, there are now 29 states and seven union territories in India.

historical perspective, it is important to bear in mind that “Indian federalism is not the result of a compact between two or more pre-existing sovereign entities, but rather, has evolved from the sovereign will of the people to live together as one organic political union” (Mathew, 2006, p. 167).⁵ India is thus defined as a “Union of States” with a federal structure. Interestingly, the Constitution of India does not use the term “federal,” because the framers of the Constitution intended it to be “federal if necessary but not necessarily federal” (p. 158).

Thus, the post-independence evolution of India’s Constitution and the purpose and administrative structure of its civil service bureaucracy reflect “concerns about centrifugal forces that might fragment India” (Majeed, 2005, p. 180). This evolution led to the establishment of “a rather centralized polity in which the Union government is vested with sufficient powers to ensure not only its dominance, but also its ability to rule in a unitary fashion if necessary and politically feasible” (pp. 180-181). Thus, the duality within the Constitution of India exists because it also provides for a federal system of government with legislative, judicial, executive, and administrative powers exclusive to the states. This duality inherent within the Constitution and the resultant administrative structures has implications for administrative effectiveness and the implementation of programmatic goals.

⁵ There were certain princely states at the time of independence, such as the Nizam of Hyderabad, that had to be coerced into joining the union by the Central Government.

Appleby's Reports on the State of India's Public Administration (1953, 1956)

Purpose, Scope, and Methodology of Reports

Paul H. Appleby visited India in the capacity of a consultant in public administration to make a study of India's administrative systems during 1953-56 and later as a visiting scholar to the Indian Institute of Public Administration (IIPA), New Delhi, in 1961. At the time, the government in India called upon eminent scholars to study the existing administrative structures in India and make recommendations for improvements. In this context, India's first Prime Minister, Jawaharlal Nehru, reached out to the Ford Foundation, which responded by assigning Appleby the task of surveying India's administrative system. Appleby's engagement with India resulted in two important reports: *Public Administration in India: Report of a Survey* (1953) and *Re-Examination of India's Administrative System: With Special Reference to Administration of Government's Industrial and Commercial Enterprises* (1956). The reports received immediate attention from Parliament for the praise, concern, and insightful observations made by Appleby about how government functions in India. The context of Appleby's reports must be seen in light of this moment in India's history, particularly when Appleby was assigned the task to review and suggest improvements for India's bureaucratic machinery.

In 1953, India had begun the second critical phase of nation building; trying to bring people out of poverty and deprivation by undertaking a centrally planned development agenda focused on rapid and balanced socio-economic development. The first phase of the new nation's journey took place between 1947 and 1950, when the Constitution of India came into effect. In the words of the then-Cabinet Secretary who wrote about the first phase in the introduction to Appleby's first report:

...the consolidation of freedom, the political and financial integration of the territories of the former Indian States, the drawing up of a constitution, the rehabilitation of displaced persons and the establishment of new and common administrative services for the Centre and the States, were among the urgent pre-occupations of the Government.

There was consensus among the nation's elite and policy makers that the existing administrative structures, which were a legacy of colonial rule, served the nation well during the first critical phase, when national integration was the most pressing need. However, the question Nehru wanted to pursue was whether the existing administrative structures were relevant and conducive to rapid, balanced socio-economic development. Accordingly, Appleby's assignment was to "broadly attempt an appraisal, and examine the state of public administration in the context of on-going development programmes and discussions on reorganization of the machinery and structure of Government" (A. P. Saxena, 2004, p. 159).

To observe how bureaucratic structures and individuals operate and interact with the socio-cultural reality of the external environment, Appleby reviewed numerous government documents, conducted interviews, administered a questionnaire, engaged in small group meetings, travelled to 10 states in addition to the capital, visited project field sites, and interacted with private citizens and businessmen. Having travelled across India, Appleby commented that what the government was trying to achieve in terms of social and economic development for its people was unprecedented in history. As a note for those unfamiliar with the Indian context and those interested in comparative studies, Appleby underscores the need to acknowledge the endogenous nature of the government's administrative structures, indeed, as they are a product of the nation's history and culture.

The first report (Appleby, 1953) is organized into eleven sections covering all key aspects of public administration in a federal polity: a general appraisal, structure and administration,

personnel administration, financial administration and fiscal policy, the development program, irregularity and corruption, center and the states, miscellaneous issues (e.g., states and local government, paperwork, time-saving techniques, planning), recommendations, a call to develop a theory of democratic governance and welfare in the Indian context, and a conclusion. The second report (Appleby, 1956) specifically deals with public sector enterprises, their administrative procedures and readiness to achieve the aspirations of the second five-year plan period (1956-1961). In the following sections, I discuss key themes pertinent to effective implementation of the development agenda that emerge from the two reports.

Administrative Structure, Responsibility, and Delegation

In his reports, Appleby is fully cognizant of the striking contrasts within India's socio-cultural groups, the legacy of the country's colonial history, the influence of caste hierarchy and divisions within the society, the bureaucratic structures and functions that have evolved reflecting caste hierarchy and rigid divisions, and the need for India to achieve rapid, balanced development to break away from this vicious circle. Yet he is also poignantly aware of the social, cultural and historical perspective justifying existing institutions and their structures, as well as the immediate need for their reorganization to meet the aspirations of India's planners and its people. In his reports, he grapples with the duality inherent in India's Constitution and its implications for effective administration, even as he is generous with praise for India's system of government:

I have come gradually to a general judgement that now would rate the government of India AMONG THE DOZEN OR SO MOST ADVANCED GOVERNMENTS OF THE WORLD (emphasis in the original) (Appleby, 1953, p. 8).

Appleby was prescient to qualify what he meant by the terms "now" and "advanced."

First, "now" shows he is skeptical, and rightly so, about what the future might hold, in a context

where honest and charismatic central political leadership is scarce and multiple regional parties and coalition governments undermine the political and development process (Tummala, 2004). Second, he clarifies that, by “advanced,” he is referring not to being efficient or effective but rather to high democratic aspirations. Such praise notwithstanding, Appleby is unsparing in his assessment of how the government functions in India and its detrimental effects on the nation’s aspirations for democratic governance. The central thesis of Appleby’s reports is that even though the center is powerful enough constitutionally to ensure national integration, administratively it is weak and dependent on the states for matters of policy implementation, particularly with regard to social welfare. In his reports, he articulates the implications of such an administrative structure for responsibility and underscores his concern over the current practice of delegation that impedes effective implementation. He also notes a similar pattern of administrative tardiness and ambiguity in assigning responsibility occurring at the subnational level, between the state, district, and local bodies.

A constant theme in Appleby’s reports is that of “diffused responsibility” and how it is derived from the structures set forth by the Constitution. He also highlights how, in his view, the concepts of *coordination*, *administration*, *decentralization*, and *autonomy of states* are incorrectly operationalized, leading to ineffective implementation of programs. He also discusses how the lack of a typical pyramid-shaped hierarchy, coupled with socio-economic barriers between personnel, disables the use of delegation. The effect of diffused responsibility and lack of delegation is underscored in the context of the bureaucracy’s inability to rapidly implement development programs.

Appleby defines structure as what “determines where responsibility lies, how and to what extent responsible and controllable delegation takes place” (Appleby, 1953, p. 9). He identifies

several interrelated issues as a result of “fundamental and binding structural determination” made in the Constitution that results in the assignment of administrative responsibility a futile endeavor (p. 16). Another consequence of the constitution determining such a structure is that it makes the central government weak and dependent on the state governments for its work. For example, other than the critical domains of national defense, foreign policy, and collection of taxes, many of the domains related to social welfare and development projects, like public health, agriculture, and fisheries, are the state’s prerogative. Appleby contemplates whether there was any theoretical reasoning for such a division of administrative domains, whether it was guided by particular sentiments of the Constitution’s framers, or whether it simply did not receive the needed critical attention. For example, public health and issues related to the spread of diseases cannot be contained to the boundaries of states clearly represent a national concern, but these issues nonetheless fall into the state’s policy and administrative domain. He also discusses, in particular, the untapped potential of India’s fisheries sector to bring about rapid rural development and laments that even an issue directly related to the national interest, despite the local nature of economic development, is in the exclusive domain of the states.

The second example, a corollary to the seemingly arbitrary assignment of policy and administrative domains between the central and state governments results in reducing the activities of the central government to *staff* functions when in fact it should be engaged in *line* functions, specifically in the case of the development program. Appleby finds that the central government is primarily involved in staff functions: planning, logistics, personnel and financial control, legal review, and public reporting, all constituting an interministerial dance of paperwork and conferences, whereas a line organization carries out programs, delivers services, enforces laws, and achieves program objectives. Other than the functions of national defense,

foreign policy, and collection of central taxes, the central government is a just a large staff organization. Thus, the central government cannot hold the state “specifically accountable” and can only depend on its ability “for influencing and co-ordinating administration actually in the states’ system” (Appleby, 1953, p. 10).

A third aspect of the structure inherit in the Constitution actually pits the center and states against each other. This is a legacy of the colonial rule, during which the British began to cede power in provincial territories as a mechanism to retain power; in reality, the British lost nothing by allowing the small and separate provinces to operate as separate government units. Even if the British never held self-government in India as an aspirational goal, such an arrangement allowed the British to control India in a unitary and centralized manner while still giving the appearance of provincial self-governments. The emerging federal character of the Constitution could be seen through the colonial experience of provinces, where the rulers’ administrative autonomy was a constant desire. Additionally, the diverse and disparate provinces and princely states at the time of independence had to be made part of the union, thus contributing to the “ideological pattern emphasizing the parts of India rather than the wholeness of India” (Appleby, 1953, p. 51). Such a perspective leads Appleby to address what he considers “the fundamental administrative problem of India---its lack of organic unity” (p. 51). It is in this context that Appleby finds the operationalization of the term *decentralization* in India’s administrative landscape to be incorrect, because, instead of state governments viewing it as an extension of an organic whole emerging from the center, it is mixed with the meaning of the term *autonomous states*, which implies that the states are independent units. “Yet,” Appleby notes, “the constitution does not provide for autonomous states, and their creation would destroy India as a nation” (p. 16). Viewed together, these three perspectives lead Appleby to the following conclusion:

The power that is exercised organically in New Delhi is uncertain and discontinuous power of prestige. It is influence rather than power (Appleby, 1953, p. 17)

The central government's lack of power over the state governments and inability to hold them accountable explains, at least in part, why there is such great variation in the developmental status within India's subnational regions. A subnational region's development or achievement of social welfare is thus a function of its own history, administrative capabilities, and political priorities. If indeed there is no power over the states, then how does the central government exercise its influence over the states? Appleby's answer to this question does not augur well for future generations of political and administrative reforms of the central government aiming to institutionalize governance reforms, as he seems to suggest that the extent to which the center can get any work done at the state level is a function of the individual's agency or factors other than formal mechanisms of administration:

Any real power in most of the development field is the personal power of particular leaders and the informal, extra-constitutional, extra-administrative power of a dominant party coherent and strongly led by the same leaders. Dependence for achievement, therefore, is in some crucial ways apart from the formal organs of governance, in forces which in the future may take quite different forms (Appleby, 1953, pp. 17-18).

Thus, central ministries have little room to maneuver and facilitate effective implementation. Requirements for interministerial reviews and auditing of expenditures with an eye solely to spot irregularities leads to delays in project approvals. Furthermore, the situation is aggravated by the presence of the cadre from multiple services at the center, leading to interpersonal rivalries, which encourage further delays in approvals and communication.

Assessing the situation at the top tier of government, Appleby says:

The sequel to a structure not built with an eye to large and diverse action is a structure in which the diffusion of responsibility through a Cabinet at the top level

of executive government is extended by a vast lateral diffusion of administrative responsibility at subordinate levels (Appleby, 1953, p. 18).

Exacerbating the links of diffused responsibility and accountability in the center-state administrative continuum is the pattern and practice of appointing key personnel. The departmental heads in state governments are officers of the Indian Administrative Service (IAS) cadre who are recruited by the central government and appointed to work in both the central and state governments. To whom, then, is the IAS officer accountable? Does the officer owe his allegiance to the central government that recruited him or to the state government that he currently serves? At the organizational level (national or subnational), when there is little or no discretion to select personnel on the basis of an individual's qualification or motivation, the organization is bound to be "less fully accountable for its performance than it ought to be;" however, such personnel practices are justified in the name of "impartiality, objectivity and political neutrality" (Appleby, 1953, p. 18). A similar pattern of shared decision making, excessive reviews and tedious approvals is prevalent at the state level. In this context, Appleby notes:

Within the state, the same pattern of diffused responsibility is the general rule, modified in some by the simple fact of having a smaller number of ministries (Appleby, 1953, p. 18).

Appleby observes a similar structure at the district and sub-district level of administration (also referred to as field administration). At the central and state government level, there is no focal point to consolidate the lines of responsibility. The District Collector's office, at the level of the district administration, is the only administrative unit within India's decentralized administrative structures where responsibility and accountability can be consolidated. However, even here Appleby notices responsibility being diffused; the source of this diffusion is the pattern of appointment. The District Collector is the formal authority presiding over all units of

government at the district and sub-district level, thus carrying, in essence, the weight of all national and state government programs in the district. The District Collector is an IAS officer recruited and posted by the central government to districts, which are essentially geographic areas. Observing the implications of such an assignment, Appleby explains:

He is impersonally assigned by “Government”---which is everybody, and more or less responsible to every ministry carrying on functions in his area. No ministry knows how much of his time it is entitled to, and none has any capacity for insuring that it receives that portion of this time and energy (Appleby, 1953, p. 20).

All *line* ministries have field functionaries stationed at the district and sub-district level. From an administrative and technical sense, these field functionaries are under the hierarchy of the District Collector. Thus, the District Collector has considerable power and formal authority and technically has the administrative machinery to get work done, but in reality the responsibility is shared; at the same time, however, no one is really responsible for anything, because:

...this arrangement involves in its own turn an interaction of the responsibilities and personnel of the ministries of health, education and agriculture, along with the home ministry and the ministry of finance, in association with the development and/or Community Projects offices, and some lingering associations with the Collector (Appleby, 1953, p. 20).

The issue of administrative structures leading to diffused responsibility is brought into sharper relief by Appleby’s observations about the functioning of Community Projects at the national, state, and district levels of administration. Community Projects are a “highly intensive form of development applied in the agricultural field” aimed at improving food production and quality of village life (Appleby, 1953, p. 43). Given the technical nature of the projects and the dearth of financial resources, Appleby is generally pleased with the progress. However, there are several areas for improvement (e.g., delayed payments, outdated training programs) as a result of existing procedures and structures. At the national level, Appleby identifies up to four

committees and advisory boards that are each a “governmentally representative body” (with the Planning Commission of India at the apex) with two levels of administrators: a chief administrator and two subordinate project officers with no intermediary administrators (p. 45). Each committee or advisory board has representatives from all concerned ministries (secretaries, deputy secretaries, assistant secretaries, and project officers on deputation from other ministries). With regard to such an “organization,” it is anybody’s guess to what extent each member shares responsibility.

The organizational chart for the Community Projects organization is similar at the state and district level in terms of its diffused responsibility. Appleby identifies committees at the state and district level, each of which is associated with an advisory board; in each instance, these committees and boards comprise a “governmentally representative body.” Additionally, there are commissioners, development officers, and project officers at the district and sub-district level. As is the practice in almost all programs, the district collector is the chair of the district level committee, who:

...in his role of being responsible to everybody for everything in his district may prove more of a controlling factor than the District Development Officer nominally “in charge” of community development in that district (Appleby, 1953, p. 46).

In practice, however, all “higher officials and ministers will not often sit on the various Committees and boards, and goodwill can be expected to minimize the disadvantages of such a formally structured proliferation of diffused and confused responsibility” (p. 46). Appleby is critical of such a “self-defeating organizational lay-out” (p. 46).

Appleby also discusses “an astonishing lack of capacity and/or facilities for administrative delegation” (Appleby, 1953, pp. 18-19). While this deficiency stems from the

structure, it is further exacerbated by the shape of the internal hierarchy and the influence of the socially prevalent caste system on bureaucratic structures. The internal hierarchical structure of departments is “not filled-in” in the middle; thus, Appleby seems to suggest that the hierarchy has the shape of an hour-glass instead of a pyramid (p. 19). An implication of such a structure with a weak intermediary cadre is that the gap between the levels of the hierarchy is too big to facilitate effective communication and delegation. In addition, there is also with a disparity in prestige, class, and pay between those at the top and those at the bottom. The combined effect of these gaps is that the art of delegation has not been developed or practiced. The bureaucratic culture is also influenced by the socially prevalent rigid caste system. As a result, communication across cadres is frowned upon. There is thus rigid compartmentalization between cadres that actually need to communicate with each other because the services they provide are intimately connected. Furthermore, communication with superiors in the hierarchy about ground realities is not a general practice. Both the consequences of practices that rigidly reflect a class hierarchy within bureaucracies and the inability to delegate to the subordinate levels have resulted in a culture of delays.

Finally, as a consequence of constitutional mandates and administrative structures, Appleby makes the interesting observation, regarding the government’s functioning, that coordination has become a substitute for administration. Instead of viewing administration as a managerial activity involving decisions, action, follow-up, review, and evaluation, he observes that administration “usually means anything involving money or personnel matters” (Appleby, 1953, p. 17). He seems to suggest that, because of diffused responsibility, lack of delegation, inordinate delays, and the inability to hold individuals accountable, officials are engaged in a

“cumbersome process of cross-reference and consultation” (p. 17). Towards this end of describing India’s administrative processes, he states:

There is no accepted terminology to cover administration of programs which are the important end-product of all public administration, no concentration of attention or structure on “action administration” or “program administration”, and the civil servants of highest rank are more concerned with “co-ordination” than with “administration” in action terms (Appleby, 1953, p. 17).

Appleby’s second report (Appleby, 1956), written after an interval of two years and three visits between 1953 and 1956, underscores the same themes, but specifically in the context of India’s public sector enterprises. The second report was intended for internal communication, not publication; thus, Appleby is scathing in his assessment of how India’s government functions. Once published, the second report provoked a heated debate in the Indian Parliament. The second report came at the beginning of the second five-year plan, 1956-1961. In this report, Appleby emphatically supports Nehru’s vision for India and shares his concern, as voiced in the first report, that the existing administrative structures and practices are not conducive for a post-independent India’s aspirations for democratic governance. The central thesis of the second report is that as the Indian society advances, the size of government will grow, thus implying a greater role for delegation across administrative hierarchies if the goals of rapid and balanced economic development are to be achieved. By consequence, this also means that the focus of government should move away from needlessly circuitous procedures, as well as redundant and petty reviews. It thus does not augur well for effective administration if the delegation of authority (particularly at the subordinate level) and increasing individual responsibility do not correspond with the growth of government.

Appleby does acknowledge the progress being made, yet he observes that the achievements are driven by individual efforts rather than organization-wide efforts. He notes that

the progress thus far is beyond the “capacity of the Indian administrative system” and that such reliance on individuals is not sustainable (Appleby, 1956, p. 2). He references Chester Barnard while discussing the issue of delegation, noting that delegation is not the abdication of responsibility but rather the enlargement of individual and organizational responsibility. In this context, Appleby underscores the root cause of India’s administrative problem, which:

“...is an insistence on the avoidance of the making of decisions which should be made by others---notably by subordinates” (Appleby, 1956, p. 5).

This aspect of administrative delays in decision making and lack of delegation is further illustrated in the situation of subordinates in the Indian context. Appleby explains that when a proposal from a senior official from a programmatic ministry is sent to “Finance, Home Affairs or the Planning Commission,” in a technical sense this senior officer is subordinate to the “lowest ranking officer” in the ministry that needs to give permission (p. 5), who must then prepare a note on the proposal being sent by the superior officer from the programmatic ministry. Because decision making powers have not been delegated at the lower levels of the hierarchy, Appleby notes that, in this confusion, these “subordinates do not have the faintest idea of how to act in the capacity of superiors” (Appleby, 1956, p. 6). This results in the subordinates delaying decisions by searching for precedents or finding gaps within the proposal that need to be further addressed. The impact of such proposals are held up at the upper echelons of the government in this way can be felt in other parts of the country where industries need to grow, and the pattern reverberates across all units of government. The following quote aptly summarizes Appleby’s discussion of structure and its implications on responsibility, delegation and effective administration:

The building of individual responsibility contributes importantly to organizational responsibility. Here, by a curious proliferation of the conceptions of parliamentary responsibility and Cabinet responsibility and by reliance on excessive procedures

of cross-reference there has been built an extraordinary evasion of individual responsibility and a system whereby everybody is responsible for everything before anything is done (Appleby, 1956, p. 6).

Impact of Appleby's Reports

Appleby's reports gained legitimacy because the then-Prime Minister of India, Jawaharlal Nehru, used them to stimulate discussion and reflection among fellow Cabinet Members and Chief Ministers. Several insights from the reports, particularly those related to excessive delays in decision making and rigid departmentalization within bureaucracies like the caste system, struck a chord with Nehru. He would frequently reference Appleby's reports in his written communications to the chief ministers. Both Nehru and Appleby shared a common concern about whether India's civil service bureaucracy would change from its colonial orientation of a master ruling over its subjects to a system revolving around the needs of citizens. The reports spoke to Nehru's belief that the current administrative structures, descending from their colonial past, were archaic in the context of India's democratic aspirations. However, not all of Nehru's colleagues thought the same way, and there was disagreement over the contextual relevance of Appleby's recommendations, although there seemed to be general agreement regarding his observations.

Many of Appleby's observations and recommendations were about structure and its impact on effective administration. While Appleby understood that the fundamental federal structure and concurrent parliamentary systems of the center and state cannot be altered, he did suggest several other reforms to speed up the process of administration. Although not a central theme of his recommendations, Appleby also suggested the creation of two new institutions to support the research and practice of public administration: an Institute of Public Administration for India and an office of Organization and Management. While his recommendations regarding

the consolidation of responsibility were met with little action and much criticism, the recommendation to set up two new institutions was immediately taken up and implemented.

Appleby's second report generated more media attention and scrutiny from Parliament than the first. The second report was even tabled for discussion in Parliament. The implications of reform emanating from the second report were considered too drastic at the time; in particular, these included a reduced role for Parliament in administrative matters, a reorientation of the Comptroller and Auditor General's role, an expanded intermediary cadre of officers with more powers of responsibility, and delegation. In his second report, Appleby minced no words when he called out the Parliament and the Auditor General's office for indulging in petty and futile review exercises, causing delays, and hampering decision-making. The following quote from a member of the Parliament during the ensuing debate aptly captures the resistance to Appleby's reports:

'More and more unfettered bureaucracy' is, therefore, the Doctor's prescription, and however much his friends might wish to sugar-coat it, the country won't easily swallow the pill...It is, as I said before, refreshingly provocative and some of its recommendations...are very sound. But, it shows no basic understanding of India's problems today; it shows no understanding, no effort at understanding, how in the present set-up India cannot possibly wish to change straightway, how in the present set-up we must proceed to tackle our problems from the point of view of parliamentary administration and that, as I said before, short of a revolution, a parliamentary set-up is as democratic a mechanism as one can ask for. Therefore, the report, as it has come to us, becomes by and large unacceptable (A. P. Saxena, 2004, p. 181).

Nehru was emphatic in supporting Appleby's observations and recommendations but conceded that no progress could be made towards meaningful reform. India's political, economic and social landscape has changed considerably since the time of Appleby's reports; what remains to be seen is the extent to which the administrative structures and bureaucratic functioning in India reflect these changes.

Winds of Change: New Reforms, Institutions, and Roles

The changes that have swept across India's political and administrative landscape since Appleby's reports have been along the lines he predicted, involving increasing demands of subnational units of government for the devolution of power and autonomy. Regional political parties have stronger voice at the national level, central government's leadership has relatively weakened, and there have been calls for greater de-centralization of administration and citizen-centered service delivery in the name of democratic governance. In this context, three major reforms can be identified as having a profound impact on government bureaucracies: constitutional status to local government bodies, economic liberalization of the economy, and adoption of public sector reforms.

After several decades of slowly moving in the direction of devolving power to the people, the institutions of local government (*panchayats* in rural areas and municipalities in urban areas) were constitutionally mandated in 1992. Similarly, after decades of centralized planning by the government, India began the process of economic liberalization in 1991. Also during the 1990s, public sector reforms were adopted to change how India's government bureaucracies function. Therefore, the question facing public administration scholars today has to do with what changes have taken place within India's administrative structures in response to new reforms. Additionally, as a result of these changes, are the administrative structures capable of delivering on the promise of intergovernmental coordination and democratic governance?

Rise of Regional Political Parties

The fragmentation of India's political landscape began during the 1980s, when it became clear that "centralized federalism" dominated by a single national party had not met the goals set forth by the Constitution (Majeed, 2005, p. 181). This decade saw the beginning of coalition

politics, in which regional political parties and their state governments wield greater power than the central government in policy and administrative matters. The idea that state governments, and not the central government, can better address and contextualize their development needs began to take shape. Furthermore, as a result of India's economic liberalization reforms, state governments became emboldened to embark on their own development paths (Choudhary, 2007). Thus, today, India's federal polity is referred to as "cooperative federalism." However, this trend has further highlighted the disparities in social and economic indicators at the subnational level. Some states, such as Gujarat, Tamil Nadu, Maharashtra, Karnataka, and Andhra Pradesh, have emerged as economic powerhouses while states like Uttar Pradesh, Bihar, and Odisha lag behind economically. Social sector indicators like health and education, which are in the state's policy and administrative domain, show wide variation within and across states, even among those states that have well-developed economic indicators. In spite of such a paradigm shift in India's federal system, the administrative structures have remained the same.

With the waves of decentralization in motion, policy elites and planners hoped that local government institutions like the *panchayat* would be further emboldened. Institutions of local government are seen as instruments of democratic governance, which can include the voice of citizens in government, improve efficiency of the state's service delivery, and make service providers accountable to the people (Mullen, 2011).

Historical Context of Panchayats: Local Government Institutions

The concept of a *panchayat* (literally meaning a group or council of five people) has existed since ancient India, when groups of village elders presided over village matters. These "village bodies, in both the North and South, have been the pivot of administration, the centre of social life, and above all, a focus of social solidarity" (Mathew & Hooja, 2009, p. 171). Matters

needing arbitration would be brought to the attention of a village panchayat. These village elders also ensured that each caste group adhered to their work to ensure the status quo. The British, noting how these village administrative units formed a “caste-ridden feudal structure,” referred to them as “little republics” (p. 171). However, the panchayats were not accountable in a democratic sense, because the village elders from upper castes typically constituted the council.

The first instance of an accountable institution of local government was the Madras Municipal Corporation, introduced by British colonial rulers in 1687 for the purpose of revenue collection in big towns. Members were not elected but rather nominated by the District Collector. The next phase of local government reform, in 1882, focused on decentralization to improve administrative efficiency and revenue collections. It was during this time that the term *self-government* began gaining currency, as the British government’s reform allowed for popular elections of two thirds of members to rural government boards. The British continued the process of decentralization through various commissions in 1909, 1919, and, finally, 1935. Throughout, the British noted the persistence of caste politics in the workings of panchayats, but the process of decentralization of power was inevitable given increasing demands for independence and the British desire to retain power. The Government of India Act of 1935 was a landmark act of autonomy for provinces, as it made way for popular elections in the provinces, giving further impetus to popularly elected local governments within them.

Mathew and Hooja (2009) note that, at the time of independence, when India’s constitution was being written, the concept of a village panchayat as an instrument of democratic governance and development was not given priority. This was in spite of village panchayats

being at the heart of India's freedom struggle and Mahatma Gandhi's⁶ vision for a democratically governed India. Rather than mandating state governments to strengthen and utilize local government institutions as an integral part of the development agenda, it was left to state governments to decide how they would use local government institutions. This relegation of status for local governments should be seen in the context of the Constitution's planners' fears over fragmentation and the desire for a strong central government. Gandhi also envisioned panchayats as being politically neutral, but subsequent efforts to revitalize local governments rejected this notion. It was firmly believed by later development planners that allowing local governments to be political reflects the democratic desires of citizens and makes them active participants in the country's political process. Thus, from this point on, panchayats were seen as political instruments for regional political parties and also as potential competition by locally elected state representatives.

With no constitutional recognition, state governments did not take local government institutions seriously, with the exceptions of West Bengal and Kerala, where there had been elections since the 1970s (Mullen, 2011). Several factors can be seen to influence the events that finally led to according constitutional status to local governments. The most important of these is that the condition of social sector indicators and services in villages was appalling, with no mechanism to hold anybody responsible. The experience of West Bengal and Kerala showed that, with strong local governments, social sector indicators and services could improve even without strong industrial growth (Mullen 2012). Thus, demands for constitutional recognition of local government began in the 1980s, with civil society groups, representatives of local

⁶ Mohandas Karamchand Gandhi was one of the preeminent leaders at the time of India's struggle for independence from the British. He is best known for his non-violent freedom movement against the British. For his contributions and sacrifices, he is known as the *Mahatma* [great one].

government, and planners encouraging bottom-up planning and citizen participation in the development process. The 1980s was also a time when the central government began initial efforts to liberalize the economy and when regional parties were playing a bigger role in the central government. All this created an environment conducive to demand for decentralized institutions and devolution of power, and constitutional amendments to strengthen panchayats were part of the electoral debates in 1991 (Mathew & Hooja, 2009, p. 175). Finally, in 1992, Parliament amended the Constitution, and local government institutions were afforded constitutional status.

The local government institutions are organized in a three-tier system: village, intermediate, and district. The idea behind such a structure was to promote district-level development planning, where community generated plans would come from each village panchayat to be consolidated at the district level (Krishnamachari, 1962). All members of the panchayats are elected; currently, there are more than 240,000 village panchayats, 6,000 intermediate panchayats, and 500 district panchayats. To avoid the capture of local government institutions by elites and to make the institutions inclusive, the Constitution provides for affirmative action. Seats are reserved for members from socially and economically disadvantaged communities in proportion to their population in the village, and one third of all seats are reserved for women. However, the promise of decentralization that begins with elections can only be realized when there is administrative power and control. Thus far, states are conducting elections as mandated but have resisted efforts to devolve administrative and fiscal powers.

The Constitution provides for the transfer of 47 subjects (i.e., policy and administrative domains) to local governments, but no state has fully complied with this law (Mathew & Hooja,

2009). A major impediment to the transfer of administrative functions is that the policy and administrative domains to be transferred “are so broad in scope that in certain instances all the spheres of government—Union, state, and local—will have to undertake some implementing responsibility in varying degrees” (p.177). Additionally, there is also the perceived loss of power for the state government and potential competition politically at the village level.

Thus, constitutional recognition accorded to local governments has only resulted in creating new institutional roles and structures, with no changes to existing administrative roles and structures. Furthermore, the new combination of administrative structures further exacerbates the situation of diffused responsibility and delayed decision-making. As a result, without adequate administrative and financial autonomy, the promise of decentralized democratic governance in India has yet to be realized (A. K. S. Kumar et al., 2011; Maddick, 1970; Mishra, Mishra, & Pal, 2000; Mullen, 2011).

Economic Liberalization & Public Sector Reforms

India’s move towards a market-based economy began in the 1980s, but it was the adverse balance of payments situation in 1991 that precipitated the issue. In 1991, India began the process of systematically implementing economic liberalization reforms. The implications of such a paradigm shift meant encouraging greater private sector participation, foreign direct investment, and a different expectation of the government’s role. This was indeed a watershed moment for India’s government given its origins of central planning through the five-year plans that began in 1951. The liberalization reforms of 1991 are a reference point in the discourse and scholarship examining India’s development.

The reform agenda touched on every aspect of the economy, society, and government, including fiscal discipline, industrial and trade policy, foreign direct investment, financial sector reforms, privatization, and the social sector. Several arguments have been put forth to discuss the pace and impact of India's economic liberalization reform. Sen (2001) argues that, without adequately addressing the human development issues like primary health, education, and status of women, the process of economic liberalization will only lead to greater inequalities. Ahluwalia (2002) argues that the full potential of reforms has not been realized because implementation is slow and ineffective. Others have argued that reforms in India move slowly and gradually, absorbing the changes internally in the process (Caiden & Sundaram, 2004). This "gradualist approach" to reform has "meant a frustratingly slow pace of implementation" (Ahluwalia, 2002, p. 68); nonetheless, this approach "implies a clear definition of the goal and a deliberate choice of extending the time taken to reach it, to ease the pain of transition" (p. 86). For example, when privatizing public sector enterprises, instead of selling them away all at once, the government embarked on a program of "disinvestment" where it would sell a part of its stake to private players. An argument can be made that the bureaucracies responsible for the implementation of reforms contributed to this gradualist approach.

While economic liberalization has meant a withdrawal of government in many spheres, a notable exception is the social sector (health and education), particularly in rural areas. In this area, it has been noted that government has to play a greater role than before through investments and encouraging the participation of beneficiaries in monitoring health and education service delivery (Ahluwalia, 2002). The impact of economic liberalization reforms has put India on course to be one of the world's fastest growing economies, but the country still has its share of extreme deprivation and variation in social indicators. India's economy grew at an average rate

of 6% per year during the ten-year period between 1992-1993 and 2001-2002 and continues to grow, making it the world's fastest growing economy (Ahluwalia, 2002). However, this growth has not trickled down uniformly, leading to extreme variation across demographic groups and geographic regions. The most recent Socio Economic and Caste Census 2011 released by the government of India highlights disparities between the rural poor and urban educated middle class in their annual income and educational attainment, both of which are key development indicators (Al-Habil, 2011; Meyer & Birdsall, 2012).⁷ Thus, two decades after its onset, economic liberalization, far from reducing the role of government, has in fact increased demands on the government and its bureaucracies to deliver services ever more effectively for both the rural poor and the urban middle class. While both groups and regions have different requirements, they have in common the demand for the government to be accountable and transparent.

The tectonic shifts and worsening disparities between India's demographic groups and geographic regions has also led to a changing role for government, which also means a changing role for its bureaucracies. Several efforts at changing how bureaucratic institutions function have been made between 1991 and the present. Although these reforms began under the aegis of the World Bank and International Monetary Fund in 1991, the government of India continued with

⁷ In July 2015, the Government of India released the results of the Socio Economic and Caste Census 2011, which paints a grim picture of the quality of life in rural areas and underscores the need for effective implementation of the government's development programs (Rukmini & Bansal, 2015). According to this report, 73% of the households in India are rural, and the main earning member of 75% of these households makes less than \$1000 annually. Furthermore, 35.7% of rural households are illiterate, 14% have a member who is literate but has not passed primary school, 17.8% have a member who passed primary school, and only 3.5% have a member with a graduate degree. The report also reveals that the standard of living for the socially and economically disadvantaged groups (called Scheduled Castes and Scheduled Tribes) is substantially worse. At the same time, a middle class of 150 million people has emerged whose annual income ranges from \$3000-\$15000. The rapid rise of the middle class is often seen as evidence of India's economic emergence; the size of the Indian middle class doubled from 5.7% of all households in 2001 to 12.8% of all households in 2010 (Meyer & Birdsall, 2012).

its own version of the “good governance” reform agenda, essentially internalizing key elements from new public management to collaborative governance (Choudhary, 2007).

The government planning documents clearly identify roles for three key actors in the sustainable development of India: state, civil society, and the market. The causal link between governance and development is clearly stated in the Tenth Five Year Plan (2002-07):

Governance relates to the management of all such processes that, in any society, define the environment which permits and enables individuals to raise their capability levels, provide opportunities to realize their potential and enlarge the set of available choices. These processes, *covering the political, social, and economic aspects of life* impact every level of human enterprise, be it the individual, the household, the village, the region, or the national level. . . It *covers the state, civil society and the market*, each of which is critical for sustaining human development [emphasis added] (GOI 2002a) (Choudhary, 2007, pp. 22-23).

Choudhary (2007) broadly groups the reforms undertaken to achieve the government’s vision of good governance into the following categories: economic governance reforms, administrative reforms, and political governance reforms. Economic governance reforms, which began in 1991 as part of the Structural Adjustment Program (SAP), include a greater role for the private sector in service delivery of health and education, removal of the *license raj*,⁸ disinvestment and privatization of state enterprises, and enabling market- and investor-friendly laws. Political governance reforms include increasing the role of civil society, citizen participation in program design and implementation, and decentralization of government through local governments. The task of effectively implementing economic and political governance reforms falls on India’s civil service bureaucracy, but this also means the bureaucracy has to first implement a range of administrative reforms before it can effectively move the state, civil society, and markets to work

⁸ License Raj and Permit Raj are colloquial terms used to refer to a system of excessive regulations and permissions prevalent in India. Because India’s economy post-independence began as a centrally planned economy, any private enterprise needed to seek permission and get clearances from a range of government bureaucracies. This culture led to administrative delays and corruption and did not create an investor-friendly environment for private businesses.

together. The administrative reforms package is more aligned with the new public management reforms, which focus on “disaggregation, competition, and incentivization” (Dunleavy et al., 2006, p. 467) and expect government bureaucracies to function like businesses by “promoting efficiency, reducing the burden on government and giving more choice to citizens” (Batley, 1999, p. 761). Effective implementation of administrative reforms meant that bureaucracies had to downsize their workforce, design and implement performance management systems, design and facilitate mechanisms to engage citizens, and cede ground to private industry and civil society.

At the time of independence, the role and orientation of the Indian bureaucracy shifted to a focus on the people’s welfare. As a result of the changes both before and after 1991, the bureaucracy had to re-dedicate itself to facilitating private industry and civil society to provide for the wellbeing of society. Despite its changing roles, however, the Indian bureaucracy’s fundamental structures have remained essentially the same over time. This phenomenon is aptly captured by Caiden and Sundaram (2004) in the context of administrative reforms and bureaucratic change: “Governments have been managerially decentralized but politically centralized” (p. 377).

Impact of New Reforms and Institutions on India’s Civil Service Bureaucracy

The fact that India’s civil service bureaucracies have remained unchanged in their structure and functioning as agents of the central government, despite adapting to economic and social changes, creates an interesting paradox and also speaks to their resilience and ability to survive. Even though their structure has been shown to be un conducive to effective administration, they have helped to mitigate the risk of losing control over the region (during the colonial era) and fragmentation of the union (from independence to the present day). Thus,

implementation of any reform is painfully slow in India because the bureaucracies must absorb the proposed changes within the basic structure before beginning implementation. Moreover, implementation may be ineffective depending on local and contextual factors.

Impact on Bureaucratic Functioning

Dwivedi, Jain, and Dua (1989) review the impact of various administrative reform commissions from independence until 1987 and find that, other than peripheral changes, no changes were made to the basic administrative structure that was essentially a colonial legacy. The authors note that none of the reports after Appleby's (1953, 1956) touch upon "basic principles and concepts" that need to be re-examined in light of changing times (Dwivedi et al., 1989, p. 259), such as consolidation of responsibility and the use of delegation to lower levels of the hierarchy. Instead, in the post-Appleby period, from 1956 to 1983, the authors conclude that "[t]here was no attempt made to overhaul the original administrative structure; piecemeal reforms were undertaken but within the existing administrative framework" (p. 260). Examples of "piecemeal" reforms relate to "qualifications for public services, salary structure of public services, district administration, work procedures, and reorganization of the Foreign Service" (p. 259). The authors conclude that, even as change was sweeping through the nation with increasing urbanization, population growth, uneven development and calls for decentralization, India's civil service bureaucracy retained the basic structure it inherited from the British, including centralized decision-making, inflexible adherence to rules, and a lack of delegation (p. 256).

Caiden and Sundaram (2004) find that the implementation of new public management (NPM) reforms in has not reduced but only changed the orientation of the role of government. They find that India adopted all elements of the NPM reforms to make bureaucracies productive,

responsive, decentralized, accountable, and transparent; but, realizing that solutions have to be “home-grown, sequential and inclusive” it adapted them to its unique context and needs (Caiden & Sundaram, 2004, p. 377). However, the progress of implementing these reforms has been slow and unsuccessful in India. The authors state that NPM reforms are “technocratic” (p. 380) in nature and typically applied to organizations to improve their capability and capacity. In the case of India, it inherited a highly capable bureaucratic machinery. The authors argue that the underlying causes of ineffective administration in India are not being addressed by NPM reforms and thus what “Appleby said over fifty years ago is unfortunately still true of Indian government” (p. 378). Thus, to absorb these technocratic reforms, new structures and roles are created without addressing or changing the existing, administratively ineffective structural issues.

Impact on the Indian Administrative Service (IAS)

More recent studies, situated two decades after economic liberalization, NPM, and governance reforms, continue to attest to the unchanged functioning and decadence of government bureaucracies in India. In the past, a majority of the civil service members were educated in the humanities and liberal arts, but greater emphasis on technical education in the Indian society has led to more civil service members having technical backgrounds (Radin, 2007). Krishna (2010) finds that, compared to thirty years ago, the bureaucracy has become less elite (with most members upper castes and urban areas) and more representative of India’s diverse social groups. Radin (2007) traces the origins of the Indian civil service bureaucracy to the British Indian Civil Service (ICS), examining the changes in Indian society and economy. In her review of current practices of personnel recruitment training, posting, and functioning, she finds that India’s development policies and their implementation frameworks reflect a “shift in

policy boundaries” and are “increasingly viewed not as a separate track but as a set of policies that involve multiple players and move across traditionally separate systems” (p. 1537).

Nonetheless, an examination of the foundational training course syllabus indicates little to no change in topics and skills to reflect the new reality.

The public administration section of the syllabus communicates a continued command and control approach. There is no indication that problems of corruption, working with Panchayat officials, dealing with politicians, serving as a bridge between the people and the politicians, and issues of secularism will face the new officers. Neither does it deal with need for officers to find ways to creatively integrate separate national policies at the local level (Radin, 2007, p. 1543).

In terms of recruitment and functioning, she finds little evidence to conclude that the bureaucratic machinery has changed course to effectively deliver the promises of its new role. Even though there is a felt need among officials for sub-national specific personnel and technical experts, the recruitment pattern is still faithful to the basic, inflexible structure involving a cadre that is centrally recruited and sub-nationally posted; nonetheless, her respondents still “envision a role for an all-India service, such a service would provide service and national unity, particularly at times when democracy is at test” (Radin, 2007, p. 1545).

Krishna (2010) compares the findings from this study to Potter’s book titled *India’s Political Administrators: From ICS to IAS* (1986) to conclude that “continuity trumps change,” as the IAS has remained the same (p. 433). Potter’s book broadly outlines three contemporary characteristics of the IAS that are a faithful legacy of its colonial origins: first, the focus of administration has shifted from providing legitimacy to a colonial master to finding a balance between internal pressures from democratically elected leaders and external pressures for democratic governance; second, the result of this balancing act seems to be that the IAS is more effective at maintaining administrative status quo than responding to the specific social and economic development needs of subnational regions; and third, because IAS officers are

centrally recruited, their accountability to state governments is questionable (Wyatt, 1998). Still, government bureaucracies continue to operate in an environment of increased external pressures: the common man of modern India is more politically active, and the “illiterate Indian peasant is swiftly becoming a feature of the past” (p. 441); new transparency laws like the “Right to Information Act (RTI) makes it incumbent upon government officials to disclose information whenever requested in writing by a member of the public”; and an independent and hyperactive media “are quick to smell out stories involving official misdeeds and juicy scandals” (p. 442). Unfortunately, these changes seem only to have made the bureaucracies function ever more slowly, trading speedy decisions for inaction fearing instant public rebuke if actions go wrong in an age where media attention is pervasive.

Finally, Krishna (2010) sees India’s bureaucracy continuing to function in the same manner and argues that unless “the very structure of governance in India is re-thought—evoking images of anarchy in some minds—alternatives to the IAS are hard to imagine” (p. 442). The IAS is still the world’s largest cadre of generalist managers; like other centralist civil service cadres, they are centrally recruited, are promoted based on seniority and not results, and disallow any lateral entry of experts. The prestige associated with the civil services, IAS in particular, has also remained; results of the All-India Civil Services exam are widely publicized in regional and national media, and considerable attention is directed to the future generations of administrators. The position of the IAS within the civil services is also highly competitive, adding to its prestige; Krishna notes that only one in a thousand applicants successfully secured an IAS position (p. 434). Some scholars have argued that the IAS is responsible for the decadence of India’s civil service bureaucracy, for the unholy nexus between politicians and bureaucrats (Mitra, 2010), for

poor social sector indicators and uneven development progress (N. C. Saxena, 2010), and for the persistence of corruption and poverty (Gupta, 2012).

Scholars have long debated over the direction of causality regarding the interaction between politicians and the civil services. In his first report, Appleby (1953) puts the onus of India's public administration future squarely on the shoulders of its political leadership. There is also no shortage of literature to indicate the nexus between politicians and civil servants serving their individual needs; the frequent issue of transfers of senior civil servants in India speaks to this point. In discussing the causal mechanism, N. C. Saxena (2010) explains that politicians also know the limitations of the system and do not make promises that cannot be speedily delivered by the civil service bureaucracy. As a result, the local politician has to appeal to politics of caste and class identity to be connected with these constituencies rather than focus on improving service delivery, which is often a lost cause. This is because efficiency in the civil services "was always narrowly defined; it was seen in terms of adherence to rules and contempt for politics, but never in terms of increased public satisfaction" (N. C. Saxena, 2010, p. 450). This lack of faith in the bureaucracy changing direction for the better is echoed by Gupta (2012) in an ethnographic study of how the Integrated Child Development Scheme was being implemented by the Women and Child Welfare Department in Uttar Pradesh. The quote below aptly captures the popular perception of India's bureaucracy:

Rather than try to improve the delivery system, many IAS officers are compromising with the rot and accepting a diminished role for themselves by becoming agents of exploitation in a state structure which now looks like something out of the medieval period—authoritarian, brutal, directionless, and callous to the needs of the poor (N. C. Saxena, 2010, p. 451).

Impact on District Administration

The general praise, criticism or assessment of India's civil service bureaucracy either targets the IAS or takes a "whole of bureaucracy" approach . The latter approach, however, only leads to sweeping statements and misses an opportunity to really understand the challenges, identify areas of improvement, and assess how changes are implemented where administration in India actually takes place: at the level of district administration (Krishnamachari, 1962; A. K. S. Kumar et al., 2011; Mathew & Hooja, 2009; Sadasivan, 1988; Yugandhar & Mukherjee, 1991). District administration represents the "cutting edge" of service delivery, as this is where a majority of India's citizens experience government and where all international, national, and state governance experiments are tested. The institution of the District Collector is the most famed of all public institutions in India; it is an institution rich in history and vested with formal authority to connect the masses of India to the central government's policies. A district is a "territorial unit that hosts almost all state agencies and departments while serving as the point of interaction between the government and the citizen" (Mathew & Hooja, 2009, p. 169). There are a total of 607 districts with populations varying from .2 to 2 million. All local bodies exist at the district or sub-district level, with the District Collector as the "administrative head, or fulcrum, with responsibility for coordination and supervision of a number of district offices" (p.169-170). The District Collector is a bureaucrat – specifically, an IAS officer – rather than an elected representative and has been referred to by scholars as the *district-Maharaja*,⁹ *lynchpin* or *kingpin* due to the crucial administrative role and power vested in the institution.

⁹ The term *Maharaja* is a colloquial word in India that refers to a king or monarch. The word is originally from Sanskrit and thus is common to many Indian languages that share their roots with the Sanskrit language.

Sadasivan (1988) explains the institution of the district collector in the context of territorial administration that emerged as an administrative tool during the Mauryan Empire (324-232 BC) on the Indian subcontinent. As an administrative concept, the institution was highly effective for its centralized and command and control style of administration that it sustained over the centuries through various imperial rulers. The role of the district authority has varied over time and has included executive, judicial, and even military powers. The British retained the institution because it was engrained in the culture and suited the command-and-control mode of British administration. The term “district collector” began to be used during the British colonial era primarily because of the function of revenue collection. Thus, since its origins, the pivotal administrative unit in a district has always been an agent of its principal (either an imperial ruler or a democratically elected government) notwithstanding the changes to which it adapts in its external environment. In particular, the role of the District Collector was increased significantly post-independence because of an expanding welfare state—a function alien to the institution prior to independence, to which it now had to re-orient itself. In spite of centuries of existence and volumes of literature on India’s public administration, Sadasivan (1988) notes that a theory of territorial administration has not emerged; instead, the “behavior of the administration is determined largely by expediency, ego-centrism and individual pragmatism, rather than by application of values, objectivity of action and spirit of public service” (p. xviii).

As Krishnamachari (1962) informs us, a focus on re-orientation of the district administration to build the capacity of local governments has existed since the early planning period. Other than “law and order, administration of justice and functions specifically pertaining to revenue administration,” all other development planning and implementation was to be taken up by local governments (p. 33). Although local governments did not have constitutional status

until 1992, they were always envisioned as essential instruments of democratic governance organically connecting villages, districts, and states. By 1962, almost all states had passed legislation to set up democratically structured local governments units at the district and village levels. This administrative structure was sought to usher in an era of district-level decentralized planning. Paradoxically, even as institutional structures for decentralized planning and development were being created, the role of the District Collector gained further centrality. In this new role of overseeing development and welfare, the office of the District Collector was called upon to function, as it always had, as a unifying link between diverse and disparate local communities and the central government. These increasing functions have left the District Collector with little time to focus on anything concrete or substantial. Various accounts of the job inform us that, in their short tenure, most of the district collectors' time is spent in understanding local politics and context, attending to protocol, conducting review meetings, and ensuring law and order. As a result, most district collectors are averse to trying anything innovative and simply seek to allow the status quo to continue (Dwivedi et al., 1989; Krishna, 2010; Mitra, 2010).

Moving away from a historical analysis and a general critique of the District Collector's functioning, Sinha (2007) observes how states have used the District Collector's office differently with respect to their relationship with local government, with some keeping the office at arm's length and others maintaining a closer relationship, such as by making the District Collector the chairperson of the district-level local government unit. In either case, even as states continue to explore their relationship with local governments, they continually rely on the district collector's office for "overall guidance, supervision, coordination and conflict resolution in the area of development administration" (p. 99). In the post-liberalization era, a district collector has

to coordinate the activities of a vibrant civil society that are providing social services and fighting for and representing human rights issues. In this context, we see that, even though new actors and institutional arrangements were created to reduce the centrality of the District Collector's office, it has increased in relevance.

Sinha (2007) provides several examples of changes and adaptations at the district level as a result of privatization reforms. As a result of increasing demand for electricity, several small businesses in districts use privately manufactured power generators that run on diesel. The district collector's job now includes collecting duties on the electricity consumption from such users in excess of their duty-free limit. Several internally conducted functions have been outsourced to private players; for example, the provision of photocopies in the district collector's office, catering services, car maintenance and rental services. In some states, like Arunachal Pradesh, the rural health clinics have been given to a philanthropic charity for management under a public-private partnership. In all these instances, the role of the district collector continues to be relevant as a coordinator. Furthermore, a whole range of administrative reforms related to accountability, transparency, responsiveness, and simplification of services have been assigned to the district collector for implementation. An example is the implementation of the Right to Information Act, through which the district collector has the responsibility of "ensuring that the other offices in the district follow the law and arrange for provision of information as per rules" (A. K. S. Kumar et al., 2011, p. 116). The independent media further magnify the implications for accountability by keeping the district collector's actions under constant surveillance. As an example of the district collector's individual and institutional agency in providing for interlinkages between all reform efforts, Kumar discusses the role of a district collector who initiated the creation of a civil society organization comprising district officials, private citizens,

medical representatives, and local government members to assess the functioning of rural health clinics, suggest reforms, implement user fees and leverage the potential of the private sector where possible for specialized health services.

In all these instances of change, the district collector's office is "called upon increasingly to steer as well as to row" (Sinha 2007, p.125). While clearly there is evidence of a new orientation to the role of the district collector, it does not address the basic structural issues leading to diffused responsibility (Appleby, 1953; Caiden & Sundaram, 2004; Mitra, 2010). In fact, scholars have argued since the early planning era that any reform effort at the district collector level has only muddied the waters further:

Experiment after experiment has been tried to reform it, but with every experiment, it has become more amorphous and functionally anomalous serving neither the cause of local democracy nor the traditional pattern of centralisation (Sadasivan, 1988, p. xx).

Conclusion

Before I proceed with discussing the prospects for engaging in collaborative governance at the state and district level, a summary and implications of India's administrative functioning as it evolved is in order. The basic administrative structure of India is one based on principles of centralized administration and on the basis of territorial administration, with a district as the basic unit of administration. It functions in a command and control mode that is rule-based, where responsibility moves vertically up the hierarchy, thus discouraging delegation of authority down the hierarchy. This basic administrative structure is ingrained in the Constitution of India to deliver on two key promises to its people: unity of the nation and equitable economic growth and democratic governance. Since the second promise cannot be delivered without assuring the first, the framers of the Constitution retained the administrative machinery that the British used to retain control over the vast, diverse and disparate Indian subcontinent. The British in turn

inherited a system of centralized and authoritarian territorial administration from the imperial rulers of the Indian subcontinent dating back to 323 B.C. Thus, unsurprisingly, any amount of candid discussion about the inability of the Indian Administrative Service (IAS) to be flexible, democratic, or collaborative always circles back to its relevance for national unity.

To the naked eye, India's bureaucratic structures and their functioning look chaotic and even dysfunctional, but when seen through the lens of institutional evolution, this *mesh of structures* gains "legitimacy and strength by reducing uncertainty and providing a structure to everyday life" (Mitra, 2010 quoting North, 1990). Furthermore, the Constitution of India—an unalterable document of faith—further restricts and shapes bureaucratic interaction, and this provides added incentive for actors within these bureaucratic structures to adapt and evolve a system of certainty on a daily basis given the permanence of India's basic administrative structures. In the next chapter, I introduce and operationalize the concept of a *collaborative bureaucrat*. The collaborative bureaucrat is the organizational actor within India's civil service bureaucracy (e.g., like the District Collector) who operates within rigid bureaucratic structures that are aimed to strive toward centralization, while at the same time are mandated to operate in an environment which is committed to decentralization, devolution of power, and collaborative governance.

Chapter Three

Era of the Collaborative Bureaucrat

Introduction

Examining the historical evolution of India's forest and irrigation policy and their implementation regimes, Ebrahim (2004) argues that the "collaboration literature has only peripherally examined the institutional substructures that underlie cooperative endeavors" (p. 210). To address this gap in the scholarship on collaboration in India, the previous chapter provided a historical context for the role of India's civil service bureaucracy and what its implications are for democratic governance. From a historical perspective, I assessed the structural conditions underlying collaborative endeavors. In this context, I posit that the historical evolution of India's federal polity and democratic institutions has resulted in an interesting paradox: while the necessary structural pre-conditions to engage in collaborative governance have been created, the administrative structures upon which these institutions function make effective intergovernmental coordination and citizen participation a cumbersome bureaucratic exercise at best, and an elusive pursuit at worst. However, the reality of India's public administration in the 21st century is that the civil service bureaucracy is being increasingly called upon to engage in boundary-spanning work to meet India's development commitments to its people and the world. I refer to this as the era of the *collaborative bureaucrat*, a term that captures the inherent contradiction within India's development administration.

Examining India's commitment to and implementation of the Millennium Development Goals (MDGs) brings the above-described situation into sharp relief. At the turn of the millennium, the United Nations (UN) announced the commitment of its member states to

support, in a time-bound manner (2000-2015), the adoption and attainment of eight goals that came to be known as the MDGs. These goals address extreme poverty, HIV/AIDS, maternal and child health, primary education, and the environment. The UN and government of India recognize that “India remains home to one quarter of the world’s undernourished population, over a third of the world’s underweight children, and nearly a third of the world’s food-insecure people (2015, p. 6). India has played an active role in working with several global partnerships and multilateral and bilateral aid agencies. Specifically, in the context of MDGs #4 and #5, while relate to reducing child mortality and improving maternal health, there is a focus on improving governance mechanisms, strengthening service delivery through better integration of services, and examining the management structures that deliver health services (Conseil, Mounier-Jack, & Coker, 2010; Grundy, 2010; Ryman, Dietz, & Cairns, 2008). In response, the government of India launched the National Rural Health Mission (NRHM) with the aim of integrating all existing health and related programs onto one common implementation structure. In addition to providing an overarching implementation framework, the NRHM also provides financial assistance to state governments to improve and strengthen health service delivery capacity. Effective implementation of NRHM is thus dependent on the extent to which state governments and, subsequently, district administrators within states adopt the implementation prescriptions of the central government.

Implications for State-level Implementation of Collaborative Governance

According to the Constitution of India, public health and health services (sanitation, hospitals, and clinics) are a state government’s prerogative in terms of policy legislation and administration, while overarching development goals of national importance (e.g., maternal and child health and disease control) are the central government’s prerogative. As long as the state’s

laws on public health and health services are not directly in contradiction to the central government's or against the spirit of the Constitution, they are valid.

India's aspirations to be a global power make it imperative for the central government to endorse the MDGs and commit state governments to their attainment through policy declarations and programs like the NRHM. At the same time, state-level health sector priorities are also valid. Additionally, health outcomes and service delivery at the state level are shaped by the unique cultural context and histories of each region. *Thus, central and state government goals co-exist at the state level for bureaucrats to interpret and adapt to the local policy and administrative context.* This is the starting point of the diffusion and confusion pervading the policy implementation environment. For example, in states like Andhra Pradesh (AP), tertiary health care has always been the focus of politicians and electoral campaigns, but the state lags behind in primary health care services, which is a sectoral focus of the NRHM. Thus, while senior bureaucrats from the Indian Administrative Service (IAS) stationed in AP's health ministry are implementing programs aimed at strengthening tertiary health care services, IAS officials heading other health departments within the same ministry are being called upon by the central government to improve primary health services in the context of the NRHM and MDGs.¹⁰ State-level bureaucrats regularly attend meetings and conferences in the national capital to maintain their *All-India* focus, balance state needs with national priorities, and learn about what other state governments are doing.

¹⁰ In principle, state governments will not object to the adoption and implementation of a program like the NRHM by bureaucrats who are inspired by the nationally championed program. This is because the NRHM provides a financial package to states, it helps in strengthening primary health care services in rural areas, and in return states cannot be held accountable for results or for the use of funds. This is a result of India's federal system where states are seen as autonomous entities. Furthermore, the central government has always been benevolent with social sector funds to states, because it does not want to deprive the poor of resources just because the state government is unable to deliver on results. Thus, in this context, improved service delivery is desired, but not required.

The structural preconditions to collaborative governance inform us that the state health services bureaucracy will adopt NRHM's basic principles and implementation prescriptions because: (a) the NRHM does not pose a threat to the authority of the lead agency at the state level; (b) NRHM does not question the basic administrative structure of the civil service bureaucracy, as the national program only recommends the use or coordination of other institutions created for decentralized administration within the centrality of the department's hierarchy; and (c) attaining NRHM goals further enhances the authority and legitimacy of the lead agency in the domain of social sector development and decentralized administration. Thus, an enabling environment for agencies to engage in collaborative governance can be created. Similar to how a senior bureaucrat from the health department attends conferences in the national capital, so do senior bureaucrats from other departments like Rural Development, Panchayati Raj (or Local Government), Women and Child Development, and Rural Water Works, to name a few. Here, everyone is exposed to the diffusion of ideas, information, and policy prescriptions about cross-sectoral partnerships and community engagement, which everybody gets exposed to. Thus, for the same reasons (as listed above) that the state government's health department will adopt NRHM, other agencies will also embrace NRHM's goals.

However, the extent to which an enabling environment at the state level can be translated into action at the district level is dependent on individual agency – that is, how a policy entrepreneur or a champion of collaboration can utilize the structural preconditions to their advantage. To the extent that a leader, particularly in a position of formal authority, can get senior bureaucrats or fellow IAS colleagues on board with leveraging the structural preconditions to collaborative governance, a new layer of institutional arrangements to enable coordination of

the collaborative initiative are added to the existing mesh of structures at the state, district, and village levels. Such an arrangement brings into further relief how lines of responsibility and accountability cross agency boundaries at the state level. *The structural preconditions demonstrate that senior state bureaucrats have agreed to the coordination but not the administration of collaboration.* At the state level, this means *the focus is not on decision making, action, assigning responsibility, or delegating authority, but on coordinating a laborious exercise of interministerial cross-referencing and consultation.*

Implications for District-level Implementation of Collaborative Governance

As I have shown in the previous chapter, the centrality of the District Collector's role in development administration has only increased in spite of efforts at decentralizing development administration. District collectors are Indian Administrative Service (IAS) officers in their mid-career, and it is only for these two years of their potentially 30-year careers that they are the masters of all they survey. The role of a District Collector has evolved since independence; at present, it is that of a master coordinator. Several new institutions and actors have emerged at the district and village level, but all activities are coordinated through the authority vested with the District Collector. . One reason why the District Collector remains the focus of development administration is that state governments have not fully transferred all administrative and fiscal powers to the local government institutions.¹¹ Once a collaborative initiative is announced in the state capital through the issue of a Government Order (GO), the work of the District Collector begins.

¹¹ It should also be observed that senior state government bureaucrats are also IAS officers who have been through the phase of a district collector; a phase that is much cherished. The decision to transfer powers to local governments also has to be assessed and executed the very same senior IAS officers; why would they want to diminish the stature of such a beloved institution?

At the district level, no program can threaten the authority or centrality of the District Collector's office. Even though field functionaries of various departments have their own hierarchy, they all come under the control of the District Collector—another source of diffused responsibility and confused accountability at the district and village level of administration. Given the District Collector's position of formal authority, power, and respect, all programs pin their hopes on the District Collector to champion their cause.¹² The word of the District Collector is sacrosanct; what the Collector cares about gets done (or at least appears to get done). A District Collector is expected to chair and coordinate several district-level committees comprising all departmental functionaries, local government representatives, and civil society. The report on State and District Administration (A. K. S. Kumar et al., 2011), examining the role of district collectors, finds that “many of them were not fully aware of how many committees they are required to preside over” (p. 70).

The report finds that the collector is the chairperson for 50 committees in Andhra Pradesh and 43 in Assam. If, for example, in the context of the National Rural Health Mission (NRHM), there is a collaborative initiative between the Health, Rural Development, Panchayati Raj, and Women and Child Welfare departments to improve maternal and child health services with community participation and monitoring, the District Collector will be the de facto chairperson of that district-level committee as well. Thus, given these structural preconditions, it is possible for a collaborative initiative to exist at the district level as well. This is one way the institution seems to have responded to maintain the balance between championing the cause of

¹² Given that initiators of development programs are also IAS officers senior to the district collector, there is a certain level of collegiality that can be leveraged when it comes to policy implementation.

development programs (by coordinating institutions engaged in decentralized administration) and retaining its centrality and authority.

During the two-year duration, the Collector has to understand the local context, politics, adhere to routine protocol, ensure law and order, collect tax revenue, attend to judicial matters, chair numerous committees, and champion development programs. Additionally, the role of the district collector is absolutely critical during times of communal violence, natural disasters, or national, state or local elections, when all other programs are relegated. It is no wonder that scholars since the time of Appleby (1953) have concluded that the District Collector is responsible for everything and to everybody; there is simply no mechanism to hold the Collector accountable for the time spent on a particular program, and all departmental heads in the state and ministerial heads in the central government (who have worked as district collectors themselves) are aware of this. Structurally, the collector is appointed by the central government of India, even though the collector is in charge of administering all state and local programs. Thus, the district collector's office is the hub through which the lines of responsibility and accountability of every national, state and local program travel from the villages to the state or central government. This situation is the manifestation of diffused responsibility and confused accountability in full bloom.

Nonetheless, such a mesh of structures can still accommodate a collaborative initiative, and such an initiative can actually be activated if the collector decides to focus on it amongst the myriad programs that exist. Research about the district collector's functioning stops at this point; how and why collectors align their goals to national or state programs, what trade-offs are considered and where the incentives lie are issues that have yet to be examined. No systematic research exists, but the general perception is that District Collectors focus on programs that are

championed by the state's chief executive or pursue individual interests and passions. It is thus a foregone conclusion the District Collector cannot be held accountable for the results of a collaborative initiative, as their role is only that of a coordinator. As explained earlier, the situation is similar at the state level, where senior bureaucrats are also only facilitators of coordinating arrangements. The structural preconditions to collaborative governance thus show that a collaborative initiative can be initiated at the state-level and brought to the district-level for operationalization *only* by the District Collector.

Implications for Village-level Implementation of Collaborative Governance

At the cutting edge of government (i.e., at the village level where services are delivered), the lines of responsibility and accountability are relatively clear, primarily because field functionaries are engaged in service delivery. There is little ambiguity as to where responsibility lies in the administrative structure of field functionaries (e.g., health, nutrition, sanitation, or water works or local government representatives). The field functionaries are recruited at the state level by individual departments, and they stay within those departments throughout their careers – completely the opposite situation of those who initiate, design, and operationalize development programs. However, the situation is not as clear as it appears, because the administrative structures of field functionaries share dual accountability to the District Collector and their departmental hierarchy. In this context, initiatives like Maarpu aims to bring about clarity at the village-level—by bringing service delivery beneficiaries and their service providers on to the same platform, Maarpu aims to clearly establish lines of responsibility and accountability. On the other hand, it would be naïve to think that the administrative structures supporting field functionaries that have also existed since the time of independence have not evolved to adapt to such a situation.

When the entire administrative structure, from the central government to the state to the district, is enmeshed in diffused responsibility, why should the field functionaries be part of collaborative governance structures where lines of responsibility are clear? When it comes to the results of a collaborative initiative, it does not make sense to say that the buck stops at the village-level functionary, when lines of responsibility upward in the hierarchy are diffused. Research on implementation of public programs in India has ignored this interaction between different levels of hierarchy and have not studied how village-level administrative structures and actors have adapted to such a situation or the implications of such adaptation for effective implementation of collaborative endeavors. Thus, if there is a collaborative initiative among field functionaries from Health, Rural Development, Panchayati Raj, and Women and Child Welfare to improve maternal and child health services with community participation and monitoring, village-level administrative structures will perceive this as a threat to their authority. At the cutting edge, then, implementation is not about coordination but rather about administration, involving decisions, action, review, and evaluation—the analysis of the India's administrative structures indicate that the entire administrative structure is accustomed to avoiding action-oriented administration. Engaging in action-oriented administration also disturbs the certainty that has been acquired over the years as a result of adapting to administrative structures that manifest with diffused responsibility.

Conclusion: Key Propositions Regarding The Collaborative Bureaucrat

Bureaucrats operating in a centralized, command-and-control mode of administration at all levels of government are being called upon to collaborate across departmental boundaries and with citizens. Thus, India's attainment of the Millennium Development Goals (MDGs) and its own development goals is dependent on the extent to which the collaborative bureaucrat is able

to navigate through the basic administrative structures. The term *collaborative bureaucrat* refers to the current situation of government officials who are working within the “steel frame” of India’s administrative structures yet whose role has changed from ruling over to administering for the people. In this section, I have discussed the implications of diffused responsibility, which is a result of how India’s administrative structures evolved, for state, district and village administrative units to better contextualize the calls for intergovernmental coordination and citizen participation to effectively implement maternal and child health services. The historical evolution of India’s basic administrative structures and the creation of decentralized institutions form the preconditions to informing public administration scholars in understanding the extent to which, and under what conditions, collaborative governance can be implemented effectively. Based on my literature review and analysis, I form three key propositions, one at each level of the administrative hierarchy:

1. *State level*: I expect department heads to facilitate collaborative initiatives, because lines of responsibility for senior officials are diffused and cannot be easily ascertained.
2. *District level*: I expect formal authority to play a key role in the adoption of collaborative governance, but only to the extent that it is not perceived as a threat to historically acquired agency authority, and legitimacy.
3. *Village level*: I expect the implementation of collaborative governance to be ineffective and problematic where participating administrative structures have, over the years, acquired the ability, legitimacy, and authority to operate in an environment of diffused responsibility.

At the state-level, departments like Health, Rural Development, Panchayati Raj, and Women and Child Development, which are engaged in improving maternal and child health services with community participation and monitoring, I expect that a collaborative initiative can easily be forged (on paper). This is different from our conventional understanding of bureaucracies as protective of their autonomy and thus naturally averse to adopting collaborative arrangements. However, the extent to which departments actually engage in collaboration will depend on the extent to which the administrative structures are formed based on centralized or decentralized authority. Since some departments, like Health and Women and Child Development, are based on a command-and-control mode of administration, while some departments within Rural Development, like the District Rural Development Agencies (DRDA) and Self-Help Groups (SHGs), are based on decentralized administration, I expect the quality of collaboration to be influenced by the forces of centralization and decentralization.

At the district-level of administration, I expect to find that formal authority will play a key role in the adoption of collaborative governance, but only to the extent that it is not perceived as a threat to historically acquired agency, authority, and legitimacy. This means that district-level officials are ready to adopt a collaborative initiative only if they can continue working in their bureaucratic silos even as they play the role of coordinators. If departments have to share budgets and staff, there will be resistance, but if district officials are given the role of coordinators while sitting atop their administrative hierarchy, then they will adopt the collaborative initiative. A comparison with the government of India's Joint Forest Management (JFM) initiative articulates this point better. Under JFM, forest officials are expected to hand over certain forest land to the communities to manage; an analogous example would be asking

Health to hand over or involve the community in the management of the village health clinics. Such an action would lead to resistance.

Finally, at the village-level, I expect the implementation of collaborative governance to be ineffective and problematic where participating administrative structures have over the years acquired the ability, legitimacy, and authority to operate in an environment of diffused responsibility. Using community participation to monitor and evaluate services as a governance mechanism enables policy makers to actually pin down responsibility and accountability in an administrative system in which these qualities are otherwise elusive. This is where the appeal of collaborative governance lies in the context of India and development administration. However, the analysis of structural preconditions informs us that such a mechanism will be seen by village-level administrators as a threat to their authority and legitimacy for two reasons. First, it poses a threat to the existence of prevalent practices and creates uncertainty because responsibility and accountability can now be speedily ascertained by local communities – a practice that is alien to these administrative structures that have always looked up the hierarchy for evaluation. Second, it makes field functionaries question the fairness of such an arrangement wherein responsibility is clear down the hierarchy but diffused up the hierarchy. This issue is significant because community participation and decentralized administration, as tools of policy implementation in the context of India's development agenda, are expected to improve the quality of governance. Thus, village-level collaborative governance is a direct threat to the acquired authority and legitimacy of these institutions, because at this level functionaries are engaged not in coordination but in the real work of implementation.

A common theme throughout the three propositions, ironically, is that collaboration is likely to be adopted where lines of responsibility are diffused but not where they are clear.¹³ What is needed is a systematic examination of the implementation of a collaborative governance initiative in a subnational context—at the state, district and village levels of administration. Further research is needed to test the above propositions to explore the extent to which, and the circumstances under which, the collaborative bureaucrat causes a collaborative effort to be successful or unsuccessful. Indeed, the term *collaborative bureaucrat* is an oxymoron, suggesting that the Indian bureaucracy, based on its historical evolution and structural preconditions, is both a knight in shining armor and a rusted steel frame. The collaborative bureaucrat operates within administrative structures whose essential purpose is to ensure an indestructible union, wherein improved governance is desired but is not required.

¹³ Ebrahim (2004) study on India's forest and irrigation departments finds that where property rights are diffused and unclear, there is space for working with citizens. In the case of the irrigation department, water as a resource is a common resource property. However, in the case of the forest department, land rights are clearly allocated, and the department is protective of its property and unwilling to manage these lands with the community.

Chapter Four

Nature of the Beast: What Type of Organization is India's Government

Bureaucracy?

Since the maintenance dynamic is all-pervasive throughout the organization, why is it not sufficiently potent to result in highly rigid and unchanging structures? Without question there is considerable resulting stability, but there is also growth, expansion, and change in almost all social systems. In fact, one of the basic properties of social systems of the bureaucratic type is that they move toward maximization, toward growth and expansion (Katz and Kahn, 1978, p. 97).

Introduction

This chapter draws on organizational theory to develop an analytical framework to capture organizational influences across India's decentralized administrative levels. This chapter is based on the premise that organization matters—that is, that a bureaucrat's decision-making process is influenced by the nature of the organization and its structures. The central argument of this chapter is that organizational structures are paradoxical—they are rational, natural, open, and political at the same. The chapter begins by first understanding how organizations address this administrative paradox. I then articulate the organizational characteristics of administrative structures that are shaped by rational, natural, open, and political influences. The chapter then applies this explication of multiple perspectives from organization theory to the context of India's civil service bureaucracy. I posit that the net effect of addressing the administrative paradox is that India's public bureaucracies expand to adapt and strive to maintain stability; and this has profound implications for the implementation of collaborative governance initiatives. What emerges from this chapter is an analytical framework called the *implementation scorecard* that examines how the following functions: technical (rational system), managerial (natural

system), institutional (open system), and political (political theory of organization) unfold at each administrative-level within India's bureaucracy organization: state, district and village.

Understanding How Organizations Resolve the Administrative Paradox

What emerges from Chapters 2, 3, and 4 is that the evolution of India's federal polity and democratic institutions has resulted in an interesting paradox: while the necessary institutional pre-conditions to engage in collaborative governance have been created, the administrative structures upon which these institutions function make effective intergovernmental coordination and citizen participation a cumbersome bureaucratic exercise at best and an elusive pursuit at worst. However, the reality of India's public administration in the 21st century is that the civil service bureaucracy is increasingly called upon to engage in boundary-spanning work to meet India's development commitments to its people and the world. I refer to this as the era of the *collaborative bureaucrat*, a term that captures the inherent contradiction within India's development administration. How can we make sense of such a contradiction? Is it possible for public bureaucracies to emerge as efficient and flexible institutions while at the same retaining their rigid organizational structures? How can we understand the influence of such paradoxical organizational structures on the bureaucrat? What is the nature of the organization within which India's bureaucrats operate? To explicate the relationship between organizational structures and bureaucratic decision making, I situate the collaborative bureaucrat within the broader organizational theory literature to be view their decision making process from different vantage points.

This analytical insight is aligned with the central thesis of James D. Thompson's classic work *Organizations in Action*, which is that organizations are open systems, but they strive to be rational. Thompson (2008, p.148) refers to this as the paradox of administration:

If the basic function of administration involves shooting at a moving target of co-alignment, in which the several components of that target are themselves moving, then we can expect the central characteristic of administrative process to be a search for flexibility. Yet our theme throughout has been one of reduction of uncertainty and its conversion into relative certainty. How do we meet this apparent paradox? (Thompson, 2008, p. 148)

Thompson begins to address this paradox by acknowledging that all three perspectives (rational, natural and open systems) are applicable to a single organization. Next, Thompson (2008, p. 10) provides a framework (adapted from Parsons, 1960) to locate where these perspectives' influences would be most likely felt in the organization. The three organizational locations "exhibit three distinct levels of responsibility and control—*technical*, *managerial*, and *institutional*" (p.10; emphasis in original). Each of these three levels is essentially "a suborganization" within the larger organization.

The technical core deals with all the organizational activities (e.g., classes administered by teachers, passenger and freight trains being operated, administration and monitoring of vaccinations). The managerial core relates to the decision making processes involved in supplying the necessary inputs (i.e., resources) to deliver the outputs. The role of the managerial core is to administer the technical activities (e.g., preparing plans and supplying the needed materials to provide vaccinations for 100 villages). This work involves the full chain of administration: the supply side (inputs, activities, programs) and the demand side (monitoring services to ensure they are delivered). Lastly, the institutional core subsumes the technical and managerial core as it is "also part of a wider social system which is the source of the 'meaning', legitimation, or higher-level support which makes the implementation of the organization's goals possible" (p. 11).

Thus, in Thompson's analysis of the "complex organization as an open system subject to criteria of rationality" (p. 11), the technical core is closest to the closed system (where the

functions within this suborganization work toward reducing the number of variables affecting its operations, thereby reducing uncertainty); the institutional core is influenced by the open-system perspective (where the organization has little control over which environmental variables affect functioning, thus generating a high degree of uncertainty); and the managerial core's function is to bring about an equilibrium between the technical and institutional cores (i.e., the natural system perspective, where the role of the executive is to understand the internal and external environment to work towards the organization's goals).

I now turn to how we might resolve the paradox of administration. For Thompson (2008, p. 150):

...the dual searches of certainty and flexibility, to a large extent revolves around the dimension of time. In the *short run*, administration seeks the reduction or elimination of uncertainty in order to score well assessments of technical rationality. In the *long run*, however, we would expect administration to strive for flexibility through freedom from commitment

While Thompson's time dimension makes intuitive sense, in an empirical context it might need a high degree of translation. In Thompson's analysis of the time dimension, long run organizational concerns will be prioritized at the institutional level or "at the upper reaches" of the organization, while at the technical core (presumably the lower levels of the hierarchy) short run concerns are prioritized. However, such a scheme does not suit the singularity of a government bureau, where senior executives are either political appointees (as in the US) or senior civil servants who occupy short-term senior positions (as in the Indian Administrative Service); thus, in both cases, given the short duration of their positions, political expediency or short-term goals to prove their credibility assume the highest priority. On the other hand, at the technical level, where career bureaucrats operate for a longer duration than their senior executives, long-run organizational concerns are likely to be given greater weight over reform

agendas instituted by senior executives with short-run agendas. In this study, I propose to resolve this paradox through the concept of stability, which is more germane than short run and long run goal prioritization to a government bureaucracy. I define stability as the organizational tendency towards formalization and institutionalization. In my view, *the search for flexibility and the need to reduce uncertainty ultimately results in organizations looking for a compromise that ensures organizational stability and survival*. In a later section, I return to explicating this notion of stability in the context of a bureaucratic organization that is rational, natural, open, and political.

However, Thompson's (2008) analytical framework synthesizing different organizational perspectives does not cover the political nature of organizational structures, which is singular to the government bureaucracy. Intuitively, a case can be made that the political core is most influential at the institutional level where political actors and senior officials operate.

Alternatively, it can be argued that the political core is a function that runs through the organization across all functional locations but that its effect varies across the locations.

Nevertheless, the addition of the political dimension further consolidates Thompson's position that organizations are characterized by an administrative paradox of flexibility (new structures are created each time public authority or political power changes hands) and certainty (political actors encumber the organization with more structures to ensure certainty beyond their duration of power). *What emerges from this discussion is that the bureaucratic organization's structures are rational, natural, open, and political*. In the following section, I briefly examine the use of organization theory in public administration and explain the characteristics of each of these organizational perspectives before synthesizing and contextualizing them to the study at hand.

Applying Organization Theory to Public Bureaucracies

The use of organization theory to understand public bureaucracies is not new to public administration or political science, but it has waned over the years, leaving extant literature on public bureaucracies devoid of the perspectives of organization theory (Christensen 2014; Moe, 1995). Tracing the emergence, decline and evolution of various traditions of organizational theory from the classical rational model (Weber, Gulick), to the natural systems approach (Chester Bernard), to bounded rationality (Simon and March), to open systems and population ecology models (Katz and Kahn, DiMaggio and Powell), Terry M. Moe (1991) contends that “two relatively new schools of organizational thought now attract most of the attention—one economic, the other sociological” (p. 120). While the economic mode “is built around the rationality of organization and its theoretical trappings—goals, efficiency, the individual, the instrumental value of formal structure,” the sociological school of thought “has always taken delight in trashing all this: highlighting the nonrational and the downright irrational, insisting that goals and efficiency and formal structure have little to do with what really happens, and anchoring its explanations in the characteristics of society rather than the choices of the individuals” (p. 120). Insisting that neither mode fully captures the complexity of a bureaucratic organization, Terry M. Moe (1984, 1989, 1991, 1995, 2013) has been vocal about the integrating politics and administration into a political theory for public bureaucracies that is built on the economic theory of organization.

The purpose of this chapter is not to develop an integrated organizational theory of the public bureaucracy but rather to draw upon various streams of organization theory to understand the bureaucratic organization holistically and understand how organizational structures in a public bureaucracy emerge and influence the bureaucrat engaged in the implementation process.

Given that organizational actors' "views and skills" are shaped by their "organizational position" (Wilson 1989, p. 24), the exposition of multiple organizational perspectives also helps in understanding how organizational actors might engage in the implementation process.

Thus, I situate the collaborative bureaucrat within these coexisting organizational influences. The collaborative bureaucrat of this study operates at the intersection of these organizational structures, which are shaped by concerns for efficiency and rationality, environmental pressures, and political interests; thus, essentially, these organizational structures are conceptually at odds with each other. To navigate this mess of structures, the collaborative bureaucrat is compelled to engage in bureaucratic politics during the implementation process.

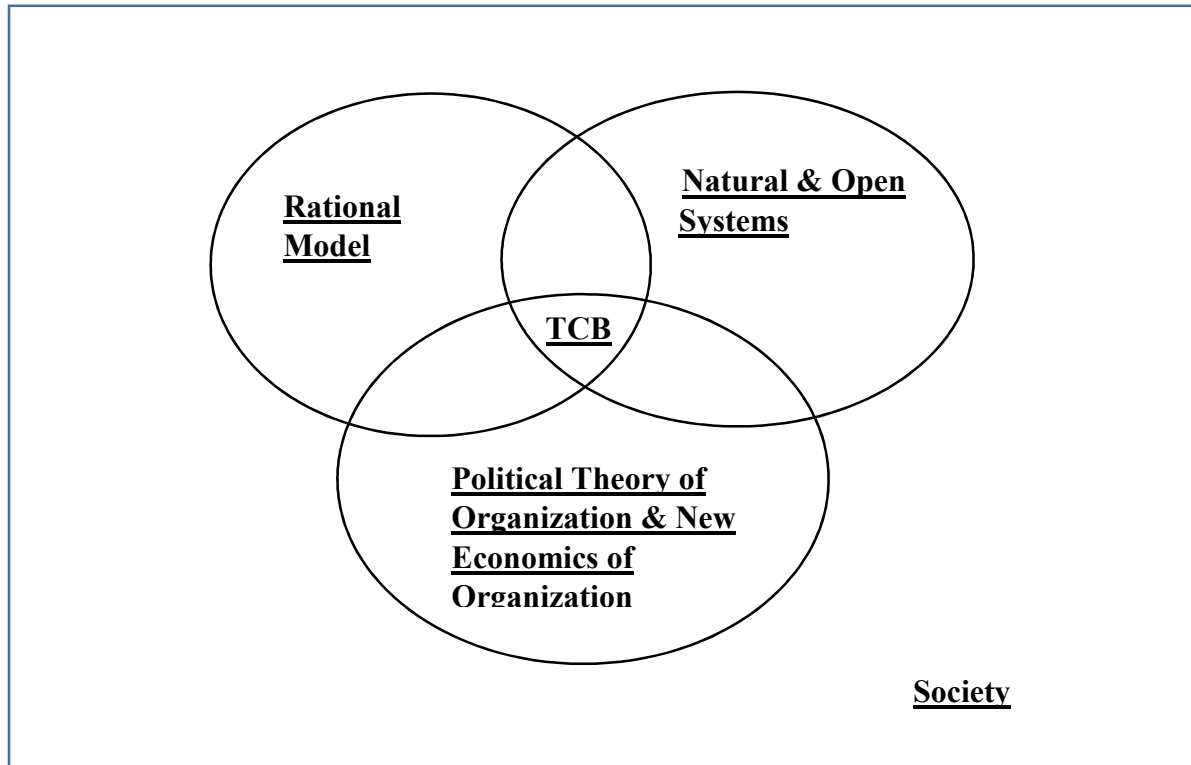
Given the long history of organizational theory literature, from the classical scholars of the progressive era to the more recent scholars examining the new institutional economics, several typologies and classifications of organizational theories exist (Christensen, 2014; Scott, 2003; Tompkins, 2006). There is considerable overlap in the conceptual development of various schools of thought, and the classifications are not watertight. W. Richard Scott (2003) presents a "layered model" under two main categories: closed system models and open system models, each of which classify the organizational schools of thought chronologically from 1900-1970 as rational or natural models and further categorize these groups by the level of analysis (social-psychological, structural, or ecological) (p. 109). Christensen (2014) provides an overview of the developments in organization theory by describing four broad categories of models: 1) those in which formal structure and the limited cognitive abilities of individuals making decisions matters; 2) those based on rational, self-interested, and utility-maximizing individuals; 3) those from the cultural-institutional perspective, which posits the adaptive nature of organizations with respect to their environment, where institutions eventually develop their own set of norms to

guide decision making, and 4) those in which the environment drives the decision making process.

Tompkins (2005) describes 11 schools of organizational thought classified by chronological development from the 1890s-1990s: bureaucracy, scientific management, administrative management, pre-human relations, human relations, natural systems, structural-functional, open systems, human resources, quality management, and organizational culture and leadership. These schools of thought are broadly arranged under four categories of models based on the degree of flexibility, control, internal and external focus: open systems (flexible and external focus), human relations (flexible and internal focus), internal process (centralized and internal focus), and rational goal (centralized and external focus). In addition to these schools of thought, and relevant to the study at hand, I also examine Moe's (1984; 1989; 1991; 1995; 2013) literature on developing a political theory of organization, because of its explicit focus on the political nature of organizational structures.

Figure 1 visually situates the collaborative bureaucrat at the intersection of multiple organizational influences. The collaborative bureaucrat and the organizational structures are placed within the larger context of a society, because a nation's public administration systems are a reflection of the society in which they function. Given that multiple organizational influences act upon the collaborative bureaucrat, the following sections discuss attributes of administrative structures that are shaped by rational, natural, open, and political influences.

Figure 1: Organizationally Situating the Collaborative Bureaucrat (TCB)



Rational Model

Scott (2003) defines a rational organizations as “oriented to the pursuit of relatively specific goals and exhibiting relatively highly formalized social structures” (p. 27). The purpose of having specific goals is to “provide unambiguous criteria for selecting among alternative activities” and to guide “decisions about how the organizational structure itself is to be designed” (p. 34). The key characteristic of a formal organization is that its structures are “formalized to the extent that the rules governing behavior are precisely and explicitly formulated and to the extent that role and role relations are prescribed independently of the personal attributes and relations of individuals occupying positions in the structure” (p. 35). In effect, the purpose of formal structures in an organization is to ensure predictable behavior among employees.

Another important attribute of formal structures is that they are impersonal – that is, they are “rendered independent of the participation of any particular individual” (p. 37). Thus, it becomes less important to select talented or charismatic individuals, because the individuals derive their power, influence, and charisma from the formal structure or position they occupy within the organization. A consequence of clearly specified goals and formal structures is that they enable policy makers and planners to “diagram the social structures and the work flows, allowing them to depict relationships and processes with the possibility of consciously manipulating them—designing and redesigning the division of responsibilities, the flow of information or materials, or the ways in which participants report to one another” (p. 36). This aspect of formal organizations helps explain policy makers’ and planners’ many attempts to reform civil service bureaucracies across the world, including management by objectives (MBO); planning, programming, and budgeting systems (PPBS); outcome budgeting; and or performance-management-related reforms like PART (Program Assessment Rating Tool) in the US and RFD (Results Framework Document) in India.

To further understand the attributes of public bureaucracies from a rational model perspective, it is instructive to examine Max Weber’s description of the ideal-type bureaucracy. According to Tompkins (2005), Weber considered the bureaucratic organization to be more rational than preceding administrative forms (e.g., chiefdoms and patriarchal/matriarchal systems) because of its focus on technical expertise and rules. Weber clearly articulated the role of power and authority in administration, stating that “the exercise of power is most effective when the authority of those exercising power is regarded as legitimate by the people who are expected to obey” (p. 43). Scott (2003) and Tompkins (2005) insist that Weber’s views on bureaucracy are misinterpreted out of context to underscore Weber’s view that the bureaucratic

organization was the perfect form of administration. Rather, Weber's analysis of the historical evolution of Western societies from belief in traditional and spiritual systems to a system of law, rules, and scientific explanations led him to observe that, compared to previous governance regimes designed to ensure the dominance of an individual ruler or group, "the bureaucratic form is systematically organized to achieve specific purposes such as justice, economic prosperity, or social well-being" (Tompkins, 2005, p. 46).

The bureaucratic organization in modern societies is thus formed on the legal-rational principle, which is based on a system of laws, rules, obedience to positions of formal authority, and the legitimacy of those in such formal positions to exercise power and administer. Thus, compared to the charismatic leader or traditional groups, legal-rational authority is relatively impersonal. It is in this context that we need to understand Weber's ideal-type bureaucracy and its attributes, including fixed official duties, hierarchy of authority, system of rules, technical expertise, career service, and written documentation (Tompkins, 2005, p. 49). For Weber, these structural characteristics made the bureaucratic organization the most "technically efficient of the many historical forms of administration" (p. 48).

Weber's conceptualization of the ideal-type bureaucracy is, however, merely a concept; it does not provide a theoretical explanation as to why public bureaucracies today bear the brunt of criticism and are subjected to relentless pressures to be efficient, cut waste, and reform. In Weber's descriptive analysis of the ideal-type bureaucracy, he purposefully omitted the "irrational elements' affecting the performance of bureaucratic institutions, including politics, personalities and human emotions" (p. 54). While later advances in organization theory helped fill this gap, Weber's isolation of the irrational elements to create the concept of an ideal-type bureaucracy is not only valuable but also a necessary starting point for any analysis of an

organization, its participants or its activities. The limitations associated with public bureaucracies are primarily focused on the three key aspects of Weber's ideal-type conceptualization of a bureaucracy: centralization, specialization, and formalization. When these three aspects are taken to an extreme, the performance of a bureaucratic organization is undermined. Tompkins (2005, p. 55) refers to this as the Weberian orthodoxy – that is, the case in which managers adopt the doctrine that “the administratively efficient organization must be highly centralized, reflect a clear chain of command from top to bottom, place a heavy emphasis on accountability and control, and achieve a high degree of work routinization.” This orthodox frame of thinking is a useful explanation to understand why bureaucratic actors resist changes to alternate forms of administration that diverge from the model that reflects Weber's ideal-type attributes.

Weber's bureaucratic organization is an abstraction. In reality, it is instructive to understand the bureaucratic nature of an organization as a variable, as the level of centralization, specialization, and formalization varies depending on the type of work in which an organization is involved and the societal-context in which it operates. A common criticism of the rational model of organizations is that it does not consider the influences and interactions with the environment (i.e., they are closed systems). Furthermore, the rational model of organizations examines the characteristics of the structure but not of its participants; that is, rational theorists only celebrate normative structure and ignore behavioral structure (Scott 2003, p. 55).

The internal structures within the rational model (e.g., goal specificity, formalization, centralization, specialization, authority, power and allegiance to formal structures) are universally applicable to all bureaucratic organizations. While this is a necessary starting point in organizational analysis, it is not sufficient to understand how bureaucratic actors behave or how organizations and their environments interact with each other. This gap is addressed by

organization theory, which explicitly incorporates environmental influences and interactions as part of its analysis to explain organizational performance. I now move from the rational model to the natural systems and open systems model, which explicitly acknowledge the external environment's influence on shaping an individual's behavior and organizational structures. The natural systems model gives greater emphasis to the role of the executive, while the open systems model gives greater emphasis to the external environment.

Natural Systems Model

The focus of the natural systems perspective is on behavioral rather than normative structure. The focus moves from the rational model's emphasis on how employees ought to behave to how employees actually behave within an organizational setting. The natural systems view does not take for granted that employees (i.e., participants within an organization) will subscribe to organizational goals or behave in a predictable manner. Because organizational actors are assumed to pursue their own goals and interests, the goals here are more complex and diffused than in the rational model. From a natural systems perspective, participants within organizations "are pursuing multiple interests, both disparate and common, [but] recognize the value of perpetuating the organization as an important resource. The informal structure of relations that develops among participants is more influential in guiding the behavior of participants than is the formal structure" (W. Richard Scott, 2003, p. 28).

In this view, public bureaucracies are living organisms that seek to maintain themselves and survive in uncertain environments. The internal structures "are seen partly as products of rational planning and partly as spontaneous, adaptive responses to threats to the system's equilibrium" (Tompkins, 2005, p. 184). In the context of this systems-mode of analysis, the organization is seen to be adaptive (i.e., seeking new goals and leaving behind old goals) to

survive and be relevant, as well as to be characterized by a high degree of interdependence between its component parts. Because the focus of social groups within the organization is to ensure their survival (and that of the organization), all their energies are directed towards 'maintenance' of the organization. This process often involves adapting to changing circumstances both inside and outside the organization. For this reason, "there is frequently a disparity between the stated and the 'real' goals pursued by organizations" (Scott, 2003, p. 57). Natural system analysts devote much attention to the maintenance function within organizations; in fact, organizations spend resources not only on products and services but also to "create overhead staff agencies and install new management systems to promote system maintenance, only to have them become sources of friction and inefficiency themselves" (Tompkins, 2005, p. 191). Thus, as a result of pursuing the maintenance function, organizational participants diverge from the organization's formal goals to pursue informal goals leading to overall goal complexity.

Another important attribute of organizations from a natural systems perspective is the existence of informal structures. Natural systems theorists acknowledge the presence of formal structures but consider their effectiveness limited for governing the behavior of individual actors within an organization. While it is true, as seen from the rational model perspective, that the role of formal structures is to ensure that organizations operate "independently of the characteristics of the individual actors," informal structures are "based on the personal characteristics of the individual actors" (Scott, 2003, p. 59). In effect, a manager or supervisor in a formal structure exercises power and authority based on the position occupied, while power and authority in an informal structure is based on interpersonal relationships and individual charisma. According to this perspective, the informal structures co-exist with the formal structure, leading to a structured and ordered pattern of "informal norms and behavior patterns: status and power systems,

communication networks, sociometric structures, and working arrangements” (p. 59). These informal structures are prevalent at not only the lower but also the upper levels of bureaucratic organizational hierarchy.

In *The Functions of the Executive* Barnard (1968) traversed the formal and informal organization; internal and external environment; economic and organizational motives of organizational actors; and rational, natural systems, and population ecological models to present a comprehensive theory of organization and its actors (Williamson, 1994). From Barnard’s perspective, those occupying positions of formal authority and power in a public bureaucracy need to create incentives so that the net contribution of the organization’s participants, who are constantly engaged in a process of adapting to changes in their environment (i.e., by pursuing multiple goals and interests), will be in favor of the organization. Thus, for Barnard, organization’s survival is the ultimate test of its success (Carroll, 1985).

Barnard believed that employees’ compliance to formal authority cannot be taken for granted and that certain conditions must be met for orders to be followed. For Barnard, compliance with formal institutional directions rests on legitimacy and consent. Employees will give their consent and perceive orders as legitimate under four conditions: they must “understand the directive, believe that it is consistent with the organization’s purpose, believe that it is compatible with [their] personal interests, and be able to comply with it mentally and physically” (Tompkins 2005, p. 195). Barnard believed that these conditions are generally met because most managers do not give orders that are inconsistent with organizational goals and because most organizational actors (managers and employees) do not wish to challenge authority and destabilize the organizational equilibrium (because it is not in their own interests if the organization’s survival is in jeopardy). However, if managers in positions of formal authority use

coercive mechanisms to ensure compliance, then the zone of indifference is reduced, and employees will withdraw from their contributions or participate in unpredictable ways if they feel the burden of compliance is more than the inducements being offered.

Thus, for the most part, Barnard's thesis on inducements and contributions suggests that organizational actors operate in structures that strategically evolve, adapt, and are designed by those in positions of formal authority to control outcomes. However, the natural systems perspective does not explain why the results of implementing programs vary widely from context to context. To understand this, I now turn to the open systems perspective, where the focus shifts to the external environment in shaping organizational structures and outcomes.

Open System Model

From an open system perspective, managers do not control outcomes, and the focus is on the exchanges between the organization and its environment. "From an open system perspective, environments shape, support, and infiltrate organizations" (Scott, 2003, p. 29). External elements play a more critical role than internal elements in organizations that are viewed as open systems. From this perspective, organizations or social systems are open systems in which there is a constant exchange of "materials, energy, and information with their environments so that they can renew themselves and continue to grow" (Tompkins, 2005, p. 241). Because of this intimate relationship, organizations closely mirror the socio-cultural structures of their environments.

According to Scott (2003), the component parts of an open system organization are loosely arranged or coupled (p. 83). An organizational implication of this loose arrangement is that normative structures (how employees ought to behave) differ from behavioral structures (how employees actually behave). From a natural systems perspective, Barnard's organizational

theory is essentially aimed at guiding executives in positions of formal authority to ensure closer alignment between the normative and behavioral structures. From an open system perspective, the pervasive influence of the external environment means that this divergence is an organizational reality; there can be no efforts to bridge the gap, because this gap itself is seen as a mechanism of an organization's survival. The divergence between normative and behavioral structures manifests when there is a "weak connection between 'talk' and 'action' in organizations" (Scott, 2003, p. 88). Another example of this divergence is observed when organizational charts of large bureaucratic organizations depict a highly interrelated hierarchical structure, tightly coupled and designed to ensure that a change in one component results in a predictable change in another component, but in reality the various component parts behave autonomously. This leads Scott (2003, p. 88) to conclude that open system theorists "propose to view the key participants in organizations not as a unitary hierarchy or as an organic entity, but as a loosely linked coalition of shifting interest groups."

The central premise of Katz and Kahn's (1978) classic treatise *The Social Psychology of Organizations* is that once formal organizational structures are created, they "generate pressures of their own survival and enhancement" (p. 83). The technical structures, with their focus on organizational efficiency, are primarily responsible for task completion and, over the course of time, develop a certain set of skills, training, and methods to attain their goals. However, it cannot be taken for granted that these technical structures will move towards a higher level of efficiency or optimum functioning; factors such as motivational and loyalty issues might cause their development to plateau. At the same time, an organization develops maintenance structures for "*maintaining stability and predictability* in the organization" (Katz and Kahn 1978, p. 85; emphasis in original), resulting in organizational rigidity and desire to maintain status quo. If

changes are incorporated, this is done with a focus on ensuring the ratios of the adjusted parts remains same. The most common mechanism to ensure stability is the tendency “toward formalization or institutionalization” of organizational activities like employee selection, socialization, training, incentives, rules and regulations to control behavior and reward obedience, and decisions “made on the basis of precedence” (p. 86).

Thus, in the short term, the easiest way to ensure organizational survival is to maintain the status quo – the key attribute of an organization’s maintenance structures. In the long term, however, there will be pressures to change, and the maintenance structures will respond in the interest of their own continuance and organizational survival. However, this change happens slowly within the maintenance structures, because these are the most inward-looking and insulated structures of an organization. The pressures to change is most directly and immediately felt by structures that are closest to the external environment (e.g., marketing, sales, and production departments). The insulated maintenance structures respond when they are threatened – that is, when their services and functions are no longer needed or when they do not have the resources or capacity to cope with the new demands. This is because demands for change are essentially targeted at changing the status quo or nature of the organizational activities. It is thus possible for maintenance structures to also engage or dawn the role of organizational change or adaptation and “find increased satisfaction in their expanded role” (p. 87).

An organization’s adaptive structures understand the external environment and bring it into the control of the organization. This logic can be further extended to government bureaucracies that do not operate in an environment of competition and enjoy autonomy in their daily operations. Thus, government bureaucracies have not developed the necessary adaptive structures to understand, respond to, and control their external environment as quickly as their

private sector counterparts, which partially explains why society is often displeased with government functioning. However, even in the case of government, there are other mechanisms ensuring that external environmental pressures are heard (e.g., elections, political mandates, and protests). The functions of “planning, research, and development, which permit the organization to exploit a changing environment rather than to be exploited by it, are essentially the role responsibilities of the top leadership” (Katz and Kahn, 1978, p. 88). While maintenance structures strive for internal equilibrium, adaptive structures strive for external environmental equilibrium. One method of ensuring consistency and predictability with the external environment is to control it by causing external elements to lose their independence. In private corporations, this is achieved through mergers and acquisitions. For the public sector, I argue that the mechanism of involving citizens in a participatory and deliberate manner in the decision making, governance, and service delivery processes is an adaptive strategy. As Katz and Kahn (1978, p. 89) note:

Both [maintenance and adaptive structures] move in the direction of preserving constancy and predictability in the conditions of organizational life. The maintenance function moves toward a constant set of internal structures. The adaptive function tends to achieve environmental constancy by bringing the external world under control. One method is to extend the boundaries of the organization so that it incorporates more of the external world.

The net effect of this exchange between the dynamics of compromise and maintenance is, ironically, organizational growth and expansion. Katz and Kahn (1978: 96) refer to this phenomenon of organization growth and expansion as the maximization principle and identify five reasons the maximization principle will dominate the maintenance dynamic (p. 97): (i) technical structures lead to increase in organizational proficiency and capabilities; (ii) expansion is the easiest way to handle internal conflict; (iii) expansion is the easiest way to handle challenges in the external environment; (iv) bureaucratic structures by nature lend themselves to

elaborate procedures; and (v) it is part of the organization's ideology to support aspirations for growth. This tendency to readily embark on increasing roles and rules is the quintessential characteristic of a government bureaucracy. Examples of such bureaucratic expansion can be seen in governments' constant quest for increased budgets and the readiness with which laws and legislations are passed in response to any internal strain or external shock (p. 101). An implication of such growth is that it results in an increase in personnel without any structural changes, an increase in identical units doing the same work, and further differentiation and specialization of tasks leading to calls for integration, which is again met by the creation of "new administrative positions and other coordinative devices, which are sometimes successful but sometimes add to the managerial structure without performing an integrative function (p. 118).

A further implication of the environmental influences on outcomes is that of *equifinality*, which means that an open system organization can reach its ultimate goals through multiple paths that have not been predefined. In effect, "not only are outcomes not predetermined, but there is no one best way of achieving success" (Tompkins, 2005, p. 241). Thus, through this cycle of interdependence, the environment effectively infiltrates the organization and shapes its formal and informal structures. However, organizations vary in their degrees of openness. As Scott (2003) reminds us, "organizations are open systems, but some are more open than others, and each is more open in some respects than others" (p. 147).

In the final analysis, although all three perspectives – those of rational, natural, and open systems – differ in their ontological assessment of an organization, they commonly perceive a functioning organization and organizational actors who either obey orders towards rationally determined goals or adapt to pursue environmentally influenced organizational goals. Thus, the underlying assumption here under all three perspectives is that organizational structures are

functional to ensure organizational survival and relevance. However, what remains unclear is why public bureaucracies are constantly criticized for being unresponsive, ineffective, dysfunctional, and in a constant state of administrative paralysis.

Political Theory of Organization

To answer the question of why organizations seem dysfunctional if they are constantly adapting and striving to deliver goals, I now turn to a political theory of organizations focusing on rational actors specifically designing organizational structures to be dysfunctional to suit political interests. This political theory of organizations uses the new economics of organization (with its focus on contractual relationships and transaction costs) as its foundation but alters several basic assumptions to underscore the inherently political nature of bureaucratic organizations (Moe, 1984, 1989, 1991, 1995, 2013). Moe's central thesis is that due to their political nature, bureaucratic structures are not designed to be effective. He explicates his logic through the concepts of public authority, political uncertainty, and the coercive power of the state. In this section, I briefly outline the theoretical tenets of the new economics of organization and the alterations made by Terry M. Moe to make it applicable to public bureaucracies to arrive at a political theory of the bureaucratic organization.

The new economics of organization, or the positive theory of institutions, is economic in methodology; it is founded on the classical Weberian theory of rational organizations, strategic actors, rational structures, focus on goals, efficiency and individualism, contractual nature of organizations, markets versus hierarchies, and transaction costs. Indeed, this theory of the firm, with its simplistic assumptions, was never meant to explicate the micro-mechanisms of an organization, yet it has generated a diverse range of economic models and theories rooted in the neoclassical theory of the firm. This diverse set of economic theories shares common "analytical

foundations, chief among them: a focus on the individual as the unit of analysis; the assumption of rational, utility-maximizing behavior; a concern for efficiency, optimality, and equilibrium; and a preference for mathematical modeling over other approaches to theory construction” (p. 741). Later development in this line of thinking took the shape of two paradigms – contractual and behavioral.

Essentially, these concepts revolve around what is commonly known as the economics of information, and they are used to study the following critical issues: how to ensure a balance between inducements and contributions of organizational actors to organizational goals (i.e., to structure incentives to minimize shirking and goal displacement); how to account for the fact that information available is not perfect between manager and employees or between the agent and factors of production (information asymmetry); how to ensure that actors reveal their preferences so that managers know the right candidate is being selected (adverse selection); how to ensure that employees have the desired capabilities and qualifications post-employment (moral hazard); and finally under what conditions an organization should internalize voluntary market exchanges within its hierarchy (vertical integration under the transaction costs economics approach). All these concepts come together cogently in the principal-agent model, which addresses how to control subordinates, how to manage information asymmetry and how to structure incentives such that the agent’s interests are aligned with their principal’s.

While there is much enthusiasm for using the principal-agent model and other concepts of the new economics of organization for the economic analysis of organizations, Moe contends that applying this new paradigm to public bureaucracies requires a “transition from economics to politics [that] is by no means straightforward” (Moe, 1984, p. 758). The central premise of Moe’s theoretical conception of a political organization is that politics is different (i.e. political

interests are different from business interests that centered on efficiency concerns) and that political concerns will yield organizational structures very different from those driven by efficiency concerns. Moe's central argument that politics is different is intuitive, but he shows insight here in how he translates the core efficiency concerns from the new economics of organization paradigm to political concerns and integrates his theoretical framework with the fundamental attributes of public bureaucracies and political institutions to underscore the inherently political nature of bureaucratic structures and organizations and their resulting implications.

Moe's most important point is that, in the realm of public bureaucracies, where there is no market for public goods, where citizens' preferences are not known, and where no suppliers exist for delivering the public goods, the politician plays the entrepreneurial role. The politician is a rational and strategic actor like the economic entrepreneur, but the politician's decisions are motivated by constituent interests, reelection, interest groups, and campaign donors rather than by efficiency. Thus, while the contractual paradigm might lead us to believe that choosing between a public bureaucracy and contracting out is justified on efficiency grounds, Moe (1984, p.761) insists that:

A contractor may be chosen because he is a major contributor to a subcommittee chairman's campaign; a bureau is created because it opens opportunities for patronage; and the control structure may have less to do with the direction of policy than the funneling of expenditures to legislative districts. We would therefore be quite wrong to conclude that public bureaucracy exists "because it is efficient" without qualifying what we mean by "efficient."

The survival and sustenance of public bureaus also curiously diverge from the economic perspective, where market forces weed out inefficient firms. In the realm of public bureaus, survival is also inherently linked to political patronage, citizen perception, and environmental conditions. Because there are not multiple bureaus delivering the same services (and thus no

equivalent of market forces weeding out public bureaus), the minimum level of support needed to survive is quite low and easily achieved. This is why once a bureau is created, its long-term survival is relatively secure compared to firms in the private sector. However, citizen perceptions are similar to market forces, and politicians often respond by reevaluating the survival and sustenance of public bureaus. Thus, instead of being weeded out, the bureaus are reinvented through reforms. However, as Moe (1984, p. 762) notes:

Newer, 'better' organizational forms may emerge in the public sector, but they generally do not replace the older ones; they simply make an undisciplined population even more diverse.

Thus we see that organizations emerging and surviving through political concerns in a public goods market look quite different from organizations emerging and surviving through efficiency concerns in a private goods market. Based on this insight, Moe (1991) begins to integrate politics and organization to transform the economic theory of organization into a political theory. Although the two theories share similar intuition—both see economic actors and political actors facing collective action problems and designing structures (incentives, selection, monitoring, enforcement mechanisms, and so forth) that overcome these barriers while ensuring gains from cooperation—Moe (1991) demonstrates that public authority and coercive power, political uncertainty, and political compromise gives rise to a very different type of organization.

Political institutions and government bureaucracies are vested with power and legitimized by the State. Moe (1991) refers to this power as public authority, which is coercive in nature and can be exercised by whoever occupies the positions of formal authority. Public authority is no one's exclusive right, and individuals and institutions constantly struggle for it. Those who have this power can enforce their choices on others through the creation of new policies, programs or structures. Unlike the realm of private sector markets, where economic actors transact based on

voluntary exchange and mutual benefit (i.e., the party that does not get what they want can walk away from the transaction), the realm of public authority works on coercion. This means that politics is a world of winners and losers rather than arriving at mutually beneficial outcomes, and the consequences of political victory and defeat are manifested in the organizational structures that emerge. As Moe (1991, p. 123) notes:

The power of public authority is essentially coercive. People can be forced to accept outcomes that make them worse off, outcomes they would never agree to in a world of voluntary exchange. The upshot is that political institutions, most of which arise out of politics of structural choice, are means of legal coercion and redistribution. They are structures by which winners impose their will on everyone else.

The struggle for public authority is a result of political uncertainty. The group that wins today can lose its power tomorrow; thus, its goals must be pursued while it retains public authority. Conversely, in the private markets, property rights are clearly defined, and once exchanged there is no uncertainty regarding ownership – a feature that favors exchange and cooperation. In the realm of political institutions and public bureaucracies, those occupying power must ensure their legacy but not only thinking only about programmatic effectiveness but also constraining or limiting the opportunities of the opposition to make changes when public authority changes hands. For this reason, public agencies are burdened with excessive procedures, rules and other structures to make it difficult, if not impossible, for the opposition to dismantle their structures when the opposition comes into power. Thus, Moe (1991, p. 124) notes that political institutions are, inconsistently, both structured for performance and protected against uncertainty, giving rise to a rather curious organization. It is difficult to dismantle public bureaucracies or political institutions because the winning group, in their efforts to protect their interests, insulates the newly created structure to protect it from the public authority of the State

itself. That is why, even if the resulting structure is a monstrosity, the victors and losers have no escape from the consequences of a dysfunctional bureaucratic organization.

To limit the abuse of power by those vested with public authority, democratic governments have a system of separation of powers and checks and balances; as a result, while those in power can impose their will on others through new or existing structures, such power cannot be fully realized without the cooperation of the opposition. Moe (1991, p. 125) observes that, to claim victory, political winners often must meet the loser's demands, which are often aimed at weakening the victory's effect. There is no shortage of examples of such political compromise in the United States, as in the case of amendments that water down a law to satisfy the losing side's demands. This implies that political organizations are "designed in part to fail." In the final analysis, then, Moe's (1991) political organization is one where political actors and public officials are "not in the business of building effective organizations, as they are in the private sector" (p. 126). However, this insight does not mean political actors and public officials are deliberately designing ineffective organizations; for their own interests, they have to create effective organizations that are designed to deliver on the promised mandates, but because of the nature of public authority, political uncertainty, and political compromise, the end result is that organizations are encumbered with structures aimed at isolating the organization from further external influence. As a result of these inconsistent goals, the bureaucratic organization's design "should loom as structural nightmares that seem to deny all principles of reasoned judgment" (Moe, 1991, p. 126).

Having explicated each of the organizational perspectives—rational, natural, open, and political as they apply to the bureaucratic organization, I now return to applying these

perspectives to understand how India's bureaucratic organization resolves its administrative paradox.

Resolving the Administrative Paradox within India's Bureaucratic Organization

As explained in Chapter 2, the legacy of India's modern civil service bureaucracy can be traced back to the colonial era of British India's ICS (Indian Civil Service). The ICS in general, and the District Collector in particular, were based on centralization of authority and a command and control structure and were dictated by the need to maintain law and order at all costs. Post-independence, the Indian civil service bureaucracy inherited the same structural characteristics: centralization of power (at the central and state Governments in the federal system of government), a clear hierarchy and chain of command, and the purpose of keeping the union indestructible (i.e., the concern for centrifugal forces) through law and order. Thus, India's permanent civil service bureaucracy is structured to reduce uncertainties and ensure stability of the nation.

Given that India's bureaucracy operates like a "steel frame" and has ensured the stability of the union thus far, it is interesting to note the remarkable changes the Indian Administrative Service (IAS) has undergone in its demographic make-up over the last 30 years, becoming more reflective of its environment by changing from an elite service representing only those from urban educational, liberal arts, and upper class backgrounds to those from rural education, technical education (engineers and doctors), and all socio-economic groups. However, scholars who study India's bureaucracy point to the fact that the IAS training curriculum does not reflect any changes in orientation but still reinforces the traditional administrative orientation (i.e., the Weberian orthodoxy). This aspect is less puzzling when viewed from an open system perspective, as selecting a more representative sample from the society, yet training them in the

Weberian orthodoxy is the way the IAS maintains an equilibrium and ensures that, even as environmental variables beyond its control are accommodated (i.e., displaying flexibility), it is still able to ensure the rational orientation of its bureaucratic structures (i.e., ensuring certainty). Since this change has taken 30 years, it is clear that, much like a living organism, the IAS first resisted, then assessed the reaction, adapted, incorporated the changes, gained legitimacy from its environment, and ultimately survived to continue to deliver its primary goals of national unity.

The evolution of India's Panchayati Raj Institutions (i.e. local government bodies) and its incorporation within India's civil service bureaucracy is another example of how India's civil service bureaucracy behaves like an open system. As explained in Chapter 2, there is a long history related to the growth of local governments in India. While the evolution of local governments (or, to refer to their bureaucratic structure, the Panchayati Raj Institutions) can itself be seen from an open-system perspective, I will view its growth from the perspective of the IAS. The fact that, after decades of political struggle, local governments finally received constitutional recognition in 1992 in India is an example of the powerful influence of the external environment on rationally designed "steel frame" structures (i.e., enabling a constitutional legislation from centralization [IAS] to decentralization of power [Panchayati Raj Institutions]). By the same token, the fact that it took so many decades to achieve this illustrates the resilience of the rationally designed bureaucratic structures, particularly the IAS, because at the district level a fully functional and powerful Panchayati Raj Institution is in direct competition with the authority of the District Collector (the democracy versus bureaucracy tension). As the open system perspective predicts, the result of the maintenance, adaptation, and compromise function is maximization (or organizational growth or expansion); the consequence of Panchayati Raj emerging as a legitimate bureaucratic structure is that now every program

implementation requires all bureaucratic structures to coordinate and work together. At the district level, where programs are implemented, this has resulted in the expansion of the District Collector's duty to oversee the regular development administration structures and local government structures. The net effect of these changes is that the IAS is seen as flexible to change; it has reduced uncertainty by ensuring the local government structures are under the purview of the District Collector, thus ensuring its stability and survival.

But what explains the apparent dysfunction of the Panchayati Raj Institutions in light of their victory within India's polity? Neither the rational nor the open systems perspective can provide an explanation, but the political theory of organizations provides valuable insights. As already noted, the emergence of Panchayati Raj Institutions is explained through the open system perspective, but post-emergence the analysis has to shift to the actions of those with the public authority; the IAS have the public authority to design structures that would not only accommodate local governments but also ensure the relevance of the IAS and seek a compromise from the victor (Panchayati Raj) for them to realize their full victory. Since the IAS help formulate and implement legislation on behalf of Parliament, the politics of bureaucratic structures related to Panchayati Raj Institutions is such that it is left to the state governments to transfer powers to their respective local governments. Given India's federal structure and a centralized IAS cadre that rotates across state governments, it is almost assured that the transfer of administrative and financial powers to local governments will be so slow that it will render village-level local government bodies ineffective and thus the Panchayati Raj Institutions will lose legitimacy in the eyes of their constituents. Further, the politics of Panchayati Raj's bureaucratic structures ensures that the District Collector maintains centrality over all their activities. Also, India's social structure of caste also validated and legitimized such a structure,

because the village's panchayat leader would be from the local village or even someone from a lower caste and thus would not match the socio-economic stature of the District Collector.

Another example of the politics of bureaucratic structure in India can be seen in the separation of powers in India's federal polity. To ensure India's unity and the autonomy of its subnational regions, the compromise devised by India's constitution planners was the separation of powers between the central and state governments. As explicated in Chapter 2, the separation of powers decidedly ensures that the central government is weaker than the state government in executing its work. However, from the perspective of the political theory of organization, the victors here (i.e., the state governments) had to compromise to fully realize their desire for subnational autonomy. The bureaucratic structure thus devised is a centralized cadre of IAS that rotates across India's subnational governments and essentially serve as the executive heads of every state agency and State government's bureaucratic machinery. This is a classic example of the politics of bureaucratic structure where those in public authority can design structures to ensure the continuance of their power, potentially resulting in a curiously (dys) functional organization. Thus, we see that at the state government level, it becomes totally unpredictable which agency can effectively implement policies, because those heading these agencies often assume positions of formal authority as a matter of routine or political patronage rather than to work towards organizational effectiveness. *In all of these examples of the politics of bureaucratic structures, there are clear sets of winners and losers, and the net effect of these transactions is to ensure the stability of the system.*

In the final analysis, then, the administrative paradox within bureaucratic structures is resolved by striving towards stability. This conclusion not only casts the bureaucracy in a new light but also casts the bureaucratic organization and its actors in a favorable light. *Bureaucratic*

actors are not seen as resisting change, maintaining status quo, or being insensitive or incompetent, but rather are seen as valiant individuals operating in a highly complex and contradictory environment where bureaucratic structures are simultaneously rational, open, and political, and they are constantly striving to adapt, survive and ensure stability. Because organizational survival and stability also means individual survival and stability, organizational actors are seen as to be acting in their self-interest. At a conceptual level, the idea that bureaucratic structures finally strive for stability is almost universally applicable, but empirically it is intrinsically tied to the society in which these bureaucratic structures operate. This means that bureaucratic stability needs to be seen as a variable; in a society where social mobility is relatively easy (e.g., the US), we see bureaucratic structures are that much more flexible and ready to adapt to collaborative governance or network governance (i.e., the move from traditional top-down hierarchical administration to horizontal or more egalitarian forms of governance).

The Implementation Scorecard

Based on these organizational perspectives, I develop a context-specific analytical framework to capture India's decentralized administrative set-up and implementation process. The advantage of such a tool is that at once it provides a bird's view of the overall implementation and at the same time is able to provide a granular view of implementation at each administrative-level. The implementation scorecard (see Figure 2 below) is essentially an extended and contextualized version of Thompson's (2008) synthesis of organizational perspectives and its three levels, to which I add a political perspective, and I posit that all four levels are present at every level of the implementation hierarchy within a single organization in varying degrees. In Thompson's synthesis the institutional core relates to the work of senior

executives, the technical core to those engaged in delivering services, and the managerial core to managing the internal and external environment; however, this synthesis does not capture the complexity of a government bureaucracy.

For example, at the state-level, senior executives are influenced by a particular set of external influences (i.e., institutional influences) to shape policies. Decisions (i.e., managerial influences) need to be made about how these policies can be implemented. These decisions often result in the design of rational program implementation models (i.e., the technical influences). In this process of converting institutional-level influences into rational models of program implementation, clear sets of winners and losers emerge (political influences) given the political nature of bureaucratic structures. For example, at the state-level institutional influences include the Millennium Development Goals (MDGs) or the National Rural Health Mission (NRHM), technical activities include converting NRHM's policy prescriptions into initiatives like Maarpu, managerial activities include ensuring budgetary resources are available for Maarpu and as a result of this process the resultant program implementation regime benefits (i.e., program goals are aligned to departmental goals) some benefits while others are made to participate coercively (i.e. program goals are not well aligned to departmental goals).

At the district-level, the District Collector is also engaged in a range of technical activities related to direct administration and monitoring, issuing administrative orders, procuring and disbursing budgets, and ensuring institutional ties to external stakeholders, and in these choices the District Collector is supporting certain groups (winners) over others (losers). At the village-level, bureaucrats are most obviously engaged in technical activities, but they also make decisions as to how to allocate scarce resources and are constantly striving to engage with their local village environments and seek legitimacy, and in this process of exercising discretion they

favor some groups over others; thus, at every level, as a result of top-level decisions winners are enforcing their decisions and structures upon others. Such an analytical framework is ideal to trace the implementation process through India's intergovernmental structures and fully integrates politics and administration.

I discuss the findings of Maarpu's emergence and implementation process using this analytical framework in Chapters 6 and 7.

Figure 2: The Implementation Scorecard

<i>Administrative- Levels</i>	<i>Organizational Influences</i>				
	<i>Institutional</i>	<i>Managerial</i>	<i>Technical</i>	<i>Political</i>	
				<i>Winners</i>	<i>Losers</i>
State					
District					
Village					

Chapter Five

Case Study Context, Research Design, & Methodology

Working with minutiae is time-consuming, and I must concede that during the several years when I was toiling in the archives, doing interviews, making observations, talking with my informants, writing, and getting feedback, a nagging question kept resurfacing in my mind. This is a question bound to haunt many carrying out in-depth, dense case studies: “Who will want to learn about a case like this, and in this kind of *detail*?” (Flyvbjerg, 2006, p. 237)

Introduction

This chapter describes an in-depth case study of implementing collaborative governance in Andhra Pradesh (AP); a subnational government in India. I begin with a description and research questions related to *Maarpu*, the collaborative governance initiative (CGI) aimed at improving maternal and child health services in AP. I then explain my use of the case study methodology by describing the global (Millennium Development Goals), national (National Rural Health Mission and India’s progress and challenges on MDGs) and subnational (AP’s progress and challenges on MDGs) context within which this initiative is being implemented. I then describe the research design elements by articulating how a single-case design (at the state and district level) is embedded with multiple cases (at the village level) to reflect India’s decentralized administrative structures. I then discuss the trade-offs involved, in the case selection strategy, between theoretical parsimony and contextually-rich narratives and between narrow and broad generalizations. I discuss the data collected during fieldwork in the Medak district. Finally, I address concerns regarding validity and reliability are addressed through the use of within-case, cross-case analysis and the use of NVivo 10, a qualitative data analysis software.

Case Study Context

Overview of the Collaborative Initiative and Research Questions

This study aims to examine the implementation process of a collaborative initiative at the subnational level in the context of the Government of India's commitment to attaining the United Nations Millennium Development Goals (MDGs). A commitment to attaining the MDGs underscores the central government's national priorities. However, as explained in Chapter 2, in spite of the constitutionally authorized power of the central government in India's federal polity, the attainment of the MDGs depends on the ability of subnational governments to effectively implement centrally sponsored policies and programs. In spite of political will, bureaucratic commitment, and allocation of resources, India's progress on the MDGs has been unsatisfactory, with wide variations across and within regions. While gender discrimination, poverty, illiteracy, and caste have been acknowledged as causes of these variations, the role of bureaucratic organizations and actors in implementation – and specifically how bureaucrats in subnational governments engage in intergovernmental coordination and how constitutional arrangements and administrative structures shape the process and effectiveness of implementation – remains understudied. To this end, this study empirically examines the implementation of a collaborative governance initiative called *Maarpu* in the state of Andhra Pradesh, India.

In Telugu, the language native to the state of Andhra Pradesh (AP), *Maarpu* means *change*. On September 24th, 2012, the Government of Andhra Pradesh (GoAP) launched *Maarpu*¹⁴ through a Government Order (GO)¹⁵ with the stated objective of convergence to

¹⁴ Government Order, G.O.Ms.No.249, Government of Andhra Pradesh, September 24, 2012

¹⁵ A Government Order (GO) is an executive order that articulates an implementation strategy and sets the process in motion.

improve the health and nutrition status of women and children through interdepartmental coordination. As noted by the GoAP, two key indicators that address the health and nutrition status of women are the Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR). The GO underscores the “sense of urgency to adopt strategies that can significantly improve the pace of decline of MMR, IMR, and Malnutrition in Andhra Pradesh.”

The MMR (per 100,000 live births) is defined by the World Health Organization (WHO) as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.” The Infant Mortality Rate (IMR) (per 1000 live births) is defined by WHO as the risk of “a child dying before completing the first year of age.” In AP, the MRR declined from 220 in 1997 to 134 in 2009, but this is still higher than the MMR of 81 in Kerala.¹⁶ The IMR in AP improved from 63 in 1997 to 46 in 2010 but compares poorly to Kerala’s 13. The GO further notes that the following indicators are also alarming: low birth weight children (19.4%), underweight children under 3 years of age (37%), and pregnant women (in the 15-49 age group) with anemia (56%). The GO notes that the “current rate of decline in MMR & IMR is not up to the level expected and needs to improve significantly to achieve the MMR and IMR goals set as part of the Millennium Development Goals (MDGs).”

In response to this situation, the GO affirms leadership commitment at the highest level within the state government to improve these indicators. This commitment underscores the

¹⁶ India’s southern state of Kerala is held up as a model for doing well on human development indicators (Sen, 2001). Human development indicators relate to life expectancy, education, and status of women. In the discussion regarding the relationship between economic development and human development (Ranis, Stewart, & Ramirez, 2000), Kerala is used as an example to demonstrate that human development indicators can only be achieved when given policy priority and are not a result of economic development benefits trickling down.

notion that “all the allied departments need to converge in order to have a synergistic effect and accelerate the improvement in the Maternal and Child Health and Nutrition indicators.”

Furthermore, the commitment to improving the MMR and IMR indicators also articulates a role for community involvement. The GO notes that “a desired shift from programme-driven service delivery to demand driven mode would get an impetus through convergence efforts. The community would be involved not just in efforts to effect behavioral change but also in making the Health and Nutrition Plan for each village and monitoring the results using appropriate tools such as Quantified Participatory Assessment (QPA).” In this context, the GoAP recognizes the role of Self-Help Groups (SHGs) of women, local government representatives, and other village-level community organizations. Finally, the GO emphasizes the critical role of the District Collector, who “must drive the convergence effort in the district with a suitable administrative structure to guide and support this initiative.” The focus of the initiative are 20 interventions (see Table 1) that cater to maternal and child health services. It is the spirit of this joint action driving the implementation and attainment of MMR and IMR programs that is called *Maarpu*, rather than the actions of bureaucrats working in silos.

The GO further specifies four types of administrative structures aimed at institutionalizing convergence efforts. These are convergence committees at the village, district, and state level, each of which contains members from allied departments like Health, Women & Child Welfare, and Rural Development (and its constituent subunits like: Panchayati Raj Institutions (i.e., local government bodies), Rural Water Supply, Village Organizations (VOs), and Self-Help Groups (SHGs)). The district-level convergence committee, headed by the District Collector, is expected to “actively engage all the stakeholders in the process.” Furthermore, the District Collectors are “requested to convene district level workshops and disseminate the

objectives and the key interventions of the Programme.” These committees are expected to meet once a month to monitor progress and may, at their discretion, invite subject matter experts or representatives from non-governmental organizations (NGOs) to the meetings.

As stated earlier, this study focuses on the instrumental value of collaborative governance—that is, its ability to facilitate cross-boundary work, address the concerns of accountability and transparency, and, thus, improve the overall quality of service delivery. The study aims to better understand the relationship between collaborative governance and service delivery. The overarching research question guiding this study is: *How do bureaucrats in an intergovernmental setting shape the implementation processes of a collaborative governance initiative?* This study empirically examines the implementation process of *Maarpu* to understand how it improves maternal and child health service delivery. The following subsidiary questions address this central question in further detail:

1. How and why did the collaborative governance initiative emerge the way it did?
2. To what extent and under what conditions do bureaucrats at multiple levels of the hierarchy engage in intergovernmental collaboration and involve citizens to improve service delivery?

Government of India’s Priorities

The ascendance of India as a major economic power on the world stage has provided the Government of India with not only the financial resources to invest in social sector development but also the incentive to live up to the prestige and expectations associated with being an economic power. However, the progress on MDGs #4 (reducing child mortality) and #5 (improving maternal health) has been particularly varied and unsatisfactory. According to India’s

Country MDGs Report, 2015, the progress on MDG #4 is only “moderately on-track,” while the progress on MDG #5) is “slow or off-track.” The progress is impressive if seen historically – the number of maternal deaths per 100,000 live births decreased from 437 in 1990 to 167 in 2011-13 – but India will still miss the MDG target of no more than 140 deaths by the end of 2015. The goal of reducing child mortality has two key indicators: infant mortality and under-five mortality ratio (U5MR). Regarding infant mortality, India is likely to reach 39 per 1000 live births by the end of 2015, less than the 1990 rate of 80 but missing the MDG target of 27. As for U5MR, India will narrowly miss the MDG target of 42 by reaching 48 infant deaths per 1000 live births by the end of 2015 (compared to 125 in 1990).

However, this overall progress hides the wide disparities that exist at the subnational level between rural and urban areas and by gender and socio-economic status. For example, the maternal mortality rate (MMR) ranges from 61 in the state of Kerala to 300 in the state of Assam, while the infant mortality ratio ranges from 12 in Kerala to 54 in the state of Madhya Pradesh. In 2013, at the country level, the IMR was 42 for female babies but 39 for male babies. Similarly, the U5MR ranges from 12 in Kerala to 73 in Assam and is higher in the case of rural areas and female children. In 2013, the U5MR in rural areas was for 59 for female children and 51 for male children, while in urban areas it was 30 for female children and 28 for male children.

While subnational governments have their own health sector priorities, given the nature of maternal and child health goals, the central government has some constitutional leverage over the state governments to insist on prioritizing these goals. As shown in Chapter 2, the central government lacks power but does have strong influence, as it provides large financial resources to state governments engaged in implementing the nationally sponsored health programs. Furthermore, senior bureaucrats who are responsible for formulating and implementing policies

at the subnational level are constitutionally responsible to the central government and thus feel a sense of duty to take up the implementation of national priorities.

Although reducing child mortality (MDG #4) and improving maternal health (MDG #5) are listed as separate goals, a rich body of public health literature indicates a high degree of interaction between them and shows that their achievement is influenced by both contextual factors (e.g., lower levels of literacy among women, low levels of attention to public health and hygiene concerns, lack of sanitation facilities, and inadequate financial resources within national and local governments to plan and deliver health services) and environmental factors (like tropical climatic conditions, which are typically not within government control but still contribute to public health outcomes). Thus, beyond mere technical interventions, achieving MDGs #4 and #5 requires several actors and institutions to work together as part of a health system. The Government of India recognizes the boundary-spanning work that is imperative in the achievement of these goals:

The MDGs are inter-linked. For instance, achievement of the health Targets [is] dependent on achievement of targets of sanitation, availability of safe drinking water, clean environment, reduction of poverty and malnutrition, spread of literacy and so on. Thus, an all-round development in related sectors is required to achieve a single Target (Government of India, 2015, p. 6)

In this context, policies and programmes aimed at achieving MDGs #4 and #5, such as the Government of India's National Rural Health Mission (NRHM) launched in 2005, highlight inter-governmental coordination, citizen participation, and the use of participatory institutional arrangements as cornerstone strategies for delivering integrated health services. Examples of such collaborative and participatory institutional arrangements include the Panchayati Raj (local government) institutions, Self-Help Groups, Village Health and Sanitation Committee, and District Level Vigilance and Monitoring Committees to name a few. Thus, my study of

Maarpu's implementation at the subnational level can help to shed further light on the broader class or phenomenon of intergovernmental coordination, community participation, and the boundary-spanning imperative that bureaucratic actors are expected to embrace in order to achieve the MDGs.

Thus, the dominant narrative for achieving and sustaining MDGs #4 and #5 at the global and national level in developing countries is one of service delivery integration, inter-governmental collaboration, and strengthening governance mechanisms to support and deliver integrated health services (Coker et al., 2010; Grundy, 2010; Hanvoravongchai, Warakamin, & Coker, 2010).

Methodological Strengths & Weaknesses of Case Study Research

Methodological Strengths

A case-oriented research design is ideal for this study for the following reasons: the focus of the study is to understand how collaboration is implemented within a subnational government rather than to explain variation (Porta, 2008; Ragin, 1999); the aim is to conduct an in-depth of study of a single instance (i.e., *Maarpu* in AP) of a broader class or phenomenon (i.e., collaborative governance or bureaucrats engaged in boundary-spanning work) (George & Bennett, 2005; Gerring, 2004); and, lastly, the investigation of the phenomenon (i.e., the collaborative governance initiative) is contemporary and cannot be easily disentangled from its historical context or external environment (Yin, 2009). In this section, I discuss the trade-offs related to choosing a case study methodology to this study.

Case studies “allow a researcher to achieve high levels of conceptual validity, or to identify and measure the indicators that best represent the theoretical concepts the researcher

intends to measure” (George & Bennett, 2005, p. 19). This is particularly true when the theoretical concepts being studied are “notoriously difficult to measure” (p. 19) or may vary in meaning according to context, as is the case with collaborative governance (or “convergence,” as it is often called by Indian governmental officials), as well as administrative accountability and responsibility within India’s bureaucracies, bureaucratic politics within intergovernmental arrangements, and social hierarchy between bureaucratic actors.

Another strength of case study research is its emergent nature, which allows the researcher in the field to document causally relevant variables that need further study. For example, because there is very little research on the subject of intergovernmental collaborative governance implementation at the village level in India, it is possible that important variables are waiting to be uncovered.

Uncovering casual mechanisms i.e., the pathways, processes or factors, both observable and unobservable, that play a role in shaping the relationship between the cause and effect variables is a core strength of in-depth case studies (George & Bennett, 2005; Gerring, 2011) Pawson and Tilley (1997) quoted in W. Olsen (2011) define a causal mechanism as the particular circumstance that makes an outcome more likely to occur or to have a tendency to occur (operationalized as: context + mechanism = outcome). For example, in the context of my study, we know that leadership (a cause) drives collaboration (an effect). Even if this correlation is strong, it is not sufficient to say that collaboration will occur at the village level in India if it is driven by top-level leadership; rather, it is necessary to establish and construct a chain of events and gather evidence to support how specific contextual factors or processes lead top-level leadership to facilitate collaboration. Intuitively, collaborative governance and improved service delivery seem positively correlated, but what factors or circumstances activate the causal

pathway between the two? The methodological strength of case-study research is that it enables uncovering what mechanism is at work; in this case, how does collaborative governance (X) generate improved service delivery (Y)? What are the causal mechanisms (M)? (Gerring, 2011).

Finally, George and Bennett (2005) posits that a strength of case studies is “their ability to accommodate complex causal relations such as equifinality, complex interactions effects, and path dependency” (p. 22). The assumption of equifinality, or “the concept of multiple paths to a common end state” (David Carroll Jacobs, 2010, p. 3) is that the casual mechanism connecting X and Y may be complex, “involving long causal chains, diverse routes travelling from X to Y” or several factors combining simultaneously to produce an effect (Gerring, 2011, p. 216). Thus, this study may show that the relationship between collaborative governance and improving maternal and child health services delivery is less intuitive and more complex than it seems.

Another strength of case studies is that they can account for path dependency, which is used to “explain how certain outcomes are the result of a particular sequence of events and how that unique sequence constrains future options” (Slagter, 2004, p. 3). An outcome situated in a path-dependent trajectory is susceptible to unpredictability, minor events, and getting locked in to decisions made along the trajectory. This implies that, despite rational planning, the outcomes of certain processes will be unforeseen and contingent on the historical context. Seemingly insignificant events or decisions made along the way becoming binding as they are constantly “reinvented and reinforced,” until they become impossible to revert due to the increased cost of change (p. 3).

The outcome of *Maarpu* is also on the path-dependent trajectory. In the previous chapter, I examined the structural preconditions for collaborative governance in India, tracing the historical evolution of India’s administrative systems and discussing the strengths and limitations

of the decisions made at various points. For example, the institution of the District Collector and the ambiguity regarding the official's responsibility to a specific program make it almost impossible to predict which program will be prioritized at the district and village levels of administration. Moreover, the District Collector's role does not change, despite any reform efforts, because it is locked-in due to the costs and uncertainty associated with altering it.

Methodological Weaknesses

Arguments on the weaknesses of the case study approach primarily stem from misconceptions about the scientific value of case study methodology, comparisons to statistical methods, and careless implementation of case study methods (Flyvbjerg, 2006; George & Bennett, 2005; Yin, 2009). In this section, I will briefly discuss the case study methodology's weaknesses as it relates to my study in the following two categories: concerns regarding its capabilities and concerns regarding its design.

Three common capability issues are as follows: case studies are generally considered to be capable of only hypothesis testing and not hypothesis generation or theory development; case studies use only a single case or a small number of cases and thus lack the ability to generate findings with broader applicability or relevance; and case studies are not capable of generating theoretical knowledge, only context-specific knowledge. Dyer and Wilkins (1991), Eisenhardt (1989, 1991), George and Bennet (2005), and Pentland (1999) have all discussed trade-offs inherent within the case study design: single case versus multiple cases, constructs versus stories, descriptive richness versus parsimony, and narrow versus broad theory. While it is true that a researcher has to carefully examine these trade-offs, it is useful to view these concerns in light of the following question: is the purpose of the research to explain variation or to understand an instance of a phenomenon? (Ragin, 1999).

The most serious capability issue arises when the methodology and purpose are misaligned. For example, if I were trying to explain variation in the extent to which District Collectors in Andhra Pradesh (AP's) adopted the collaborative governance initiative, then selecting only the Medak district as a case for in-depth study would have serious weaknesses, as the findings from Medak alone will be incapable of shedding light on the broader population of AP's District Collectors. A case study about the implementation of *Maarpu* within AP's Medak district is better able to assess "whether and how a variable [e.g., formal authority and perception among bureaucrats toward the initiative] mattered to the outcome than... how much it mattered" (George & Bennett, 2005, p. 25). Articulating the causal pathway of the combined causal variables is the contribution of the case study, not assigning weights or relative importance to the variables. The contextually rich narratives and identification of relevant theoretical constructs leads to inductively generated theory that is interesting, testable, and intimately connected with the phenomenon; it is thus "a natural complement to mainstream deductive research" (Eisenhardt & Graebner, 2007).

The starting point for addressing concerns regarding a case study's research design begins with case selection. The researcher selects cases based on their potential to shed light on the phenomenon-of-interest. Such a selection strategy invariably results in a small or sometimes single case study, thereby posing the small *N* problem, which in turn has implications for the power of a research design and ultimately its ability to generalize broadly. The first implication of selecting a limited or single case of interest is that there is inevitably no variation in the outcome across the cases (i.e., those particular cases were selected because they had the potential to enable to researcher to study that outcome). This is tantamount to selecting on the dependent variable in statistical studies, resulting in a selection bias that "always understates the strength of

the relationship between the independent and dependent variables” (George & Bennett, 2005, p. 23). However, for case-oriented research that is attempting to understand an instance of a phenomenon, selecting on the outcome is not only legitimate; it is the only way to achieve the full potential of case study research (Porta, 2008). The key distinction to understand here is that studying a single event or an instance of a larger phenomenon is not the same as $N=1$. The argument here is that because case studies usually study an instance before, during, and after, there are invariably several units of analysis with the potential to increase the number of observations substantially Gerring (2004).

Case study research is also often charged with having a ‘degrees of freedom’ problem, suggesting that it lacks sufficient explanatory power. While statistical methods aggregate variables to increase the degrees of freedom, case study methods engage with all the complexity and diversity within variables of interest. George and Bennet (2005) argue that process tracing, or identifying a sequence of events connecting the variables resulting in a particular outcome, is a useful mechanism to identify multiple observations along a particular causal path, effectively increasing the number of observable implications of a theoretical proposition and thereby addressing the degrees of freedom problem (p. 29).

Another common weakness associated with case study research is that of subjectivity bias on the part of the researcher. To this Flyvbjerg (2006) argues that a common theme across all researchers who engage in in-depth case study work is that they were compelled to reject their initial hypothesis based on their intimate proximity to the data (p. 235). Geertz (1995, quoted in Flyvbjerg, 2006) underscores the “assertive, demanding, even coercive” nature of fieldwork as an effective counter to verification and subjective bias. Indeed, fieldwork compelled me to re-examine the historical explanation for my observations and dispel my initial notions that

bureaucrats are power-hungry, self-serving, and manipulative actors. What emerged from the historical analysis of the role of India's civil service bureaucracy is the concept of a *collaborative bureaucrat*, a term I have coined to analyze the efforts of bureaucrats who genuinely believe in the benefits of collaborating but operate within administrative structures that are not conducive to collaboration.

Research Design

Case-Study Design: Single Case Embedded with Multiple Cases

Yin (2009) describes four types of case study designs that fall under two categories: single-case and multiple-case designs, both of which can have either a single unit of analysis (holistic) or multiple (embedded) units of analysis. To conduct an in-depth examination of the implementation process at the subnational level in India, the case study design calls for data collection and analysis at the state, district, and village levels. I use a single-case design at the state and district levels and a multiple-case design at the village level. At the state level, I select Hyderabad, the state capital of Andhra Pradesh (AP), where the headquarters of all the state's agencies are located. At the district and village levels, I select 28 villages in the Medak district, one of the 23 districts in the state.

Yin (2009) justifies the use of revelatory (rather than unique, critical, deviant, or extreme) cases for single-case studies because it provides "an opportunity to observe and analyze a phenomenon previously inaccessible" (p. 48). I justify selecting AP and Medak as revelatory cases because they provide an opportunity to examine the implementation of collaborative governance to improve maternal and child health services in a live context. I had two reasons for

selecting AP. First, AP has always actively pursued governance reforms within its social sector,¹⁷ and I felt it this was an interesting opportunity to document internal bureaucratic reforms as they happened. I was convinced that AP would work as a revelatory case that would inform me about how collaborative governance reforms unfold within Indian bureaucracies at the subnational level and that it could be studied in the context of the MDGs and NRHM.

During my initial field visit in May 2013 I was informed a particular District Collector who had taken up the implementation of Maarpu as a key programmatic priority of the district administration. The same District Collector during my second and final wave field work (January-June 2014) was posted at Medak district and I had received overwhelming feedback from subject matter experts and state-level officials that Medak would be an ideal case to study Maarpu's district and village-level implementation. Thus, Medak district had the theoretical potential to reveal the implementation processes and outcomes.

The purpose of selecting 28 villages within the Medak district to serve as multiple cases within the single-case study was based on a replication logic, where each village site works like a laboratory experiment (Yin, 2009, p. 53). A replication design is used to either predict similar results for a literal replication or predict contrasting results that can be anticipated for a theoretical replication (p. 54). This sort of laboratory experiment needs a contextually rich theoretical framework, which I discuss later in this chapter. Thus, in each case, the replication logic will help validate the theory-generation process by answering these questions: Does the

¹⁷ The Government of Andhra Pradesh (GoAP) has always been actively involved with the World Bank and the Department of International Development, the United Kingdom's Development agency, and projects on social- and health-sector reforms. Furthermore, since 1995, the World Bank has actively supported the Self-Helps Groups (SHGs) and holds Andhra Pradesh as a model state for successfully institutionalizing SHGs.

theory guiding the case study hold true in each of the cases? If it does not hold true, what modifications need to be made? What contextual factors shape the need for modifications?

The criteria for selecting these villages were based on the potential to be revelatory. After in-depth discussions with my key informants in the state capital and district headquarters, I was able to identify village-level administrative jurisdictions that satisfy both criteria. Furthermore, while selecting the cases or villages, care was taken to ensure they are situated within a contiguous geographic area to control for socio-cultural, economic, and terrain differences (see Map 1 for sites of data collection).

Implicit in this selection strategy is the goal of a comparative case study of commonalities “to identify common causal conditions linked to a specific outcome across a relatively small number of purposefully selected cases” (Ragin, 1999, p. 1141). The central focus of the district and village selection is the potential to observe collaborative processes. In effect, I expected the chosen sites to demonstrate a certain set of characteristics that fit the focus of the research: namely, they are implementing Maarpu and I could document their implementation process and outcomes. This is significant because each case, site, or village in the study has its own identity shaped by its contextual factors. As Ragin Ragin (1999) reminds us, unlike variable-oriented research, where the cases or observations are fixed at the outset and the variables become prominent later, in case-oriented research the selection of cases is kept flexible. This was an important consideration while I was conducting fieldwork, as I needed to be continuously aware of which cases, sites or villages did and did not fit into what I was examining. It is also important to maintain this flexibility because, during the course of fieldwork, the research focus may undergo modifications as a result of what is uncovered in the

field. For example, the focus could change from how *Maarpu* is being implemented to examining case where *Maarpu* was not being implemented at all.

While the cases vary with respect to their own unique identities, a key feature of case-oriented research is that the outcome does not vary substantially across the cases (Ragin, 1999). Indeed, it would have been convenient, from a research design perspective, if the district administration had a list of exemplary villages that were successfully implementing collaboration to improve maternal and child health service delivery in their villages. If the research could focus on the success of such a group of villages, the dependent variable or outcome could be specified with greater detail (i.e., how are these particular villages effectively implementing *Maarpu*?) and the outcome would not vary here as the effective implementation would clearly be common across selected cases and the purpose of the comparative case study would be to identify all common causal conditions enabling effective implementation.

However, no such list of exemplary villages exists; at best, key informants are able to identify which individuals share the goals and aspirations of *Maarpu* and, on that basis, conclude that the program is being implemented within that individual's jurisdiction. Since there is no empirical basis for such a conclusion, my study must address a more holistic outcome by asking how these villages are implementing *Maarpu*. Based on the information from my key informants, I identified certain areas where implementation was taken seriously (and thus where all villages could theoretically be expected to be engaged in implementing the collaborative initiative). Ragin (1999) Ragin (1999) (p. 1142). states that, while all outcomes might not be identical across all cases, "the researcher must demonstrate that the outcomes in the cases selected are in fact enough alike to be treated as instances of the same thing." Thus, in my study, even though outcomes vary across the cases, they are still relevant as instances of *Maarpu*'s implementation.

Unlike variable-based research, where variables are considered to be independent and compete for explanatory power over the outcome, in case-oriented research several causal conditions converge to explain how the outcome came about; i.e., causation is conjectural, implying equifinality (Dirk Berg-Schlusser, 2009). Here, in-depth fieldwork and knowledge of the case and context help to identify which combination of causal conditions led to a certain outcome. In this study, my initial expectation was that I would be able to study causal pathways leading to effective implementation in all 28 villages; after beginning fieldwork, however, I uncovered three broad categories of outcomes to which villages (or cases) can be assigned: villages where Maarpu was happening, villages where no Maarpu was happening (but the monthly village meeting (of the Village Organization (VO) and Shelf-Help Groups (SHGs) was happening), and finally where there was no meeting at all (neither the monthly VO and SHGs meeting nor Maarpu).¹⁸ As a result, the study's aim is to understand the various causal combinations and contextual factors contributing to each of these outcomes through the limited number of cases in each outcome category.

Unit of Analysis

It seems intuitive that a case study researcher would know at the outset the nature of the case under study, but given the complexity inherent in case-study research, the process of determining what constitutes a case and what it represents remains a critical challenge throughout the research process (Flyvbjerg, 2006; Miles, Huberman, & Saldaña, 2013; Ragin & Becker, 1992; S. M. Wilson & Gudmundsdottir, 1987; Yin, 2009). In this section, I briefly

¹⁸ On an assigned day each month the Village Organization (VO) and the Shelf-Help Groups (SHGs) meet to discuss money matters (savings and loans). The idea of Maarpu was to have village-level functionaries from all departments “converge” or meet at this venue to discuss Maarpu-related agenda; monitor maternal and health services, question field staff, identify gaps in service delivery, inform field staff of individuals who might not be aware of maternal and child health services being provided by the government.

review the literature on what constitutes a case and then discuss how I address this question for my study.

Both Yin (2009) and Miles et al. (2013) present a simplified version of how to answer the question “what is this a case of?” even as they acknowledge the complexity inherent in this task. Miles et al. (2013) define a case “as a phenomenon of some sort occurring in a bounded context” (p. 28) and use the words ‘case’ and ‘site’ interchangeably to remind researchers that the bounded context is a “social and physical *setting*” (p. 30). Yin (2009) equates the definition of the unit of analysis to the definition of a ‘case.’ Thus, a case can be an individual, an event, a process or an organization. Implicit in these definitions is the sampling strategy that determines which sources of data to select, thus establishing the boundary of the case study. While, in keeping with Yin’s (2009) definition the unit of analysis may be easy to identify, when collecting and analyzing the data the invariable question of “what is this a case of?” calls for a more sophisticated framework that can help the researcher traverse the theoretical and empirical domains of the study.

In the typology by Ragin and Becker (1992), cases can be understood as either empirical units that exist externally or theoretical constructs conceived during the research process. In general, the author assert that “cases of qualitative research tend to coalesce as specific categories in the course of research” (p. 9). In practice, researchers use the combination of theoretical and empirical entities that best suits their research questions. Critical to the identification of cases as theoretical or empirical is the acknowledgement that *casing* is a process involving iterative interpretation as the researcher combs through and refines his understanding of the data. In their study of how teachers accumulate knowledge, S. M. Wilson and Gudmundsdottir (1987) acknowledge the various stages through which their data interpretation

moved across theoretical and empirical domains, often working synergistically, and urge researchers not to view case boundaries as fixed and immovable.

Thus, I situate my case study design within the framework suggested by Yin (2009) and Ragin and Becker (1992). Such a design entails a firm starting point with regard to the unit of analysis and case boundary, as well as the necessary flexibility to traverse the theoretical and empirical domains of the cases as I process my data. The primary unit of analysis for my study is the *implementation process*, within which are embedded multiple units of analysis that need to be examined (i.e., state, district, and village levels of administration). At each level of analysis, several units are analyzed: bureaucrats (within different participating departments), meetings (administrative, program review, and collaborative), documents (archival documents, program documents, monitoring and reporting formats), and service delivery beneficiaries (at different service delivery points). These embedded units are linked to the primary and secondary research questions. According to Yin (2009), an advantage of an embedded case-study design is that it forces the researcher to focus on specific units of research interest. The embedded design also has the advantage of drawing the case study boundary around the main unit of analysis (Miles et al., 2013). Thus, in my study, I will not collect data about other medical and health services (e.g., cardiovascular care or HIV/AIDS and TB prevention services), other rural development programs (e.g., road construction and livelihood enhancement programs), or the income level and occupational data of service delivery recipients.

On the other hand, a shortcoming of such an embedded design is that the researcher must constantly return to the basic unit of analysis and not get lost at the level of the subunits (Yin, 2009, p. 52). For example, in my study, although bureaucrats at all levels of the implementation hierarchy across different departments are a major unit of analysis, the evidence collected from

the bureaucrats must be studied only from the perspective of how *Maarpu* is being implemented rather than in terms of the bureaucrats themselves or their satisfaction with collaborative governance. Similarly, at the subunit level, the evidence gathered from documents, meetings, and service delivery recipients must be analyzed in light of how it relates to the implementation of *Maarpu*.

Ragin and Becker's (1992) framework is useful here, as it allows different instances to coalesce around a specific theoretical concept (i.e., *Maarpu*'s implementation). While some of these constructs are pre-determined as a result of the literature under review (e.g., bureaucratic politics, turf protection, diffused responsibility, or institutional histories), other constructs might emerge as the process of data analysis continues.

Role of Theory, Theoretical Propositions and Rival Explanations

Another aspect of case-study research in which there is ambiguity is related to the appropriate role of theory, which depends on which tradition of inquiry (positivist or interpretivist) is followed and what approach (deductive or inductive) is used. In this section, I will situate the role of theory within the case-study approach and in relation to my study.

Case studies can be used for theory testing, refining, or development (Eisenhardt, 1989; George & Bennett, 2005; Yin, 2009). Eisenhardt and Graebner (2007, p. 25) define the inductive theory generation process as “emergent in the sense that it is situated in and developed by recognizing patterns of relationships among constructs within and across cases *and* their underlying logical arguments”. Because case studies are used to study phenomena we know little about, the methodology focuses on the emergent and inductive nature of theory building. If, for example, a well-articulated theory about collaborative governance among India's social service

bureaucracies already exists, then a case study approach can still be used to confirm, disconfirm, or modify such a theory.

Scholars differ on the purpose of inductive theory generation. While Eisenhardt (1989) focuses on the development of testable hypothesis and measurable constructs through inductive theory generation, others like Dyer and Wilkins (1991) and Pentland (1999) have focused on the importance of context-rich narratives to further theory development. At the heart of this debate is the question of whether researchers should seek to generate widely generalizable findings through a broad theory or to develop a context-rich narrative through narrowly focused or mid-range theories. If the goal is generalizable findings, importance must be given to defining clear and measurable constructs (Eisenhardt, 1991); on the other hand, if the goal is to generate context-specific and descriptively rich narratives that will allow other researchers to see “the same phenomenon in their own experience and research” (Dyer & Wilkins, 1991, p. 617), then single-case studies without measurable constructs are valid research design elements. Pentland (1999) argues that context-rich stories and constructs are not mutually exclusive, stating that the dichotomy stems from the association of the term “construct” with variance and variable-based research. Using narrative theory he argues that stories actually are: “abstract conceptual models [i.e., constructs] used in explanations of observed data” (p. 711).

The central focus of my study will be on context-rich descriptions and the generation of narrowly defined rather than broadly generalizable theory. My reason for choosing the case study approach is that it is notoriously difficult to measure certain constructs in the extant literature, such as diffused responsibility, social hierarchy within bureaucratic arrangements, and fear for institutional authority in the Indian context. Pentland’s (1999) assertion that stories are constructs

is applicable to my research, as constructs can be clarified or newly generated through descriptive contextual narratives.

Case study research must decide whether to develop theory before, during, or after the research process. For Eisenhardt (1989), who recommends that researchers avoid thinking about relationships between variables and theories while beginning their research, “theory-building research is begun as close as possible to the ideal of no theory under consideration and no hypothesis to test” (p. 536). On the other hand, Yin (2009) asserts that the development of theory prior to data collection differentiates case study research from other methodologies (e.g., ethnography or a grounded theory approach). For Yin (2009), “the complete research design embodies a ‘theory’ of what is being studied” (p. 36), which connects all constituent parts of the research design (questions, propositions, unit of analysis, data collection, and analysis) to keep the study structured and focused. To help with the generation of theory, Yin (2009) suggests the use of exemplary works in the researcher’s relevant field as a starting point during the literature review process. Such works offer rich theoretical insights and provide opportunities to think about different units of analysis. In this context, I conducted archival research on India’s administration (Appleby, 1953, 1956), along with relevant literature about public sector reforms and the constitutional arrangements shaping India’s federal polity (as discussed in Chapter 2), as a starting point to generate theoretical propositions. Appleby’s reports are widely considered to be the most relevant and theoretically insightful studies on India’s administrative systems (Caiden & Sundaram, 2004; Dwivedi et al., 1989; Reddy et al., 2004).

According to Yin (2009), it is important to state specific study propositions before data collection to direct attention to the specific issues that will be studied (p. 28). Based on the

research questions and units of analysis, I present propositions for the three levels of analysis in my study:

1. *State level:* I expect department heads to facilitate collaborative initiatives, because lines of responsibility for senior officials are diffused and cannot be easily ascertained.
2. *District level:* I expect formal authority to play a key role in the adoption of collaborative governance, but only to the extent that it is not perceived as a threat to historically acquired agency authority, legitimacy.
3. *Village level:* I expect the implementation of collaborative governance to be ineffective and problematic where participating administrative structures have, over the years, acquired the ability, legitimacy, and authority to operate in an environment of diffused responsibility.

A common theme throughout these propositions is that, ironically, collaboration is more likely to be adopted where lines of responsibility are diffused than where they are clear. Based on these study propositions, I propose a theory encompassing the constituent parts of the research design to guide the case study research of Maarpu's implementation:

The case study will show why implementation can succeed only when the organization's administrative structures are changed, and not when collaborative governance reforms are super-imposed on existing administrative structures.

In addition to enabling data collection in a structured and focused manner, specifying a theory helps in "*analytic* generalization, in which a previously developed theory is used as a template with which to compare the empirical results of the case study" (Yin, 2009, p. 38). In a case study approach, cases are chosen on the basis of their potential to provide theoretical

insights rather than their representativeness; thus, the focus is on generalizing not to the level of an entire population but to the level of the theory-of-interest (George & Bennett, 2005; Yin, 2009).

Finally, a critical component of a case-study research design is the articulation of rival explanations for interpreting the study's findings. Yin (2011) categorizes rival explanations into *craft* and *substantive* rivals (p. 148). Craft rivals, which are basic issues that are usually addressed in a well-designed study, include the null hypothesis (i.e., the outcome is explained by pure chance) and threats to internal validity (i.e., selection bias, response bias, and researcher-induced bias, which are discussed in the section on validity and reliability). Substantive rivals, which are more serious alternative explanations that “will compete with the main interpretation of your study's findings and, therefore, can dramatically affect your study's conclusions” (p. 150), include mutually exclusive explanations and explanations that overlap (p. 151). Although case study designs attempt to emulate the experimental design's logic, they do not sufficiently control for all variables to be able to completely rule out a rival explanation. Thus, overlapping substantive rival explanations are commonly encountered in case study research. I provide below a theory regarding the possible substantive rival explanations for my study:

The case study will also show why the creation of institutional arrangements and the presence of policy entrepreneurs or charismatic leaders was insufficient for successful implementation.

The above statement addresses the rival theory that implementation of collaborative governance fails because the necessary institutional arrangements are not in place or because charismatic leadership is absent and that having these two components is required for implementation to succeed. Several substantive rival explanations can be derived from

elaboration of this theory, which can be analyzed along with the findings during the data analysis stage. Yin (2009) notes that specifying rival explanations at the research design stage it will enable the researcher to be cognizant of, and collect relevant data about, these explanations. Below, I present a few possible findings along with potential explanations and rival explanations:

First, Social hierarchy (i.e., village-level government officials do not like to be questioned by illiterate citizens from socially and economically disadvantaged communities) is commonly understood to be the reason why government officials are not responsive to local communities. A rival explanation is that if village-level government representatives actually started participating in meetings and became responsive, then those responsible for poor service delivery will be held accountable to the people, possibly leading to a chain of unforeseen events and mutual blame for services not rendered and for engaging in corrupt practices, absenteeism, or nepotism, which could ultimately travel higher up the hierarchy. Given that most policy entrepreneurs who drive such collaborative initiatives occupy positions of power for short durations (for example, the District Collector's duration is two years), it is not in the long-term interest of village-level government officials (who in stay in their posts for the duration of their thirty year careers) to engage in this type of blame game, and this results in their lack of community responsiveness.

Second, the central idea behind all development programs in India is to make programs demand-driven; the idea that when a community is aware of their rights and services, they will demand for them and will know whom to hold accountable. The idea behind Maarpu is that local women of each village will demand maternal and child health services and thus village health workers will be become responsive. If indeed village health workers are have become responsive then one possible explanation is because of local community's

participation in Maarpu. A rival explanation is that village health workers are participating in the village-level collaborative meetings out of fear for the District Collector's formal authority. Similarly, if village health clinics are witnessing an increase in maternal deliveries, one explanation is that Maarpu has generated this demand from the community, while a rival explanation is that the village health workers are working more diligently because the District Collector closely monitors institutional deliveries.

Third, In spite of the institutional arrangements, training, and senior leadership commitment to engage in collaboration, there is a lack of uptake within the organizations at the district level to work across departmental boundaries. The most common explanation for this is that bureaucrats are generally resistant to change and that, typically, only charismatic leadership can help break that resistance. Another common explanation is that mid-level bureaucrats have typically seen similar enthusiastic reforms in the past and are simply waiting for the next leadership change to come with a new set of reforms. A rival explanation is that, at the district level, bureaucrats who are responsible for leading the implementation of the collaborative initiative are only attuned to coordination activities, which differ from the actual act of implementation. If these bureaucrats have to engage in real implementation work of the collaborative initiative, then quick decisions need to be made and followed up on during interactions with local communities. However, because the lines of responsibility are unclear, these bureaucrats resort to coordination activities, means generating voluminous paperwork while making few actionable decisions.

In all the above instances, both rival explanations are plausible, but “the ultimately satisfying explanation may involve some of both” (Yin, 2011, p. 151). In line with the emergent nature of case study research, the theoretical propositions and rival explanations will be constantly

tested, modified, and refined in light of evidence collected from multiple units of analysis. Thus, the findings from the case study will be generalized up to the level of the theory rather than to the level of a population (e.g., Indian bureaucrats or health clinics).

Data Collection

Fieldwork involved two visits to India in May 2013 and between January-June 2014. During phase one, fieldwork involved interview state-level officials and subject matter experts, while phase two involved fieldwork at the district and village-level. See Figure 2 for a map of the field work sites.

In total, I interviewed 86 government officials: 18 at the state-level, 8 at the district-level, and 60 at the village-level. Of these, 40 interviews were from the Health department, 36 from Rural Development, 9 from Women & Child Welfare, and only one informant from Panchayati Raj Institutions. The distribution of informants from each department across administrative is represented in the Table below.

Table 3: Distribution of Interviews across Departments

<i>Administrative-level</i>	<i>Health</i>	<i>Women & Child Development</i>	<i>Rural Development</i>
State	8	4	6
District	4	-	4
Village	28	4	27

In general, there are more informants at the village level because of the multiple cases. Across departments, there are more informants the Health department followed by the Rural Development department. This distribution speaks to the structure of Maarpu where a majority of the indicators to be monitored were health related and Maarpu meetings were anchored along with the VO-SHGs meetings. The distribution also is consistent with the hour-glass structure of bureaucracies where the district officials are fewer in number. An important reason why the distribution varies is because my sampling strategy was purposive—in that I wanted to interview those individuals who had an in-depth knowledge about Maarpu. Secondly, none of my visits were pre-announced, so I could only meet those who were already there at the site. In other cases, the relevant officials were unable to meet on that day and I was not able to track them down later. Lastly, for a certain period during my field work the field staff from Women & Child Welfare were on strike so I could not interview many of them.

In addition, I visited 28 villages to observe Maarpu meetings. I made one village-visit during my May 2013 fieldwork at a different district where the same District Collector was posted, but that visit was accompanied by a district official. I analyze that meeting in my findings chapters along with the other 28 I observed during January-June 2014. Of these 28, only 6 had some discussion about Maarpu, 12 had no discussion of Maarpu, but the regular VO-SHGs meeting took place, and 11 had no meeting at all (either Maarpu or VO-SHGs). Furthermore, I attended one review meeting (for the preparation of the state's health sector project implementation plan where officials from all districts had come) and one training program at the state level (where I documented the speeches of 9 state-level officials and program managers), observed one district-level review meeting of Maarpu conducted by the District Collector and other officials, and observed one review meeting at the village level at a Primary Health Center. I

was only able to attend those meetings that happened during my fieldwork and those that I was informed off.

Furthermore, I interviewed nine subject matter experts. Five of them were from Management Research and Training Institutions based in India (MRTI-India), one informant was affiliated to an international-based research organization working in Medak, one informant was from a multilateral aid agency who has been working extensively with Andhra Pradesh's development sector, and two retired government officials. I also collected data from 43 different instances of interactions I had with citizens. These are citizens I group them as service delivery beneficiaries as they are women from the village, pregnant women, and lactating mothers. In some instances, I interacted with one person, while in others I interacted with a group (no, these were not focus groups). I strategically visited the following service delivery points or events to visit this group of informants: five interactions at Nutrition-Health Days (NH-Days), nine interactions at Primary Health Centers, 11 interactions at villages (while I was visiting and just sitting at a place writing my field notes), 12 interactions at village meetings, and 6 interactions during inspection visits I made with a district official. In addition, I reviewed 15 Government Orders (GOs) and numerous newspaper articles.

Addressing Concerns of Validity and Reliability

The aforementioned weaknesses of case study research can be grouped into concerns regarding construct validity, internal validity, external validity and reliability (Yin, 2009). Each of these concerns can be effectively addressed while crafting the research design (external validity), during data collection (construct validity and reliability), and while analyzing data (internal validity) (p. 41). In this section, I address each of these concerns in relation to my study.

External Validity

External validity is related to generalizability beyond the particular case under study (Yin, 2009). Here, it is important to clearly distinguish between statistical generalization (i.e., studying a sample and generalizing the findings to the level of a wider population) and analytic generalization in case studies (i.e., studying specific cases selected for theoretical relevance and generalizing the findings to the level of the theory). As explained earlier, I am not generalizing to the level of the population (i.e., all districts, bureaucrats, or health clinics in Andhra Pradesh), but to the level of theory (i.e., implementation of collaborative governance can only succeed when the organization's structural issues are addressed and not when collaborative initiatives are super-imposed on existing administrative structures). Thus, the findings are applicable to the extent that other cases also share similar contextual factors – in this case, decentralized administrative structures, but characterized by centralized authority.

Construct Validity

Construct validity is related to whether the case study researcher is able to adequately demonstrate that the data collected accurately reflect the units of analysis under study and is not biased by subjective impressions (Yin, 2009, p. 49).

Because there is very limited literature documenting how the implementation process of a collaborative governance initiative moves through India's decentralized administrative systems, it is best to view the development of constructs in an emergent manner. To ensure this inductive process is systematic, I use the integrative framework for collaborative governance (Emerson et al., 2012) to guide data collection. Accordingly, I collect data about the context, external environment, drivers, operational dynamics, institutional arrangements, shared goals, collaborative actions, outcomes, impact and adaptation. The use of contextually rich stories and

narratives emerging as a result of collecting data around component parts of the integrative framework for collaborative governance can be used as constructs or from which specific theoretical and empirical constructs can emerge (Dyer & Wilkins, 1991; Pentland, 1999; Ragin, 1999).

To generate such narratives, the research design draws primarily on data from interviews and observations. Eisenhardt and Graebner (2007) suggest the use of retrospective and real-time cases to minimize the bias arising out of collecting data through interviews, where “impression management and retrospective sensemaking are deemed the prime culprits” (p. 28). I achieve this by interviewing participants who were either previously associated with Maarpu (during its planning phase) and those who are currently involved with its implementation.

Furthermore, another source of real-time data is from observing village-level meetings. Another strategy suggested by Eisenhardt and Graebner (2007) to minimize the bias from interview data is to interview “numerous and highly knowledgeable informants who view the focal phenomenon from diverse perspectives” by selecting informants from different levels of the hierarchy, from functional and programmatic areas, and from both within and outside the organization. I achieve this by interviewing elites (Tansey, 2007), bureaucrats at all three levels of the hierarchy and across different departments, and subject matter experts who have intimate knowledge of the programmatic area and organizational dynamics but are external to the organization (e.g., consultants or retired government officials). Thus, I triangulate and converge multiple sources of data to ensure construct validity.

Reliability

Reliability relates to using proper documentation, keeping an audit trail, and operationalizing as many data collection and analysis procedures as possible so that another researcher following the same procedures for the same cases would find the same set of results. Yin (2009) suggests several strategies for ensuring proper documentation of the case study, including the use of a case study database that can systematically organize all the data related to the study. Flyvbjerg (2006) echoes Charles Darwin's (1958) suggestion to make notes or memos of all the thoughts that come to mind during data collection or analysis. Often these memos will include thoughts and observations that could also run counter to the general findings and, thus, are useful as documentation to demonstrate that researcher bias has been minimized, since such bias is a critical threat to the study's reliability.

In my study, I created a case study database using NVivo 10, a qualitative data analysis software program, to organize my data and also create analytical memos. Although NVivo 10 is used for data analysis, its basic architecture is a database that allows researchers to manage and visualize data and ideas, run queries, and generate reports (Bazeley & Jackson, 2013).. The NVivo 10 also allows for the creation of journal entries (with date and time stamps), memos, and annotations. Thoughts and reflections while reading an interview can be instantly documented by using these tools. Over the course of data collection and analysis, these notes reflect the process of how a conclusion was reached or how a competing explanation was analyzed. Miles et al. (2013) suggest that keeping analytical memos is an exercise in creating conceptual clarity that can be used in the theory generation process. Analytical memos "don't just report data; they tie together different pieces of data into a recognizable cluster, often to show that those data are instances of a general concept" (p. 96).

Internal Validity

The failure to fully exhaust all possible explanations before explaining a finding will lead to spurious conclusions and hurt the internal validity of the study. For example, if I incorrectly conclude that maternal and child health services improved because of departmental collaboration, when in fact services improved because the District Collector closely monitors the services, the internal validity of my study will suffer. The focus of this study is to uncover the causal mechanisms between collaborative governance and service delivery; thus, my data analysis methods must be focused on exhaustively uncovering the causal mechanisms. Yin (2009) strongly recommends the use of rival explanations, as discussed earlier. George and Bennet (2005) and Vennesson (2008) underscore the use of process tracing as a method to uncover causal mechanisms. Additional methodological strategies aimed at systematically and rigorously arriving at conclusions are thematic coding, within-case analysis, and cross-case patterns (Eisenhardt, 1989; Miles et al., 2013; Yin, 2009). These methods are not mutually exclusive but rather interconnected, leveraging each tool's analytical capabilities to finally identify the causal mechanisms.

The above-mentioned analytical tools are easily integrated into NVivo 10's functioning, which allows for coding, querying, and finding patterns across different sources of data through matrix-coding queries and framework matrices (Bazeley & Jackson, 2013). The first step in data analysis is to code all documented evidence. Miles et al. (2013)p.72 define a code as a "researcher-generated construct that symbolizes and thus attributes interpreted meaning to each individual datum for later purposes of pattern detection, categorization, theory building, and other analytic process." Thus, one fully-coded interview shows how different themes or codes are assigned to different parts of the interview, demonstrating the theoretical and conceptual

contribution of this particular case to the study. The process of coding each case is essentially a within-case analysis, which refers to the process of becoming “intimately familiar with each case as a stand-alone entity” (Eisenhardt, 1989, p. 540). All cases within a particular data source can then be compared across different thematic codes.

Once other data sources (e.g., documents, observations from village meetings and administrative review meetings, field notes, and interviews of service delivery beneficiaries) are coded, comparisons can be made across these sources based on certain thematic codes to observe patterns across cases and sources by looking for “within-group similarities coupled with intergroup differences” across a range of dimensions (Eisenhardt, 1989, p. 540). For example, responses from all sources of data can be queried and we can compare what different sources are discussing about turf battles or perception or how discretion was exercised. In effect, we can compare within the Health department responses to certain themes or codes across the state, district and village levels and compare this with other sources of data for effective triangulation. Thus, the analysis allows data to be viewed from different vantage points.

The advantage of using NVivo 10 for data analysis is that it allows for the systematic processing of voluminous data and also enables the development of an audit trail, thereby serving the purpose of enhancing internal validity and reliability. However, a potential pitfall of using NVivo 10 is that the researcher may spend too much time coding or create too many codes, thus frustrating the analysis. Finally, NVivo 10 is no substitute for theoretical and analytical thinking, as the software’s analytical prowess is only as good the commands it receives.

Conclusion

This chapter provided a detailed overview of the case study context, research design and methodology. It discussed the research questions and theoretical propositions that guide the case study. It also discussed how various trade-offs of the methodological choice were carefully considered in terms of strengths and weaknesses and explained the study's case selection, research design, unit of analysis, theory development and rival explanations. The chapter also provided a detailed description of the data collected, addressed concerns related to the study's validity and reliability, and briefly discussed the analytical tools used to address the theoretical propositions and research questions.

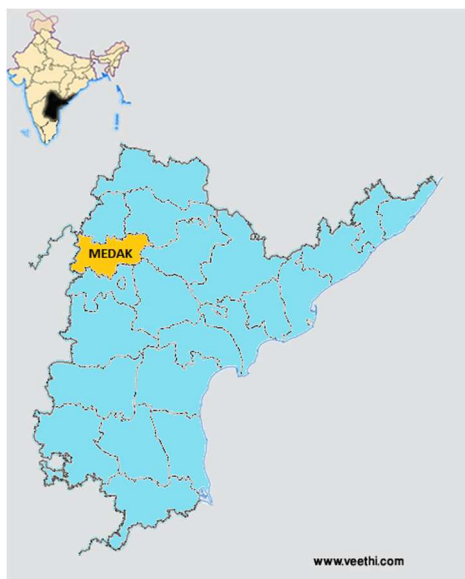
Further details regarding the analysis process and findings will be discussed in the chapter 6 and 7. The findings are organized by the two subsidiary questions and, thus, are divided into two chapters. The first research question (Chapter 6) uncovers the antecedents and narratives leading up to the formulation of the CGI. The second research question (Chapter 7) examines how the actual implementation process unfolded at the district and village level. *The overarching finding is that, while the policy of implementation is one of collective action, implementation of the policy was skewed towards programmatic indicators dominated by the health department's agenda.* The findings shed light on the underlying politics within the upper echelons of the bureaucracies that shaped the formulation of the CGI and how mid- and street-level bureaucrats perceived the CGI as essentially a health department initiative that was being thrust upon them. Ultimately, even as bureaucrats at all levels of the implementation hierarchy (i.e., the state, district, and village-levels of administration) professed to the spirit of collaboration, they continued to work in their bureaucratic silos creating what can be best described as an illusion of collaboration. Data were collected from in-depth interviews of

bureaucrats, government-issued executive orders available in the public domain, and observations from a range of implementation processes (e.g., review meetings and village-level collaborative meetings), and these findings were further verified by interactions with citizens (i.e., service delivery beneficiaries in the villages) who were purported to be participating in the CGI. Multiple perspectives from organization theory were used to understand the findings, and NVivo, a qualitative data analysis software program, was used to analyze the data.

Table 4: List of 20 Interventions as part of *Maarpu* [as described in Government Order No. 249, Government of Andhra Pradesh, September 29, 2012]

1	Early Registration of Pregnancy
2	Ante Natal Checkups (ANCs)
3	Maternal Nutrition
4	Identification of high-risk pregnancies
5	Birth Planning
6	Institutional delivery
7	Early initiation of breastfeeding
8	Exclusive breastfeeding for six months
9	Post Natal Care and Newborn Care
10	Immunization
11	Growth Monitoring
12	Complementary feeding & Child Nutrition
13	Management of ARI & Diarrhoea
14	Strengthening of referral system
15	Family Planning
16	Maternal & Infant Death Reviews
17	Sanitation & Hygiene
18	Age at Marriage
19	Adolescent Girls
20	Gender Sensitization

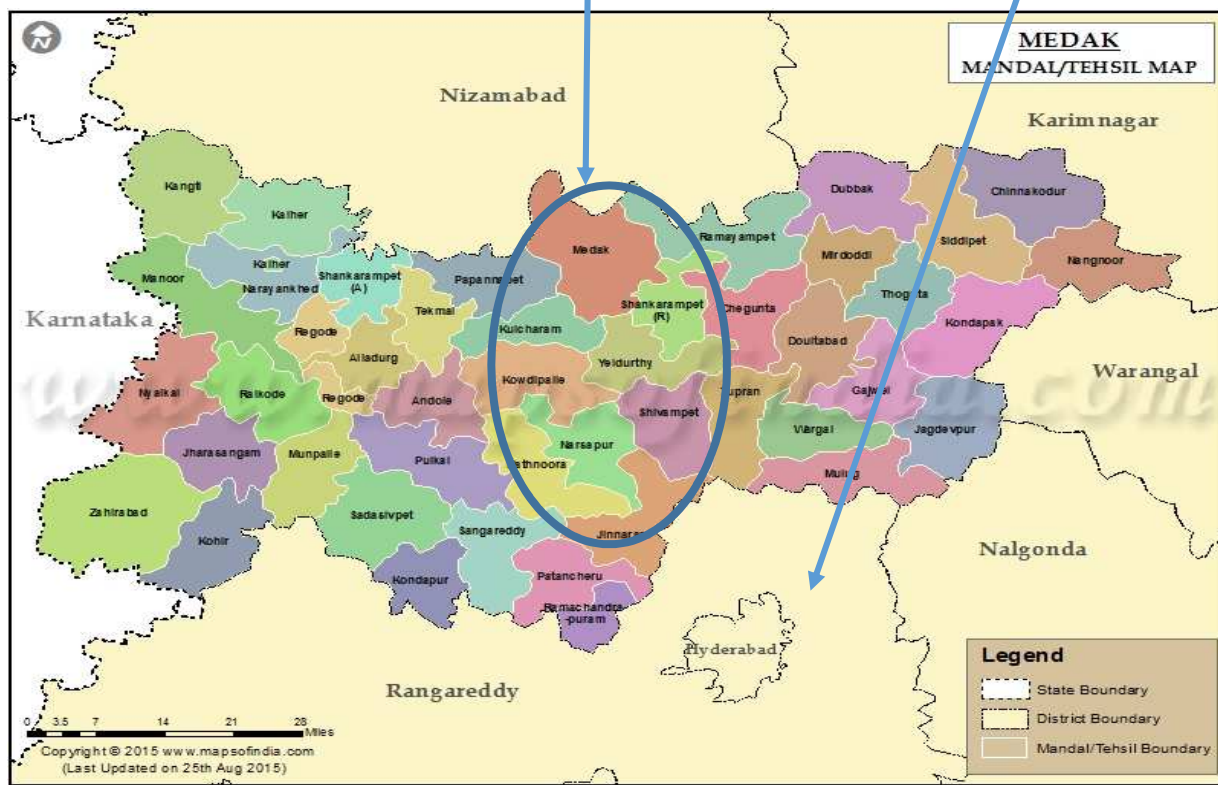
Figure 5: State and District Map of Data Collection Sites



To the left: Map of India, with the state of Andhra Pradesh in focus. Also highlighted is Medak district where fieldwork was conducted.

Below: Detailed map of Medak district showing the areas where fieldwork was conducted. Hyderabad is the state

District and Village-level fieldwork sites State-level fieldwork sites



Chapter Six

The Policy of Implementation

[A conversation from the popular TV show *Yes, Minister*]

Member of Parliamentary Select Committee: Whatever we ask you, you say it is a policy matter for the Minister, and whatever we ask the Minister, he says it is an administrative matter to ask you... [so] how do we know what is going on?

Sir Humphrey: Yes...yes...yes...I see that there is a real dilemma here, in that while it is government policy to regard policy as the responsibility of Ministers and administration as the responsibility of officials, the questions of administrative policy can cause confusion between the policy of administration and the administration of policy...especially when responsibility for the administration of the policy of administration conflicts or overlaps with responsibility for the policy of the administration of the policy...

Member of Parliamentary Select Committee: Well, that's a load of meaningless drivel, isn't it?

Sir Humphrey: It's not for me to comment on government policy; you must ask the Minister.

Emergence of the Collaborative Governance Initiative (CGI)

In this chapter, I trace the antecedents of the CGI through two sources of data: a review of the Government Orders (GOs) and an analysis of in-depth interviews with bureaucrats. In total, 15 GOs issued between 2010-2012 that were specifically aimed at strengthening health service delivery and improving maternal and child health outcomes were reviewed. In the context of India's government bureaucracies, these GOs are the first step in the implementation process. They spell out, rationally, how a program needs to be implemented at the state, district, and village-level of administration. Furthermore, a total of 27 interviews (18 state-level and 9 district-level) from senior bureaucrats and program managers (representing the upper echelons of the bureaucracy) and the district administration were used to understand the underlying bureaucratic politics that are not apparent in the GOs. In various capacities, the 18 state-level bureaucrats were involved in the initial discussions of Maarpu and the meetings held between departmental heads that led to the drafting of GO #249. The distribution of interviews across

departments is as follows: 15 interviews from the Health department (eight state-level and seven district-level), eight from Rural Development (six state-level and two district-level), and four from the department of Women & Child Development.

Maarpu's Programmatic Focus

The Government of Andhra Pradesh launched *Maarpu* on September 12, 2012, through Government Order (GO) #249, with the stated goal of “Convergence to Improve Health and Nutrition Status of Women and Children—Interdepartmental Coordination for Effective Convergence” between the following key departments: Health, Rural Development, Panchayati Raj (i.e., local governments in villages), the Society for the Elimination of Rural Poverty (SERP), Rural Water Supply, and Women & Child Development. The Rural Development department consists of several subunits: Panchayati Raj (i.e., local village governments), the Society for the Elimination of Rural Poverty (SERP), and Rural Water Supply. Specifically, SERP oversees the functioning of the Self-Help Groups (SHGs), consisting of village women who organize themselves into collectives. GO #249 situates the need for Maarpu in the context of the United Nations Millennium Development Goals (MDGs) and underscores how the state of Andhra Pradesh is lagging behind the MDGs and underperforming on the Human Development Index. This GO was issued by the Chief Secretary on behalf of all other departmental heads.

Two key programmatic goals – “strengthening of health care services and nutritional services” and “behavioral change in the community” – were identified to address issues including age of marriage, early initiation of breast feeding, complementary feeding, high anemia levels, early registration of pregnancy, institutional deliveries, and newborn care. These goals are to be implemented through a focus on “20 key interventions to reduce MMR, IMR & Malnutrition.” The GO specifies four levels of administrative structures for convergence: State

Level Convergence Committee, District Level Convergence Committee, Cluster Level Convergence Committee, and Village Level Convergence Committee. Each committee comprises about 5-10 members who are all government functionaries from the corresponding levels in the administrative hierarchy and represent community organizations¹⁹ at the district, cluster, and village levels.

A subsequent GO, issued seven months later by the same Chief Secretary on April 30th, 2013, further articulated the policy of implementing Maarpu: *“as the convergence efforts by the Health, Women & Child Development, Panchayati Raj and Rural Development Departments, working along with the Self-Help Groups (SHGs) and their federations, to bring about a quick decline in Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR) and Malnutrition in the State of Andhra Pradesh.”* Furthermore, the GO articulates the theory behind this policy, which is that “close involvement of the SHGs and community-led effort to effect behavioral change will, at the same time, stimulate the demand for health and nutrition services.” GO #57 provides “operational guidelines” based on Maarpu’s implementation experience during the past few months. In total, the GO provides ten monitoring and reporting formats for the different field-level functionaries involved in the initiative from the different departments, including one format for the Village Level Convergence Committee Meeting, four for the Health department’s field worker, one for the field worker from the department of Women & Child Development, one for the field worker from the Rural Water Supply department, one for the Village Organization (i.e., representatives or leaders from each SHG), one for the medical doctor at the village-level health

¹⁹ These community organizations have been created as per the guidelines of either the Government of India or Government of Andhra Pradesh. For example, the Village Health, Sanitation & Nutrition Committee (VHSNC) is prescribed by the Government of India, while *Zilla Mahila Samakhyaaas* (District-level Women’s Federation) is prescribed by the state government.

clinic (called Primary Health Centers (PHCs), and one for the cluster-level coordinator (note that a group of PHCs form a cluster).

These two GOs illustrate that Maarpu is seen a convergence tool that creates a set of institutional arrangements for effective coordination of services related to maternal and child health outcomes. It seeks to identify commonalities among different programs operating in silos across departments aimed at improving health and nutritional outcomes. In effect, at a structural and functional level, Maarpu aims to break through the culture of working in bureaucratic silos. In addition to providing a platform for inter-governmental coordination, Maarpu also provides for citizen participation through village Self-Help Groups (SHGs) and their organizational structures consisting of the Village Organizations (VOs). It is also clear that the ultimate aim of Maarpu is to attain the MDGs related to maternal and child health outcomes. However, a review of earlier GOs reveals that the initial efforts led by the Health department to attain MDGs and the objectives of the National Rural Health Mission (NRHM) were focused on reforms within the Health department and did not involve citizen participation.

Early Structural and Functional Reforms

The initial state government efforts to implement the NRHM-related reforms were, naturally, led by the Health department. The NRHM is a Government of India initiative launched in 2005 in relation to India's commitment on the world stage to attain the MDGs. Specifically, NRHM was aimed at bringing about structural and functional reforms within India's health service delivery structures through greater integration of programs and a focus on citizen participation. Funds from NRHM have benefitted several state governments in improving the infrastructure related to health service delivery, such as through construction of new rural health clinics, hospitals, hiring of new health personnel, and purchase of equipment. NRHM provided the

incentives for state governments to revitalize their stagnant rural health service delivery facilities. However, the use of NRHM funds was not tied to any structural or functional reforms at the subnational level, which is the necessary component to attain the goals of integrating health service delivery across the numerous health interventions that were being implemented. Furthermore, each subnational government's health sector policy is influenced by political mandates and priorities. At the time (2004-2009) in Andhra Pradesh, the focus of the state's Chief Minister was on a government-sponsored health insurance scheme that provided for health care services to the rural poor in urban hospitals. This was a popular program with the rural people, but a consequence of this policy was that rural health care services (also referred to as primary health care services) were adversely affected. A changing of the guard in the state government following the untimely death of the Chief Minister in September 2009 returned the state government's focus to improving rural health care services. This was the result of key bureaucratic elites' leveraging of their inter-personal relationships, past experience with the health sector, and close relations with the new political dispensation to change the course of the state's health sector focus.

All 17 participants interviewed at the state level across departments and 4 participants from the Health department at the district level referred to Mr. P. V. Ramesh, who served as the head of Health department for two years (2010-2012), as the key person behind changing the state government's health-sector focus back to rural health services and aligning it with the goals set forth by the National Rural Health Mission. I had the opportunity to conduct an in-depth interview with Mr. Ramesh, who not only validated the above story but also was the only person in the study who expressly stated that I could use his name. For the first time in the history of the state's Health department, an Indian Administrative Service (IAS) officer who was a medical

doctor had been posted as its departmental head. At the time, he was also the personal doctor to the new Chief Minister, and he used his goodwill to embark on structural and functional reforms within the Health department and focus on improving maternal and child care services in rural areas, which he believed would revitalize the overall primary health care services. Prior to P. V. Ramesh's tenure, the state government, as a matter of routine, had created the positions recommended by NRHM guidelines, but they were either not filled or, if filled, were being undermined. NRHM provided for recruitment via lateral entry and not through the state civil service system; thus, all NRHM-related personnel are not career bureaucrats in the district administration but are hired as consultants but who work alongside the regular bureaucratic structures of district administration. A key informant from the Health department who was heading the NRHM unit at the time of my field interviews described the situation prior to P. V. Ramesh as follows:

The District Programme Management Units (DPMUs), as recommended by the NRHM, were set up in each district in the year 2008. But their roles were diminished because the regular administration system [the career bureaucrats in the district] did not want to lose control and money, so they kept this unit idle...you see, this DPMU has the District Programme Officer, Accounts officer, MIS officer, and one data entry operator at the unit and the other data entry operator at the immunization section...these five constitute the DPMUs [in 2009].

So they [the district's health department] are utilizing the data entry operator for their regular work and the MIS officer as another data entry operator and not as the Monitoring and Evaluation office. The Accounts Officer is simply sitting idle...and they expected me also to sit like that.

Then...everything took a drastic shift when P. V. Ramesh came and issued GO no. 339, where he articulated the role of the district health administration and the DPMU.

In fact, 10 of the 15 Government Orders (GOs) I reviewed were issued by P. V. Ramesh during his tenure as the Principal Secretary of the Health department. In all his GOs, he clearly articulated the need for the state government's health sector focus to be aligned with NRHM

objectives, MDGs, and effective coordination of health service delivery at the field level. The focus of his structural reforms was to create a new hierarchy between the district and village called a ‘cluster,’ with the goal of bringing about functional reforms aimed at better coordination, supervision, and monitoring between village-level health clinics. In my interview with P. V. Ramesh, he talked about the multiple superfluous, overlapping, and uncoordinated departmental units, subunits and institutions that existed within the Health department when he came to office:

So this was a paradise for fragmentation...I mean [raising his voice], *this was completely structured for total non-performance!* So when people say that governance is poor...the fundamental reason is institutional infirmity...forget about functioning...first of all, institutions are structured to be dysfunctional.

The Health department’s top-down administrative hierarchy consists of a state-level headquarters and a district-level health administrative machinery headed by a District Medical and Health Officer (DMHO), which is a position occupied by a career bureaucrat who moves up the ranks of the state government’s civil service machinery. This is one of the most coveted positions of power and formal authority in a district and is generally attained towards the end of an individual’s career. The DMHO oversees all the Primary Health Clinics (PHCs), which are headed by a Medical Officer (MO) (who is also from the state’s civil service machinery). The MO of the PHC in turn oversees the PHC’s staff and the Auxiliary Nurse Midwife (ANM), who is the field-level health worker primarily responsible for all maternal and child-related health services. The ANM is stationed at Health Sub-Centers, which are village-level health posts. Each ANM and sub-center services a group of nearby villages. Furthermore, as a result of NRHM’s focus on improving access to maternal and child health services, funds were made available to hire an additional ANM on a contractual basis (while the first ANM is a regular health department employee). In addition, each village has been given an ASHA (Accredited Social Health Activist) worker who is paid on the basis of her activities. For example, each time an

ASHA brings a pregnant mother from her village to the government hospital for a birth delivery (referred to as an institutional delivery), she gets paid an incentive. Based on the guidelines of the Government of India, a PHC should cover a population of 20-25 thousand people; thus, there are approximately 1,892 PHCs in the state. In effect, therefore, one DMHO has administrative power and functional control over 1,892 MOs.

The DMHO's administrative hierarchy, consisting of PHCs and sub-centers, is one part of a messy web of departmental structures within the Health department that is mandated to deliver primary health care services. Two other powerful departmental structures exist: institutions mandated to deliver secondary and tertiary health care services and institutions mandated to provide medical teaching and training. These are replete with their own set of top-down hierarchical structures, all headed by medical doctors from the state's civil service machinery. These three sets of institutions are headed by the Commissioner of Health & Family Welfare; a post reserved for the IAS officer who may or may not be from the medical profession or from the state's civil service machinery. This is the "paradise of fragmentation" that P. V. Ramesh, an IAS officer from the central government's civil service machinery, headed as the Principal Secretary of the Health department (a position reserved for the IAS cadre).

To bring about better coordination between these myriad institutions at the district and village level, P. V. Ramesh proposed to create a new level of hierarchy between the DMHOs and the PHCs called Community Health and Nutrition Clusters (CHNCs). The CHNCs would cover a network of PHCs, would have their own medical and para-medical staff, and would be headed by a Senior Public Health Officer (SPHO) from the state government's civil service machinery. Given the respect he commanded within the department and within the new political dispensation, P. V. Ramesh moved quickly to announce and execute these structural and

functional reforms. As articulated in GO #209 titled “Public Health Strengthening–Revitalization of the Primary Health System:”

In continuation of the process of primary health institutions’ rationalization, the Government has decided to establish Three Hundred Sixty (360) Community Health and Nutrition Centers (CHNCs) across the state with a view to provide comprehensive health services to population ranging from one to three lakhs (i.e., 1-3 hundred thousand) through a network of four to ten proximate PHCs and a Referral Hospital.

Subsequent memos and GOs from P. V. Ramesh articulated a further devolution of power from the district to the clusters; in effect, from the DMHO to the CHNCs and the SPHO.

The PHC MOs will report to the Deputy DMHO/DMHO only through the CH Cluster Coordinators. The government in due course will empower the CHCC to perform all functions of the department in the cluster (Memo No. 12231).

The principal responsibilities of the CHNC—which will be an integrated Mini-Directorate of Health and Family Welfare closest to the people it serves—are to [decrease] maternal and infant mortality and morbidity, reduce the burden of both communicable and non-communicable diseases, facilitate integration of health, nutrition and economic empowerment interventions and strengthen professional relationship and referral between health institutions, especially between the village, sub-centre and the PHC, and the PHC with the CHC/Area and District Hospitals (GO #15)

Another of P. V. Ramesh’s major contributions during his tenure as Principal Secretary of the Health department was designing an MCP (Mother and Child Protection) card that lists 20 indicators that need to be monitored from conception till the time of delivery to ensure safe deliveries. The MCP card and the 20 indicators are at the heart of what later emerged as Maarpu: the programmatic focus of the initiative was that the community, along with field-level functionaries, should monitor these 20 indicators to improve maternal and child health outcomes. During the interview, I asked P. V. Ramesh why he wanted to focus on MCH (Mother and Child Health) activities and whether too much focus on MCH activities would distort other health services. He replied:

Our IMR [Infant Mortality Rate] at 46 is close to Bihar...Bihar is 48...and MMR [Maternal Mortality Rate] is 137, but it is much closer to the northern states compared to southern states. The only way I could move the entire health machinery out of the obsession with tubectomy [i.e., family-planning surgeries] was to get them into the MCH mission. You see, MCH is a good entry point to strengthen the health system because it involves a lot of monitoring...I can strengthen 60% of the system.

The capacity of the department functionaries to conceptualize and internalize this sort of a multifaceted task is limited, so that is why I felt that, you know, if you can focus on maternal health, child health and nutrition...everything was reduced to 20 points...if you can do these 20 things...now you go anywhere in the state, and everybody will be able to tell you what these 20 things are....If you ask people to do 100 things, they do nothing.

While the MCP card continues to exist and is used extensively by both mothers and health workers (as I observed during my fieldwork), the structures of the Community Health and Nutrition Clusters (CHNCs) and the Senior Public Health Officer (SPHO) remain effectively dysfunctional.

Not Devolution, but Demolition of Power

Only eight of the participants I interviewed spoke in depth about the practical usefulness of the newly created hierarchy for supervision and better coordination between field workers. The remaining 19 maintained that, while it is an excellent idea in theory, it will take time to be fully effective. All 27 participants agreed that the devolution of power was not completed. The following conversation with a district-level health official captures the reality of how the SPHOs function:

District Official: While the concept is excellent, the implementation is the problem. For example, whether to give powers to SPHOs or not was left hanging.

Researcher: Why? When these institutions were created, didn't the planners think about whether to give powers to them or not?

District Official: They were given service powers, but not administrative powers.

Researcher: For example?

District Official: Service powers mean they can monitor whatever programs are currently being delivered, but they cannot control the staff [i.e., administrative powers].

In concept, P.V Ramesh wanted to attain geographic and functional synchronization at the cluster level between field functionaries (or line staff) across the departments (Health, Women & Child Development, Rural Water Supply, and Panchayati Raj, which is responsible for sanitation). In effect, the idea behind the CHNCs was to make health and nutrition related functionaries' co-terminus for improved coordination. However, without administrative powers or control over line staff, this is not possible. Furthermore, as one district official replied when asked if the SPHO can hold line staff from other departments accountable:

No, no...the SPHO cannot do that, because then these front line staff will say that they have their bosses to be accountable to...so this kind of synchronization could not be achieved.

Given that administrative powers (e.g., the power to sanction leave or suspend staff) have been not transferred from the District Medical and Health Officer (DMHO) to the Senior Public Health Officer (SPHO), the SPHO cannot even hold their own department's line staff accountable. During my fieldwork, the only one SPHO I interviewed did confirm that the powers have not been devolved, as P.V. Ramesh, the key bureaucrat championing these reforms, was transferred before this could occur. Two of my participants (one from Health and the other from Rural Development) stated that the DMHOs lobbied hard to get P.V. Ramesh transferred. In the early days of NRHM's implementation, the District Programme Management Unit (DPMU), as part of the NRHM reforms, was also left dysfunctional by the DMHO's institution. One of the first tasks that P.V. Ramesh took up was to make the DPMU responsible for NRHM funds; perhaps the reason he was able to do so was that there was no real devolution or loss of administrative power for the DMHO. Thus, with strong resistance from the DMHOs over

devolution of administrative powers to the SPHO, the matter was delayed to the point at which Ramesh was inevitably transferred. At the time of my interview with him, he was heading the state Finance department. The quotes below aptly capture the uselessness of the CHNC and SPHO reforms.

Women & Child Development (state level):

In government, a front line worker of one department cannot be held accountable to another department's supervisor—as you said, every department has its own hierarchy. Now, working together means just that, working together...you cannot demand accountability, for example [by saying] *I called you for a meeting so you have to come*. In general, information is shared and they work together.

Rural Development (district level):

SPHOs were created to provide supportive supervision and coordination to field-level workers. In order to fill the posts, they transferred existing doctors from other facilities to CHNCs as SPHOs. In my view, it [the SPHO position] is useless. At least they were doing some work when they were in medical services...now they do nothing in supervisory roles.

Health (village level):

The SPHOs...are a new cadre at the cluster to provide specialty services and supportive supervision—but what is really happening now? This new cadre is behaving the same way as the DMHO and additional DMHO—that is, they have become administrators.

Emergence of Maarpu

The last GO issued by P. V. Ramesh and related to CHNCs or SPHOs that I identified was from March 3, 2011. The GOs issued by P. V. Ramesh had an internal focus on the department's functioning and made no mention of working with the community, despite the fact that the motivation of the reforms was to improve services for the community. Prior to Maarpu's GO #249, two other GOs are worth considering to understand the process that finally culminated in the formulation of Maarpu: GO #55, issued on November 16, 2010, by then-Chief Secretary Mr. S.V. Prasad, and GO #102, issued on May 15, 2012, by then-Chief Secretary Mr. Pankaj Dwivedi. In GO #55, the Chief Secretary refers to a letter of January 9, 2007 from the Prime

Minister of India to the Chief Minister of Andhra Pradesh “expressing concerns on qualitative aspects of the ICDS programme, calling for universalization of ICDS with quality.” The GO calls for better convergence between programs run by the Women & Child Development and Rural Development departments, both of which operate village-level programs focused on improving the nutritional status of women.

The Integrated Child Development Scheme (ICDS) was launched in 1975 as a flagship development scheme of the Government of India and is implemented by the department of Women & Child Development in Andhra Pradesh. The field worker associated with this program is the Anganwadi Worker (AWW) who manages the Anganwadi Center in the village; essentially, this center serves a pre-school for children and provides them with meals, and services have now also been extended to providing meals for pregnant women and lactating mothers. The center is run by a woman from the local village; in total, there are more than 80,423 Anganwadi Centers in the state. The ICDS program also has a state, district, and cluster level hierarchy to monitor the implementation of the program. The Society for the Elimination of Rural Poverty (SERP), under the Rural Development department, implements a similar program called NDCCs (Nutrition and Day Care Centers) for pregnant and nursing mothers along with Childhood Education Centers (CECs) for children aged 3-6 years. Unlike the Anganwadi Center and the Anganwadi Teacher, which are respectively sponsored by and employed by the government, the NDCCs and CECs are financed and operated by Self-Help Groups (SHGs) that are organized into a Village Organization (VO). SERP also has a state, district, and village-level administrative hierarchy that oversees the functioning of these community-based organizations (i.e., SHGs and VOs). There are Anganwadi Centers in every village, but the NDCCs are limited in number (approximately 4000) and cater specifically to socially and economically

disenfranchised communities. Thus, GO #55 calls on the SERP and Women & Child Development department heads to identify villages where both can work together to improve nutrition outcomes in the state.

GO #102 calls for convergence efforts, not only between ICDS and SERP programs but also to include all the departments and functionaries (at the state, district and village levels), including community-based organizations like the SHGs and VOs. The programmatic focus of GO #102 is to strengthen the Nutrition and Health Days (NHDs), a joint effort between the Health department's immunization program and the Women & Child Development department's ICDS program. On one assigned day of the month at the Aanganwadi Center, the Health department's field worker—the ANM (Auxiliary Nurse Midwife)—and the ICDS program's field worker—the AWW (the Anganwadi Worker) meet to provide services jointly. The goal of the NHD is to “provide one stop essential and comprehensive health & nutrition services to pregnant women, lactating mothers, children (0-6 years) and adolescent girls.” The GO underscores the dire reality of malnutrition in the state of Andhra Pradesh, which is seen as a major contributing factor to poor maternal and child health outcomes:

As per the National Family Health Surveys (NFHS), Government of India, 42.5% [of children under five in Andhra Pradesh are] underweight; 38% are stunted, indicating that they have been malnourished for a while; and 15% are wasted, indicating recent lack of food/illness. The prevalence of anemia in women (63%), pregnant women (59%), and children (71%) is also high.

Finally, it was Chief Secretary Minnie Mathew who provided a formal structure and combined all the aforementioned efforts into a programmatic focus called *Maarpu* (change). Like P. V. Ramesh, Mathew was a policy entrepreneur, having previously worked in the department of Women & Child Welfare in Andhra Pradesh was well acquainted with with the state's bureaucratic machinery and needs of the social sector. Her term in office was brief,

lasting only eight months (she assumed her post as Chief Secretary in July 2012 and retired from service in February 2013). During her 36 years career as a civil servant, her special areas of interest were health, nutrition, and development of women and children. She expressed her commitment to social welfare initiatives when she issued the following statement upon assuming office “Governance should deal with small things too besides grandiose matters. I will try to consolidate various welfare and developmental schemes” (The Hindu, June 30th, 2012). In effect, she brought the 20 indicators of the MCP (Mother and Child Protection Card) created by P. V. Ramesh into the platform in which SHGs and VOs operate.

On August 23, 2012, she organized a review meeting titled “Social sector flagship programmes for improvement in Human Development Index (HDI) and achievement of Millennium Development Goals MDGs)” involving a Group of Secretaries (GoS) at the state level. In GO #983, the Chief Secretary clearly articulates the imperative to strengthen implementation of existing social-sector programs:

The review of Human Development Index (HDI) and Millennium Development Goals (MDGs) indicates the scope and areas of improvement in the service delivery of the programmes. These programmes have strong inter-linkages and a common denominator of target population. Convergence of inputs of these programmes for an individual would assist in focused targeting of mothers during pregnancy, mother and child health at 0-6 years and child health and education at 6-14 years. Monitoring of outcomes like HDI and MDG through a Result Framework Document (RFD) is recognized as a key implementation requirement during the 12th five-year plan and synchronized with five-year plans thereafter.

The following flagship programs sponsored by the Government of India, but implemented by the state government, were reviewed: National Rural Health Mission (NRHM), Integrated Child Development Service (ICDS), Mid-day meal (MDM), National Rural Drinking Water Programme (NRDWP), Total Sanitation Campaign (TSC), Indira Awaas Yojana (IAY; a rural housing scheme) and Nutrition and Day Care Centers (NDCC). What becomes clear from

her message is the influence of the central government. Specifically, the mention of the Results Framework Document (RFD) is an effort by the Prime Minister's Office to encourage departments to engage in strategic planning and performance management. It was also decided that the eight-member GoS would meet once a month to review progress and hold discussions with the district administration. One month later, on September 24, 2013, GO #249 launched Maarpu as a convergence effort to improve the health and nutrition status of women and children through inter-departmental coordination. Thus, Minnie Mathews brought community-based organizations to the center stage.

By reviewing the GOs that were aimed at reducing maternal and infant mortality, attaining NRHM objectives and MDGs, and improving coordination between departments, I was able to identify what is at the core of Maarpu's rational model of implementation: the 20 key indicators of the Mother and Child Protection (MCP) card that will be monitored by SHGs and VOs at the village level. Lastly, instead of using the Community Health and Nutrition Clusters (CHNCs) to bring about geographic and functional synchronization between allied services, a four-tier (village, cluster, district, and state) structure of convergence committees was created, with each committee comprising 6-10 functionaries from government departments and community-based organizations). I now turn my attention to interviews of senior bureaucrats at the state level to uncover underlying bureaucratic politics behind the formulation of Maarpu.

Bureaucratic Politics Underlying Maarpu

The interviews were analyzed using three thematic codes in NVivo 10: *macro-context*, *rhetoric of collaboration*, and *politics*. The theme of macro-context captures the broader reform context (e.g., NRHM, MDGs, and health indicators). In effect, these factors work as drivers in the external environment that might shape the collaborative governance initiative. The thematic

code of rhetoric of collaboration captures all the narratives about working together, joint action, and the spirit of collective action. The logic behind using such a thematic code is that it is well understood in organization theory, from an open systems and natural systems perspective, that what organizational actors profess to do often diverges from what is actually done. The thematic code of politics is intended to capture any such divergence, with reference to internal bureaucratic politics like departmental rivalries or turf protection. While coding using these theme, it surfaced that three types of politics resulted in Maarpu's emergence: the *politics of interpersonal relationships* (i.e., bureaucrats coming together of their own volition or because of their camaraderie), the *politics of public authority* (i.e., bureaucrats with the public authority to impose their will on others), and the *politics of rivalry* (i.e., professional rivalries stemming out of institutional mandates and histories).

Macro-context

The interviews confirm that several factors provide the necessary impetus for key bureaucratic actors to situate programs within a multi-sectoral, participatory, collaborative, and inter-governmental framework: an enabling external environment, India's commitment to the UN MDGs, the financial resources provided to state governments through NRHM, and constitutional requirements to strengthen local bodies for democratic and accountable governance. The following two quotes from informants interviewed in the Health department reflect the influence of the macro-context on senior-level bureaucrats at the state level.

My understanding was that what operated at a global level as MDG was actually brought into NRHM's framework, and I think Government of India was funding various states in their efforts to achieve those milestones (Informant #22; Health).

So the funds of NRHM are to be used towards maternal and child health; that's the main idea, [while] keeping in mind broadly the Millennium Development Goals (Informant #23; Health).

The influence of central government's policy priorities regarding senior state-level bureaucrats who are officers of the IAS cadre (i.e., who are recruited and controlled by the central government but serve the state governments in rotations) is well understood in the Indian context. The emergence of Maarpu in Andhra Pradesh is one of several empirical examples of how central government's influence manifests at the subnational level through its agents, the IAS. This is particularly significant given that, at the time in Andhra Pradesh, the political regime had prioritized tertiary health services over rural primary health care. The quote below from informant #5, program manager, is interesting because of its focus on the 73rd and 74th amendments to the constitution, which give constitutional status to local bodies—yet another institution that political parties in Andhra Pradesh have systematically neutralized.

Every time we go to a forum in Delhi, there is always some discussion about MDGs and indicators, and AP is not able to show good performance in this sector ...change needs to happen at the village level. We have a very good Village Organizations network...so it was thought that it is important to use these strengths and include them in the process of achieving the MDGs or improving the health indicators...but even beyond MDGs 2015, we need to think about...how the village or community can think about their own needs and their own plans and then how to monitor it and how to achieve this...that is the whole idea of Maarpu (Informant #37; Rural Development).

The 73rd and 74th amendments to our Constitution require strengthening of local bodies...now what are we saying? Because the Village Organization [VO] structures are strong in our state...we are believing the local women and giving them the programs. You see...if local bodies in our state, the VOs...take ownership of the programs, then at least they will question them.... Right now, from the top-down hierarchy, some officials will ask questions and some just don't bother (Informant #5; Women & Child Development; Program Manager, not an IAS officer).

Finally, an interesting factor that emerged within the macro-context that seemed to provide an impetus to Maarpu was a sort of performance benchmarking with other states; in particular, within the four southern states (Andhra Pradesh, Tamil Nadu, Karnataka, and Kerala, although

Kerala is considered the outlier in terms of its favorable maternal and child health indicators and exceptional levels of literacy among women).

The Economic Indicators which resulted in the rapid dissolution of poverty in Andhra Pradesh have not translated into health and social outcomes. As a result, the IMR and MMR and then the malnutrition levels are still at a very high level compared to states that are of comparative levels of development (Informant #41; Rural Development).

Andhra Pradesh is much better than central or north India, but compared to the Southern states we are very poor. So we asked why, being part of South India, AP is doing so poorly. (Informant #6; Women & Child Development).

Rhetoric of Collaboration

Two themes emerge as a result of coding the interviews. The first theme resonates with the notion of collaborative advantage, which suggests that what can be achieved together cannot be achieved by just one entity, specifically in the case of complex or wicked problems like malnutrition, maternal and infant mortality. The second theme that emerges is one of holding the service providers accountable by making the community demand services and accountability in order to improve service delivery. In effect, Maarpu is seen as an instrument to make disparate bureaucratic structures talk to each other. Furthermore, it is also seen as a way to spur citizen-driven and citizen-demanded accountability. What hides behind this rhetoric is the politics of shifting the blame away from one department's failures to a collective failure or collective responsibility and then, finally, onto the citizens who are not demanding accountability.

Regarding the collaborative advantage:

No single department can achieve this (i.e. maternal and child health outcomes)...that is the first thing (Informant #22; Health).

Maarpu is not a program. It is basically a convergence effort to bring [together] various departments associated with health and nutrition, because in government most of the programs are done in silos, and at the cutting edge, particularly when people have to access services, you can't have the departments working in silos because health and nutrition...require a holistic approach (Informant #36; Rural Development).

Typically, when we talk about maternal and child health or health in general we think of the Health Department. But health is not only about medicine. It is also about nutrition, sanitation, water facilities, better environment... unless all these are addressed, maternal and child health is not possible (Informant #14; Women & Child Development).

Regarding accountability and demand-side mechanisms:

We want [first] to make the community accountable to all the health parameters[; second,] to involve all the local bodies, because under the chairmanship of the Sarpanch we want the entire activity to be taken up [and third,] that the village-level functionaries will also feel a little bit alert the moment it is reviewed in the village, and somebody will question whether you [i.e. the street-level bureaucrat] are doing this or that and why you are not doing this... that accountability as far as these people's performance is concerned... is some sort of a social audit (Informant #23; Health).

The key player will be the VO, the village organization. The VO comes under the structures of Rural Development. You see, the VO organizes all the poor people and gives them an institutional structure, and it is for the other departments to make use of them. The new paradigm of development talks about a receiving mechanism... however efficient your service delivery is, you will always operate at a low equilibrium unless your recipients are also empowered. So you may have everything in place, but if your beneficiaries are illiterate then nothing will happen. So the SHGs and the VO are all about bringing about this sort of awareness amongst the receiving mechanism to empower the poor (Informant #36; Rural Development).

At the state or district administration level, the focus suddenly moves from one intervention to another... it does not have a holistic approach. That's why Maarpu was brought about. We will work with Self-Help Groups (SHGs), and they will have a role to play in monitoring all the key points, and we will train them as to how to access those services (Informant #40; Women & Child Development).

While the theme of collective action and joint responsibility was the overarching rhetoric behind formulating Maarpu and did not reflect any tensions between the bureaucracies involved, the theme of community-driven accountability or demand-side governance mechanisms evoked deep-seated rivalries between the Rural Development department on one side and the Health and Women & Child Development departments on the other. I identify three variants of bureaucratic politics behind the formulation of Maarpu: *politics of inter-personal relationships*, *politics of institutional rivalries*, and *politics of public authority*.

Politics of Inter-Personal Relationships

A key factor in the story of Maarpu's emergence is the role played by key bureaucratic actors in positions of public authority who assumed the role of policy entrepreneurs, including P. V. Ramesh, who revitalized and jump-started structural and functional reforms under the aegis of the National Rural Health Mission (NRHM), and Minnie Mathews, who initiated Maarpu as a formal and structured intervention. As my interviews reveal, there were other like-minded IAS officers during this time who worked in the Health and Women & Child Development. At the time that Maarpu was being given a formal shape by Chief Secretary Minnie Mathews, the Principal Secretaries of the Health and Women & Child Development departments were husband and wife, which simplified coordination between them. Furthermore, even after Minnie Mathews left, the husband and wife duo stayed on (I was able to interview the latter). The following two quotes aptly capture the *politics of inter-personal relationships*:

Luckily, what happened is that the agency heads for Health and Women-Child Welfare are husband and wife. So these two played a key role in not letting go for SERP...and have brought the initiative a certain shape and up to the point of conducting training (Informant #23; Health).

Incidentally, last year, what happened is the Principal Secretary of Women and Child Welfare and the Principal Secretary of Health are wife and husband. So, you see, what happens in government inter-departmental coordination is always the toughest job. Another advantage I can tell you is that the current Principal Secretary of Women and Child Welfare had earlier worked as Commissioner Health and Family Welfare (Informant #6; Women & Child Development).

Politics of Institutional Rivalry

Inter-personal relationships aside, the interviews revealed deep-seated institutional rivalries stemming from the formal mandates of the bureaucratic organization and how they assume prestige through the informal mandates bestowed upon them by their constituent supporters. Although the three departments are traditional bureaucracies, in that they are

hierarchically organized with a formal chain of command, there is a fundamental difference in their institutional origins. The departments of Health and Women & Child Development are traditional top-down bureaucracies, where, historically, the bureaucratic structures are wired to deliver services to their constituents. In effect, the government decides that immunization coverage needs to improve or malnutrition needs to be addressed; accordingly, programs are planned, funds are allocated and services are delivered by front line staff. Within the social sector, bureaucrats refer to these as supply-side governance mechanisms.

On the other hand, the Society of Elimination of Rural Poverty (SERP) is not a traditional government bureaucracy because, in the state of Andhra Pradesh, it emerged as a result of the World Bank's funding to create Self-Help Groups (SHGs). Thus, in effect, SERP's bureaucratic structures (Self-help Groups and Village Organizations) are considered a bottom-up approach or demand-side mechanism, where the citizens plan and operate their own programs, although they receive supervisory and managerial support from SERP's state, district, and village-level administrative structures. Similarly, the Panchayati Raj Institutions or local government bodies have a constitutional status as institutions of democratic governance, under the assumption that local government bodies will be further empowered to question bureaucrats and manage their own needs in a bottom-up approach. In spite of these fundamental differences in their formal and informal mandates, however, all these institutions function similarly.

What emerged from the data is that key bureaucratic actors, with their affinity towards health and nutrition-related services, built a narrative suggesting that what ails the system is the under-utilization of demand-side structures like the SHGs. The formal mandate of the SHGs is to organize village women (especially those from economically and socially disadvantaged groups) into collectives, to contribute regularly towards a savings account, and in turn to take loans or

receive credit as a group for individual business ventures or agriculture-related investments. SERP's bureaucratic structures are seen to be more in alignment with contemporary discourse of development, i.e., community-driven and focused on sustainability and accountability. It was originally funded by the World Bank and is a favorite favorability for politicians (as they can directly reach their constituents), whereas Health and Women & Child Development are traditional, monolithic government bureaucracies that seem seen to be out of sync with the modern paradigm of development. Below, I provide quotes capturing in greater detail the *politics of institutional rivalry*, because it is the basis on which I construct the politics of public authority.

The World Bank prodded them along...otherwise they would never step down from their pedestal. They think they are all big bosses.... Another thing is that...I am sorry to say this, but...traditionally, the heads of SERP consider themselves to be the blue-eyed boys of development, so there are four or five of them up there who think they are doing all the work through SHGs while nothing is being done by Health and Women & Child Welfare....“they keep on talking with laptops and all that,” so they move only with the Chief Minister whenever any dignitary arrives....So that is how they were in the limelight, but they have since lost their air, because World Bank is now talking about social indicators and performance indicators and MDGs (Informant #23; Health).

Why Maarpu was coined because most of our health department activities were supply-side issues; there was nothing from the demand-side. There is no demand from the public that ‘I want this service and that.’ Why was there no demand? Then we thought that the SHGs should also focus on health, education and other social issues. So all these things converged, and at the higher level it was decided that we should all work together. So now, the VO is a body that should demand...initially there will be push from the administration, but later the VOs and SHGs should demand the services. Then the supply side capacity will be optimally put to use. Now, it is under-utilized (Informant #43; Health).

Even here everybody questioned the same, and finally the blame was put on SERP. Now, these groups began 20 years back in the form of *podupu sangalu* [savings groups]; they did also highlight social responsibilities like education and health [and] maternal health. But over a period of time, money matters dominated the groups (Informant #5; Women's Development & Child Welfare).

Both at the national and state level...we started questioning the SERP and IKP group: even though there is so much empowerment, why isn't there any demand for toilets [or] services at the Aaganwadi center; now, if citizens don't demand, use or question, then the

service providers are happy being lazy...they will not work (Informant #14; Women & Child Development).

Politics of Public Authority

In this case study, a majority of those with public authority (i.e., departmental heads), including the individual with the highest level of public authority, the Chief Secretary, were closely aligned to these traditional bureaucracies and were able to successfully build a narrative suggesting that because the SHGs focused too much on financial matters and not enough on social issues, Andhra Pradesh has not achieved its MDGs despite heavy investments and services delivered by other departments. In other words, health and nutrition-related services are not reaching those who need them because there is no demand for them despite adequate supply. Moreover, because SERP's SHGs and VOs are the go-to structures when it comes to demand-side governance, SHGs and VOs became the centerpiece of Maarpu even though it was essentially about improving health and nutrition-related services and outcomes.

How did this narrative become a reality? It was well understood that the Chief Secretary, Minnie Mathews, had an interest in health and nutrition-related issues and had also worked as Principal Secretary of Women & Child Development. Even though several like-minded departmental heads discussed the need for joint action, it took the Chief Secretary using the position of formal authority and power to formalize Maarpu. Finally, when Maarpu emerged it, had two key components: the 20 key indicators related to maternal and child health and Village Organizations (VOs) and SHGs as the central structure, which will anchor the convergence initiative. The quotes below capture the *politics of public authority*, which suggests that underlying the rhetoric of collaboration is the fact that a collaborative governance initiative can be thrust upon unwilling partners.

Minnie Mathews had worked as Principal Secretary of Women & Child Development. She too was very passionate about health and child health indicators (Informant #14; Women & Child Development).

All this was anchored by the Chief Secretary, and by force they were all pulled together [*laughs*] and this concept was evolved. (Informant #43; Health)

This is an initiative that has been pushed from the top of the bureaucratic structure...the Chief Secretary (Informant #36; Rural Development).

We have identified the 20 key interventions. The idea is that those 20 key interventions, if they are the focus points, then the mortality rates will go down, but...what each department had to do is to see that the convergence forums takes place. Unless the convergence meetings takes place at the village level, there is nothing, so the village level convergence committee [i.e., the VOs and SHGs] [is] the most crucial thing. The whole thing hinges on the committee meeting (Informant #40; Women's Development & Child Welfare).

All 18 state-level bureaucrats I interviewed attested to the use of coercion to get different departments' heads and administrators to talk to each other. In the context of Maarpu, all informants acknowledged that Maarpu's emergence came about only because a certain set of policy entrepreneurs in positions of public authority used their coercive power to initiate and facilitate discussions about improving maternal and child health outcomes through community participation. This is not only true at the state, but also at the district-level of administration. The following quote by a senior state-level bureaucrat is representative of what other informants discussed about the politics of public authority: "at the district-level, whether one likes it or not...convergence can be forced and brought about because of the strong nature of the institution of District Collector in the state" (Informant #36; Rural Development).

Similarly, the strong institution of the Chief Secretary in the state brought about the initiation of Maarpu at the state-level of administration. However, as noted in Chapter 2 and 3, as a consequence of India's federal polity and constitutional mandates the bureaucratic structures are characterized by diffused responsibility. This attribute makes the politics of public authority all the more interesting because it allows unwilling participants to come on board as they know

they cannot be held responsible because of the diffused lines of responsibility at the state-level of administration. Thus, it is this combination of the politics of public authority and diffused responsibility that creates an illusion of collaboration. Thus, effectively, the policy entrepreneurs in this case study used their position of public authority to weave a narrative that the critical reason why maternal and child health outcomes are lagging behind in the state is because there is no demand from the village-level community groups like the Village Organization (VOs) and Self-Help Groups (SHGs). The politics of this narrative suggested that VOs and SHGs have only been involved in discussing savings and loans and have ignored public health issues.

On the other hand, departmental heads operating within bureaucratic structures characterized by diffused responsibility were able to play politics of their own kind. To whom are the policy entrepreneurs and department heads really responsible and accountable? Are they responsible to the state's health sector priorities or the central government's? This case study shows that the policy entrepreneurs were actually implementing the central government's commitment to improve rural health care. As we have seen, Maarpu was not a flagship program of the political party in power in the state; if it were, the lines of responsibility and accountability would be different, as they were for *Arogyasree*, the very popular insurance scheme that Andhra Pradesh was implementing at the time. Thus, we are left with the question of where to situate Maarpu. It is neither a central nor a state government initiative—it is an initiative of a key group of individuals. Once these policy entrepreneurs leave or are transferred and another set comes with a different focus, the question of Maarpu's sustainability becomes questionable.

Thus, in this particular case, because of the diffused lines of responsibility and accountability, senior officials readily came onboard when asked by an individuals in a position of public authority. In effect, the politics of public authority resulted in a health-related agenda to be thrust

upon community-based organizations whose institutional roots and bureaucratic structures have no orientation towards addressing maternal and child health issues. The following quote from a senior bureaucrat at the state-level aptly captures the political environment that gets created as a result of the politics of public authority.

You need not resist it openly, you can silently kill it...so possibilities are there (Informant #43; Health).

Discussion

Maarpu's policy of implementation has three key elements: first, that the improvement of maternal and child health outcomes is necessarily a joint effort; second, that the SHGs and VOs would be made integral to the monitoring of service delivery and will be made aware of 20 key indicators essential for improving maternal and child health indicators; and third, that unless the communities themselves take responsibility for their own outcomes and do not monitor or question service providers, the service delivery mechanisms will not improve and will not be sustainable. However, underlying this rhetoric were the politics of interpersonal relationships, institutional rivalry, and public authority; essentially, an agenda to improve maternal and child health through 20 key indicators was thrust upon SHGs, VOs and Panchayati Raj Institutions in name of collaborative governance.

I now discuss these findings using the implementation scorecard. As discussed in Chapter 4, the *institutional-level* is where the organization is most exposed to the external environment and thus behaves like an open system; the *managerial-level* refers to natural systems perspective where individuals in positions of public authority navigate through the internal and external environments, the *technical-level* refers to the organization working like a rational and closed system, and the *political-level* is where a clear set of winners and losers emerge as a result of the

decision making process and the resulting rational model of program implementation. Refer to Figure 1 for the implementation scorecard at the state-level.

As shown in Figure 1, at the institutional-level, there are a set of influences on senior bureaucrats, e.g., the United Nations Millennium Development Goals (MDGs), the central government's health sector priorities like the National Rural Health Mission, and pressure from peer-group of states. At the institutional-level, the organization behaves like an open system. What the open systems perspective informs us is that environmental influences infiltrates the organization forcing it to make changes and resemble the external environment. In my view, this insight from the open systems perspective is instructive in understanding why traditional and deeply hierarchical bureaucracies like Health and Women and Child Development speak the language of multi-lateral aid agencies: inter-sectoral collaboration, citizen participation, intergovernmental coordination, and community-drive accountability. Another aspect that makes senior bureaucrats readily accept collaborative initiatives, especially in the social sector and for issues like maternal and child health, is that of legitimacy and the senior bureaucrats' proximity to the external environment—both the central government and the global development community. The open systems perspective also teaches us that even as organizations reflect their environments they are constantly “*maintaining stability and predictability* in the organization” (Katz and Kahn 1978, p. 85). Organizations achieve this by formalizing and institutionalizing organizational activities (p. 86).

In a public bureaucracy, the responsibility of maintaining stability, predictability, formalizing, and institutionalizing policies falls on individuals in managerial positions with public authority. At the managerial-level, in the state-level of administration, senior bureaucrats can make decisions that can be coercive. The natural systems perspective that I use to provide

insights into the managerial-level informs us that an organization has both formal and informal structures. While formal structures are aimed at ensuring that organizations operate “independently of the characteristics of the individual actors,” informal structures are “based on the personal characteristics of the individual actors” (Scott, 2003, p. 59). Thus, an implication of this insight is that while an administrator in a formal structure exercises power and authority based on the position occupied, power and authority can also be drawn from interpersonal relationships and individual charisma because informal structures co-exist along with formal structures (Scott, 2003, p. 59). In Maarpu’s case, policy entrepreneurs drew upon both the sources for their power: their positions as department heads and Chief Secretary, and the interpersonal relationships that existed between them. Thus, using the power vested in both formal and informal structures, policy entrepreneurs designed an initiative titled Maarpu. The natural systems perspective also teaches us that organizations strive towards survival and stability, and thus maintenance is the key function of the organization. Seen from this perspective, Maarpu is not a radical departure from what the departments are already doing. In fact, several components (for example, immunizations, nutritional supplements, sanitation services) of Maarpu were already in existence and Maarpu only added the dimension of community participation to monitor these services.

Thus, at the institutional and managerial-levels what we see happening is that a certain set of external environment influences were converted by senior state-level bureaucrats using their power vested in formal and informal organizational structures to design Maarpu. However, given the tendency of the organization to maintain itself for survival, follow precedence, ensure stability, and predictability the key aspects of MDGs and NRHM (inter-sectoral collaboration,

citizen engagement, and intergovernmental coordination) were converted and reduced to a formal set of instructions in the form of 20 key indicators that was presented as Maarpu.

The technical-level of the organization functions like a rational system where the focus is on goal specificity and alignment, and reducing the number of variables that need to be managed so as to increase predictable behavior among employees. In effect, Maarpu is designed to function as a formal organization where its structures are “formalized to the extent that the rules governing behavior are precisely and explicitly formulated and to the extent that role and role relations are prescribed independently of the personal attributes and relations of individuals occupying positions in the structure” (Scott, 2003, p. 35). In effect, a collaborative governance initiative like Maarpu that should have been implemented like an open system (with its focus on environmental influences, diffused power, shared values, inter-dependence, responsive to varied citizen needs, and managing multiple and uncertain variables), is converted into a formal, rational, and closed system by the bureaucratic organization. In this process of conversion, all the elements that are central to collaborative governance are lost. However, the illusion is that all the bureaucratic actors involved espouse the values of collaboration and believe that Maarpu is an initiative to facilitate collaborative governance to improve inter-departmental coordination and engage the community.

The natural systems perspective informs us that employees will give their consent and perceive orders as legitimate under four conditions: they must “understand the directive, believe that it is consistent with the organization’s purpose, believe that it is compatible with [their] personal interests, and be able to comply with it mentally and physically” (Tompkins, 2005, p. 195). The question pertinent to Maarpu is that: can these four conditions be met by Maarpu’s directives? Insights from the political theory of the organization (Moe 1991) which

views bureaucratic structures as a result of the politics of public authority informs us that it is highly unlikely that all employees would give their consent to Maarpu and view it as legitimate. The reason for this is the coercive nature of decisions taken by those individuals (at the managerial-level) in positions vested with public authority. As Moe (1991, p. 123) notes:

The power of public authority is essentially coercive. People can be forced to accept outcomes that make them worse off, outcomes they would never agree to in a world of voluntary exchange. The upshot is that political institutions, most of which arise out of politics of structural choice, are means of legal coercion and redistribution. They are structures by which winners impose their will on everyone else.

As articulated in the findings above, Maarpu emerged as a result of policy entrepreneurs in positions of public authority with close affinity to health and nutrition effectively thrusting a health-related agenda on to the community-based organizations—the idea that community-based organizations need to be made aware of health and nutritional services so that they can demand for these services, which in turn will improve service delivery. However, those in the Rural Development department that oversee Village Organizations (VOs) and Self Help Groups (SHGs) never viewed this to be their departmental mandate, but because of the coercive power of public authority they [Rural Development] were forced to accept the outcome. Thus, in this case, the VOs and SHGs are the losers as they have become unwilling participants into Maarpu and the Health and Women and Child Development are winners as they have been able to incorporate an additional partner and resource to fulfill their mission. As a result, we see that 15 out of the 20 indicators are directly related to the Health department's activities, which now have to be supported by the bureaucratic structures of Rural Development even though Maarpu has little alignment with Rural Development's departmental activities.

This is only one side of the story in the politics of public authority. Moe (1991, p.125) observes that, to claim victory, political winners often must meet the loser's demands, which are

often aimed at weakening the victory's effect. An implication of Moe's central argument (that the resulting structures are a result of political compromise) is that political actors (in this case the policy entrepreneurs and department heads) are "not in the business of building effective organizations, as they are in the private sector" (Moe, 1991, p. 126). In effect, Maarpu is designed to be ineffective and destined to fail. In chapter 7, I will examine how the losers work to reducing the victory's effect, what factors help them [the losers] in this process, and what is the net effect on the winners.

Based on these findings and analysis, I find sufficient evidence to support this dissertation's first research proposition that departmental heads will facilitate collaborative initiatives because of diffused lines of responsibility at the state-level of administration. However, based on the evidence gather and analysis, several qualifications are necessary to this research proposition. First, the initiating factor here was policy entrepreneurs in positions of public authority; thus, charismatic leadership is necessary, but not sufficient—the key is leadership in a position of formal power and authority. Second, diffused lines of responsibility at the state-level of administration certainly helped the policy entrepreneurs in Maarpu's case to officially forge a collaborative governance initiative. Because the lines of responsibility at the state-level for an initiative like Maarpu (which is neither a central or state government initiative) will always be diffused, it is difficult to think of the counterfactual—what would have happened if responsibility was not diffused? How would the influence of public authority have worked then? Thus, based on the evidence and analysis, it would suffice to say that at the state-level of administration it is relatively easier to initiate and facilitate collaborative governance initiatives if there exist policy entrepreneurs who want to champion collaboration and are vested with the power of coercion.

Figure 6: State-level Implementation Scorecard

Administrative Level	Institutional	Managerial	Technical	Political	
				Winners	Losers
State	<ul style="list-style-type: none"> • Millennium Development Goals • National Rural Health Mission • Peer-pressure among states over social-sector performance 	<ul style="list-style-type: none"> • Policy Entrepreneurs (Chief Secretary, Departmental Heads) 	<ul style="list-style-type: none"> • Government Orders (GOs) • Review Meetings • Trainings 	Health Women & Child Welfare	Rural Development (VOs, SHGs, Panchayati Raj Institutions)

Chapter Seven

Implementation of Policy

Implementation of the Collaborative Governance Initiative

In this section, I examine the implementation of Maarpu's policy by drawing on interviews and field notes from the following sources: district and village level functionaries from all three departments, administrative review meetings, and village-level Maarpu meetings. I further validate these findings by drawing on data from interactions with service delivery beneficiaries (i.e., the purported target group of pregnant women, nursing mothers, and other women in villages), subject matter experts who have been working closely with the government on social-sector-related development projects in India, and newspaper articles. The following thematic codes were used for analysis: *authority* (actions of dynamic individuals in positions of formal authority and power), *bottom-up narrative* (data about local adaptation, attendance at meetings, and typical biased responses that I received during fieldwork), *bureaucratic politics* (interpersonal relationships, rivalries, imposition of public authority, turf protection, and perception), *implementation* (data based on actual observations on the field), and *implementation rhetoric* (data about how implementation ought to happen). In NVivo 10, I created 24 sets comprising different combinations of data (e.g., Health_State_Interviews, Review_Meetings_District), then queried the coded data within these sets for cross-comparisons across themes for effective triangulation of multiple sources of data onto the findings.

Four key themes emerge as contributing to the way Maarpu's implementation was shaped across the intergovernmental structure: the District Collector as an *administrative entrepreneur* focusing on institutional deliveries in government hospitals, the *perception* this created among

district officials, the *power balances, turf protection, and institutional histories* that help maintain the perception, and, finally, the *adaptation* by street-level bureaucrats in response to the perception of Maarpu as a Health department initiative.

Administrative Entrepreneur

The term *policy entrepreneur* is used for senior bureaucrats who can shape, influence or even formulate policy because of their close proximity to external sources of power (i.e., politicians, donor organizations, or the legislature). I use the term *administrative entrepreneur* to describe India's District Collectors because they inherit myriad policies originating in the state capital, with the expectation that the Collector will leverage the power of this position to implement these policies. Compared to the state and village levels of administration, which interact greatly with their external environment (the state level with politicians, donor organizations, and other policy-making bodies; the village level with the complex and culturally varied socio-economic and ethnic groups of the local rural environment), the district administration in India is relatively more isolated from external pressures and instead performs the maintenance function of the bureaucratic organization (i.e., implementing programs of change and development without radically disturbing organizational stability or the status quo).

Although the District Collector is a position of public authority, it is located on bureaucratic structures that have diffused lines of responsibility and accountability. The District Health & Medical Officer (DMHO) and the District Project Development Officer of the Rural Development department have to balance their loyalties between the Collector and their state-level superiors. While the Collector can control them at an operational level, district officials know that the Collector's sectoral priorities (e.g., a multi-sectoral initiative like Maarpu) are of short-term duration compared to their parent departments' sectoral priorities (e.g., the Health

department's priorities on immunizations or Rural Development's priorities on building rural houses). Thus, to the extent that an IAS cadre officer, as a District Collector, selects an inherited policy by leveraging his or her sectoral preferences and technical skill sets and governs the messy administrative structures using the power vested in the institution to create a lasting bureaucratic legacy, a District Collector is essentially an administrative entrepreneur, navigating through the administrative structures with their diffused lines of responsibility and accountability to deliver a tangible result by the end of his or her term. Thus, an administrative entrepreneur inherits a policy from the external environment and converts it into a rational model of implementation, while using the position of public authority to make disparate administrative structures communicate and implement programs; in this process decisions are made that benefit some groups and burden other groups.

Maarpu's implementation in the Medak district was thus shaped by District Collector Smita Sabharwal, a quintessential administrative entrepreneur. During my fieldwork in May 2013, all my state-level informants told me to visit the Karimnagar district to see how Sabharwal was effectively implementing convergence across different departments to improve maternal and child health indicators. She was well known for her drive to increase institutional deliveries in government maternity hospitals and rural primary health centers through the use of text messages to mobile phones informing pregnant mothers about their next appointment (*The Hindu*, August 10, 2011). She further linked poor maternal mortality rates and infant mortality rates in the district to "poor nutrition" and got the Women & Child Development department's front-line workers to work closely with the Health department's front-line workers (*The Hindu*, September 9, 2011). She named this initiative "Amma Lalana" (mother's nurture) and ensured it received local media coverage. She also focused on high incidence of anemia among adolescent

schoolgirls and got the Health department's medical doctors to work closely with the Education department (*The Hindu*, January 2, 2012). Moreover, she was widely popular for her crusade against private hospitals for "conducting [unnecessary and exploitative] caesarean deliveries and causing serious health problems to mothers" (*The Hindu*, August 17, 2012). According to all of my interviewees' at all administrative levels, Sabharwal achieved celebrity status for her dedication to improving maternal and child health services.

Smita Sabharwal's tenure as District Collector of Karimnagar and the administrative entrepreneurship she displayed (essentially tailoring all elements of the National Rural Health Mission to the local context) happened under an enabling environment at the state level, when several policy entrepreneurs (like P. V. Ramesh, Minnie Mathews, and Praveen Prakash) were prioritizing rural health care and shaping policies and programs to improve maternal and child health services. My interviews confirmed that Sabharwal's Karimnagar experiments shaped the emergence of Maarpu. In May 2013, I was only able to speak with Collector Sabharwal over the phone, as she was awaiting transfer orders and unable to meet with me. However, when my field work began in February 2014, she had been posted to the Medak district, and she allowed me to interview her over the phone and face-to-face. She also instructed her key official overseeing Maarpu's implementation to extend all support to my dissertation research.

On February 4, 2014, she invited me to attend the district-level Maarpu review meeting to understand how Maarpu is being implemented. This review meeting was attended by all key district officials and field staff from all departments involved in Maarpu's implementation, including a group of leaders and women from villages who were invited to the district headquarters in recognition of their work in implementing Maarpu in their villages. This four-hour meeting revealed that the implementation of Maarpu retained its rhetoric of collaboration

and kept the focus on the 20 indicators at a functional level, but in terms of its rational model of implementation, the entire emphasis of the review meeting was increasing institutional deliveries in government facilities—an area of focus where the Collector was nothing short of a celebrity.

The meeting began with a district official providing an overview of Maarpu's implementation thus far in the district:

In November we began this program, provided training to all village-level functionaries from the five concerned departments: Health, ICDS, PRI...and those departments at the receiving end like IKP...we have arranged a host of activities since November. And since December we have been implementing and executing these meetings, where we have been discussing for 2 hours the MAARPU agenda that covers the 20 point interventions. At the village meetings, the Sarpanch as the head of the village has formed a committee and is making sure that all representatives are present.

While the above statement reflects the implementation rhetoric describing collaboration, the review meeting quickly turned to its real focus on monitoring the number of delivery points through the Mother and Child Tracking System (MCTS), a nationally sponsored and supported database that tracks all pregnancy-related progress and allows the data to be accessed from any governmental medical facility with internet access. However, the MCTS was not customized to meet Maarpu's requirements and so there is no opportunity to make notes about how village-level collaborative meetings actually happened. Given that the village-level collaborative meetings that Maarpu envisages are local to the subnational government's context, it would require tailoring the MCTS to suit the state's needs, which was never attempted. The following statement from the district official conducting the review meeting clarifies how Maarpu's performance will be measured by the district headquarters:

Today, the Collector wants to take feedback from the best motivators and to identify gaps at the ground level and ascertain any weaknesses. The Collector also wants know about the progress made in December and January through this MAARPU program. Which indicators have improved? Have the human development indicators improved? The data

are available online through the Health department via the MCTS portal. Only these MCTS data will be used to review progress.

According to my estimates, approximately 75% of the meeting was spent reviewing the MCTS data, with no discussion of the challenges being faced on the ground in conducting the convergence meetings. The idea that the village's women, local leaders, and government functionaries might identify gaps and monitor service delivery was never even discussed, in spite of the Collector recognizing individual efforts by village leaders to motivate women in their villages to get tested for anemia or encourage them to deliver at a government hospital or at the Primary Health Center (PHC) in the nearest village. The message from the Collector was clear: if we educate villagers about the exploitative practices of private hospitals and encourage government hospital deliveries through village-level convergence meetings, we will begin to see positive spillover effects on government service delivery. This message was so well articulated at the district headquarters that it was aptly reflected by this health worker at a PHC: "the Collector's orders are that more deliveries should happen at the government institutions" (Informant #31). The review meeting then proceeded to focus further on institutional deliveries with another Health department official opening his presentation with the following statement:

Good morning to all officers. After the last meeting... **in the last 2 months, we have added 20 delivery points**... What is the improvement in the last three months? **Out of 66 PHCs [in this district], deliveries are now conducted in 62 PHCs.** So almost all PHCs are delivery points... Identification of high-risk cases has also increased where the PHC-Medical Officer [MO] is able to recommend them to other facilities. Also, **deliveries in non-24-hours PHCs have increased**... have all shown good progress. **Home deliveries have come down from 4-5% to 2%** [emphasis added to indicate where the speaker raised his voice to highlight the achievement].

Finally, the District Collector, in her review of the progress, announced the rankings of all 66 PHCs based on how many deliveries they conducted. She then highlighted her efforts to convince the state government officials to open a special maternity hospital and underscored the

need for such centers to cater to “high-risk patients” because of poor nutrition levels in the local communities. Toward the end of the meeting, she asked the village leaders and other representatives from the villages (i.e., not government functionaries) to speak about their experiences. These were mostly success stories; for example:

Madam, there is a pregnant woman in our village who had very low iron and hemoglobin. So we as a group adopted her and ensured she was taken to the government hospital for daily injections, and she is having food daily at the Aaganwadi center....Now she is looking healthy, and her vital blood counts have improved [Leader of a Village Organization].

Soon after this meeting, I was given the opportunity to interview the District Collector. One of the first things she said to me was that what I had just seen was not representative of Maarpu’s success in the district and that in many places there were no such meetings. With a smile on her face, she encouraged me to use my research to identify the gaps. Her responses to my initial general questions about Maarpu were similar to what I expected; she said that its purpose was to stimulate demand for government health services where there are identified service delivery gaps and thus to create an environment where service delivery providers can be held accountable. She explained to me that because a Collector comes and goes, there is a need to look for more sustainable mechanisms, and that the Self-help Groups (SHGs) are the key instruments of sustainability at the village-level administration. Every village has SHGs, and these women are connected in an integral way to maternal and child health services. Thus, the idea is to use the SHGs and their Village Organization meetings to discuss maternal and child health issues.

Beyond the program theory, I next asked about the internal dynamics of implementation and the associated bureaucratic politics that impact program performance. I asked her if Maarpu was something all departments readily accepted. Her response was intense, and I could see that

she was quite passionate on this subject. “*Maarpu is nobody’s baby!*” she stated emphatically. “The question is who owns it? The District Collector? Health department? Panchayati Raj? Rural Development? Or Women & Child Development? It seems that everybody is for the programmatic goals, but nobody is ready to take ownership!” She finished the interview by saying that her experience as Collector had taught her that no matter how much you try to institutionalize, the role of the individual is the key driving force.

Perception

The formal authority and power vested in the institution of the District Collector can be used to bring isolated officials to the same table, as the Chief Secretary can at the state-level of administration. However, what these positions of public authority cannot do, at least in the short duration of their tenure, is to change the power balances of district-level bureaucratic structures and their institutional histories. Policy and administrative entrepreneurs also cannot change the perception that individuals in these bureaucratic positions develop in order to maintain the balance of power and act according to the institution’s historical roots. Such bureaucratic politics are at play within the corridors of district administration because, as the most insulated administrative component of the bureaucratic organization, it is responsible for the maintenance function of the organization. Thus, we can expect a high degree of rigidity here in terms of functioning, but given the nature of powerful institutions and diffused lines of responsibility within bureaucratic structures, individuals in district administration will also acknowledge new ideas and changes even as they adjust to maintain the status quo. In this section, I first discuss how key district officials perceived Maarpu as a health-related initiative and thus under the purview of the Health department. Next, I discuss inter-departmental politics at the district and village levels that also exist at an institutional level.

The starting point of the perception that Maarpu is a Health department initiative is the legacy, celebrity, and programmatic focus of the Collector regarding the improvement of maternal and child health outcomes—specifically, her crusade against private hospitals and her campaign to increase deliveries in government institutions. While the rhetoric may be about identifying gaps in service delivery mechanisms through community involvement, the rational model of implementing this rhetoric was monitoring the institutional deliveries in government facilities. While Maarpu's GO (#249) focused on 20 key indicators and underscored the need for community planning, at the district level the programmatic focus was on institutional deliveries, which was one of the 20 key indicators but is also considered an important proxy indicator to ensure that the other 19 are being monitored and delivered. The following quote from a district-level official speaks to this perception problem:

Even after three months of implementation, nobody in our office knew who should be sent, or who should collect, the reports. Because the Maarpu program is using NRHM funds, the NRHM office says that reports should be sent to NRHM office. And initially...between December 2012 and March 2013...the perception among district officials was that this was a health program. Okay, let's move along and do something, but nobody had the view of the village woman who is a member of the Village Organization that it will benefit that entity ultimately. I remember officers from other district administrative departments would come and say mockingly: 'we are coming for your department's program!' (Informant #1; Health-District).

While the most prominent source of this perception stems from the Collector's programmatic focus and the programmatic focus on institutional deliveries, the 20 indicators themselves, which are skewed towards health, also further this perception.

The other guys [i.e., from other departments] will come, but the thinking will be that it is the Health Department's program and they are just there as a formality. True, out of the 20 indicators, 18 are Health department related...one is related to Rural Development and the other is Sanitation, which is with Rural Water Supply, and there are some related to Women and Child Welfare...4 or 5 indicators. So because there are more health indicators are on the agenda, it does come across as the Health department's initiative (Informant #1; Health-District).

This perception is manifested in other implementation processes, such as training. While district-level implementation involves actual program administration and village-level implementation involves service delivery, state-level implementation processes primarily involve training in the form of orientation or sensitization programs. I observed a two day training program at the state level, where district-level officials from all departments engaged in Maarpu were being “sensitized” towards this convergence initiative. However, the material covered through presentations and printed material focused on maternal and child health issues at a very technical level, with no content related to managing conflicts, inter-departmental politics, or how to engage the community. Thus, the training material would only be appreciated by those with traditional medical training, like those in the Health department.

During an interview, the faculty member overseeing the training program at the state-level training institute, which provided the Maarpu-related training for district-level officials, confirmed that the representation from Rural Development was poor as only the senior officials from that department came, but not the district officials: “nobody came from the Panchayati Raj department, and Rural Development, the people who came from these departments were the senior officials at the opening of the training program” (Subject Matter Expert #1; Management Research and Training Institutions-India).

The issue field staff having expertise in the related area of program implementation definitely exacerbates the perception that Maarpu is a Health department initiative. This is particularly true at the village level, where services are actually delivered. One of the village-level Health department functionaries boldly proclaimed to me that “Maarpu is a failure!” and faulted the Collector at the time for coming up with such an impracticable idea. He said that “nobody who is supposed to show up ever shows up, as it [maternal and child health] is not their

area of responsibility or expertise.” He also said that the “guys [from Rural Development] who oversee the Village Organizations (VOs) and Self-Help Groups (SHGs) come to me every month for the data, and they write whatever I give them!” He said this was ironic, because it is Rural Development functionaries who need to get inputs from the VOs and SHGs about services related to maternal and child health (Informant #95; Health-Village).

Another factor that directly fuels the perception that Maarpu is not a collaborative effort is the lack of signaling from bureaucrats at the upper echelons of the bureaucracies. An example of signaling can be department-specific executive orders mandating participation in Maarpu or hosting departmental review meetings to send a message that the top leadership wants district and village staff to participate in Maarpu. In the context of this case study, while examining how Maarpu emerged, I concluded that an inherently Health department-related agenda was thrust upon other departments (particularly those within the purview of the Rural Development and Panchayati Raj). It is a case of quintessential bureaucratic politics when an initiative can be killed silently without open rebellion; all it takes is for senior bureaucrats to not send specific orders or signals down the hierarchy that involvement in this program is necessary. This can be seen in the fact that participation from these two departments (Rural Development and Panchayati Raj) was absent during the state-level training program. The following quotes also validate this inference that when field-level staff are not instructed by their superiors to take the collaborative initiative seriously, priority is given to departmental activities.

A strong signal about strengthening the initiative should come from the state level, and it should not just depend on the strong intention of the Collector. The strong intentions should reach the stakeholders (IB#3; Health-District).

Yes...if there is pressure from above, then the Sarpanch (the locally elected leader of the village; part of the Panchayati Raj Institutions) will also participate in the meetings...otherwise they will not....There is no seriousness towards Maarpu from those higher-up in the hierarchy (Informant #85; Rural Development-Village).

My interview with a subject matter expert who is a faculty member at the Management, Research, and Training Institute in the state capital further validates how the perception that Maarpu is a Health department initiative is antithetical to the idea of collaboration. This faculty member had been the Principal Investigator on a UNICEF-funded project commissioned by the Health Ministry of the Government of India to study the service delivery gaps in five districts across the state of Andhra Pradesh. During their study, the team also looked at Maarpu's implementation, although it was not the focus of their study.

The interpretation is with the 20 key indicators of Maarpu coming in...so what happened is the monitoring became intensive on Maarpu components—third-trimester ANC, institutional deliveries, immunizations, booster dose...all these are components of Maarpu. So monitoring of Maarpu components became intensive all along the administrative line from district administration to the state level—Managing Director of NRHM, Commissioner of Health and Family Welfare, and finally Principal Secretary of Health (Subject Matter Expert #7; Management Research and Training Institute-India).

Effectively, Maarpu is perceived as a Health department initiative, and thus other departmental functionaries did not subscribe to the rhetoric of collaboration. Through this analysis, I have uncovered various factors that have contributed to this perception: the Collector's programmatic focus on institutional deliveries, the fact that 15 of the 20 indicators are directly related to the Health department, the fact that training programs aimed at orienting functionaries to collaborative work are also technically related to a health worker's area of expertise, and finally the fact that, due to state-level bureaucratic politics, there are no signals from the top to those below that this collaborative initiative needs to be taken seriously. The quotes below from informants provide insights into the role that perception has played in Maarpu's implementation.

In the past, other departmental representatives used to attend the orientation meetings, but nobody had the thought of working together...every department was thinking about

doing their own work, and the thinking was ‘why should we go to these meetings?’ (Informant #3; Health District)

If it has to be implemented as expected, then all departments have to take an interest in this program...but this is only a medical topic...a medical problem, so everything has to be taken care of by the medical department, right? So that’s why all other departments have left this on the medical and health department. They come, attend and leave, all just for formality and show. (Informant #26; Health-Village)

Basically...the indicators are related to health. While there are 20 indicators belonging to several departments...a majority of them are related to health. So, on paper, the nature of the program lends itself to being a Health department program. (Informant #2; Rural Development-District)

What is more important is why this perception problem is emerging. [It] is emerging because we are focusing only on monitoring numbers. We are not focusing on educating and empowering that peripheral worker to think in terms of how he is contributing to the community, how his work is contributing to the community...we are only looking at, okay, how many numbers...you have achieved. And this is not just the Health department, this is across the welfare departments...you are never told why are you doing this activity, in what way is it going to contribute...those points are not made important...Even if it is important...then a small introduction will be given about it for half an hour...if somebody tells you to do this...you will feel ‘why should I do this work, day in and day out...and I don’t understand the value it will be bringing’...do you think I will be motivated to do that? (Subject Matter Expert #7; Management Research and Training Institute-India).

Not all my informants discussed about perception; only 7 out of 86 informants within the three departments and 3 out of 9 subject matter experts discussed the role of perception. Out of the 7 informants from the bureaucracies, 3 were from the district and 4 were from the village-level of administration. Although not as widely discussed as the role of authority, the length at which these few informants discussed about perception convinced me that it is must be an important factor. In particular, informant #1 who discussed at length about perception is also a key informant with whom I had spent a lot of time during fieldwork and with whom I have discussed several aspects of my findings. This line of inquiry was further validated when three subject matter experts also discussed at length the issue of perception. My visits to villages, service delivery points, village meetings, and interactions with citizens were all aimed at

understanding how this perception (that Maarpu is a health-initiative and not a collaborative initiative) might have manifested itself on the ground. In the following section, I discuss how this perception manifested itself within the bottom-up narrative i.e., among the informants at the village-level of administration involved in the actual implementation of Maarpu.

The Bottom-Up Implementation Narrative

Across the board, the implementation narrative of Maarpu's policy was well aligned to the perception that it is a Health department initiative and with the Collector's focus on increasing institutional deliveries at government hospitals. During my interviews, I asked front-line staff from all departments about their understanding of Maarpu's implementation. The following quotes from Health department front-line staff members shows that the field-level narrative is aligned with that of the district administration. I interviewed a total of 28 frontline staff from the Health department, and the two quotes below are apt representations of the bottom-up narrative within the Health department.

We discuss health and nutrition matters—that deliveries should happen in government hospitals, and that pregnant women and nursing mothers should have nutritious food at the Aaganwadi centers. There are 20 points that we need to discuss about Maarpu (Informant #56; Health-Village).

I observed the following conversation during a field visit I made with a district-level health officer who stopped by a Primary Health Center (PHC) to discuss Maarpu with the health worker. The focus of the conversation was on institutional deliveries.

District Official [*counting*]: You have 34 Expected Deliveries, and out of them more than 50% are high risk cases? How is that possible?

Field Worker: Many of them are previous cesarean cases, sir...that's why.

District Official: Then why is this patient here in this PHC?

Field Worker: Yes, sir...sometimes there is no time to even refer them to another facility...they come to the PHC with full dilation.

District Official: Hmm...and if there is any untoward incident, our hospital's windows break, right? (Informant #10; Health-Village).

Even the frontline staff of the Rural Development department who oversee and manage the monthly SHG meetings described Maarpu in terms of its focus on health and nutrition rather than its focus on leveraging SHGs and VOs to monitor health and nutrition services. I interviewed 26 frontline staff from the Rural Development department, and the following quotes are all representative of their understanding of Maarpu. Interestingly, frontline workers seemed to describe Maarpu meetings as separate from their monthly SHGs meetings. This thinking is aligned with the training they all received to discuss the 20 indicators (i.e., Maarpu topics) for the first two hours before discussing money matters in their monthly SHGs meetings.

We discuss health and nutrition issues...about going to government hospitals and the Aaganwadi center for nutritious food (Informant #84; Rural Development-Village).

They discuss delivering at government hospitals, calling 108 Ambulance and eating good food at the Aaganwadi center (Informant #88; Rural Development-Village).

Maarpu meetings are about discussing health and nutrition...mainly for pregnant women. (Informant #94; Rural Development-Village).

The narrative is similar among the Women & Child Development front-line workers who deliver the Integrated Child Development Scheme (ICDS). For several reasons, I was only able to interview five frontline staff from this department. First, I was informed that the ICDS staff were on strike over the issue of a salary increase (covered in the local news at the time). Next, at several villages with active ICDS centers, the woman cooking the food was not well informed about Maarpu and only described her cooking duties.

The ANM comes, I am there; the Aaganwadi...Sarpanch comes...we talk about pregnant women delivering in government hospitals and eating nutritious food at the Center (Informant #61; Women-Village).

We discuss government institutional deliveries, eating good food, 108 ambulance, etc. (Informant #91; Women & Child Development-Village)

The one village-level review meeting I attended also reiterated the same agenda regarding Maarpu's implementation. This is the monthly review meeting conducted at the Primary Health Center (PHC) by the Medical Officer and the supervisory cadre and is attended by all the field staff (i.e., ANMs and ASHAs). The following opening quote by the supervisor conducting the meeting set the tone for what is expected out of the ANMs and ASHAs. It is evident from this quote that change is understood as an increase in government institutional deliveries and not in the collective action (i.e., community monitoring) theme of Maarpu.

Since this Collector has come and because of her effort and her instructions we are bringing about Maarpu...that is, change...to make sure deliveries happen either at government or private hospitals. Most importantly, we are trying for deliveries to happen in government hospitals. Remember, no home deliveries at all. This month, there have been no home deliveries...this means the change has been achieved [and,] to that extent, your services have been useful. Institutional deliveries are most important, and in that what is most important: government institutional deliveries!

Power Balances, Turf Protection, and Institutional Histories

The existence of power balances, turf protection, and institutional histories are key characteristics of a government bureaucracy (Appleby, 1949; Long, 1949). Although not all of my informants discussed these issues directly or specifically, the few informants who discussed it (the same informants who discussed about perception) were passionate about it. The same set of informants who discussed about perception discussed the issues of power, turf, and institutional histories, but in particular one senior state-level bureaucrat's exposition of these

themes convinced me of its significance in the context of implementing a collaborative governance initiative. The following quote from this informant's interview is provided below:

An institution is known by its roots basically. So obviously when the Collector leaves, my hunch is that it [the institutions participating in Maarpu] will go back to their roots. For example, the natural tendency of an AWW is look at to look up to the supervisor and not at the community even though the community is just sitting right across and there all the time. But she is not willing to listen to the community, she [the AWW] is only going to hear the supervisor. The roots of ICDS are totally different. That's what I am saying when you are talking about silos. You should also examine the structure... so unless, the structures are fundamentally redrawn by either bringing in accountability to a gram panchayat or accountability to the community [collaborative initiatives will not work]. Even if the Collector is able to make disparate administrative structures talk to each other

and benefit from the few officers who are willing to work across boundaries, the Collector cannot change the power balances that exist in district and village administrative offices. The institution of the District Collector in rural India gets its power not only from the Collector's formal mandate but also from its historical origins. Similarly, other institutions that have emerged at the district and village-level of administration also derive their power from their formal mandate. The source of power also comes from informal mandates in rural India, where certain offices carry prestige. Informal mandate requires these bureaucrats to behave in a certain way to maintain the legitimacy of that institution's power in the local context.

For initiatives like Maarpu to work effectively, administrators and their field staff have to work across these hierarchies and need to be flexible if collaboration is to take place. The experience of creating the Senior Public Health Officer (SPHO) hierarchy between the District Medical & Health Officer (DMHO) and the Medical Officer at the Primary Health Center (PHC) showed that the SPHO cannot question not only line staff from other departments but also their own departmental line staff, because the DMHO maintained the balance of power (by not allowing transfer of administrative powers to the SPHO). These factors (i.e., power balances, turf

protection, and institutional histories) become even more pronounced when the perception at the district-level is that Maarpu is a Health department's initiative.

The quote below from a district official captures the most basic barrier to working across departmental boundaries. When examined more deeply, the issue is not that individuals cannot work with their counterparts in other departments but rather that the traditional bureaucratic organization orients an individual to doing certain tasks in a certain way, whereas collaborative engagement requires flexibility at an organizational level.

Every person has some individuality. Also there is the issue of being used to a certain pattern...some people in these departments have worked there for two or more decades...so mixing it up brings about friction (Informant #3; Health District).

Institutional histories are also a source of professional rivalries, and these need to be understood when designing an inter-departmental collaborative initiative. Maarpu's policy of implementation is based on close collaboration between the Self Help Groups (SHGs) and Village Organizations (VOs). The VOs are registered as charitable societies, and the Society for Elimination of Rural Poverty (SERP), within the Rural Development department, provides the necessary institutional legitimacy. Even though SERP is organized like any other traditional bureaucracy, with a state, district, and village-level hierarchy, it is quite different at the district and village levels. For example, at the village level, the Community Activist (CA) is from the local village and is paid an honorarium from the VO's funds. The CA in turn reports to the area coordinator, who is part of SERP's district level hierarchy. In effect, the entire bureaucratic structure of SERP is based around the needs of the community and the rhetoric is that the community demands and manages its own programs (while many of the programs it implements actually come from the top, they are actually managed by the VOs).

The origins of the SHGs and VOs in Andhra Pradesh go back to 1995. The Health and Women & Child Development departments gain their power and prestige from their historical legacy of implementing large-scale nationally sponsored health interventions (polio eradication, family planning, disease control) and nutrition programs (the Integrated Child Development Scheme or ICDS), which now exists in almost every village. These traditional bureaucracies are wired in the exact opposite way compared to the SHGs and VOs, in that the former are quintessentially top-down bureaucracies in the way services are delivered. They have a physical presence in local communities where these services are delivered, and people have to go there to receive these services; this in itself is a source of power and prestige for the front-line workers. However, for Maarpu to work effectively, these two different bureaucratic structures (that of Health and Women & Child Development on the one hand and SERP, VOs, SHGs on the other) must work together. Furthermore, as per Maarpu's requirements the Health and ICDS field staff are required to change their traditional ways and now make themselves available to the VOs and SHGs village women at their village (compared villagers going to them for services). In such a situation who is more powerful—the VOs and SHGs (who are now supposed to question Health and ICDS staff) or the Health and ICDS staff who carry the power and prestige of traditional government bureaucracies? These questions cannot be easily resolved, but we will see in this section how front-line workers adapted to such a situation.

The following quote from a district official captures the tensions inherent in the different way that these departments are structured.

The traditional thinking at Health and Women and Child Welfare is: why should I go and provide service? The service recipient must come and seek it themselves. Government officials want everything to revolve around and come to them, but this is not the case with the structure of Self Help Groups (SHGs) and Village Organization (VO)

federations. The institution is wired to go to the service beneficiary and revolve around them (Informant #2; Rural Development-District)

While ICDS has been the flagship program since the 1970s, malnutrition levels in Andhra Pradesh are not only high but are particularly skewed against women from socially and economically disadvantaged groups. In response, the institutional heads of SERP (with funding from external donors like UNICEF and World Bank) conceived the idea of operating community-managed kitchens that cater specifically to women from groups that have not benefitted from ICDS. Compared to SERP's 4,000 NDCCs (Nutrition and Day Care Centers), that are operated and managed by the VOs (who charge a nominal fee for the food), ICDS operates in 80,000 villages. ICDS has traditionally provided free groceries, whereas the concept of NDCC is about providing a nutritious cooked meal; however, now ICDS is even providing free food and supplements (essentially replicating the NDCC model). The village woman managing the ICDS center is a government employee, while those managing NDCC are community members. While in concept these two programs have the same goal of improving women's nutritional status, in terms of their bureaucratic structures they are in constant tension. The tensions are further exacerbated because the original purpose of the SHGs and VOs was to mobilize groups of women into collectives to promote savings and loans (micro credit economy) rather than to provide for the health and nutrition of their community members, which is the prerogative of Health and ICDS. Maarpu's implementation envisions these two bureaucratic structures working in harmony, but the quotes below makes the tensions and politics clear.

I hear the Aaganwadi center (i.e., ICDS) people are fighting to close down the NDCC...but the people like the food better here at NDCC (Informant #66; Rural Development-Village).

What happened after the start of 4,000 NDCCs is that the whole ICDS staff went on strike for five days (Subject Matter Expert #11; multilateral agency).

Each department perceives it as a threat when another department tries to enter its area...for example, when health workers start looking at nutrition or growth monitoring, the ICDS-Women and Child Welfare department will feel threatened, and that is what happened when SERP actually started NDCCs....I don't know if you are aware of this [but] they came up with NDCC...under the health and nutrition component. When they came up with this program, basically the need for this program was [that] under Women and Child Welfare Development, there was no organization of the community to accept the service, to receive the service and to monitor the service. You need to have some sort of organization within the community also. That's how quality checks remain. You cannot control quality from the top. You need to have community monitoring those things, getting actively involved in them, and once they realize the services are for them they will start to contribute and pitch in the effort...to see that the same sort of quality is maintained, and if there are any gaps, they might try to fill those gaps also. But that was not happening with the Women and Child Welfare Department, because you had an Aaganwadi worker who was reporting to the top [and] was in no way accountable to the public or community over there....That's when SERP started using self-help groups and VOs to look at the nutrition and health component...that's where the threat came (Subject Matter Expert #7; Management Research and Training Institute—India).

Finally, individuals develop professional egos because of the positions they occupy within certain institutions. Even if an individual acts differently from what is expected from that institutional position, such change is not sustainable or even predictable for program implementation purposes. The quotes below provide potent examples of such bureaucratic politics that aimed at maintaining the power balances and legitimacy of certain institutions over others. The first quote provides an instance of village-level bureaucratic politics where the National Rural Health Mission (NRHM) provided funds for the development of the Primary Health Center (PHC), but to make a collaborative effort between the bureaucracy (the Medical Officer (MO) of the PHC) and the community (the Mandal Development Officer; i.e., the local community development representative) the use of these funds was to be jointly decided. However, the MO is from the educated elite class, while the MDO is from the local community. So who is more powerful—the medical doctor or the local community representative responsible for local development? Who should go to whose office decides the power balance and legitimacy, as shown in this quote:

NRHM funds are linked with MDO—Mandal Development Officers—even an attendant can become an MDO. But the Medical Officer (MO) is a gazetted officer and a professional...so how can the MO keep going with the file to the MDO for the use of funds? This is very embarrassing. That is why doctors are not interested in their work. Now they have given it to the SPHO—that is okay (Informant #55; Health-Village).

This conversation with a retired government official who rose up the ranks from district administration to the state level within the state bureaucracy further illustrates how institutional position reinforces power and prestige. Thus, when we expect the District Medical & Health Officer (DMHO) and the District Education Officer (DEO) to work together on Maarpu to provide health and nutrition education to adolescent girls, these power dynamics cannot be ignored. Who is more powerful here, the DMHO or the DEO? Is it the DMHO because Maarpu is related to health and nutrition, or the DEO who lords over more teachers than doctors? Who should go to whose office to collaborate?

Researcher: Going back to the issue of bureaucratic power...it exists at the top, but does it also exist at the lower levels of the bureaucracy?

Subject Matter Expert #6: Of course, 90% it [politics] exists. There might be only 10% of the people who will want to work together. The Medical Officer will say ‘why should I have to go and work with that school teacher?’ The DMHO will say ‘I am the DMHO...I have power over the doctors’....The District Education Officer has more power over the teachers, and since there are more teachers than there are doctors in any given district, the District Education Officer perceives himself to be more powerful than the DMHO...so why should the DEO officer go and work with the DMHO?

The quote below is an apt example of the macro-level bureaucratic politics that play out to maintain the power balances and legitimacy of institutions. A key component of Maarpu’s implementation strategy is to leverage the Panchayati Raj Institutions (PRIs) (represented by the Sarpanch at the village level as the locally elected leader), which are the instruments of democratic governance. However, the PRI’s participation in Maarpu has been conspicuously absent. While the Collector’s key strategy for making Maarpu sustainable was to get buy-in from the PRIs, SHGs, and VOs, the quote below suggests that the structures of PRIs and SHGs/VOs

are themselves in conflict with each other just like SHGs/VOs and Health/ICDS. In fact, SHGs/VOs emerged in response to ineffective PRIs in Andhra Pradesh and have since become instruments of development and political favoritism. The PRIs, on the other hand, are seen as threats to the political class (and perhaps the IAS) and thus continue to be sidelined. However, with constant pressures on the state government to give legitimacy to the PRIs, elections are conducted. So, between the Sarpanch (who typically represents the landed elite) and the VO President (who is likely to be a woman from the socially and economically disadvantaged local community), who is more powerful? Can the VO President rightly question the Sarpanch for not representing the village's needs in front of their political superiors? This might happen, but India's rural political economy and socio-economic milieu would make it an exception rather than the norm. However, for Maarpu to work effectively, the PRIs and SHGs/VOs must work in harmony. The quotes below show that they do not.

Another problem we have in AP is that the Panchayat sector has been undermined by the politicians for a long time. They have not let the Panchayat grow as an institution... compared to line departments (i.e., the traditional service delivery bureaucracies). Panchayats are a bigger factor in my mind; the absence of Panchayats and having a meso-level institution mediate between citizens, and the state doesn't exist. So you have no representation. Why have Self Help Groups (SHGs) and Village Organization (VO) federations become important? Because there is no representational structure, so they have become a proxy of the Panchayat (Subject Matter Expert #11; Multilateral Agency).

The Sarpanch, who represents the landed elite, will not be pro-poor... that's why the SHGs have virtually been existing parallel to the PRIs (i.e. the *gram panchayats* or village local bodies). The panchayat Sarpanch represents the landed sections who have no stake in the SHGs. The SHGs are all poor, basically. Poor and landless. So there are a number of issues, but I think the time has come when the integration must take place at the gram panchayat level; otherwise, it will not work. I think Maarpu is a good effort, but I have real doubts about its impact for this reason (Informant #41; Rural Development-State).

With all the bureaucratic structures involved in Maarpu in tension with each other, the lack of signals from the top of the hierarchy, and a perception that Maarpu is a Health

department initiative, what do the front-line workers from different departments actually do, and what is their experience? With a charismatic and authoritative Collector driving the initiative, front-line workers have to not only deliver services and do not have the time to engage in bureaucratic politics like their hierarchical superiors. In this final section, I examine how street-level bureaucrats adapted to the situation and yet responded to what was expected of them without upsetting local institutional and individual power balances and egos. I draw my findings from observations of 29 village-level Maarpu meetings, in addition to interviews with front-line staff from all relevant departments and interactions with service delivery beneficiaries in the village, at the Maarpu meetings, and at other service delivery points.

Adaptation

As discussed in Chapters 2 and 3, the bureaucratic structures at the village-level of administration are characterized by relatively clear lines of responsibility. I discussed that at the state and district-level of administration, lines of responsibility are diffused and thus the stakes are less for those individuals to commit to a collaborative initiative. However, at the village-level service delivery providers like the ANM (Auxiliary Nurse Midwife) of the Health department, AWW (Aaganwadi Worker) of the Women and Child Development department, the Sarpanch of the Panchayati Raj Institution, the Community Activist (CA) of the Society of Elimination of Rural Poverty (SERP), and the President of the Village Organization (VO) have specific services to deliver and specific individuals within their hierarchies to be responsible to. Maarpu, as a collaborative initiative, aims to make these village-level functionaries responsible to the local communities in which they serve; in addition to their departmental hierarchy. If in reality, village-level functionaries can be held responsible to their local communities, then Maarpu could be seen to have instrumental value. However, with the perception that Maarpu is a health-related

initiative and with existing power balances, turf battles, and institutional histories maintaining that perception, the following section closely examines village-level data to see how street-level bureaucrats adapt and what implications this has for Maarpu's implementation.

The Village Meetings

Over the course of three months between March and May 2014 (during the tenure of Collector Smita Sabharwal), I observed 28 village-level meetings that were scheduled as Maarpu meetings (i.e., on the same day as the monthly Self Help Group (SHG) and Village Organization (VO) meetings). Previously, in May 2013, I had observed one meeting in district where Smita Sabharwal had previously been Collector, where she drove the district administration towards increasing institutional deliveries in government hospitals. While at the May 2013 meeting I was accompanied by a district official, I was unaccompanied for the 2014 meetings, as per the schedule given to me by the district administration. Based on what I observed, it is impractical to categorize the meetings as effective or ineffective, because the processes and outcomes of the meeting were totally unexpected; initially they seemed random, but over time a certain pattern began to emerge. I categorized the meeting as follows: *Maarpu meeting*, *no-Maarpu meeting*, or *no meeting*.

In a Maarpu meeting, there was an attempt to discuss maternal and child health outcomes, and the Health department's ANM was present at the venue. In a no-Maarpu meeting, there was no ANM and thus no Maarpu-related discussion, but the SHGs and VOs still met to discuss their agenda, and there were discussions related to the food provided by the Aaganwadi Centers (part of the Integrated Child Development Scheme (ICDS) or the Nutrition and Child Day Care Center (NDCC)) that are managed by the VOs. Instances in the last category, where no meeting took place, are also important because they help to understand the barriers to Maarpu meetings at the

village level and what drives the ANMs to adapt on the field. In total, I observed 5 Maarpu meetings, 12 no-Maarpu meetings, and 11 no-meetings. The exception was the meeting I observed along with the district official in May 2013, which was actually performed like a practiced script!

Before presenting the findings from the 28 meetings I observed in 2014, it is instructive to describe that May 2013 meeting. It was only later that I realized that this village was like a model village and that the groups here had already performed this script several times when dignitaries or other state-level officials visited to learn about Maarpu. The following opening quote from the Village Organization (VO) President at the meeting aptly captures the rhetoric that was used at the state level and at the district level regarding making SHGs and VOs discuss social issues in addition to money matters.

As you all know, we have been conducting our own VO meetings, but ever since Maarpu has come, you all know what we have been doing....Previously, we used to discuss only the VO-related agenda; for example, discussing the issues of the SHGs like loans, how to avail schemes, interest on savings, etc. ...But now, ever since this new Collector has come, we are discussing Maarpu....particularly the five departments involved with Maarpu....Can somebody tell me what those five departments are?

Following this question all the women together in the room recited the names of the departments. The VO President then went on to articulate all 20 key indicators of the initiative, how they helped two women with iron supplements, and how they were helping the ANM connect with newly pregnant women and motivating other pregnant women to deliver at government hospitals rather than private hospitals. I even observed four pregnant women who were sitting in chairs at the back of the room, while others sat on the floor. All field-level functionaries were present, including the Sarpanch. This was the only meeting at which I ever saw a representative from the Rural Water Supply (RWS) department. When he was asked about

his role in Maarpu, he answered curtly: “My job is to switch on and off the water pump to supply water to the village.” Even in this fully rehearsed meeting, however, there was no discussion about accountability, monitoring of services, or coming up with a village-level health and nutrition plan as discussed in Maarpu’s policy document. In the 28 meetings I observed in 2014, I never saw a single pregnant woman at any of the meetings, and only in two did I see a Sarpanch—one of whom, a male village elder, left after five minutes. In the other instance, the Sarpanch was a young woman who was motivated to attain state-level and national-level recognition by achieving the targets set for construction of toilets in the village.

At the 28 village meetings, I observed five instances where an ANM was present and an attempt was made to discuss Maarpu-related topics, but only in bits and spurts in the midst of constant interruptions from the women who wanted to settle their accounts, make payments, collect their interest and get on with their work day in the farm. While discussion of 20 points was scheduled for two hours on paper, getting through even 20 minutes seemed like an impossible task! This held true in all five cases, where the ANM was shouting at the top of her voice, reading off a list, dodging interruptions and in some instances fending off sarcastic jokes from the women. The point on encouraging late marriages for girls evoked particular ridicule. The average age of the women at these meetings seemed to be at least 45, and they joked that in the days of mobile phones it is impossible to prevent the girls and boys from secretly dating, so they would rather have them marry early than have children out of wedlock. In the midst of all this, the ANM was trying to get her message across:

Remember, deliveries only in government hospitals....Deliveries should not happen at home...they should happen only at the hospital. Private hospital deliveries have decreased a lot; now a lot of deliveries are happening in government hospitals only....If the delivery takes place in a government hospital, the attendant also gets to eat food, and the mother also gets food...three meals a day...and you will be given money for delivery

also... [but] only for delivery at government hospitals. But now, no deliveries at home at all. Okay? (Village Meeting #1).

Please, all of you, listen....Call 108 for an ambulance and ask them to take them to the PHC in our village, not the neighboring one. If the 108 guy does not take you there, then call me and I will talk to him. If he doesn't listen to me, then I will have him call the Collector (Village Meeting #2).

What became apparent to me while observing these meetings is that Maarpu's message had become distilled to very simple premises like *not delivering at home, calling the ambulance, and eating good food*. The following quote from the elderly Sarpanch who was present at one meeting for five minutes is a telling story of how Maarpu's message had reached the village in its most diluted form, reinforcing its status as a Health department that had nothing to do with collective action. The Sarpanch asked one of the ladies to talk about Maarpu and applauded her response by saying this:

Yes...can you repeat that again?...Eat good food, when you have kids give them injections, take them to check-ups....Now, that's Maarpu....You should be healthy (Village Meeting # 5).

All 12 of the no-Maarpu meetings I attended had two common features: first, they were fully functional SHG/VO meetings with discussions about money matters, and second, when I asked the Community Activist (the frontline worker who oversees the SHG/VO meetings and is part of the Rural Development hierarchy) about Maarpu meetings, I was informed on every occasion that "the Maarpu meeting was held earlier on a different date" (Village Meeting #17). This was rather strange, because I had confirmation from the district administration that no new instructions were given regarding a change of date; the Maarpu meeting was to happen on the same day as the SHG/VO meeting. I then began to analyze the dates that were given for the purported earlier Maarpu meetings. In at least five instances, the date coincided with the Nutrition and Health Day (NH Day), a convergence effort between the Health and ICDS staff to

monitor all pregnant women, nursing mothers, and children. While I observed Village Meeting #17, I noticed four pregnant women eating and talking in the Aaganwadi Center adjacent to the room where the meeting was taking place. I asked them about Maarpu meeting, but they didn't seem to know the term; next, I asked when the ANM came for a checkup, and they said it was on a different date every month.

The topics of no-Maarpu meetings were money matters and SHG/VO-related group politics, leadership issues, and other money management issues. In one instance, in Village Meeting #21, an argument erupted towards the end of the meeting between the Community Activist (CA) and the woman managing the Nutrition and Day Care Center (NDCC). The woman was accusing the CA's wife (who supplies milk to the NDCC) of diluting the milk with water. The CA was clearly furious at this accusation and retorted that the woman should take up this issue directly with his wife or bring it up as an issue early in the meeting. The woman responded that she had had to work and thus could not come to the meeting earlier. Regardless, if diluted milk is a nutrition-related topic for maternal and child health, then it is noteworthy that this was not discussed, monitored or even recorded as an issue to be followed up on later. In another instance, at Village Meeting #26, a group of about 50 women were in attendance and an argument had erupted over the issue of a vote of no confidence in the CA for mismanagement of accounts. A group of women were waiting for the usual business to be conducted before holding a vote on the CA.

I observed 11 no-meetings (instances where the meeting place was empty at the appointed time), and the reasons for not having a meeting at all were contingent upon the local village context. When I asked the villagers for information, they sent me to the local village representative. The reasons the representatives gave me for the lack of any meeting (even a

SHG/VO meeting) included: there was a marriage in the village (Meetings #3 and 7); SHGs had boycotted the VO because of mismanagement of funds, and the allegations were being investigated (Meeting #8); the meeting took place on a different date (Meetings #12 and 14); there were local body elections (Meetings #13 and 18); there was an inter-personal conflict between the CA and his or her supervisor (Meeting #23); the women had left for NREGA work and would return from the farm late (Meeting #28); and, finally, the CA had found a better job with the forest department (Meeting #25; this was a village habitation of Scheduled Tribes or indigenous population).

However, the most valuable finding here was that, for Village Meetings #27 and 14, I was informed that pregnant women go to the NH Days and not to the SHGs/VOs. When I asked why, the reasons given were that the mothers-in-law did not like their daughters-in-law to leave the house for these meetings or that no new group members had been added for the past four years, so the newly married women in the village were not part of any groups. With the fate of the Maarpu meetings linked directly to the SHGs-VO meetings and all their environmental (both internal and external) complexities, it is futile for the ANM to depend on these meetings to get her work done. Thus, she instead regularly participates in the Nutrition and Health Days (NH Days) where she can directly interact with the target audience and convey her messages without any interruptions. The quotes below from different sources validate the futility of these meeting venues.

Researcher: So why are no meeting taking place in this village?

Informant: there were problems regarding the financial management...so the groups have boycotted...until all the accounts are explained (Informant #32; Rural Development).

Researcher: Do Maarpu meetings really happen?

Informant [*laughs*] Not really....In the beginning, with this new Collector, it happened, but after that nothing....The Maarpu meetings are ineffective and do not serve any purpose....The ANM is irregular, yet reports go up every month....There is no discussion other than loans, money and savings (Informant #87; Rural Development).

Researcher: If pregnant women don't come, then what issues do you talk about?

Informant: Nobody talks about Maarpu....It is only me and the ANM who read out the guidelines (Informant #17; Women & Child Development).

Village Women at a Meeting: Oh gosh....they [the ANM] say the same thing over and over again, and we hear the same thing over and over again....It is such a pain....They will shout, we will shout....like cattle (Village Meeting #5).

The Maarpu meetings? Yeah...they are happening. People do get together...meetings are more for the purpose of collecting reports. No...analysis or reflection is done (Subject Matter Expert #7; Management, Research, Training Institute-India).

Maarpu meetings? It depends on the individuals. If somebody wants to be dishonest, they can be dishonest...and just write on paper that they are doing everything. To be frank, I am not even 20% satisfied....I am telling you quite openly (Subject Matter Expert #6; Retired Official now serving as Consultant).

The Final Mutation

Interacting with the service delivery beneficiaries (pregnant women, young mothers, and other women) provided the ultimate source of data to validate what was really happening on the ground with Maarpu's implementation. The idea of interacting with them resulted from a field visit I made with a district health official during a polio immunization drive in late February 2014. During these three days, I learned what questions to ask to find out if Maarpu had really reached its targeted audience, and I also learned which venues to visit in order to get this information. Thus, in total I interacted with 43 service delivery beneficiaries at different places: during the inspection visits with the district official (6 cases across several venues like polio immunization campus, Primary Health Centers, and in the villages), at Nutrition and Health Days (5 cases over 3 NH Days), at Primary Health Centers (9 cases), at the village while waiting under the shade of a tree (11 cases), and finally at the village meeting venue (12 cases). I refer to these as service delivery beneficiary cases, because in some instances I interacted with a single person

and in others with a group of people. In effect, these are 43 instances of my interactions with the community that was supposed to be engaged with Maarpu's implementation on the ground. The most fascinating finding was that *in not a single instance had the participants even heard of Maarpu!*

Pregnant ladies and young mothers at the PHCs, NH Days, and villages I interacted with were simply not part of the Maarpu system. They all carried the Mother and Child Protection Card (with the 20 key indicators) and upon request they showed me their ANM's phone number and the list of their regular check-ups with the ANM. In spite of their close proximity with the ANM, however, none of them attended any meetings; they were not even members of the SHGs. The women I met at the village meetings were all middle-aged or elderly women, so the accounts I heard at the PHCs, NH Days, and villages was consistent with what I observed at the village meetings. What emerged at the village meetings was that even those who attended the group meetings only attended one per month in rotation. That is, in a group with 12 members (the average number), each person only attended a meeting once a year. Thus, there is no way for these group members to monitor community-level health and nutrition services or hold the Medical Doctor and sanitation worker accountable. The following aptly represents all 12 instances of my interactions with the women at village meetings:

Why would a woman want to come every month and lose her daily wage? If you add it up: once a month, 12 times a year, and then over the years...it all adds up to a lot of precious money. Instead, the smart thing to do is just to come once and then come again after 10 or 12 months...but by then the Collector would have changed; programs would have changed (Citizen Interaction #20; Village Meeting).

I verified this concept at every meeting I attended. Every woman I spoke to said the same thing: that all group members rotate in terms of their participation, including the group leader. I had already encountered this finding while accompanying the District Official on his inspection

visit, which was in another administrative region within the same district, but I saw the same pattern even in the administrative region in which I did my field work. The following field notes from this field visit are representative of all six instances of the inspection visits.

During this visit, we spoke with the ladies and their accompanying partners—husbands and/or parents or in-laws. Some of them were migrant workers and some were from the region.

What struck us was that none of the woman there were part of the Maarpu eco-system. They had MCP cards, which were incomplete, and they didn't know what the ANM's number was to call. They said that they did not go to the monthly meetings, as they are not part of the groups. This really pained the district official I was with, as he told me that Maarpu is not working as expected (Citizen Interaction #9).

My interactions with pregnant women and their companions (usually mothers or mothers-in-law) during my visits to the Primary Health Centers (PHCs) and my interactions with women in the villages all showed the same pattern. Those who were pregnant all had an MPC card and regularly visited the ANM during the NH-Days but were not part of any groups. No new groups had been formed in the village, and those who came to this village as recent brides were not part of any groups. Their mothers/mothers-in-law were part of a group, but they had not heard of Maarpu. The following field notes are representative of all nine instances of citizen interactions at PHCs and all 11 instances of interactions in villages.

I saw a young lady who was pregnant sitting on a chair. Her mother was accompanying her. They told me that she was having some pains, and that is why she was sitting there. I saw her holding an MCP card, and it was stamped *high-risk* in red. I asked her if she knew what that meant, and sadly she didn't know what it meant. She said she had studied only till the 5th grade and didn't know how to read or write in any language. I saw her MCP book, and as usual it was incomplete. I asked her about the groups and Maarpu—she was not part of a group in the village, nor had she ever heard about Maarpu meetings (Citizen Interaction #15; Primary Health Center).

The five women I spoke to were not aware of MAARPU meetings. They were group members; they all rotate and take turns...they do not go every month. The ANM comes once a month to this village for checkups (Citizen Interaction #30; Village).

Finally, I came face to face with the ground reality of Maarpu's implementation during

the three Nutrition and Health Days (NH Days) I observed. These were very well attended NH Days that included the Medical Officer, staff nurse, ANM, ASHAs, Aaganwadi worker, and a constant stream of pregnant women, nursing mothers, and young mothers. I saw the staff take pulse rates, check weight and height, ask and answer questions, update the MCP books, and give tablets and advice. Each NH Day lasted for more than three hours; over three such instances, not once did I observe any medical staff make any mention of Maarpu. If the purpose of Maarpu is really to help improve maternal and child health outcomes, then my observation is that combining Maarpu with the SHG/VO meetings is utterly counterproductive to that aim, because the ANMs, who are well aware of the field reality, know that their target group does not come to these meetings. Thus, the best way to help improve maternal and child health outcomes is to cater to these women on the NH Days.

Both parties have an incentive to attend this meeting—the ANM because the Collector is interested in maternal and child health outcomes, and the women because it is convenient to attend a health checkup in their own village rather than go to a private hospital far away. The question of where the delivery happens is another matter altogether, but from what I could gather based on my interactions it is fairly simple: the poor go to a government facility, and those who can afford it go to a private facility. While the district administration has been touting an increase in government institutional deliveries (especially in the larger district hospitals and government maternity hospitals), this could be because of the wide publicity the Collector has given the issue through local media and press. As for the numbers being reported from the Primary Health Centers (PHCs), their integrity cannot be vouched for when the head of the district administration only wants to see the numbers show an upward trend. Thus, ironically, the Health department's street-level bureaucrats used their discretion and found the most effective way to

implement Maarpu's policy—*saying nothing about the meetings and taking care of the women in an exclusive setting*. In effect, the NH Days became the implemented form of Maarpu, while the SHGs/VOs continued to be what they always were—venues to discuss village money matters.

The following field notes are representative of all five instances of my interactions at NH Days.

So even in the full presence of the medical staff and the village woman, not a word about Maarpu was spoken. Had I not known about Maarpu, and had I visited only this meeting, then I would never have known that something like Maarpu existed. Come to think of it, only a month ago I attended a Collector-level review meeting! What an illusion! (Citizen Interaction #10).

During the time that I was there, at least 10-15 women—who are surely Maarpu's target group—visited the facility and left. Not even once did the two ANMs broach the subject of Maarpu or inform them about these monthly meetings where information is exchanged and feedback about services can be given. This was in spite of my asking the ANMs and Aaganwadi about Maarpu meetings and what they think about it---of course, at first they gave the typical response that it was all well and then later on the ANM who came second told me that it is a total waste of time (Citizen Interaction #11).

Discussion

The implementation of Maarpu's policy was thus shaped primarily by three factors: first, the District Collector's programmatic focus; second, existing power balances, institutional histories and turf battles among district officials and village functionaries; and third, the reality of the local village context. Through this process, at every level, bureaucrats exercised their discretion and re-interpreted the policy of implementing Maarpu, which in turn strengthened the perception that Maarpu is a Health department initiative and not a collaborative. I would like to underscore here the role of perception, which in my view actually guided how individual bureaucrats at each level exercised their discretion, ensuring that their actions were in line with the existing power balances, institutional histories and turf-related issues. The starting point of this perception is the 20 key points that effectively constitute Maarpu (the first research question uncovered the politics behind how these 20 points got onto the agenda). The Collector, who has

always been clear about her commitment to maternal and child health outcomes, perceived Maarpu as a health-related initiative (in a programmatic sense) and used her discretion to implement Maarpu with an aggressive focus on increasing institutional deliveries in government hospitals.

The Collector's decision, in turn, further strengthened the perception that Maarpu is a health-related initiative, and thus district officials saw no need to rattle the cages of bureaucratic politics when there was no real focus on the village meeting themselves. For district officials, there is a dual effect of perception: their programmatic superior (the Collector) has focused on institutional deliveries, while their hierarchical superiors (at the state level) have not signaled to them to focus on the village meetings. As a result of this perception, district officials used their discretion to leave Maarpu to the Health department. At the village level, functionaries did the same; they acknowledged the Collector's interest in institutional deliveries as a sign that Maarpu is a Health department initiative, and they understood what the lack of signaling from the top meant. Ultimately, it was left to the health worker to figure out how to implement this health-related initiative. The ANM thus continued to do what she had always done; however, the overall effect of Maarpu within the district was that rural health services and maternal and child health services received much-needed attention. Thus, the implementation of Maarpu went through three different mutations: at the District Collector-level (from the 20 points to a focus on institutional deliveries in government hospitals), at the district administration level (the perception that institutional deliveries fall under the exclusive domain of the Health department), and finally at the village level (where the ANM bypassed the village meetings and attended to pregnant ladies and nursing mothers (i.e. her job description)).

I now discuss these findings using the implementation scorecard. As discussed in Chapter

4, the *institutional-level* is where the organization is most exposed to the external environment and thus behaves like an open system; the *managerial-level* core refers to natural systems perspective where individuals in positions of public authority navigate through the internal and external environments; the *technical-level* refers to the organization working like a rational and closed system, and the *political-level* is where a clear set of winners and losers emerge as a result of the decision making process and the resulting rational model of program implementation. Figure 2 displays the implementation scorecard at the district-level of administration. Figure 3 displays the implementation scorecard at the village-level of administration.

In Figure 2, at the institutional-level, the informal structure (i.e., personality, charisma, and interpersonal networks) that a District Collector brings to the formal structure of the institution had the most significant effect on shaping Maarpu's implementation processes. Furthermore, existing power balances, turf battles, and institutional histories of the participating institutions (for e.g., District Medical and Health Officer (DMHO), Senior Public Health Officer (SPHO), District Education Officer, Village Organizations, Self-Help Groups, and the Sarpanch) played a key role in diluting the District Collector's programmatic focus. Finally, central and state government priorities are also important influences. At the institutional-level, the organization behaves like an open system, where environmental influences infiltrates the organization forcing it to make changes and resemble the external environment. In my view, this attribute of the open systems perspective is instructive in understanding why a District Collector might be motivated in focusing on a collaborative governance initiative like Maarpu. A focus on Maarpu means the District Collector is able to directly align village-level health priorities to those of the central government. Given that a District Collector will eventually be transferred and perform duties in the central government, any Collector with such ambitions will have the

incentive to focus on programs that are aligned to the National Rural Health Mission. At the same time, we also know that an organization that is an open system is also constantly “*maintaining stability and predictability in the organization*” (Katz and Kahn 1978, p. 85).

We also know that organizations achieve this by formalizing and institutionalizing organizational activities (Katz and Kahn 1978, p. 86). Thus, all these external set of influences are finally reduced to a set of instructions by individuals in positions of public authority at the managerial-level of the organization. The natural systems perspective informs us that the decisions taken at the managerial-level will only be followed if they are seen as legitimate; and not only because they are given by an individual in a position of public authority (like the District Collector). When the District Collector in this case study, as an administrative entrepreneur, focused on institutional deliveries, employees from all participating departments other than Health did not see it as legitimate orders to be followed (institutional deliveries is under the exclusive administrative domain of the Health department).

Thus, at the institutional and managerial-levels what we see happening here is that a certain set of environmental influences was converted by the District Collector into a formal set of instructions. The focus on institutional deliveries is aligned with the tendency of the organization to pursue survival, stability, and maintenance of its status quo—such a programmatic focus is still aligned to Maarpu and it is an activity that the Health department has been doing for decades. The technical-level of the organization functions like a rational system where the focus is on goal specificity and alignment, and reducing the number of variables that need to be managed so as to increase predictable behavior among employees. Thus, at the district-level of administration the technical functions took the form of training programs and administrative review meetings (to review institutional deliveries). Again, these activities do not

disturb the status quo of the district-administration, but at the same time allows it to position itself as adapting to change (i.e., discussing institutional deliveries in the context of Maarpu's goals).

Finally, even though the District Collector's orders did not get the consent from all participating departments, the coercive power vested in the institution of the District Collector ensured that all unwilling participants at least appear to be participating. This is evident based on my observation of the review meeting conducted by the District Collector on February 4, 2014. At the political-level, which is influenced by the politics of bureaucratic structures, the District Collector's decision to focus on institutional deliveries benefits the Health and Women and Child Development departments (because they can continue to do what they have always been doing, but burdens the Rural Development because now they have an additional activity to their repertoire.)

The implementation scorecard for the village-level of administration looks markedly different than the state and district-level. In Figure 3, at the institutional-level the village's local environmental infiltrates the organization (e.g., local customs and traditions). An additional influence at this level is the signals from superiors to street-level bureaucrats. In the case of Maarpu, the skewed programmatic focus towards health indicators (where 15 out of the 20 indicators were health-related) as a result of bureaucratic politics in the upper echelons of the bureaucracy and the District Collector's focus on institutional deliveries made district administrators signal to their field functionaries that Maarpu is about improving institutional deliveries and nutritional status of women and not about collaborative meetings to hold field functionaries responsible for service delivery. In this context, any lack of signals or communication (through Government Orders, memos, training programs, or review meetings)

from supervisors in other participating departments is deemed as signaling that Maarpu is a Health department's initiative. These external influences have to now be converted into a rational set of instructions to be followed at the technical-level of the organization based on decisions made by those at the managerial-level.

Interestingly, there is no managerial-level at the village-level of administration to convert external influences into a rational set of instructions. In contrast, at the state and district-level of administration a managerial-level existed in positions of public authority that made participants at least come together to collaborate. With this component missing and with the perception that Maarpu is a Health department's initiative, the technical-level of organization only performed what was signaled to it from the district-level of administration—improve institutional deliveries. As a result, what transpires at the village-level is that participants from Rural Development are the winners (i.e., they have escaped from getting involved in an activity they never perceived as legitimate to begin with) and those from the Health and Women and Child Development are losers (because the ANM and AWW, in particular the ANM, has to live up to the perception that Maarpu is a Health department initiative).

It would be unfair to say that the District Collector focused on institutional deliveries and ignored community participation and that this is why nobody took the meetings seriously. The fact remains that the Collector did give importance to community participation, but the tendency of the bureaucratic organization to strive towards rationality resulted in the programmatic focus on institutional deliveries and, in the process, strengthened the perception that Maarpu is a health-related initiative, thus alienating some groups from the rest. Ironically, at the state-level, it looked like the health and nutrition camps had won over Rural Development, but at the village-level the burden of implementing Maarpu fell on the shoulders of the Health department after all.

Finally, in all this translation the message of community participation and collaboration got lost.

Based on these findings and analysis, I conclude that there is evidence to support the district-level research proposition that formal authority plays a key role in the adoption of collaborative governance, but only to the extent that it is not perceived as a threat to the bureaucratic structures' historically acquired authority and legitimacy. Without the District Collector's drive, district officials by themselves would never have wanted to implement Maarpu in its full spirit, because doing so would require several competing institutions to be in harmony with each other (e.g., the NDCC and the Aaganwadi Center, SERP, and other traditional bureaucracies like Health and Women & Child Welfare, and SHGs-VOs and the Panchayati Raj Institutions). For example, at which office will the discussions take place, and what are the implications if one district official visits another's office? Who is acquiring power to whom? In the present case study, with the strong perception and signals that Maarpu is a health-related initiative, no one felt they needed to bother with collaboration anyway.

The evidence to support the third research proposition—that implementation of collaborative governance will be ineffective and problematic where participating administrative structures have, over the years, acquired the ability, legitimacy, and authority to operate in an environment of diffused responsibility—is not straightforward. Based on the evidence collected, it is clear that Maarpu-related collaborative meetings were so ineffective and problematic that they were basically abandoned. The case study, however, does not offer evidence to further examine the issue of diffused responsibility. Maarpu's policy of implementation underscored the need for community participation to monitor and hold functionaries accountable. Compared to the state and district levels, the threat of holding functionaries accountable at the village level is real (e.g., Primary Health Staff expressing fears over conducting deliveries they are not ready for

and then being questioned by villagers, who would never approach the state or district officials). If the meetings were functional, it would be conceivable that there would be more visible forms of resistance from field staff. However, in this case study, the role of perception and signals that Maarpu is a Health program and not really a collaborative program was so well entrenched that a different type of adaptation was observed in the field.

Figure 7: District-level Implementation Scorecard

Administrative Level	Institutional	Managerial	Institutional	Political	
				Winners	Losers
District	<ul style="list-style-type: none"> • District Collector • Institutional histories, turf issues, power balances • Central and state government priorities 	<ul style="list-style-type: none"> • Administrative Entrepreneurs (District Collector) 	<ul style="list-style-type: none"> • Review Meetings • Trainings 	Health Women & Child Welfare	Rural Development (VOs, SHGs, Panchayati Raj Institutions)

Figure 8: Village-level Implementation Scorecard

Administrative Level	Institutional	Managerial	Technical	Political	
				Winners	Losers
Village	<ul style="list-style-type: none"> Local environment (village's circumstances and context, local customs, traditions) Signals from superiors 	<ul style="list-style-type: none"> Non-existent 	<ul style="list-style-type: none"> Institutional deliveries 	Rural Development (VOs, SHGs, Panchayati Raj Institutions)	Health Women & Child Welfare

Chapter 8

Discussion and Conclusion—the Bureaucratic-Collaboration Paradigm

Introduction

Public administration scholars have argued that engaging citizens in the decision making process of the government has both instrumental and intrinsic value (Bingham, 2005; Nabatchi, 2012; Nabatchi 2010). Development scholars, multilateral aid agencies and governments in developing countries refer to “demand-side governance mechanisms” when they discuss community involvement to bring about accountability and transparency to the bureaucratic service delivery processes (Murgai, 2006; Martines, 2005; Cornwall, 2008; Joshi, 2013).

This study examines one such instance of intergovernmental coordination and citizen engagement mechanisms. In response to its commitment to attaining the United Nations Millennium Development Goals (MDGs) of maternal and child health outcomes, the Government of India, in 2005, launched the National Rural Health Mission (NRHM) with a focus on service delivery integration and community participation. However, little systematic research has been conducted at the subnational level, where the implementation happens, to examine how bureaucrats interpret, operationalize, communicate, and diffuse information related to collaborative governance mechanisms and how these dynamics shape the policy implementation processes and outcomes.

This study aimed to better understand the casual mechanisms between collaborative governance and service delivery. The study explores the question whether collaborative governance mechanisms have an instrumental value, i.e., do they facilitate boundary spanning work, address the concerns of accountability and transparency, and thus improve the overall

quality of service delivery. To do this, the study examines the policy formulation and implementation processes of a collaborative governance initiative, called Maarpu, in the state of Andhra Pradesh aimed at improving maternal and child health services through inter-departmental coordination and community participation. The overarching research question guiding the study is: *how do bureaucrats in an intergovernmental setting shape the implementation processes of a collaborative governance initiative?* To examine this question further, the following two subsidiary research questions are addressed:

1. How and why did Maarpu emerge the way it did?
2. To what extent and under what conditions can bureaucrats at multiple levels of the hierarchy engage in intergovernmental and inter-departmental coordination and involve the community?

Together, the findings for these questions provide micro-level insights into the implementation life cycle of a collaborative initiative in India by examining Maarpu's antecedents, processes, and outcomes (organized under the themes of *The Policy of Implementation* (Chapter 6 examining the antecedents) and the *Implementation of Policy* (Chapter 7 examining the implementation processes and outcomes). The importance of this study lies in the fact that it directly responds to the calls by public management scholars for more studies on how bureaucrats in other country contexts interpret and implement collaborative initiatives (O'Leary and Vij, 2012).

As the first step in developing context-specific theoretical propositions, in Chapter 2 and 3, I examined the structural pre-conditions to collaborative governance in India. The key finding that emerges from this chapter is that the Constitution of India's primary aim is to ensure an indestructible union through a strong central government vis-à-vis the subnational governments;

a reflection on part of the planners' acute awareness to India's history of fragmented administration and centrifugal forces as a result of a centuries old influence of feudalism and colonialism. As a consequence, India's administrative structures and intergovernmental functioning make for a strong central government—primarily through a central cadre of civil service officials (for example, the Indian Administrative Service (IAS) or formerly known as the Indian Civil Service (ICS) during the British colonial rule) that are structurally wired to be loyal towards the central government vis-à-vis the subnational governments in which they operate.

In his reports on India's administrative functioning, Paul Appleby (1953, 1956) describes the functioning of India's bureaucracies as being marked with diffused lines of responsibility and rigidity throughout the intergovernmental structures and attributes this to the constitutional mandates of India's federal polity. The chapter also examines other reforms and institutional changes post-independence to understand the functioning of India's public bureaucracies. Thus, the rise of regional political parties, constitutional status to local government institutions (i.e., the Panchayats Raj Institutions), and economic liberalization and public sector reforms were all aimed at making India's bureaucracies responsive, agile, and democratically accountable. The chapter concludes that the effect of all these changes and reforms on the bureaucracies has been an expansion of administrative structures to respond to new mandates of decentralization, devolution of power, and democratic governance all the while maintaining the same qualities of rigidity and a centralized command and control mode of administration. In this context, I coin the term *collaborative bureaucrat* to capture the inherent contradiction India's administrative structures. Thus, the organizational actor in India's bureaucracies is expected to engage in democratic governance (i.e., collaborative) and at the same maintain status quo, rigidity, and

power balances (i.e. bureaucrat). Based on this concept of a collaborative bureaucrat, I developed three theoretical propositions to further guide the study:

1. *State level*: I expect department heads to facilitate collaborative initiatives, because lines of responsibility for senior officials are diffused and cannot be easily ascertained.
2. *District level*: I expect formal authority to play a key role in the adoption of collaborative governance, but only to the extent that it is not perceived as a threat to historically acquired agency authority, legitimacy.
3. *Village level*: I expect the implementation of collaborative governance to be ineffective and problematic where participating administrative structures have, over the years, acquired the ability, legitimacy, and authority to operate in an environment of diffused responsibility.

In Chapter 3, I look for clues within the organization theory literature to further understand India's government bureaucracy. Thompson (2008), Scott (2003), Tompkins (2006) all point to the fact that organizations are rational, open, and natural systems—all at the same time. In Thompson's (2008) classic work *Organizations in Action*, he address this administrative paradox by positing that organizations have "a suborganization" within them where rational, natural, and open system characteristics are displayed. Thompson (2008) identifies three organizational locations that "exhibit three district levels of responsibility and control—*technical, managerial, and institutional*" (p. 10; italics in original). In effect, the technical core is where the organization behaves like a rational or closed system, the managerial core relates to decision making processes and thus the natural system, and finally the institutional core where the external environment infiltrates the organizations like an open system.

To make this framework more relevant to the study at hand and to make it reflect the reality of bureaucratic politics within India's intergovernmental structures, I draw upon Moe's political theory of organization (1984, 1989, 1991, 1995, and 2012) to integrate politics and administration to better reflect the bureaucratic organization. The political theory of organization posits that politics within the bureaucratic organization results in structures that create winners and losers; in effect, structures emerge to suit the interests of those in positions of public authority and that these structures and decisions are forced upon those who do not have the power to oppose. Thus, *the implications for the bureaucratic organization is that its structures are rational, natural, open, and political and the collaborative structures that emerge from such an organization are also rational, natural, open and political.*

Finally, I contextualize this organizational framework to India's decentralized intergovernmental structures. I posit that the rational, natural, open, and political influences operate at all three locations of the implementation hierarchy: state, district, and village-levels of administration. I develop an *implementation scorecard* that traces the implementation processes and articulates how the bureaucratic organization functions at the institutional, managerial, technical, and political-level at the state, district, and village-level of administration. In effect, the implementation processes of a collaborative governance initiative are governed by these organizational characteristics at all levels of the implementation hierarchy. In Chapters 6 and 7, I use this analytical framework to understand how these multiple organizational influences shaped Maarpu's implementation emergence, and implementation processes and outcomes.

In Chapter 5, I discuss the case study context, research design, and methodology used to examine the implementation processes and outcomes of Maarpu. The case study's data collection and analysis is guided by the three theoretical propositions developed in Chapter 2. Using Yin's

(2009) typology of case study designs, I use a combination of a single-case study (at the state and district-level) embedded with multiple cases (at the village-level). Two waves of field work was conducted for data collection in May 2013 and between January-June 2014. Data were collected from multiple sources across different levels of the implementation hierarchy for triangulating my findings primarily drawing on in-depth interviews of those engaged with the implementation process and observing the implementation processes. Data were collected through interviews of bureaucrats from across all the departments involved in the collaborative initiative, interviews of subject matter experts, interactions with citizens, and observing review meetings and village-level collaborative meetings in addition to numerous Government Orders (GOs) and media articles.

The findings, presented in Chapters 6 and 7, support the broader theoretical proposition that collaborative governance will not be effective if collaborative arrangements are super-imposed on administrative structures whose traditional lines of authority and responsibility have not changed. Thus, collaborative governance mechanisms have little instrumental value in improving service delivery under such conditions. The findings confirm that bureaucratic structures responsible for implementing the collaborative initiative are rational, natural, open and political at the state, district and village level with varying degrees of influence at each administrative level with profound impact on the implementation processes and outcomes. *The overarching finding is that the policy of implementing Maarpu was one of collaborative action, the implication of Maarpu's policy was skewed towards programmatic indicators dominated by the Health department's agenda.* The findings indicate that such processes and outcomes resulted because of bureaucratic politics and the role of perception and how that perception shaped discretion at each administrative level of the implementation hierarchy.

This chapter reviews these findings with a substantive discussion about what these findings mean for collaborative governance in India. Following the discussion of findings, relevance for practice, limitations of the study, and directions for future research are outlined.

Discussion

The Bureaucratic-Collaborative Paradigm

What do these findings actually mean for understanding theoretically and practically how India's bureaucracies implement collaborative governance initiatives? *The overarching finding is that while the policy of implementation is one of collaborative action, implementation of the policy was skewed towards programmatic indicators dominated by the health department's agenda.* How did this happen? The implementation scorecard at the state, district and village-levels of administration provides a holistic and granular understanding of what happened and puts us in a position to theorize. In effect, the bureaucracies and officials adopted a collaborative governance initiative (with all its constituent parts of an open system; diffused power, shared values, collective good, joint action, horizontal hierarchies through convergence committees) and essentially converted it into a rational and closed system (Government Orders (GOs), training programs, and review meetings at the state and district-level and functioning in bureaucratic silos at the village level). *I refer to this process of converting (and reducing) a collaborative governance initiative into a set of formalized instructions by individuals in positions of public authority as the bureaucratic-collaboration paradigm.*

What began at the state-level as an initiative to improve inter-departmental coordination and encourage citizen participation to improve maternal and child health outcomes and framed as a collective action problem for the departments of Health, Women and Child Development, and

Rural Development was finally being implemented as an initiative to increase institutional deliveries in government maternity hospitals at the village-level. Is this an example where the policy is sound, but implementation weak (as is most commonly argued is the case in India's social sector) or is it a classic case of divergence between the top-down and bottom-up narratives (as its mostly commonly understood in the implementation studies literature)? It could be both, but I propose an alternative explanation—this dilution or divergence is actually the tendency of the organization to strive towards rationality in order to maintain stability and ensure survival without upsetting the status quo in any radical way. This process of conversion is aptly captured in the implementation scorecard (Figures 1, 2, 3).

At the state-level of administration we see that the influence of the Millennium Development Goals (MDGs) and National Rural Health Mission (NRHM) were converted into a rational program model called Maarpu. At the district-level of administration, we see that the influences of the District Collector, power, turf, and institutional histories were converted into a focus on increasing institutional deliveries. Finally, at the village-level of administration, influences of the local village environment and signals from superiors was converted into the Health department's field functionary, the ANM, diligently doing her duties as per the departmental job description. When Maarpu was initiated, its program theory was based on the notion that involving the local community in the service delivery process will make field functionaries responsive and accountable to the people they serve. While the goals are aligned with democratic governance, such clear articulation of responsibility and accountability, as discussed in-depth in Chapters 2 and 3, are alien to India's bureaucratic structures. Thus, at a conceptual level, I argue that this process of conversion across the inter-governmental structures was a way for the bureaucratic organization to internalize an external pressure and yet ensure

stability and legitimacy of the bureaucratic machinery. Thus, all those involved in Maarpu can claim to be responsive to the global and national discourse on participatory and democratic governance while at the same time they have ensured that each department does what they have always been doing.

Now, we are able to construct, at least conceptually, the causal pathways regarding the initiation and implementation of collaborative governance initiatives in the context of India's social sector. To be theoretically succinct, we can expect that, after initial resistance, a bureaucratic organization will finally yield to external pressures to adopt collaborative governance (the open system perspective). Once this is done, internally, the organization works towards managing internal resistance and external pressures (the natural systems perspective). However, management decisions within an organization are not neutral; they are inherently political, because decisions have to be made about how multiple actors and institutions with varying levels of public authority will participate (i.e., articulating their roles and responsibilities) in the collaborative initiative (the political theory of organization perspective). As a result, the resulting set of actions will benefit some groups, while the rest have to compromise and be part of the implementation process. The net effect of all these processes is that the organization has incorporated an external pressure into its internal structures and ensured stability and legitimacy.

Thus, *the collaborative governance initiative is reduced to a formalized set of instructions with the aim of institutionalizing collaborative practices among the participants*. In effect, what is essentially meant to be implemented as an open system (responsive to citizen concerns, shared values, diffused power, and through a horizontal network of actors and institutions) is reduced to actual implementation as a closed system (where the number of

variables that need to be addressed are fixed and delivered through a top-down hierarchy of formal structures). In this process, the bureaucratic organization has reduced the number of variables it has to handle, thereby reducing uncertainty and ensuring stability. This is the first aspect of the bureaucratic-collaboration paradigm.

The findings make a contribution to the collaborative governance literature by showing how individuals (policy and administrative entrepreneurs) in positions of public authority made decisions that resulted in Maarpu's bureaucratic structures becoming politically charged; thus alienating some groups and shifting the burden of implementation on other groups. What emerges here, then, is a different conceptualization of collaborative governance from what is presented in the extant literature, which underscores shared values and mutually beneficial outcomes. Thus, the second aspect of the bureaucratic-collaboration paradigm is that *collaborative structures are not necessarily designed for the mutual benefit of actors and institutions involved; rather, they are the result of the politics of bureaucratic structures that are designed to create winners and losers. This means collaborative structures are inherently political.* A closer look at the managerial and political-levels of the implementation scorecard sheds light on this aspect, with its most profound effect at the state-level of administration where the seat of public authority exercises maximum power of coercion.

At the state-level, the Chief Secretary and other Principal Secretaries (i.e., policy entrepreneurs) at the managerial-level used their power of coercion to weave a narrative that the reason why Andhra Pradesh's maternal and child health were lagging behind its peer group of states was because there was no demand for these services from local communities. In the state of Andhra Pradesh, there is a readily available bureaucratic structure to mobilize community groups—the Self Help Groups (SHGs) and Village Organizations (VOs) that fall under the

purview of the Rural Development department. The political theory of organization informs us that the nature of politics within bureaucratic structures is such that those with public authority can impose their will (i.e., through the structures and programs they design) on others. These decisions are political and creates a clear set of winners and losers—and the losers have no choice but to accept this unfavorable outcome. In this case study, the Chief Secretary's will got imposed on Rural Development where it was decided that SHGs and VOs will be used as the central institutional platform for village-level field functionaries and citizens to interact. In effect, Maarpu expanded the scope of the SHGs and VOs while Health and Women and Child Development gained an additional partner and also a narrative to explain why their services are not reaching the intended groups.

At the district-level of administration, the District Collector as the administrative entrepreneur is in a position of public authority. In this case study, the District Collector's programmatic focus on institutional delivery further strengthened the position of Health and Women and Child Development relative to Rural Development. Furthermore, at the district-level of administration there are other political influences at play; namely, power balances, turf battles, and institutional histories. The findings indicate that these three factors played a key role in diluting the effect of formal authority of the District Collector and provided an opportunity for the losers (those from Rural Development) to adapt and silently resist a health-related initiative that was thrust upon them. The political nature of collaboration at the district-level was marked by the perception that Maarpu is a health-related initiative. The politics of bureaucratic structures in India's civil service bureaucracy ensures that the District Collector rotates every two years with no guarantee or incentives that the successor will continue the predecessor's programmatic focus. If anything, the incentives for the District Collector are structured such that each new

officer charts their own legacy, identity, and programmatic focus. Thus, district officials, in the case of Maarpu, essentially waited-out the Collector's turn and signaled to their village-level functionaries to get involved in the collaborative meetings.

Finally, it is at the village-level of administration where we see the real manifestation of the political nature of collaborative structures. In this case study, Maarpu was finally reduced to conveying simplified messages about eating good food, getting kids vaccinated on time, and encouraging women to deliver at government hospitals. In effect, the burden of Maarpu's implementation fell on the Health department's field worker, the ANM, because Maarpu was perceived as a health-related initiative. All other village-level field functionaries from the local community got away without participating in Maarpu. Thus, the idea that collaborative structures are inherently political and not necessarily designed for the mutual benefit of the actors and institutions involved has profound implications for understanding the implementation of collaborative governance initiatives. From a practical perspective, this theoretical mechanism provides insights as to why collaborative initiatives that appear great on paper never translate to results on the ground in India.

This conceptualization is the starting point for infusing studies of collaborative governance with bureaucratic politics. In the conceptual world of the bureaucratic-collaboration paradigm, the extent to which a collaboration is bureaucratized (i.e., converted from an open system to a closed system to maintain stability) should be seen as a variable. Thus, in the US, where bureaucracies are relatively more flexible than in India, we can expect to see collaboration that is relatively less bureaucratic. It is also important to note that in the bureaucratic-collaboration paradigm, the frontiers of collaboration are always being pushed by policy entrepreneurs or charismatic leadership.

For practice, this study suggests that even in bureaucratic systems which are antithetical to collaborative practices, program design, structure and perception can make a difference. The findings from the study suggest that structure shapes perception, which in turn shapes how bureaucrats exercise discretion. If we accept that bureaucratic structures are inherently political and thus the collaborative structures that emerge from them are also inherently political then practitioners and program planners must be acutely aware of which groups are benefitting and which groups are being imposed upon to make sure the intended goals, outcomes or groups are on the winner's side of the implementation scorecard. Even if the proper signals are sent, messages effectively diffused and communicated, and perception well managed, the key is really the structure of the collaborative arrangement that has a direct bearing on how bureaucrats exercise discretion. In this study, the structure of Maarpu was such that it was skewed towards the Health department's programmatic goals. While individuals may subscribe to collective goals and community development, the same individuals within bureaucratic organizations will only subscribe to what they are structurally wired to do i.e., be responsible for their department's work.

Another interesting paradox that emerges from the scorecard is the role of the managerial-level. While the role of the public manager and individual is well understood in the collaborative public management literature, what is interesting here is that a public manager *only* in a position of public authority can make collaboration happen. This brings me to the third aspect of the bureaucratic-collaboration paradigm—*formal authority and power is needed to make bureaucratic actors collaborate across departmental boundaries*. This is different from our understanding of collaboration that is typically not associated with the use of formal authority or power. I must underscore here that this does not mean that in the bureaucratic-collaboration

paradigm, hierarchy and collaboration are the same. Instead, an implication of this paradigm is that only formal authority at the highest level of hierarchy can facilitate and initiate collaboration. The managerial-level in the implementation scorecard sheds further light on this issue. At the state and district-level of administration we saw that individuals in positions of public authority were able to bring different actors and institutions to talk to each other in spite of all the power balances, turf battles, institutional histories, and perception issues. However, at the village-level of administration we see that although there is a managerial-level for each department, there is no hierarchy at the managerial-level in a position of public authority to help drive collaboration. In such a vacuum of power, local village environment, perception, and signals from superiors to abandon Maarpu thrived and finally diluted the message of collaboration.

The Illusion of Collaboration

In summary, the bureaucratic-collaboration paradigm has three aspects: first, that a collaborative governance initiative is reduced to a formalized set of instructions with the aim of institutionalizing collaborative practices among the participants, second, that collaborative structures are inherently political and that they are not necessarily meant for the mutual benefit of the actors and institutions involved as they create a clear set of winners and losers, and third, that formal authority and power is needed to make bureaucratic actors collaborate across departmental boundaries. The combined effect of these three aspects is that the emergence and implementation of Maarpu can be seen as an *illusion of collaboration*. In effect, collaborative governance in a bureaucratic-collaboration paradigm is the exact opposite of our understanding of collaborative governance in the extant literature which its emphasis on responsiveness to citizen concerns, shared values, inter-dependency, diffused power, and through a horizontal

network of actors and institutions. The paradox is that even though it is the exact opposite in operationalization, in concept and intended goals the bureaucratic-collaboration paradigm is aligned with the central tenet of collaborative governance—that what a single actor or institution cannot achieve, can be achieved working together.

There are several aspects to this illusion that is created within the bureaucratic-collaboration paradigm. The first is that even as everybody in the hierarchy from the state to the village-level of administration espouses the values and advantage of collaboration, they are all committed to working within their bureaucratic silos. The second instance of illusion is that in the bureaucratic-collaboration paradigm what appears to be a joint statement of collaborative effort like Maarpu is actually the imposition of one department's agenda over the others. In this case study, there was actually no divergence between the policy of implementation and the implementation policy—from the very beginning Maarpu was always a Health initiative. It was only hoped that the use of coercive power at the state and district-levels of administration will bring everybody towards collective goals. The illusion is that if one were to only read Government Order #249 (the executive order announcing Maarpu) it would indeed look like Maarpu has been collectively designed by all department heads for the mutual benefit of all, but it is not until we get behind the bureaucratic politics that the political nature of the initiative is revealed. A third aspect of the illusion is at an organizational level. Even as the organizations involved appear to be incorporating external influences and adapting to a changing environment of governance, in reality India's bureaucratic organizations are still able to retain their structural characteristics and ensure stability, predictability, legitimacy, and survival.

I will end this discussion with the following quote that aptly captures the essence of this dissertation—the illusion and the bureaucratic politics of collaboration in India

An individual in handling government business with a citizen adjusts that business, within his area of discretion, to that citizen. In these adjustments he is limited by having to deal also with other citizens, he is limited by directions from superiors, by his own sense of policy and public responsibility, and by his anticipation of trouble he would invite from the public and his administrative superiors by an excessive deviation (Appleby 1969; p. 89).

Limitations

At least two limitations of the study must be noted. First, the study looks at only a single instance of Maarpu's manifestation in Medak district. This raises the question about the study's generalizability: are these findings applicable in other districts within the state? Are these findings applicable to other states in India? Even within the same district, I was only able to examine villages under the purview of 12 Primary Health Centers (PHCs) whereas the district has a total of 66 PHCs. In the strict sense of statistical generalizability, the findings from the study have limited generalizability, but as explained in Chapter 4 for case study research it is important to underscore the logic of analytic generalization. Thus, the findings should be seen if they are generalizable to the level of theory being tested, which is that collaborative arrangements do not work when super-imposed on existing administrative structures without doing any structural reforms. Thus, those districts and villages where these contextual and administrative conditions exist, the findings will be insightful.

Furthermore, it can also be assumed that there is a certain diffusion of information among the informants I interviewed, i.e., they would be aware at a general level how Maarpu is being implemented in neighboring districts because of their interactions with their counterparts during review meetings and training programs. Thus, during my interviews if informants would have known of other places where Maarpu is being implemented effectively then I would have been informed about it. To the extent that I did not hear any such instances, I can be confident that the

findings from the administrative regions I conducted fieldwork in Medak district are generalizable to the remaining administrative regions in the district and other districts of the state as well. Regardless of the extent to which these findings are generalizable, the primary aim of this study has been to uncover implementation processes in an intergovernmental setting as it relates to collaborative governance and this was only possible in Medak district because of the overwhelming feedback I received from the state-level informants that Medak district is where all the action is. As a result, findings from this revelatory case provide insights to refine theory, guide practice, and design better collaborative initiatives.

A second limitation emerges from the first, i.e., the uniqueness of Maarpu and the implications this has towards other manifestations of collaborative governance. To my knowledge no other state in India, at the time, was implementing anything like Maarpu with its particular focus on convergence meetings at each administrative level and involving Self-Help Groups (SHGs) and Village Organizations (VOs) to monitor service delivery to help improve maternal and child health services. Had Maarpu been a program designed by the Central Government then the findings would have had greater generalizability, but Maarpu was specific to the context of Andhra Pradesh. The question then becomes: are other collaborative arrangements also inherently political? Even in other collaborative contexts (for example, in the implementation of the National Employment Guarantee Program) do perceptions matter in shaping discretion that ultimately shapes service delivery processes and outcomes? I would argue using the same logic of analytic generalizability I used earlier. To the extent that collaborative arrangements are being super-imposed on bureaucrats who are operating through administrative structures that are antithetical to collaboration the findings from Maarpu's case study will be

relevant. However, this study cannot tell the extent to which each aspect of bureaucratic politics will influence collaborative efforts as that was not the primary purpose of the study.

On a similar note, studying the unique and revelatory case like Maarpu in Andhra Pradesh also is the study's strength. Choosing a unique and specific collaborative initiative like Maarpu provides an opportunity to examine an area that has received little scholarly attention: how India's bureaucrats and bureaucracies function in the 21st century to implement the agenda of inter-sectoral partnerships, citizen engagement and inter-departmental coordination in the social services sector. By selecting to study Maarpu's implementation, this study makes a contribution to the collaborative governance literature with an in-depth study that looks at the full life-cycle of a collaborative initiative—antecedents, processes, and outcomes all together as an organic whole. Regardless of Maarpu's findings being generalizable, this study provides a widely applicable case study research framework to examine a range of collaborative initiatives.

Future Research

The study's limitations set the stage for future research that will involve multiple cases at the district-level and comparative research between districts or even between states—the common denominator being collaborative governance initiative that focus on inter-departmental coordination and citizen engagement. The next phase of future research I plan to focus is on comparing different districts and how the story of implementation unfolds. To better compare and validate findings, I plan to select a district where the District Collector is not playing the role of an administrative entrepreneur and see if really the force of a District Collector is indeed necessary to move district officials out of inertia.

Another area of future research is changing the sectoral focus and comparing findings. For example, will the same findings hold if the sectoral focus is primary education in rural areas where a collaborative initiative is being implemented to improve inter-departmental coordination and citizen engagement to improve rural government schools? Furthermore, as a result of this dissertation, I wish to study the office of the District Collector and district administration in India in greater depth. Given that the District Collector bears the burden of implementing all programs it is important to know how the District Collector's decision making process works; which programs get priority over the other and why in their two year tenure. This is critical to understand if public management scholars are to really understand what goes on inside India's administrative black hole—the district administration. The work of the street-level bureaucrat and the state-level bureaucrat or technocrat seems fairly straightforward, but it is at the district administration that lines of authority, responsibility, and programs crisscross from the village to the state capital to the nation's capital and become diffused. Yet, there is very little systematic research that examines district administration analytically other than descriptions of how prestigious and laborious the work of the District Collector is.

Finally, my interest is in studying administrative structures. An ideal research design is to pick regions near neighboring states so that geography, culture, language, and socio-economic factors can be controlled for. The only difference would be how administrative structures are organized. For example, in some states the Integrated Child Development Scheme (ICDS) of the Women & Child Welfare department is organized under the Panchayati Raj Institutions structure whereas in Andhra Pradesh it is organized as its own bureaucratic structure. It would be interesting to see if there is any variation in the way services are delivered and in accountability mechanisms because of how they are structured differently.

Conclusion

This dissertation studies an instance of collaborative governance (called Maarpu) in a subnational government in India (Andhra Pradesh). Through an in-depth case study, this dissertation examined the implementation of Maarpu by studying its antecedents, processes and outcomes. At the outset, the study began by understanding India's bureaucratic functioning from a historical perspective and took an organizational theory approach to understanding how organizational structures influence the decisions that organizational actors make.

There are three major findings of the study that have theoretical and practical relevance to collaborative governance. I coin the term *bureaucratic-collaboration paradigm* to situate these insights; I refer to the process of *converting* (and reducing) a collaborative governance initiative into a set of formalized instructions by individuals in positions of public authority as the bureaucratic-collaboration paradigm. There are three aspects of such a paradigm:

4. A collaborative governance initiative is reduced to a formalized set of instructions with the aim of institutionalizing collaborative practices among the participants.
5. Collaborative structures are not necessarily designed for the mutual benefit of actors and institutions involved; rather, they are the result of the politics of bureaucratic structures that are designed to create winners and losers.
6. Formal authority and power is needed to make bureaucratic actors collaborate across departmental boundaries.

The study argues that this is the result of bureaucratic politics that infiltrates organizational structures and functioning. The bureaucratic-collaboration paradigm is the exact opposite of what is generally understood about collaborative governance in the West where the

focus is on bottom-up participation, horizontal hierarchies, shared values, and diffused power. The study also debunks the popularly held notion that in India, it is implementation where the problem lies and not in the policy itself. However, seen from the bureaucratic-collaboration paradigm, the problem actually lies in the policy itself that sets the stage for how the (Luton, 2015) implementation will happen. The study shows that there was actually no disconnect between the top-down and bottom-up narratives. In fact that what is observed is that Maarpu has been a Health department initiative at the state-level and was translated thus onto the Government Orders with its focus on the 20 key indicators. The same perception continued at the district and village-levels of administration where the programmatic focus was on increasing government institutional deliveries.

Thus, even as all participants in the initiative espoused the values of collaborative action, they remained functioning in their bureaucratic silos. Finally, what appears to be a collaborative action in the form of Maarpu between the departments of Health, Women and Child Development, and Rural Development was actually behind all the bureaucratic politics a Health department's agenda thrust upon others. At an organizational-level, the bureaucracies were able to absorb an external pressure and influences for a different expectation of governance and internalize it into regular bureaucratic practices and ensure survival, stability, and legitimacy. *In conclusion, seen from the lens of the bureaucratic-collaboration paradigm, Maarpu was an illusion of collaboration.*

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Interview Protocol

From: Harish P. Jagannath, Harish Jagannath, PhD-Public Administration Candidate, Syracuse University (USA)

Contact information: harishjagannath@yahoo.com Mobile: 315-744-7041

Dear Sir or Madam:

Title of Project: Examining the Management Structures and Uncovering Implementation Processes to Deliver Integrated Health Services in Developing Countries----Comparative Case Analysis of subnational governments in India

Interview Instrument: brief description of research project and informed consent.

Thank you for sparing your time and agreeing to participate in this interview. The main objective of this interview is to understand the implementation model of the National Rural Health Mission (NRHM), which has been initiated by the Government of India (GoI) to achieve the Millennium Development Goals (MDGs) by 2015. The NRHM calls for integration of health, nutrition, and sanitation services to improve health service delivery and maternal and child health outcomes.

In the context of NRHM, the purpose of this interview is to understand the existing governance structures at the State and district level to implement social-sector development programs, for example public/primary health services delivery, nutrition and sanitation. Additionally, based on your experience and knowledge, I seek to explore any alternate delivery mechanisms that could be developed. The aim of my doctoral research project is to understand how decisions regarding implementing these programs is made, what is the process, which factors and actors influence this process and what the strengths and limitations of existing delivery structures.

I also wish to inform you that participation in this interview is voluntary and that you can withdraw from the interview at any point during the interview. If I have your permission, this interview will be recorded using a digital voice recorder, but no names will be recorded and it will be kept confidential; only I will have access to the taped interview, which will be stored in a digital folder that is password protected. The interview is only meant for the purpose of my research project. The same set of questions will be asked of every participant with some variations depending on the relevance in the implementation hierarchy. Depending on your responses, I will ask further questions as follow ups and those might not be listed in this protocol. Your name will not be used directly, but with your permission I may use select quotes.

There are no foreseeable risks to your participating in this interview, but there could be discomfort if you are asked to articulate the limitations or shortcomings of the policies being implemented by you or your department. No monetary benefits of any sort will accrue to the participants in this interview, but my sincere hope is that this research will yield indirect benefits to the society at large and to the individual as their insights will be seen as beneficial by the government agencies involved in policy implementation in the development sector.

I expect this interview to take no more than 45 minutes. I would be happy to answer any questions or concerns you may have before we begin. I will now begin if I have your consent.

Examining the Collaborative mechanisms and Institutional Arrangements of *NRHM*.

The National and State Government are committed to achieving the Millennium Development Goals (MDGs). Specifically, MDGs #4, #5, #6 and related to reducing infant mortality, improving maternal health and combatting infectious diseases. The National Rural Health Mission (NRHM) was launched in 2005 with the aim of integrating all health programs. I am interested in examining how State governments implement an integrated approach to health service delivery. I understand that the Government of Andhra Pradesh is currently implementing a program called Maarpu to achieve the goals of NRHM.

A. Formation of *Maarpu*:

1. Why and how was Maarpu formed?
 - i. Was there a discussion among the three departments that inter-departmental collaboration is necessary in order to achieve better health outcomes?
 - ii. Were all departments enthusiastic about this new institutional arrangement called Maarpu?
 - iii. Was there any resistance? Why or why not?
2. Did leadership play a key role? Leadership from the bureaucracy or political will?

B. Functioning of Maarpu

3. What is the role of the Rural Development and Panchayat Raj? And what is the role of the other departments?
4. Within the Rural Development and Panchayat Raj: how were services being delivered before Maarpu and has it changed after Maarpu?
5. What changes [administrative or service delivery structures] were made within the departments upon the announcement of Maarpu?
6. What is the nature of collaboration under the Maarpu program?
 - i. Is there greater sharing of financial resources, human resources or physical infrastructure?
 - ii. What sort of cooperative arrangements have been initiated?

C. Maarpu as an Institutional Arrangement

7. Who is expected to take the responsibility for results? Who is accountable? Who calls for the meetings? What are the reporting mechanisms?
8. Is it more effective to work as individual departments rather than such a collaborative arrangement?
9. In order to achieve better health outcomes: would be it more effective and efficient to bring nutrition and sanitation under the under control/hierarchy of the Health and Family Welfare Department? That is, Women and Child Welfare and Panchayat Raj are no longer responsible for nutrition and sanitation services.
10. What are the strengths and limitations of Maarpu?
 - i. Does it help in being more efficient or does it make it slower to take decisions?

D. Measuring the performance of Maarpu

11. How do you measure the success or failure of Maarpu?
12. Who reviews the progress? And what are the indicators used to measure the progress?
13. What sort of results are expected:
 - i. Decreased maternal mortality and infant deaths and decreased burden of infectious diseases?
 - ii. Increased financial resources for each department?
 - iii. Political support and public acknowledgment of this collaborative project?
14. Is this arrangement likely to continue in the future? Why or why not?

E. Public management capacity:

15. Do state and district level officials understand collaboration?
16. How do they interpret collaboration?
17. What additional training is needed to better facilitate inter-departmental collaboration?
18. What sort of new skill sets are needed for an institutional arrangement like Maarpu to succeed?
 - i. Does the department have these skill sets among their administrators now? If yes, how did they acquire them and if not, then is there any plan to acquire them?
 - ii. Is there is a perceived need for a new skill set?
 - iii. And what skills should be included in such a skill set?

Thank you for your participation. Please feel free to make suggestions or discuss a question that you feel is important to this research project that has not been covered. I welcome further feedback or ideas.

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EDUCATION

PhD in Public Administration, *Maxwell School, Syracuse University* May 2016

- Specializing in Public Management and Development Administration
- Dissertation: *Collaborative Governance and Delivery of Integrated Health Services in India*
 - Dissertation Committee: David M. Van Slyke (Chair), John McPeak, Tina Nabatchi, Rosemary O’Leary, Jeremy Shiffman

Master of Public Affairs (MPA) in Nonprofit Management, *Indiana University – Purdue University Indianapolis (IUPUI), School of Public and Environmental Affairs* – May 2007

- University Fellow, Graduate Research Assistant
- GPA: 3.39

Bachelor of Science in Economics, *Oregon State University* June 2005

- GPA: 3.70 (Magna Cum Laude)

PUBLICATIONS

- Book Review (2013): “To Collaborate or Not: That is the Question.” *Public Administration Review*, 73(1), 190-193.

WORKING PAPERS

- Jagannath, Harish P. and David Van Slyke (2015). The Illusion of Collaboration: Implementing Social-sector Programs in India
- Jagannath, Harish P. (2015). Structural Preconditions to Collaborative Governance: Historical Perspective of Administrative Reforms in India

WORK IN PROGRESS

- Jagannath, Harish P. (2015). Back to the Future: Revisiting Appleby’s Bureaucratic Politics to Examine Collaborative Governance
- Jagannath, Harish P and Tina Nabatchi (2015). Sustaining the Unsustainable: Street-level Collaboration to Improve Maternal Health Services in India [Abstract accepted to *Public Management Review* Special Issue on Sustainable Public Management; full paper due January 2016]

PROFESSIONAL REPORTS

- Report prepared for Tribal Welfare Department, Government of Andhra Pradesh, India. *Study to Assess Quality of Service Delivery in Tribal Welfare Educational Institutions—An Organizational Perspective*. Supported by UNICEF-Hyderabad, India.
- *Detailed Project Report for Implementation of Rural Sports Development Program* prepared for Sports Authority of Andhra Pradesh, Government of Andhra Pradesh. Supported by UNICEF-Hyderabad, India

GRANTS, AWARDS & CERTIFICATES

- Syracuse University **Certificate in University Teaching**, 2015
 - *Future Professoriate Program*, Syracuse University August 2011-2013
- International Cultural Service Program Scholarship, 2001-2005
- Grants for dissertation fieldwork and research
 - Maxwell School Roscoe Martin Fund for Research December, 2013
 - Summer Research Award, Department of Public Administration May 2012, 2013, 2015 and International Affairs
 - Faculty Mini-Grant, Campbell Institute of Public Affairs December 2012
 - Jointly with Dr. David Van Slyke
 - Graduate Mini-Grant, Campbell Institute of Public Affairs July 2012

DOCTORAL-LEVEL WORK EXPERIENCE

Teaching Assistant (TA)

Office hours, facilitating case study discussions, guest lectures, grading and feedback on memos, general course related administration

- *Course: Public Organizations and Management (PAI 712)* Fall 2015
 - TA for Professors Ines Mergel, Jesse Lecy, Nick Armstrong
- *Course: Public Organizations and Management (PAI 712)* Fall 2013, 2014
 - Course Instructor: Dr. David Van Slyke
- *Course: Public Administration & Democracy (PAI 755)* Summer 2013, 2014
 - Course Instructor: Dr. Tina Nabatchi
- *Course: Executive Leadership Seminar (PAI 753)* June 2012
 - Course Instructor: Dr. Walter Broadnax

PROFESSIONAL WORK EXPERIENCE

Assistant Professor, *Administrative Staff College of India (ASCI)* November 2008-July 2011

Teaching and Program Administration

- Courses Taught: Human Resources Management for Healthcare
- Designed course curriculum including modules on Strategic HRM, Job Analysis, Job Description and Person Specification, Recruitment, Retention and Selection, Performance Management, Training and Customer-oriented HRM
 - Interim Program Coordinator: oversaw daily administrative issues, course curriculum, faculty appointments, student affairs, recruitment and placements

Consulting with Government of India (GoI)

- Performance Management Division (PMD), Cabinet Secretariat, New Delhi
 - Resource person for the Ad-hoc Task Force members of the PMD
 - Department of Administrative Reforms & Public Grievances, GoI, New Delhi

- Team Member, evaluating nominees to Prime Minister's Awards for Excellence in Public Administration

Consulting with Government of Andhra Pradesh (GoAP)

- Tribal Welfare Department (TWD)
 - Health, Medical and Family Welfare Department
 - Sports Authority of Andhra Pradesh

Faculty Member, Icfai School of Public Policy, Hyderabad, India July 2007-October 2008

Teaching

- Strategic Planning for Public and Nonprofit Organizations
 - Designed course curriculum including modules on Importance of Strategic Planning, Role of Leadership, the Strategic Planning Process, Organizational Mission and Mandates, Stakeholder Identification Techniques and Strategic Issue Identification Techniques
 - Conducted and evaluated tests, assignments, group presentations
- Nonprofit Management and Leadership
 - Designed course curriculum including modules on Nonprofit Leadership, Role of the Board and Chief Executive, Mission and Mandate, Ethics, Managing Volunteer Programs

General Administration

- Supported and coordinated academic and student affairs: recruitment, placement, academic enhancement, student mentoring and advising
- Assisted in conducting workshops
- Participated in program planning and developing alumni network

Proposal Development and Knowledge Management Intern, June 2006-August 2006
World Learning for International Development, Washington D.C

- Reviewed draft proposals for accuracy of data, conceptual framework, and technical superiority to ensure submission of competitive proposals
- Developed concept notes for strategic partnerships and organizational positioning for strengthened and sustainable external relations
- Generated knowledge and developed frameworks for cross-cutting developmental themes: HIV/AIDS, trafficking, gender, corruption, and reproductive health through the lens of global and grass-roots civil society, policy advocacy, economic development, public health systems

GRADUATE-LEVEL WORK EXPERIENCE

Graduate Research Assistant, Center for Health Policy, Indiana University January 2006-April 2007

- Designed an Inter-Sectoral HIV/AIDS Prevention Model
 - Facilitated a partnership between Center for Health Policy, United Nations Development Fund for Women (UNIFEM)-India, Indian Railways and grass roots

non-governmental organizations (NGOs) for a comprehensive HIV/AIDS intervention study in a railway community of 160,000.

- Gained experience in developing a proposal and preparing a budget of \$500,000 per year for a National Institutes Health (NIH) research proposal.
- Coordinated with the Center for Health Policy from India for the proposal development, collected data, coordinated data-entry with field staff (May-August 2007)

Teaching Assistant, School of Public and Environmental Affairs, IUPUI
December 2005

August 2005-

- Assisted course instructor, Dr. Alfred Ho, in general administration of undergraduate level course “Financial Management for Public and Nonprofits”
- Responsible for grading and holding regular tutoring and office hours
- Drafted sample exams to help students prepare for exams

CONFERENCES

Public Management Research Conference, Minneapolis, USA June 11-13th, 2015

- Jagannath, Harish P. “Can Hierarchical Departments Collaborate to Deliver Integrated Health Services? A Case Study of Millennium Development Goals (MDGs) Implementation in India”
- Panel organizer: Bureaucratic Politics and the Implementation of Public Programs in India

2013 Joint Congress of IIAS-IASIA*, Manama, Bahrain June 1st-6th, 2013

- Single-authored paper submitted and presented titled “Implementation of Global Health Initiatives by Local Governments: A Case Study of the Health Service Delivery Structures in India”

* International Institute of Administrative Sciences (IIAS)-International Association of Schools and Institutes of Administration (IASIA)

4th Annual Conference of Consortium of Universities for Global Health March 14th-16th, 2013

(CUGH), Washington, D.C

- Poster Presentation
- Poster title: “Back to the Future: Getting Bureaucracies to Deliver MDGs: A Case Study to Examine Health Service Delivery Structures in India to Implement Global Health Initiatives”
- Presented by Harish Jagannath

3rd OECD* World Forum, Busan, Korea 27th-30th, October 2009

- *Charting Progress, Building Visions, Improving Life*, Participant
- Presented a paper titled “Measuring Progress of Tribal Education” at International Exhibition

*Organization for Economic Co-operation and Development

LANGUAGES

- Excellent verbal and written communication in English
- Proficient in the following Indian languages: Hindi (verbal and written), Telugu (verbal)

COMPUTING SKILLS

- Data management with Excel and Word
- NVivo 10 (qualitative data analysis software)
- Online database searches
- Versatile in Microsoft Windows and MAC-OS platforms