report

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EVALUATION OF HEALTH SECTOR ADJUSTMENT PROJECT (HSAP) CARIBBEAN BRITISH DEPENDENT TERRITORIES 1993-96

A review of DFID's contribution to health sector reform in the Caribbean British Dependent Territories concludes that its impact was minimal owing to over-ambitious objectives and insufficient adaptation to the local political environment, despite its relevance to local need.

MAIN FINDINGS

- Timeframe too short and incentives for change inadequate
- Complexities of the Dependent Territories underestimated
- Lines of management and decision-making responsibility often ill-defined
- Health care quality not noticeably improved
- Some progress on achieving better health expenditure assessments, on revising user fees, and on allocating resources generally

Background

This study, carried out in 1997, was one of a cluster of evaluation studies directed to an assessment of the DFID's contribution to health sector reform. The study assessed the impact of the Health Sector Adjustment Project (HSAP) covering the four aid-receiving Caribbean British Dependent Territories (BDTs), namely Anguilla, British Virgin Islands (BVI), Montserrat and Turks and Caicos Islands

(TCI). The aim of the project was to improve the level of health through better planning, management and financing of the health services and improved quality of care. It ran from October 1993 to September 1996, cost £890,000 and was supervised and co-ordinated by an implementation support agency which in turn devolved day-to-day management to the resident regional health advisers.

Findings

The evaluators judged the project to be largely unsuccessful, with minimal impact, mainly because its timeframe was unrealistically short, its objectives over-ambitious, and the incentives for change inadequate in the light of the institutional reforms it required. It was judged to have been relevant to the needs of the countries but it had not been possible to overcome a perception on the part of the target countries that what was on offer was a somewhat inflexible external model of reform. The evaluators nevertheless thought that it had brought about better understanding of health sector reform and that some small changes made might set in train greater long term benefits. Responsibility for decision-making was spread between too many bodies, the relationship between which was unclear. In consequence, the project was not properly linked to wider public sector reform programmes, although by its conclusion the need for such a link was more widely accepted.

Responsibility for decision-making was spread between too many bodies

The project was plagued by a series of natural disasters, by changes in personnel at all levels, and by the inherent complexities of the BDTs which, by drawing the regional advisers into unforeseen roles, caused conflict and compromise. These factors, coupled with the weaknesses in the project design, led predictably to implementation problems.

The group set up to provide project monitoring and advice in practice focused more on reporting than on overall direction. Some of its intended functions were delegated without adequate definition of what was required.

Although all target countries had revised their senior management structures, some resistance was evident in the form of resignations and unfilled vacancies. Middle management structures were largely unchanged. Moreover, the project focus on achieving structural change adversely affected the process of consultation.

The project did not discernibly enhance the quality of local health care. But progress was made on achieving more informed assessment of health expenditure in relation to the overall budget, on revising user fees, and on allocating resources generally. The need for improved communications, including the involvement of the public, was also

acknowledged. These modest changes may set in train greater long term benefits.

The project did not discernibly enhance the quality of local health care

Gender, poverty and environmental considerations were not an explicit part of identification, design or appraisal, although this is not untypical of projects of the time. It is not surprising therefore that it is difficult to identify whether the project had had an impact in any of these areas. It may be that there will be an impact in the longer term in these areas as a result of changes in the approach to health sector reform but it is too early to form a reasoned judgement.

LESSONS

- HMG is effectively the donor of first and last resort in the British Dependent Territories and DFID projects undertaken there should recognise that incentives for both donor and recipient are very different to those encountered in the mainstream bilateral programme.
- Internal management issues need to be carefully resolved at the outset where complex projects are to be implemented in the special political context of the BDTs.
- Health reform projects of this type require a realistic analysis of the political obstacles to change and a careful assessment of the willingness and capacity of country governments to take the lead, especially when politically unpopular decisions are required.
- Health reform projects and the policy framework for their implementation may require agreement on a phased approach, on identifying country-specific milestones or benchmarks for project progress, and on a communication strategy aimed at building political will and public involvement.

For further information see "Evaluation of Health Sector Adjustment Project (HSAP) Caribbean British Dependent Territories 1993-96" (Evaluation Report EV628), obtainable from Evaluation Department, Department for International Development, 94 Victoria Street, London, SW1E 5JL, telephone 020 7917 0243. This report will also be accessible via the Internet in due course.

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The policy of the government was set out in the White Paper on International Development, published in November 1997. The central focus of the policy is a commitment to the internationally agreed target to halve the proportion of people living in extreme poverty by 2015, together with the associated targets including basic health care provision and universal access to primary education by the same date.

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