report

DFID Department for International Development

EVSUM Evaluation Summary (sector: Health and Population) EV593
December 1998

EVALUATION OF HEALTH PLANNING IN PAKISTAN

A review of ODA support for the establishment of a strategic planning capability in Pakistan's health sector finds little evidence of improvement in the efficiency with which local health resources are used.

MAIN FINDINGS

- the timing of the assistance was unrealistically short
- such achievements as there were, stemmed mainly from the efforts of the external assistance and will be difficult to sustain
- inadequate account was taken of private provision in overall planning
- policy responsibilities in the health sector remain confused and the development of policy guidelines has not been sustained
- the contracting and sub-contracting arrangements caused project management arrangements to be confused
- despite shortcomings, some planning capacities were strengthened, and the enthusiasm of some planning staff for rational planning increased markedly

Background

Health planning support was a component of the Third Health Project co-financed by the Asian Development Bank (ADB) and the then Overseas Development Administration (ODA), now DFID. The aim was to establish a strategic planning capability in the Pakistan health sector at both federal and provincial levels. The ODA's support included systems development and institutional

strengthening, (including the introduction of a new and comprehensive rational planning system to run parallel to the existing development planning system) and, through the establishment of supportive institutional structures and the training of specialist planners, the development of a planning culture.

The programme was managed by the British Council with supporting inputs from the Nuffield Institute for Health. ODA expenditure between 1990 and 1996 totalled £934,000 in the form of advisory inputs, local workshops and training, and equipment.

The evaluation was carried out in April-May 1997 and focused on the effects of this support component on the efficiency, effectiveness and equity of the use of health sector resources.

Findings

While the need was clearly and correctly identified, the timing of the assistance was unrealistically short. Starting from virtually nothing, a new planning cell was developed in Baluchistan, some planning outputs were achieved in all five provinces and at federal level, and a planning culture has been developed. But the successes varied and are fragile. Only in Baluchistan, where the planning systems have also been taken to the district level, can the work be considered to have been a relative success. Elsewhere, the new systems have either been abandoned or are in abeyance; what was achieved resulted mainly from the efforts of the external assistance and will be difficult to sustain. In relation to its aims, the project was at best a very limited success, with little significant impact on improving the efficient, effective and equitable use of health resources.

From the outset the project was supply-driven

Although the project workshops and study tours should have ensured ownership of the process, in practice, this was not the case. From the outset the project was supply-driven, with the pace of development set by the technical advisers, and little evidence of there being a positive demand for the new products.

There has been little change in the planning problems identified at the project's start. Any increase in resources to the sector has come about from the actions of other projects. And even if the proposed planning system had been fully adopted, other factors, such as political interference and lack of accountability, would have reduced its success.

Little effort was spent in taking account of private provision in overall planning, despite the fact that 70% of first patient contacts are with the private sector. Planned improvements in access, efficiency and effectiveness should be net of competing or complementary private sector activities.

On the positive side, some planning capacities were strengthened, and there

has also been a qualitative change in the enthusiasm and awareness of the need for rational planning among some health planning staff. But this improvement is not widespread, and failure to institutionalise skill development has meant that the institutional memory of the changes and new skills has rapidly eroded. Moreover, policy responsibilities in the health sector remain confused and the development of policy guidelines has not been sustained, in large measure because the implementers were excluded from the process.

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While the co-financing arrangements suited both partners, neither the ODA nor the ADB reaped the potential benefits.

Project management arrangements were confused. The contracting and sub-contracting arrangements, together with an emphasis on measuring progress were, in practice, a hindrance to efficient management.

Gender, poverty and environmental considerations were not an explicit part of identification, design or appraisal. It was not surprising that the project had very little impact in any of these areas.

LESSONS

- More emphasis needs to be given, first, to ensuring that there is a real demand for improvements or adaptations; and then to identifying, and working with, those vital stakeholders who hold the key to changes in a planning approach.

- Strengthening central planning capacities in decentralised systems requires clarification of the role of the central planning bodies and responsibilities for policy.

- Where limited numbers attend training programmes or where staff turnover is high, the efficient transfer of knowledge among staff is especially important if institutional memory is to develop.

- The likelihood of realising the benefits of co-financing will be enhanced if:

  ◊ DFID is involved in design from the start;
  ◊ partner project components complement each other;
  ◊ there is joint monitoring.

For further information see "Evaluation of Health Planning in Pakistan" (Evaluation Report EV593), 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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11/99 500/1
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