

## Political Economy of Reforms: A Case Study of Telemedicine Project in Sheikhpura, Punjab

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### Abstract

The paper explores the applicability of New Institutional Sociology (NIS) as systemic pathways and inadequacies of New Public Management (NPM) towards the institutionalization of the Telemedicine Project in Punjab, Pakistan. While advancing qualitative evidence, the study observes the technical, procedural and operational inadequacies in the design, implementation and institutionalization of the Telemedicine Project. Evidence collected through primary data collection techniques and supported by secondary data obtained from the district government Sheikhpura, Punjab has been used to understand the lack of institutionalization of the Telemedicine Project. The two primary aspects of the research are: (i) a diagnostic of the design, implementation and institutionalization of the intervention within service delivery frameworks of the Government and, (ii) the application of the NIS as a theoretical framework to understand the dynamics constraining the desired institutionalization of the Telemedicine Project. The paper finds that adoption of 'one size fits all' approach, lack of understanding of local development context and the role of informal institutions such as culture, norms and traditions, play a critical role in the success or failure of public sector reforms.

**Keywords:** health, informal institution, Sub-National Governance (SNG), New Institutional Sociology (NIS), local development.

### Introduction

Good health is a prerequisite for social and economic development. While better health improves the situation for households at the micro-level, it stimulates and strengthens the economic growth at the macro level. Carefully planned investments in the health sector can improve the conditions of the poor and expand human capabilities.

Pakistan's health sector saw an increase of 40.7 per cent with an allocation of PKR 384.57 billion over 2016-17 allocation of PKR 273.34 billion. Despite this increase, Pakistan still earmarks only about 0.50% of

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its GDP (ESP, 2017-18) which is amongst the lowest in the region.<sup>1</sup> Pakistan still has the highest infant deaths per 1000 at 69 and under 5 mortality at 86 respectively.<sup>2</sup> Similarly, in the case of newborn mortality rates 46 babies out of every 1000 don't make it to their second month; worse than even Afghanistan and the sub-Saharan African region. Pakistan's immunization indicators are even worse than other health indicators, especially polio.<sup>3</sup> The situation is not very different in Punjab, the largest province of Pakistan and home to over 110 million people.

Punjab health sector allocation increased from PKR 263 billion in 2017-18 to 284 billion in 2018-19.<sup>4</sup> However, despite massive investments to expand the health services delivery network, there has been no significant improvement in the health status of the people. Reform measures unleashed during the last few years were extensively pushed at a very high pace and thus resulted in a number of intra-sectoral imbalances and mismatches largely because of public sector incapacity to manage and sustain the reform process.<sup>5</sup> The decentralization initiative has though helped to resolve some immediate issues but has still to be tuned to achieve a balance on efficiency and sustainability against equity and health as a right of people.

Right to quality health services and 'equal access to public service' are the basic public value enshrined in the 'Declaration of Human Rights' adopted by UN General Assembly in 1948.<sup>6</sup> However, a wide range of challenges faces the Punjab health sector including poor health infrastructure, meagre resources, ever-growing population, weak governance systems and lack of proper monitoring mechanism. Another most critical challenge facing Punjab is the availability of doctors, particularly in rural areas. Punjab has over 2500 basic health units (BHUs) which happen to be the first level healthcare facility. However, BHUs still face a shortage of skilled medical practitioners. Doctors feel constrained going to remote areas for various reasons including lack of basic facilities. Therefore, the government is always in search of ways and means to provide for the shortage of specialist doctors at the BHU

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<sup>1</sup> K. Fatima & A. Waqas, 'State of Health Sector in Pakistan', State Bank of Pakistan, Staff Notes, Pakistan, 2018.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Government of the Punjab, Budget document 2018-19, Lahore.

<sup>5</sup> Ibid.

<sup>6</sup> Michiel S. De Vries & Pan Suk Kim, 'introduction to Value and Virtue in Public Administration', in Michiel S. De Vries and Pan Suk Kim (eds.), *Value and Virtue in Public Administration: A Comparative Perspective*, 2011.

level. One such solution was implemented by the District Government Sheikhpura to make for the deficiency of doctors at the BHUs level. District Government Sheikhpura entered into an agreement with Department for International Development (DFID), the UK for implementing Telemedicine Project in six pilots BHUs in the district which though initially registered some very significant results but couldn't sustained after DFID's funding and technical assistance or rightly said 'spoon feeding' came to an end.

*Telemedicine Project (TM)*: TM project aimed at filling the gap of a professional doctor at remote Basic Health Units (BHUs) by equipping the BHUs with key diagnostic facilities and connectivity with a remote specialist doctor. The pilot was implemented by the District Government of Sheikhpura, Punjab and technically and financially supported by Department for International Development (DFID),<sup>7</sup> UK. The experiment tested the use of 'Tele-diagnosis' equipment that could conduct 17 primary tests simply by the touch of a strobe. The equipment was capable of conducting almost all initial gynaecology tests including antenatal care (ANC) scans. Available paramedics or lady health workers (LHWs) at BHUs were trained to use the equipment. The equipment had the capacity of being solar-powered and working on simple GPRS to connect to a consultant sitting at a district hospital. The results of the tests were immediately sent to the consultant and the patient could engage with the consultant in real-time over video connectivity. The system also had the capacity to centrally store the patient data that could be used to predict disease patterning to generate evidence to inform planning and budgeting for staff and medicines.<sup>8</sup>

The 'Telemedicine Project' was implemented during 2015-18 at a total cost of Rs. 30.771 million. As per the Project Document,<sup>9</sup> the key objective of the project was to equip '*BHUs with tele-diagnosis equipment to link patients with senior consultants at district hospitals*'. Although the project did deliver its results, yet despite its excellent performance the project could not be sustained and mainstreamed as soon as the funding and implementation support from DFID was discontinued.

<sup>7</sup> Lately, renamed as the Foreign, Commonwealth & Development Office (FCDO), the UK.

<sup>8</sup> Project Document, Subnational Governance Programme, OPM, Lahore, 2017.

<sup>9</sup> *Ibid.*

The project was jointly implemented by the District Government Sheikhpura in collaboration with Sub-National Governance (SNG) Programme a joint initiative of the Punjab Government and DFID, the UK. DFID funded SNG Programme from May-2013 to May-2018 which aimed to strengthen the capability of provincial and district governments to deliver public services i.e. education and health, in an improved, responsive and accountable manner. SNG Programme envisaged to achieve this by:

- Improving public financial management & planning systems
- Strengthening devolved systems, structures and processes
- Bringing innovative and sustainable experiments for improved service delivery.

SNG included a District Delivery Challenge Fund (DDCF) to support innovations in service delivery at the sub-national level. The Telemedicine Project was funded under DDCF. A Project Management Unit was also, established in Sheikhpura to run the project. The District Coordination Officer / Deputy Commissioner was appointed as the Project Director, while the EDO (Finance & Planning) was designated as the Project Coordinator. Apart from this team, the project had an independent Project Manager and other project teams from the private sector. The oversight was provided by the provincial and district teams of the SNG team. Project tasks and targets were defined beforehand through an agreement between District Government Sheikhpura and the DDCF. Technical support was provided by a technical firm through an agreement inked between the District Government and the private firm.<sup>10</sup>

The key targets of the Telemedicine Project mainly included:

- Increase Antenatal Care (ANC1) follow up
- Increase Live Births in the catchment area
- Increase general patient flow rate at BHUs

Category	DHIS (Jan-Dec 2015)	TM (Jan-Dec 2016)	% Difference
OPD Visits	33,706	52,047	+54.41%
ANC patients	3,644	5,615	+54.08%
Live Births	382	871	+128.01%

Project Documents, 2017

The project was able to deliver on its targets. The project treated more than 87,000 patients at six BHUs in the district against a target of

<sup>10</sup> *Ibid.*

70,000 patients. Outpatients Department (OPD) visits and ANC patients increased more than 50% and livebirths doubled following project implementation. The project did not only treat expecting women and provided ante natal and post-natal treatment but it also checked patients suffering from cardiac diseases, kidney problems, chronic fever and other diseases.<sup>11</sup>

Being a pilot project to test a solution to the existing challenge of unavailability of doctors, the design of this project included that it would be scaled up by the government if the solution delivers the planned results. Therefore, the project envisioned that at the end of it, the district government would take over the project and make it self-sustainable. The project was also, intended to build the capacity of the local staff and team in the health facilities so that they could continue it once the project is complete. For this to happen, some posts had to be created and a provision of the budget had to be made which would ensure the continuation of service delivery and other key features of the Telemedicine system. However, the project despite having shown some very significant results and impact could not be sustained and continued after the exit of foreign funding and technical support.

On the basis of the above discussion, the following research question has been developed.

Why the Telemedicine Project could not sustain after the departure of DFID's financial and technical support?

*Scope and Significance of the Study:* To be able to tap onto the evidence from the field, the current work aims to use the 'Tele-medicine Project' that was implemented by district government Sheikhpura with the financial and technical support of the Department for International Development (DFID), the UK as evidence to bring home the argument that 'one size doesn't fit all'; despite best efforts and handholding by DFID, the project could not sustain after its exit. And while this is being done, we shall also engage in the exploration of the role of informal institutions such as local culture, organizational norms and traditions etc. (political economy factors) in the implementation and sustainability of the Telemedicine Project.

### Literature Review:

A substantial amount of literature on the political economy of reforms projects especially foreign aid and development projects has been

<sup>11</sup> Project Progress Report, Subnational Governance Programme, OPM, Lahore, 2018.

produced in the developing countries, pointing toward the inadequacies of aid programs regarding the political, economic and social specificities and dynamics of the developing world at large and the regions in particular that are recipients of such aid. Most development projects are designed and implemented alike in the developing world in pursuit of 'one size fits all' approach without taking into account the dynamics of NIS. While all these developing countries may have a lot in common for instance their erstwhile colonial status, lack of investments in health and education, corruption, etc. but when it comes to their norms, cultures, traditions and history, all of which are factors that contribute to the existence of a certain kind of informality within institutions and the working of governments, there is a lot which is different as explained by NIS.

Needless to reiterate, long before the advent of Bretton Wood institutions: World Bank, International Monetary Fund (IMF) and also, the non-governmental organizations (NGOs), states were responsible to undertake development functions of the country. While questioning the 'significance, the purpose, and justification of aid given to development nation', Niyonkuru<sup>12</sup> asserts that globalization and neoliberalism have altered the course of world development trajectory and paradigms. With the failure of the World Bank's approach 'one size fits all', researchers such as Jong<sup>13</sup> and Niyonkuru<sup>14</sup> contend that the state should be at the vanguard of the national development process and efforts in line with local contexts and needs.

Charles<sup>15</sup> critiques the 'one size fits all' approach in that it disregards all the principles of good governance and disparities among local 'culture, capacity, and complexity' for example outsourcing of public services and public-private collaboration which are main features of New Public Management. The 'outsourcing' and 'public-private partnership' indeed, ignore the local management practices, organizational and cultural constraints, and accountability and transparency imperatives which leads to failure of the outsourced

<sup>12</sup> F. Niyonkuru, 'Failure of Foreign Aid in Developing Countries: A Quest for Alternatives', *Business and Economics Journal*, 7:3 (2016), 1000231.

<sup>13</sup> E. Jong, 'The Cultural-Economic Perspective on Values and Virtues', in Michiel S. De Vries and Pan Suk Kim (Eds.), *Value and Virtue in Public Administration: A Comparative Perspective*, 2011.

<sup>14</sup> F. Niyonkuru, *op.cit.*

<sup>15</sup> G. Charles, 'Governance and Values in Contemporary Public Service', in Michiel S. De Vries and Pan Suk Kim (Eds.), *Value and Virtue in Public Administration: A Comparative Perspective*, 2011.

intervention and public-private collaborations. Therefore, the authors further observe that transforming public services need a very good understanding of the complexities and nature of local governance and public values.

Similarly, Tholen<sup>16</sup> argues that the approach of ‘managerialism and instrumentalism’ has failed to deliver their desired outcomes. He further contends that short term and ‘one size fits all’ solutions fail to deliver better and sustainable development outcomes under New Public Management paradigm. He believes better education, awareness, ‘institutional settings’ and virtuous public sector can be created and development results can be sustained.

Argyriades<sup>17</sup> while criticizing New Public Management argues that under the current management paradigm least attention has been paid to virtues and values in the public sector. Self-interest and short-term benefits precede selflessness, altruism, sustainability, collective good and virtuous behaviour while pursuing New Public Management framework. This adhocism and approach don’t let most public initiatives become sustainable and institutionalized.

Context and values therefore, change from place to place and country to country as well, therefore, ‘one size fits all’ approach needs rectifications and rethinking. Sobis & Micheil<sup>18</sup> contend that the new entrants or incumbents in the public service need to be socialized and groomed by their colleagues and peers before joining any new initiative or programme setting. They argue that when the public servants are placed in a new work environment or setting they need to be exposed to new social and ethical dilemmas that create conflict, incompatibility and unevenness, to be able to maintain a virtuous and ethical attitude towards public values such as fairness, honesty, righteousness and others. Hence for the success of innovative public projects and initiatives, we need to prepare the implementers according to new work environment and project’s priorities and needs.

<sup>16</sup> B. Tholen, ‘Public Virtue Approaches’, in Michiel S. De Vries and Pan Suk Kim (Eds.), *Value and Virtue in Public Administration: A Comparative Perspective*, 2011.

<sup>17</sup> D. Argyriades, ‘Ethics and Globalization in Historical Perspective: The Relevance of Socrates in Our Days’, in Michiel S. De Vries and Pan Suk Kim (Eds.), *Value and Virtue in Public Administration: A Comparative Perspective*, 2011.

<sup>18</sup> I. Sobis & S.V. Michiel, ‘The Social Psychology Perspective on Values and Virtues’, in Michiel S. De Vries and Pan Suk Kim (Eds.), *Value and Virtue in Public Administration: A Comparative Perspective*, 2011.

Cutting and Kouzmin<sup>19</sup> believe that government should have clear rules and commitments for effective and efficient service delivery, accountability, transparency, adaptability and implementation of public policies, strategies and projects. Elinor and Ostrom<sup>20</sup> further elaborate that this clarity and commitment is imperative for showing ‘conformity to general morality’ in the public sector. Such public values and trust hence, becomes a prerequisite for the success of new initiatives.

While examining the ethical dilemmas in the administrative setups of developing countries due largely to lack of harmony and coherence with the local realities of communal and cultural norms, Haque<sup>21</sup> gives a fairly comprehensive analysis of existing theories and perspectives within the area of ethical dilemmas. With this philosophical basis cleared, the author then proceeds to explain how the colonial rule in Asia, Africa and Latin America cleared the field for import of exogenous public policy values that created a perpetual tussle between the actualization of deep-rooted indigenous values within the administrative layer and the western model of public administration. While highlighting the significance of local context and socio-political imperatives, Haque<sup>22</sup> further argues that the context of administrative ethics varies from country to country. Western standards of merit, performance and accomplishment may not be relevant to the Asian context and societies. Similarly, one size may not be meant for all; meaning that a successful foreign development solution in the West may not yield the same results in the East. According to Haque,<sup>23</sup> this is also, true for the New Public Management (NPM) which has an external origin and is a product of Western thought and practice. Most features and standards of NPM are not relevant to develop countries for implementation and adaptation gave distinct local social, cultural and political contexts and weak and varying

<sup>19</sup> B. Cutting and A. Kouzmin, ‘Public Administration as a Menotype B: Re-discovering Trichotomies’, in Michiel S. De Vries and Pan Suk Kim (Eds.), *Value and Virtue in Public Administration: A Comparative Perspective*, 2011.

<sup>20</sup> O. Elinor and V. Ostrom, ‘The Institutional Perspective on Values and Virtues’, in Michiel S. De Vries and Pan Suk Kim (Eds.), *Value and Virtue in Public Administration: A Comparative Perspective*, 2011.

<sup>21</sup> S. Haque, ‘Contemporary Trends and Dilemmas of Administrative Ethics in the Developing World’, in Michiel S. De Vries and Pan Suk Kim (Eds.), *Value and Virtue in Public Administration: A Comparative Perspective*, 2011, 169-85.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

capacity of local institutions that are responsible for their implementation.

While discussing the effects of New Public Management on public values, Jong<sup>24</sup> deliberates upon the impact of local context and the challenges of ignoring the local culture and values on public sector initiatives and service delivery. Moreover, while criticizing 'one size fits all' approach, he further argues that the success of public sector initiatives largely depends upon the understanding of the local context, behaviour and informal institutions such as culture, mindset, and social norms which change from place to place.

Similarly, North<sup>25</sup> while discussing institutions, institutional change and economic performance, observes that institutions are the games of rule. He explains that institutions are man-made constraints that shape the human interaction within society. While quoting Rodrik,<sup>26</sup> Leftwich & Sen (2010)<sup>27</sup> elaborate that institutions are formal and informal rules that have close relation with inclusive social development and practical implications for development projects. Leftwich & Sen's research further explains that while formal institutions and rules are mostly written informal rules are not.

Pejovich<sup>28</sup> explores the effects of interaction of formal and informal institutions on social stability and economic development. While defining informal institutions and rules, he explains that '*informal rules are traditions, customs, moral values, religious beliefs and all other norms of behaviour that have passed the test of time*'. During discussion on the effectiveness of informal institutions, he contends that formal institutions can hardly has the ability to bring about the required change in the informal institutions given they are quite deep rooted and embedded within the society and social norms. He quotes examples of

<sup>24</sup> E. Jong, *op.cit.*

<sup>25</sup> D. North, *Institutions, Institutional Change, and Economic Performance* (New York: Cambridge University Press, 1990).

<sup>26</sup> D. Rodrik, *One Economics, Many Recipes, Globalization, Institutions, and Economic Growth* (Princeton: Princeton University Press, 2007).

<sup>27</sup> A. Leftwich & K. Sen, *Beyond Institutions: Institutions and Organizations in the Politics and Economics of Poverty Reduction – Thematic Synthesis of Research Evidence. DFID-Funded Research Programme Consortium on Improving Institutions for Pro-Poor Growth (IPPG)* (Manchester: University of Manchester, 2010).

<sup>28</sup> S. Pejovich, 'The Effects of the Interaction of Formal and Informal Institutions on Social Stability and Economic Development of the Interaction of Formal and Informal', *Journal of Markets & Morality*, 2:2 (1999), 164-81.

USA, South America, Japan and Serbia where despite all efforts and extended regime of formal institutions, the informal institutions were able to maintain their identity. However, he explains that if the informal institutions are in congruence and conformity with the formal institutions, the results could be different and positive.

While investigating the relationship between formal and informal institutions and development, Casson et al.<sup>29</sup> observes that informal rules shape the formal rules and also, alter the *interactions of agents in social organizations*. They further draw insights from institutional and social theories to study the relationship between institutions and development with a focus on intra-country research work. They argue that moral and ethical behavioural norms as highlighted by North,<sup>30</sup> are mostly embodied in informal institutions like religion, caste, norms and customs therefore, informal institutions must be part of socio-economic analyses of all institutions.

O'Donnell<sup>31</sup> conducts a detailed study on informal institutions in a democratic ecosystem. He adds that informal institutions are quite imbedded, entrenched and quite extensively shared within the society and hence can be referred to as institutionalized. Meaning thereby, while conceiving and implementing public interventions, policymakers and development practitioners need to remain mindful of these social and cultural norms and constraints.

Likewise, Helmke et al.<sup>32</sup> contend that researchers and practitioners who fail to take these social norms and informal constraints into account, they run the risk of missing most of the important undercurrents and imperatives that govern public decision making.

While discussing the role of informal institutions such as traditions and social norms etc. in development, Jutting et al.<sup>33</sup> clarify that informal institutions have a strong role to play in development outcomes. While concluding their work, they report that informal rules such as traditions and social norms need to be considered for all development projects to deliver on their mandate and targets. As a matter

<sup>29</sup> Casson, et. al., 'Formal and informal institutions and development', *World Development*, 38 (2010), 137-41.

<sup>30</sup> D. North, *op.cit.*

<sup>31</sup> G. O'Donnell, 'Illusions about Consolidation', *Journal of Democracy*, 7:2 (1996), 34-51.

<sup>32</sup> G. Helmke & S. Levitsky, 'Informal Institutions and Comparative Politics: A Research Agenda', *Perspectives on Politics*, 2 (2004), 725-40.

<sup>33</sup> Jutting et al. (eds.), *Informal Institutions: How Social Norms Help or Hinder Development* (Paris: OECD), 2007.

of fact, they believe that '*simply imposing ideas from outside has little prospect of success*'. Hence foreign ideas, aid and projects prove to be counterproductive for being out of sync with local cultural and social norms and mind set and a political agenda.

Taking the discussion of Jutting et al.<sup>34</sup> further, Eric<sup>35</sup> contends that foreign aid is fundamentally political despite all the good reasons. His paper assesses the dynamics of political economy of foreign aid from the perspectives of both the donor and the recipient country. Eric<sup>36</sup> contends that pursuit of hidden political as well as economic motives of foreign aids are quite common.

Jun<sup>37</sup> in '*The Social Construction of Public Administration: Interpretive and Critical Perspectives*' believes that it is an 'age of paradox' where our hard work and sincere efforts lead to inadvertent results and outcomes. While discussing the major limitation of modern public administration, the author observes that the main impediment to public administration is the unintended outcomes of the efforts that need to ensure better organizational management. He further adds that many administrators don't take public participation in the policy process hence public is openly challenging the 'effectiveness and competence' of the policy makers. Public administration still has dualistic thinking as *managerially oriented administration has a tendency to separate the public from the governing or administrative process*. Hence local context, aspirations and constraints remain unnoticed and neglected which become responsible for unsustainability of the most public initiatives.

### **Theoretical Framework and Research Methodology**

New Institutional Sociology (NIS) deals with deeper and additional aspects of social and organizational structures. It helps to understand how organizations shape, structure and behave under the influence of rules, belief systems, norms and culture.<sup>38</sup> The current paper uses this theoretical framework to understand the factors constraining institutionalization of Telemedicine Project within the mainstream service delivery health systems in Punjab.

<sup>34</sup> Ibid.

<sup>35</sup> W. Eric, 'The Political Economy of Bilateral Foreign Aid', Working Paper, Harvard Business School, 2012.

<sup>36</sup> Ibid.

<sup>37</sup> S.J. Jun, *The Social Construction of Public Administration: Interpretive and Critical Perspectives* (Albany: State University of New York Press, 2006).

<sup>38</sup> W. Scott, *Institutions and Organizations-Ideas and Interests* (California: Sage Publications, 2008).

The methodology starts with an extensive literature review, collection and analysis of input and output data and an in-depth analysis of informal institutions impacting implementation of this project and subsequently its sustainability. The study has followed a qualitative research methodology and design: key informant interviews of project managers, implementers from District Government Sheikhpura and DFID have been conducted to have an in-depth insight into the subject. Some of the beneficiary of the project have also been interviewed to assess the benefits of the project. Thematic analysis has been utilized to analyse the data. Project concept paper, evaluations and completion reports have provided the basis for detailed analysis and assessment of 'Telemedicine Project' against the set targets and parameters. The research has also, discussed the objectives and scope of the project, its implementation strategy and plan, and its intended and unintended results and outcomes. In addition to various informal institutions such as culture and norms of the organization, traditional mind set of the officials working on the project, the departmental capacity, organizational cynicism, role of ICT has also been discussed at length.

### **Summary of interviews**

In order to get a better sense of project implementation and subsequent constraints faced by the project, key personnel of the project were interviewed. Moreover, a detailed survey of project documents, evaluation studies, perception surveys and completion reports has also been conducted. While describing the implementation modality of Telemedicine, 'A' stated that it was a joint initiative of DFID and District Government of the Sheikhpura. The actual implementation was carried out by District Government Sheikhpura itself while DFID through its Sub National Governance Programme (SNG) provided the strategic oversight and support to the Project, 'B' added. 'C' further informed that a Project Implementation Unit (PMU) was established at the district level under the leadership of Deputy Commissioner Sheikhpura. The PMU was also supported by a Project Manager and other supporting staff. 'D' said that the technical support came from an IT expert private firm.

'E' elaborated that there were certain unintended consequences of the project implementation as well. The Project gave birth to an additional layer of monitoring and supervision through use of IT equipment. This indeed, led to certain political economy challenges including hostility of the local staff and all those being monitored. Similarly, 'A' added here that since everything was being recorded

including burden of disease in the local area which resultantly helped in evidence-based planning and budgeting for healthcare service delivery.

In a similar vein, 'B' informed that Telemedicine did have an exit strategy. It was planned that once the funding and oversight support from DFID ends, the District Government would take over the project including its funding and implementation. 'A' further added that all the equipment would stay with the District Government. 'D' informed here that capacity building of the local staff was also part of the exit strategy.

While discussing various political economy factors impeding project implementation and sustainability' 'A' explained that lack of funding was mainly responsible for its closure. 'E' further informed that local cultural and organizational constraints played havoc with the project's sustainability. Continuing the discussion, 'C' apprised that public sector traditional mindset was also responsible for collapse of the project once the support from DFID was gone. 'D' shared here that the local staff was never happy with the project for disparity among incentives and additional accountability. 'E' also, observed that Telemedicine Project couldn't get much support after exit of DFID for being a foreign funded and supported project. 'B' further stated that adoption of technology also posed challenge to sustainability of the Project.

There was general consensus among all the interviewees that project did deliver its targets of treating patients especially women patients and also increasing number of women visiting the BHUs for medical examination.

### Discussion

Review of available evidence, documentation and interaction with key project implementers and beneficiaries suggest that initially the project faced number of hardships and political economy dynamics didn't let it work. However, the managers handled those variables well and the project worked and delivered some good results despite being highly advanced ICT supported solution that was quite alien to the local systems. However, when it came to project's sustainability and scale up, things did not farewell. The administrative astuteness of the implementers did not work here and the project could not be scaled up and absorbed within the mainstream working of the health sector due largely to 'one size fits all' approach and informal systems that typically surround our public sector administration.

*Political Economy of Project Implementation:* Eric<sup>39</sup> observes that developing countries, deeply swayed by foreign aid, end up with an unusual and different governing machinery. Likewise, Michiel and Kim<sup>40</sup> in 'Value and Virtue in Public Administration: A Comparative Perspective' observe that when social values conflict with individual interests, ethical dilemmas emerge which impede delivery of public services. Thus, the project faced a number of formal and informal political economy factors, such as institutional rigidities, resistance from the local elites, opposition from a segment of the medical community, stereotyped views of the general public with regard to the online provision of health services, religious factors and biases of the local community towards the provision of health care through latest methods. Moreover, ill design of the Telemedicine Project also, created hardships for the project. For instance, incentive (honorarium) for project was being given to DCO and EDO Finance & Planning however; the EDO Health who was the head of health hierarchy in the district was not having any kind of incentive which shrank his interest in the project. One of the respondents, 'A' while talking about the political economy of the project implementation, observed that *'there was yet another even greater anomaly in that the District Officer Health, a subordinate officer of EDO Health was receiving an honorarium while his superior EDO Health was not'* who was responsible for delivering healthcare services in the district. This anomaly was a constant source of resistance and demotivation for the top health executive. Respondent 'A' further added that, *This ignored the interest of the tier who supposedly were source of bringing and retaining patient's loyalty to the public health facilities.*

According to Jong<sup>41</sup> and Niyonkuru,<sup>42</sup> state should be responsible for delivering public services and that too in accordance with the local systems and context. Therefore, 'one size fits all' methodology which typically ignores the local context and needs, could not deliver sustainable results. Therefore, since the system was new and quite tech-heavy and was not in sync with local institutions, hence initially there were several issues with the general acceptability among the public as well as the medical community because the patient had to be recorded and cameras were used to transmit the images to District Headquarter Hospital (DHQ). Therefore, people did have a few *'conspiracy theories'*

<sup>39</sup> W. Eric, op.cit.

<sup>40</sup> Michiel S. De Vries & Pan Suk Kim, 'introduction to Value and Virtue in Public Administration', op.cit.

<sup>41</sup> E. Jong, op.cit.

<sup>42</sup> Ibid.

about it hence *technology adoption was another hurdle and often the district administration was seen reluctant to adopt new process changes for fear of being monitored and held accountable* contented 'E' one of the project's implementors. The lower staff was even more reluctant to adopt the change. Indeed, even the doctors were initially not willing to adopt any health management software. They adopted the diagnostic equipment but not the computer aided system. They required computer operators that created a separate cost head for the project and subsequently for the government. But these were overcome by constant awareness campaigns led by the Project staff in the district, one of the team members of Project Management Unit 'B' shared. Respondent 'E' further observed that they ensured that the right message is conveyed and people realized that BHU was well equipped to handle all sorts of ailments and there was no more need to go to DHQ for just headache.

One District official 'A' involved in project implementation explained that the project primarily focused on mother and neonatal child healthcare (MNCH) in rural areas and was implemented to test an efficient and affordable solution to improve MNCH outcomes. As Leftwich & Sen<sup>43</sup> have highlighted that social change and poverty reduction would happen if the people at the helm of political affairs, tend to support the efforts for change. The project design presented a cost-effective solution but it was not a priority or not on any political agenda, hence couldn't keep it going. Project faced allied political economy challenges for not having any political support; it faced planning, prioritisation and resource allocation problems as it happens with any other public sector initiative especially when being funded through the foreign aid.

As said earlier, Eric<sup>44</sup> reports that foreign aid is primarily political. In a similar vein, another active informal political economy factor was the dissatisfaction against the source of funding and technical assistance. People thought this to be a foreign agenda funded by international agencies. The district official 'A' further added that the situation got worse when the project faced cultural constraints due to lack of understanding of the project and accompanying modalities such as medical inspection of expecting mothers through machines and computers by remotely sitting specialist doctors.

Haque<sup>45</sup> examines ethical dilemmas in the administrative setups of developing countries due to lack of uniform, coherent and clear ethical

<sup>43</sup> A. Leftwich & K. Sen, op.cit.

<sup>44</sup> W. Eric, op.cit.

<sup>45</sup> S. Haque, op.cit.

standards embedding the local realities of communal and cultural norms in contrast with borrowed exogenous public policy prescriptions. In line with this narrative, the technical partner 'E' further explained that in fact, general public was initially not satisfied with virtual consultation. Female population was particularly, very much reluctant with virtual consultation especially with ultrasound. They feared that their privacy is not being maintained and it might be recorded or male attendants were also watching at the other end. This problem was greatly aggravated and even local clerics became involved in spreading this fear. Then district government had to involve the local council members and ran an awareness campaign that strict security was being maintained and even the computer operator at the consultant end was a female and no males were allowed in the ultrasound area and no consultation was recorded that could compromise their privacy.

Once, the trust was established there was lot of traction at the local level. Consultants were therefore, overburdened for virtual consultation. As the system attracted more patients especially with ultrasound, the patient flow was huge; almost 50 patients on an average ultrasound day so, the staff was very much overloaded and fed up with the new setup of TM.

Moreover, respondent 'E' further commented that as the system came into full effect, the data analysis showed the shortcomings and inefficiencies of the officials working at the health centres so it acted as an additional monitoring layer. This created a fear among the staff and they were incited to sabotage the system and avoid the data entry.

Tsai<sup>46</sup> looked at informal systems in China and reported that informal systems try to avoid restrictions and obligations of the formal institutions. Quite likewise, most Lady Health Visitors (LHV) had private clinics which they ran after BHU working hours and they charged fee for ultrasound and other pregnancy tests. When the facility was made available free of charge at BHU, this created competition for them and decreased their patient flow considerably. Therefore; they resorted to malpractice and mishandle the project equipment and as a result the machinery was broken several times during the project implementation.

Leftwich & Sen<sup>47</sup> reports that *path dependency and institutional stickiness* mostly reject innovation and doesn't let the people adopt new ideas and solutions. Similarly, the local staff always thought themselves superior in terms of medical expertise and understanding of the local

<sup>46</sup> K.S. Tsai, 'Adaptive Informal Institutions and Endogenous Institutional Change in China', *World Politics*, 59:1 (2006), 116-41.

<sup>47</sup> A. Leftwich & K. Sen, op.cit.



systems and culture, hence they resisted the Project technology as a foreign funded initiative transgressing their freedom and working and always saw the project with mistrust and scepticism, technical partner 'E' further commented.

*Unintended Consequences:* Jong<sup>48</sup> argues that ignoring local contexts and imperatives lead to many *collateral effects*. He further suggests that for effective public administration in current times, successes and failures that come in the form of an unanticipated consequence must be studied. Lessons drawn must be used to continually improve administrative processes to remove their negative effects. Similarly, the project had many unintended consequences positive as well as negative. First of all, it helped in identifying the disease pattern in the jurisdiction of BHUs where this project was being implemented. The disease pattern helped in addressing and preparing the specific health policies related to those areas. It also helped in preparing the evidence-based budget for those BHUs. The project also generated jobs to some extent as it employed technicians and data entry operators in the BHUs. The project also undertook extensive advertising strategies to create awareness in the people.

Moreover, the project intended to support the poor patients by connecting them with expert doctors as well as get their investigations through without costing them to travel to distant places. However, since it hit the interests of the locals it drove resistance from them. Moreover, since it did not incentivize the people who were at the helm of affairs in the local health hierarchy as well as the stakeholders at the lower tier essential for its success, *'hence it could not overcome the local friction and resulted in unwanted skirmishes against the project'* added district official 'B'.

Haque<sup>49</sup> observes that the governments of the developing countries even in case of genuine concern for embracing external prescriptions for better public service and anti-corruption drives, fail in their objectives, primarily because of lack of legal and institutional support systems. TM was designed to provide specialized healthcare at BHUs, particularly gynae as gynaecologist were neither available in villages nor at BHUs. While increasing the number of people served through BHU was one of the project objectives which was achieved at large as this project offered free basic tests and ultrasound. But besides that, it raised expectations of people in catchment areas which BHUs

<sup>48</sup> E. Jong, *op.cit.*

<sup>49</sup> S. Haque, *op.cit.*

were not able to meet as all the prescribed medicines were not available at BHUs, added district official 'B'.

Additionally, as the project was gathering health data directly from the BHUs so data analysis revealed contradiction in regular reporting of health department and even identified several contradictions. This created a negative sentiment among the health department employees at BHU's. A classic example of such scenario was at BHU *Bahuman* where the regular health record showed a daily patient flow of 40 patients on average but when the project was implemented then it revealed a patient flow of around 20-25 patients so the question about medicine stock came up and this was an unintended outcome that created a sense of insecurity among the employees.

A positive unintended consequence of the project implementation was the better oversight and accountability. The Project had an inbuilt attendance system and no spurious data could be entered into the system, meaning that if the target is to treat 10,000 patients in a month then there is no other way of achieving this target but to actually treat 10,000 patients and register them digitally. The system ensured proper disbursement of medicine and because there could be no spurious entry in the system, all the medicine could be accounted for.

Analysing the disease spectrum of each BHU also, revealed the unusual factors for common diseases and district government was able to take remedial action e.g. at BHU *Marh Bhagwan* there was an unusual number of patients for RTA (road traffic accidents). This revealed that as the village was located along side main road and there was no warning sign or speed breaker before the village so due to speedy traffic there were accidents and district government took the decision of installing warning signs on the road so that drivers are cautious and immediate outcome was observed in the next months as patient numbers fell significantly explained by Respondent 'B'.

*Continuity and sustainability of the project:* Jong<sup>50</sup> observes that best means for ensuring value for money for public sector is involving the citizenry in the active implementation of policy. This would allow for creating a system of governance that can more easily root out the negative consequences of administrative interventions. In other words, the failure of public administration is a result of a faulty understanding of social phenomena. The solution lies in reforming the field of public administration in order to orient it towards the civil society and the citizenry, and enhance their respective roles in policy formulation and

<sup>50</sup> E. Jong, *op.cit.*

implementation. In line with narrative, one of the SNG consultants, 'C' remarked that *'breaking the ice was yet another pre-requisite for success'*. In fact, initially, the common local man at the helm of affairs was not approached and resort was made to public offices and officials in the health department. Hence, the confidence of local man was not gained who would have generated the demand for telemedicine by realizing its utility, efficiency and effectiveness.

As highlighted above, the project could not be continued and absorbed in the mainstream healthcare system due largely to political economy challenges such as: being victim of 'one size fits all' approach, and also being foreign aided initiative with no local roots, TM was not a priority; hence it continued till the support was coming from donor. Similarly, it was not at all a political agenda again for being a foreign supported solution revealed Respondent 'C'.

As observed by IMF,<sup>51</sup> political institutions decide the distribution of political power and resources. Given, Telemedicine was not a political agenda hence as mentioned above, the biggest reason for non-continuation of the project was lack of budgetary support, supervision and guidance that was initially coming from DFID. A senior district official 'A' contented that *'the project was up and running as long as it was being provided funds by the DFID and supervision was being provided by the Sub-National Governance team'*. However, as soon as the funding ended, the district governments ceased to exist and there was no mechanism of funding left, the project could not be continued. *'All the efforts put in by the SNG, District Government and private partner went down the drain'*, added one of the SNG employees 'C'.

Furthermore, Project team member 'B' of TM contented that *there was lack of ownership of the local health hierarchy which was another main factor for discontinuation of the project*. Those at the health facilities who had to continue it were not interested when no incentive was left for them after the completion of the project. It was derailed by those whose interest was being hit previously.

As mentioned earlier, the project required good sum of money to continue its operations and the government red tape and traditional mind set made it all the more difficult to speed up the absorption process and ensure continuation of the TM. Despite formal creation of new posts and other mechanisms for the project to make sure that project operations remain intact; lack of ownership and political will did not let the project take root and continue, respondent 'B' further observed.

<sup>51</sup> IMF, *World Economic Outlook* (Washington, IMF, 2005).

### Policy Implications and Conclusion

The foreign aid that is inherently political has hardly ever proved to be a perfect solution to socioeconomic and political issues of Pakistan. Several projects funded through foreign aid investments have been piloted across the country but the results that they have produced can at best be termed modest. Indeed, in absolute neglect to local socioeconomic dynamics, and informal institutions such as culture, norms and traditions, 'one-size-fits-all' approach is adopted, and foreign solutions and models are introduced with no or at best partial success.

Indeed, one oft-cited reason for the failure of such projects in delivering the targeted results and outcomes is indeed adoption of 'one size fits all' approach and lack of understanding or sometimes their utter disregard to the local development specificities, socioeconomic dynamics of the developing world and the role that the informal institutions such as culture, norms and traditions, play. The structural and functional prerequisites for a smooth and successful launch of the foreign designed and funded development projects are constrained by the political economy factors like the bureaucratic inertia, culture of subservience and working norms and traditions that are peculiar to Pakistan and the developing region at large.

It is critical to also, examine the 'one size fits all' approach and its implications especially for donor funded projects in Pakistan such as TM in Sheikhpura. Is it a recipe for programme success or its exact opposite; a recipe for disaster? The above carried out analysis and discussion revolves around this particular approach. It was observed during analysis and discussion that TM despite all its goods, couldn't survive the formalities of informal systems such as sociopolitical norms, cultural constraints and traditional mindset of public sector. It could deliver no longer than the foreign aid discontinued hence, it seems, foreign funded and assisted projects cannot deliver for a very long period of time unless they are in line with the local institutions: norms, customs, needs and constraints.

It was also observed that projects that were implemented following 'one size fits all' approach and designed without considering the on-ground realities and local informal systems and restraints; are doomed to be failed for being out of sync with local customs and realities. Therefore, the donors, as well as the government, need to take the local customs, interests and norms into account before designing any development initiative for its success and sustainability. Needless to emphasize, it is imperative to understand local systems and culture before launching any intervention for the benefit of the people. It is utmost importance to avoid 'one size fits all' methodology and instead,

carry out a detailed analysis of political economy variables and situations before conceiving and developing projects such as TM. Foreign funding and technical assistance could be a solution over the short term but cannot be a permanent remedy to local development challenges and needs.

The analysis also implies that informal systems have formalities of their own and thus at some point, such formalities may be mainstreamed to the extent that their distinction with the formal rules, regulation and procedures of the organization may become effectively non-existent which might lend life and success to the project and could also, seek to address the kinds of informalities that may manifest and the governance dysfunctions that they may cause.

Finally, while the study has been a useful addition to the existing pool of knowledge on the subject, the study has attempted to bring about these analyses together to highlight such implications, suggestions and factors that are essential in effectively managing the informal institutions to help improve aid effectiveness and service delivery for the common people. The subject of the study clearly relates to public policy and programmes hence results and finding of the study are going to be useful to the public policymakers and public sector for informing public policy debates, analyses, and decision making.