

TITLE: Implementation research to strengthen community engagement through village health committees: A case study in multi-stakeholder collaboration

FIELD BUILDING DIMENSION: Dimension 1: This abstract shares cutting-edge primary research addressing the development of people-centred health systems

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BACKGROUND: Implementation research seeks to understand the disconnect between what is supposed to happen and what actually happens. Programs and policies to improve health systems often fail to deliver as expected once implemented in the real world due to a lack of enabling institutions and unanticipated contextual features. India's village health committees (VHCs), envisioned as crucial mechanisms for enhancing community-engagement in health, are no exception. The Strengthening Village Health Committees for Intensified Community Engagement at Scale (VOICES) study is conducting implementation research to inform a support package for VHCs. VOICES provides a rich case study of the complexities of conducting implementation health systems research, particularly around bringing together a multi-stakeholder team with a range of power positions, experiences and interests.

METHODS: We conducted observation of interactions, interviews with stakeholders, and document review of project materials. Thematic network analysis was used to identify themes, develop connections between these themes and explore sub-themes.

RESULTS: VOICES involves twelve institutional stakeholders, including Western universities and funders, national Indian research centres, state governments and small non-governmental organizations. These institutions interact through a variety of channels, entailing different relational dynamics. They provide and seek guidance, training and resources from one another and hold varying types of power (such as financial, knowledge-based, linguistic, and network-derived power), which fluctuate in salience depending on the issues at stake. The extent to which different stakeholders collaborate to enable nuanced implementation research depends on the political context, alignment of interests, strength of relationships and project's capacity to nurture adaptive spaces.

CONCLUSIONS: The complex partnerships required in implementation research echo the complexities of implementing health interventions. Rigid protocols, inflexible agendas and glossing over tensions can damage relationships and limit positive outcomes. However, when an enabling interactive space is generated and when attention is dedicated to building partnerships and addressing tensions, implementation research can draw strength from this complexity to achieve common goals.