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WHY DEVELOPMENT PROGRAMMES FAIL

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Why Development Programmes Fail

Samuel Paul*

Conventional wisdom asserts that problems of resources and technology are the major causes of the failure of development programmes. This is certainly true in several cases, but there is no reason to believe that once resources and technology are provided, development programmes tend to take off successfully and remain in orbit.

Goitre Control : A Brief Case Study

Consider the case of the Goitre Control Programme, an important national health programme launched nearly twenty years ago. Endemic goitre caused by environmental iodine deficiency is prevalent throughout the length of the southern slopes of the Himalayas, from Kashmir to the Naga Hills, and in some pockets in other regions of the country too. Nearly 40 million people suffer from this nutritional disease which in extreme cases could cause disabilities such as deaf-mutism, cretinism, and feeble mindedness in four per cent of the population.[1] Though many people think of goitre as a cosmetic problem, symbolised by the swelling of the neck, researchers for long have

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1. N. Kochupillai and C.S. Pandav, "How not to Control Goitre", <u>Future</u>, 1982 (Fourth Quarter), p.23.

argued that environmental iodine deficiency hampers physical and mental development via thyroid deficiency and causes low economic and social productivity. Nearly a fifth of India's population lives in known goitre endemic areas in the states of U.P., Bihar, J & K, Punjab, H.P., Assam and the Northeast, West Bengal, Gujarat, M.P., and Maharashtra. It is this awareness that led the Government of India to initiate this programme on a national basis.

Medical research has found a simple remedy for this disease. Goitre can be controlled by the regular use of iodised salt. All it takes to control this disease is to ensure that adequate quantities of iodised salt are available in the endemic goitre areas for consumption by the population at risk. Salt is a daily necessity, sold everywhere, and within the reach of all people. Investment costs of iodisation are modest. Even if iodised salt had to be distributed all over the country, it would not have cost more than 50 paise per person extra for a whole year. The resource requirements of the programme were thus negligible. No programme could have hoped for a simpler technology and a higher social return on investment.

Performance

Yet the outcome of this important national health programme at the end of two decades tells us a different and dismal story. Resurveys in endemic goitre regions and studies by research teams from

the All India Institute of Medical Sciences and the Nutrition Foundation of India show that the incidence of the disease in the country continues to be severe inspite of the programme.[2] Production and distribution of iodised salt have fallen far below the required levels. More than 50 per cent of the installed production capacity of iodised salt plants remains idle. Enforcement of the existing laws to prevent non-iodised salt from entering the endemic areas has been haphazard. The price of iodised salt is higher than that of non-iodised salt in several areas. Only 30 per cent of the population in the affected areas have been covered by the programme. The public, and even doctors were hardly aware of the programme. In short, the programme interventions seem to have failed on almost all fronts except in Himachal Pradesh. Nor has the 20 year old programme been redesigned or drastically reorganised inspite of the mounting evidence on its poor record. It is reported that a serious review of its operation is presently under way.

Goitre Control was a national programme planned and initiated by the central Ministry of Health though its implementation was the concern of state governments. Since the strategy was defined as the production and distribution of iodised salt in the endemic goitre areas, the programme's major intervention was in establishing new salt plants in the public sector through the Ministry of Industry. Distribution of iodised salt was to be facilitated by the cooperation

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2. Nutrition Foundation of India, The National Goitre Control Programme, New Delhi, 1983; C.S. Pandav and N. Kochupillai, Endemic Goitre in India : Prevalence, Etiology, Attendendant Disabilities and Control Measures", Indian Journal of Pediatrics, No. 50, 1982, pp. 259-271.

of the Railways, and enforcement of the Prevention of Food Adulteration Act of 1954 in the states concerned. The function of procuring iodised salt through private contractors called salt nominees was that of the civil supplies departments of the respective states. The state Health Directorate was responsible for supervising, monitoring and evaluating the programme in its jurisdiction through its "goitre cell". The additional cost of iodising salt was met entirely from the budget of the Central Ministry of Health which appointed a Deputy Assistant Director General to be in charge of the Goitre Control Programme. Thus the major groups involved in the programme were the central Ministries of Health, Industry and Railways, the state Departments of Health and Civil Supplies, District Magistrates, salt nominees and private retail traders. At the centre, there was a Technical Advisory Committee with representatives of all the government agencies involved whose task was to review and monitor the programme and suggest remedial measures.

Reasons for Failure

In retrospect, five important factors seem to account for the poor performance of this well intended programme. Firstly, strange as it may seem, the beneficiaries of the programme, namely, the people, were no where in the picture. There was no attempt at all to publicise the programme, educate the people, and mobilise their demand for its service at the grass-roots. Iodised salt was regarded as a drug which

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3. See Kochupillai and Pandav, op.cit. for further details.

people must buy. There was no need for them to know the reason why ! That people could be a source of support for the programme and create a demand pull to which traders would have to respond did not occur to the programme designers. Even the medical practitioners were not adequately aware of the consequences of the disease and the programme. Medical college curricula hardly paid any attention to this problem.

Secondly, enforcement of the law to prevent the entry of non-iodised salt into the districts declared as endemic goitre areas left much to be desired. A legal bank presupposes that iodised salt will be readily available in the notified areas. Enforcement required coordinated efforts by the state Health Directorate, Civil Supplies Department and District Magistrates. No mechanism for such coordination existed in most of the states. Worse still, laboratories with adequate equipment to test salt samples did not exist at the local level. This certainly weakened the process of law enforcement.

Thirdly, the programme seems to have ignored the potential market competition and the role of economic incentives in the sale and consumption of salt, an article of daily use. In several areas, iodised salt of indifferent quality wqs sold at a price higher than that of non-iodised salt. This was in spite of Government's subsidy for the iodisation of salt. If these reports are true, it is not surprising that trade channels did not stock up iodised salt. Though price may not be a significant factor in a consumer's decision in salt purchase, given his lack of awareness of the value of iodisa-

tion, it would have had a negative effect on the demand for iodised salt. The incentive structure was thus loaded against the new product which the programme wished to popularise.[4] Could the family planning programme be promoted by selling new contraceptives at a higher price than those prevailing in the market? Unwittingly, this disincentive made enforcement of the law an uphill task. Both trade channels and consumers had a strong motivation to go for the cheaper and more familiar variety of salt. In effect the adverse consequences of the failure to educate the public were exacerbated by ignoring the economic motivation of the public.

Fourthly, there were serious inadequacies in the organisational mechanisms for coordinating the tasks of the different agencies involved in the programme. The programme agency was organised as part of the Ministry of Health. The Salt Commissioner and Hindustan Salts Ltd. operated under the Ministry of Industry. The Railways, of course, were independent of both. The programme agency structure did not reflect the close interaction needed among them. The state government departments had no coordinating mechanism at all. The central Ministry of Health had no clout vis-a-vis the state Health Directorates and Civil Supplies Departments. There were hardly any funds to be allocated, personnel to be appointed or patronage to be distributed. The Centre

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4. "Goitre is Rampant in Broach, Bulsar Districts", Times of India, Ahmedabad, July 5, 1983. This article points out that while traders in some towns could get common salt on credit, the Civil Supplies Corporation did not extend credit to traders in iodised salt. In one district where the Civil Supplies Corporation made iodised salt available at prices [illegible] below that of common salt, public response was reported to be good.

had no source of influence to compensate for its lack of authority to control implementation at the state level. The limited impact of the high powered technical Review Committee at the centre on the programme bears ample testimony to this organisational weakness. In short, there was a multiplicity of agencies but none which was accountable for results.[5]

Thus resources and technology were the least of the problems faced by the Goitre Control Programme. The major problems seem to have been strategic and organisational, which in turn have been aggravated by the lack of goal congruence between central authorities and state governments. The experience narrated above is by no means unique to the health sector. An analysis of the programmes in agriculture, rural development, education, nutrition, and other social services will show that all or most of the design and implementation problems discussed above plague them also. Much of our experience in managing development programmes comes from the era of building industrial and infrastructure projects for which blue-prints could be prepared centrally and a standardised top-down style of management was appropriate. It is becoming

5. The annual reports ofthe Ministry of Health, Government of India have a section on the Goitre Control Programme. From two pages in the sixties, the progress report has come down to a short paragraph by 1974-75. The only data reported is on the production of salt. There is no reference to the progress in different states or resurveys undertaken in different regions.

increasingly clear that this approach is much less relevant for social change and people centred programmes. Public demand for programme outputs cannot be taken for granted in such cases. Nor will a rigid programme design laid down by the central administrators encourage ideas from below and permit the kind of local adaptations and variations essential to good performance and active participation at the grassroots.

Some Lessons

It might be argued that these problems are merely symptomatic of a more basic malaise, namely, the reluctance of political and bureaucratic elites to facilitate the genuine development of the poor. There is certainly some validity in this argument, especially in relation to programmes which seriously challenge the status quo. Yet the differential performance of development programmes in the country shows that lack of political support is not a pervasive barrier. Development programmes are likely to fail even if political commitment exists under the following conditions:[6]

Mobilising Demand

First of all, when a development programme's strategy pays inadequate attention to beneficiary needs and problems, and has no

6. How more successful programmes have coped with these problems has been examined by this author elsewhere. See S. Paul, Managing Development Programs : The Lessons of Success, Westview Press, Boulder, Colarodo, 1982.

built in provision to create demand for its services at the grassroots, it is unlikely to succeed. This may seem self evident, yet it is surprising how many programmes tend to ignore this simple requirement. Designers are often convinced about the wisdom of their interventions and firmly believe that they have the answers to the people's problems. These beliefs are so strong that testing out answers in the field and working out the likely consequences of the proposed courses of action are perceived as irrelevant. Centralisation exacerbates the problem as uniform designs are preferred and local variations are resisted, a tendency which contributes further to poor performance. From family planning to nutrition and rural development, this has been the bane of our development programmes.[7]

Capacity Building

Secondly, development programmes for the poor which do not build strong institutional capacities for implementation at the field level are unlikely to perform well. In Goitre Control, the focus was on the production of iodised salt. That its distribution and consumption would call for strengthening a number of field agencies, training and motivating their personnel, and creating the kind of leadership which will adapt and find its own answers as conditions change was [illegible]

7. For a survey of different programmes, See. S. Paul and A.Subramanian, "Development Programmes for the Poor : Do Strategies make [illegible] difference?", Economic and Political Weekly, March 5, 1983.

lost sight of. Unlike standard infrastructure projects, it is not easy in these new style development programmes to pre-plan all answers centrally. If field level leadership is unequal to the task of generating answers as new problems emerge and look upwards for answers, it is certain to cause a system overload. It is unrealistic to imagine that the required answers can be sent down from a central source which cannot possibly have all the relevant information and the time to attend to the specifics of a local problem.

<u>Organisation</u>

Thirdly, under-estimation of the [illegible] coordination requirements of a development programme whose strategy calls for considerable inter-agency cooperation is an invitation to failure. Co-ordination is the scarcest resource in any human organisation. The more comprehensive and integrated a programme, the greater the burden it places on its management. This assessment must precede the design of the programme. If coordination is difficult to achieve, it is better to settle for simpler programme strategies, rather than risk all round failure. To publicise and launch massive, inter-sectoral programmes, without simultaneously setting up strong organisational mechanisms for coordination or investing the lead agency with powerful sources of influence is an act of naivete, or perhaps, sheer callousness. The problem of coordination would have been less critical if the people themselves were well organised and could effectively demand services on their own. This is least likely to happen when poor and illiterate

beneficiaries are involved. The programme itself then becomes a non-issue as happened in the case of Goitre Control. Here was a programme with no constituency worth the name. The people were ignorant and had no participative role. Neither the pharmaceutical industry nor the medical profession had any monetary stake in the programme. There were no advocates for Goitre Control except a few experts sitting in far away Delhi. A stronger organisation with some clout to coordinate, the relevant agencies and led by competent and committed managers might have made some difference. The same could be said about command area development in some regions and a host of other programmes.

Use of Incentives

Fourthly, a development programme cannot possibly succeed when it ignores the motivating factors that govern the key actors participating in it. We have seen how Goitre Control unwittingly created disincentives against the use of iodised salt. Sale of iodised salt at a lower price than that of common salt for a specified period as part of a public education campaign might have attracted more consumers and made it more difficult for traders to sell non-iodised salt. There are many new ways in which an incentive structure could be built into a development programme so as to encourage the participants to work for it rather than against. In fact, wherever organisational capacities are limited, there is a strong case for using economic incentives to motivate beneficiaries to respond positively to the programme, thus reducing the reliance on enforcement and complex coordination mechanisms. While the

market has many imperfections, it appears that the market mechanism could be harnessed so as to economise on the programme's scarce managerial resources. The Goitre Control Programme failed to exploit precisely such an opportunity and minimise its management problems in the process.

Integrated Rural Development

Only a comprehensive analysis of other large development programmes will confirm the validity of these propositions on a national scale. Take the case of the Integrated Rural Development Programme (IRDP) on which hundreds of crores of rupees are being spent. It is a highly publicised programme unlike Goitre Control and had the benefit of learning from the experiences of other programmes in agriculture and rural development. Its implementation is the responsibility of lead organisations which have been created at the district level to prepare plans and coordinate the work of the multiple agencies involved. Despite these improved features, the current IRDP strategy and organisational structure make one wonder whether the problems identified above will not hurt this ambitious programme also.

A quick look at just three dimensions of IRDP will offer sufficient evidence in support of this view. First of all, the programme's primary focus is on the creation of assets or income for poor beneficiaries (600 families per block per year) so as to enable

them to rise above the poverty line. In their anxiety to meet annual targets, programme staff distribute subsidies for the purchase of milch cattle, camel or bullock carts, and other similar assets to poor beneficiaries whereas the maintenance and viability of these assets over time receive scant attention. Poor people generally would require considerable support services and linkages in terms of complementary inputs, raw materials and markets to make the most of their new assets or activities. But this precisely is the soft spot in the IRDP strategy. Lip service is, of course, paid to this aspect, but the fact remains that no public agency can possibly create and sustain such support systems for a diverse set of activities involving a widely scattered mass of beneficiaries. As a result, the new organisational structure created for IRDP may well end up as a subsidy disbursing agency except in a few places where local leadership and highly responsive administrators make for the gaps in the programme strategy.

The monitoring and control processes used by the state and central governments at higher levels simply reinforce the tendencies alluded to above. IRDP monitoring by the concerned government departments and banks focuses on expenditure and the distribution of assets though there is a provision for sample checks on viability over time. Naturally, field staff will be inclined to pay more attention to targeted activities, and not the maintenance or viability of assets created in the process. As in the Goitre Control case, here again a redesign of the programme cannot occur when feedback does not shed light on outcomes.

Assisting the poor to lift themselves out of the poverty trap is undoubtedly the most complex task in the development process. It is not something that can be accomplished by preparing district and block level plans, though these are useful aids. The task calls for a measure of institutional capacity that matches the complexity of the strategy to be implemented. The kind of dynamic and flexible organisations needed to energise and support the poor in their new activities do not seem to have emerged under IRDP auspices on a large scale.[8] In fact, this rather than resources could turn out to be the critical impediment to the success of IRDP.

Policy Issues

Several important policy issues emerge from the foregoing analysis. In a way, the experiences narrated above are an indictment on our public expenditure policies and controls. Our mechanisms for reviewing public spending leave much to be desired. The process of strategy formulation at the programme level certainly deserves a closer look. If the different components of a strategy are inconsistent and work at cross purposes, resources alone cannot possibly make up for this deficiency. The types of inputs which are brought to bear at the design stage and the dominant interest groups involved are major influences on the process of strategy formulation. That initial

9. Also see M.L. Dantwala, "Rural Development : Investment without Organisation", Economic and Political Weekly, April 30, 1983. Dantwala quotes several examples of failure on the organisational front.

errors in design occur is understandable. But why does not monitoring over time lead to a serious review and redesign of development programmes? The Goitre Control experience tells us that the monitoring being practised in many public agencies may be no more than a ritual. A mandatory review of all programmes every five years or so may be one way to ensure that serious attention is paid to the use of feedback.

There is considerable evidence to show that poorly managed development programmes tilt benefits in favour of the better off sections of society. In irrigation projects, poor water distribution management invariably benefits top-enders at the expense of tail-enders who tend to be the poorer farmers.[9] When the IRDP strategy fails to provide support services and market linkages to beneficiaries, it is only the better off among them and those located in the more developed rural areas who will still earn some returns on their newly created assets and self-employment schemes. Poorer beneficiaries therefore stand to gain relatively more when development programmes are better managed. Careful attention to programme strategy and enhanced institutional capacities for management will contribute not only to improved efficiency but also to a more equitable distribution of benefits. Finally, when a programme has no "constituency", central sponsorship alone does not seem to be enough to ensure

9. For international evidence see, A.F. Bottrall, A Comparative Study of the Management and Organisation of Irrigation Projects, World Bank Staff Working Paper No. 458, Washington, D.C. 1981, p.27

performance. Should the process be reversed and design ideas that fit local needs generated from below? There is a strong case for this approach where a mix of differentiated strategies for diverse areas rather than a single grand strategy for all seems to be appropriate. This will call for a drastic reform in our methodology of planning and the relative roles of central and local institutions. A totally different view of institutional development will emerge once this approach is accepted.

Policies cannot be effectively implemented when institutional capacities are weak. Can the set of institutions which failed to cope with the simple programme for goitre control be counted on to make a success of "Health for All by A.D. 2000"? There must be a reasonable balance between the complexity of policies and programmes adopted, and the quality of institutions created to translate them into action. As resources become more scarce and aid flows slow down, prudence dictates that we take a hard look at our institutions and strengthen their capacity to accelerate the pace of development.