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Public Policy Implementation in Health Service Delivery in Nepal: A Heuristic Study

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Abstract

Heuristically, implementation puts a stronghold in its research areas. The three generations of implementation provide a glimpse of how the hardcore of heuristic policy implementation is elaborated; how auxiliary hypotheses were set and how these were tested. Still, there is room for further research. On this purview, the reproductive health policy implementation research in Nepal is still limited heuristically. Therefore, the causal relationship of health policy implementations was analysed based on the negative and positive heuristic methods of Lakatos. The finding revealed that there is a strong causal relationship among these factors like the developed countries. In the case of Nepal, the hardcore hypothesis is not changed even if the output health policy implementation is found weak. At the same time, auxiliary policies were intervened to concretize the hardcore policy.

Keywords: *policy implementation, heuristic methods, policy characteristics, administrative culture, frontline health workers and decentralization*

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Introduction

Research on public policy implementation has been **conducted** globally, especially in developed countries but very few in developing countries. But the methodology for the research of policy implementation seems quite different in both contexts. Generally, the processes of knowledge claims are also different even though the subject matter of policy implementation is alike. Knowledge claim refers that researchers starting a project with certain assumptions about how they will learn and what they will learn during their inquiry. These claims might be called paradigms (Lincoln & Guba, 2000: Mertens, 1998). According to Creswell (2003:4), the ways of knowledge are positivism, constructionism, advocacy and pragmatism. Compared to these ways of knowledge claim, my study is very close to constructionism. The argument, in this article, is that research cases from a developing country can add knowledge to policy implementation. It is because very few researches have been carried out in developing country in comparison to a developed country (Satren, 2005). It is assumed that the research of health policy implementation can increase the hardcore of knowledge as a positive heuristic and broaden its nature and scope without attacking its hardcore as a negative

heuristic. In this article, the causal relationships of factors that affect health policy implementation whether it may be positive or negative heuristic is discussed. Likewise, affecting factors such as socio-administrative culture, policy design, decentralization, people's participation, and institutional setting in the process of health policy implementation are analyzed. This research work would be able to establish the relationship between causative factors and the output of health policy implementation in Nepal.

Heuristic method

The methods are the techniques or procedures used to gather and analyse data related to some research question or hypothesis. (Crotty, 2006:3). Heuristic method is one type of such method. Pierre Duhem (1861-1961) mentioned four criteria: (i) among the observable and measurable properties which we will investigate, we will look for a few that can be considered as simple (ii) we will construct a hypothesis; (iii) we will follow convenience and consistency; and (iv) we will arrive at new statements which will be tested by comparing with results of experiments (Edwards, 1972:424). Out of these four criteria, scientists can work on the basis of their convenience and logical consistency. It means that it may lead to a 'trial and error' method in their investigation. There will not be any fixed or definite rules. There might be some guidelines. However, there is no guarantee of success with this method. Anyway, scientists can go ahead with their scientific investigations as they like. They may make an error and then may try in another way and again can make an error and can try again in another way and they can continue in this way. This is the way that scientists can follow at their convenience and without any hurdle from any prior rule.

To make this role of freedom of choice, in the context of scientific practice, a better system, a renowned Indian thinker Husain Sarker (1983:147-148) suggested some changes in the heuristic process. The main three points in Sarkar's proposal are: i) scientists must have a forward-looking view; ii) in their trial and error practice, ethics must have some role, and iii) in this practice group rationality must be followed. However, traditional inductive and deductive methods are still being practised by scientists; but these can be practised within the guidelines of the heuristic method.

Imre Lakatos (1992: 47) divided the heuristic method into two types: the negative heuristic method and the positive heuristic method. On one hand, the negative heuristic specifies the 'hardcore' of the research program which is irrefutable by the methodological decisions of its proponents. The negative heuristic of the program forbids directing the *modus tollens* argument form at this hardcore. Auxiliary hypotheses are formed on the basis of the hardcore of the research programs. Such auxiliary hypotheses act as the protective belt of the hardcore. These hypotheses have to bear the brunt of tests and get adjusted and re-adjusted, or even completely replaced, to defend the thus-hardened core. A research program is successful if all this leads to a progressive problem shift and unsuccessful if it leads to a degenerating problem shift in the context of auxiliary hypotheses (Lakatos, 1992: 48).

In the process of heuristic method, each successive link predicts some new fact and each step increases the empirical content and the process constitutes a progressive theoretical shift. Lakatos (Lakatos, 1992: 49) explains this process as an intermittently progressive shift. The negative heuristic of a scientific research program rationalizes classical conventionalism to a considerable extent. Lakatos (1992:16) has given a concise example of an application of the negative heuristic method to Newton's mechanics and his law of gravitation.

A positive heuristic may also be considered something like a metaphysical principle. A positive heuristic is more flexible than a negative heuristic (Lakatos, 1992: 51).

A positive heuristic is more like verification than refutation. The positive heuristic forges ahead with almost complete disregard of 'refutation': it may seem that it is the 'verification' rather than the refutations which provide the contact points with reality (Lakatos, 1992: 51-52).

Citing an example of the health policy implementation in Nepal, how negative and positive heuristic methods of research as claimed by Lakatos(1992) implied is discussed in the following sections.

Health policy implementation in Nepal

In this regard, the health policy implementation refers to providing reproductive services that reduce fertility, enhance maternal and neonatal health, child survival and contribute to bringing about a balance in population growth and socioeconomic development, resulting in an environment that will help the Nepalese people improve their quality of life.

In policy science, policy implementation is a crucial and complex phenomenon. There are many questions regarding how to identify crucial variables that affect the implementation process, which methodology would be appropriate to employ in the research of implementation, how to measure the effects of social values, norms, beliefs and perceptions and etc. This case study has tried to answer such questions in the developing country context in general and Nepal in particular. Therefore, for the purpose of the health policy implementation in Nepal, the following hypotheses are set.

1. The successful implementation of health policy is dependent on a supportive and appropriate institutional setting and environment.
2. The behaviour of frontline health workers in service delivery agencies has an important influence on policy implementation.
3. The more the policy is designed, the higher the success of policy implementation.
4. The more decentralization is implemented in local units, the greater the success of health policy implementation.
5. Supportive and facilitative socio-administrative culture is a decisive factor affecting all aspects of the implementation process.

These hypotheses are tested on the basis of theoretical models. In this study, four existing models of policy implementation: policy implementation process model (Van Meter and Van Horn, 1975),

process modelling (Paul Sabatier and Daniel Mazmanian, 1980), street-level bureaucracy (Michael Lipsky, 1971) and inter-governmental communication model (Goggin et al., 1990) will be applied. In addition, the theory of socio-administrative culture (Hofstede and Hofstede, 2005 and Jamil, 1998) and decentralization (Cheema and Rondinelli, 1983) will also be taken to study policy implementation.

Reproductive health policy characteristics

One of the set research problems in the study is about the health policy characteristics (design and its contents) that may affect the identification of an impact upon successful policy implementation. The health policy design and its contents seem to have an immense causal effect. It is a commonly experienced phenomenon which is rooted in policy formulation as well as in its ecology. In this line, Lowi's taxonomy of policy type (1972)- distributive, redistributive, regulatory and etc. has developed. This, however, runs into a problem because the distinctions between the types are difficult to draw. There seems *prima facie* to be a case for identifying some policies as inherently harder to implement than others (Hill and Hupe, 2006, 124). Therefore, Richard E. Matland (1995:155) presented an ambiguity/conflict model. According to him, there could be the ambiguity of goal and ambiguity of means in policy characteristics (1995:157) and the likelihood of conflict between decision makers and implementers in the implementation process (1995:156). In practice, the tasks of policy design are subject to a variety of pressures (May, 2003:231). This pressure may be domestic or international or both that depends on the type of public policy. In the case of Nepal, the design of health policy among others is formulated according to global trends, and the need and priorities of the nation (Pradhan, 2006:181). In this study, the designs of health policy actually depend on the interest of the Government of Nepal (GON), her commitment in an international forum and donors' interest as well. GON is not in a position to formulate health policy independently- neither GON has adequate health experts nor adequate funds. This situation compels GON to rely on foreign experts and donors. But the interest and priorities of donors and GON hardly match. Therefore, there seems a bit gap in GON's goals and means to implement the health policy. In the process of policy implementation, there seem loopholes and lacunas in the priorities and targets to achieve. Here, it raises questions on how health policy is decided, what is the process of implementation, who would be responsible for this and etc. All these exhibits that the independent variable 'health policy design and its contents has a causal relationship with policy implementation i.e. dependent variable. In view of examining the role of the independent variable, a hypothesis is set here as 'the more the policy is designed, the higher is the success of policy implementation'.

In this context, the GON tried to implement this hypothesis, viz., 'the more the policy is designed, the higher is the success of policy implementation' since the first periodic plan (1956-61). But after the completion of this plan, it was found that the output of the implementation was very poor. In this situation, the government did not want to criticize the hypothesis; instead the hypothesis was accepted as the hardcore of the project. Then to support this hardcore the government tried to make a protective belt, with some auxiliary hypotheses, around the hardcore. The first auxiliary hypothesis was: the outcome was poor because of the prevailing weak institutionalization of curative services through the existing health organization, not because of any weakness in the original hypothesis. So, the government emphasized on both preventive and curative medicine for the first time in the second plan (1962-65). GON carried on similar efforts in the third plan (1965-1970) and fourth plan (1970-1975). Then the government tried to implement the health policy hypothesis; but it did not work and the output was poor again. Therefore, the government developed another auxiliary hypothesis to

protect the hardcore; this new hypothesis is: for successful implementation, during the fifth plan (1975-1980) GON tried to integrate the horizontal such as curative services through hospitals, health centres and health post and vertical health programs such as smallpox eradication, Kala-azar, family planning, and etc. into the overall health infrastructure. On the basis of this hypothesis, GON integrated horizontal and vertical programs rigorously; but unfortunately again the output of the health policy implementation was poor. Therefore, the government developed another auxiliary hypothesis, which is: the decentralization of authority have to be transferred at the local level so that the people can feel easy and more interested in accepting the benefits of the health policy implementation (Sixth plan, 1981, Seventh Plan, 1986, Eight plan, 1992, Ninth Plan, 1997, Tenth Plan, 2002). But unfortunately, this hypothesis also did not work and the output was poor. Again, GON brought long-term plan by focusing on the partnership with Non-Government Organizations (NGO) and private sectors. Still, the achievement is poor though some achievements have been made. But even then the government did not give up the hardcore idea that the more the policy is designed, the higher is the success of policy implementation.

On the basis of these facts, we can say that this is an example of what Imre Lakatos said negative heuristic method. The output is totally negative, but the hardcore idea is held on. This above hypothetical example can be accepted as a model or pattern of the negative heuristic method.

However, on the other hand, the above hardcore idea of policy implementation can be dealt with in the positive sense of the heuristic method. It means, accepting the limitations of the hardcore idea, some hypotheses can be developed and applied to modify and in this way improve and articulate the hardcore idea. For example, the government can say that health policy implementation did not work because it was implemented in rural area, in villages, where the people are illiterate; for this reason, people had poor knowledge and poor awareness regarding health problems. Therefore, if the people are enlightened with basic concepts of health problems, then the policy implementation will be successful. After the necessary steps were taken in this regard, the health policy implementation was successful. Therefore, the hardcore idea, i.e. ‘the more the policy is designed, the higher is the success’, is not enough; some further supplementary steps are necessary for improving and articulating the hardcore hypothesis. This is what Lakatos meant by the positive heuristic method.

Socio-administrative culture

The problem of how ‘socio-administrative culture’ affects health policy implementation scores a significant causal relationship. This variable refers to the local treatment practices- either modern or traditional and the people’s perception and attitude toward treatment. In addition, it refers to how the administrative culture influences the decision-making process, the control over the implementing agencies and implementers, layers of implementation and innovativeness in the policy implementation process. It is because the implementation process is not socially value-free. It incorporates social values, social beliefs, norms and practices. On this side, the administration is a part of the particular society. It is the collective programming of the mind, which is developed in the family in early childhood and reinforced in school and organization; these mental programs contain a component of a national program (Hofstede and Hofstede, 2005:4). Therefore, the administration is also affected by the social system. More specifically, this is the concern about the way public policy implementers interact each other and participate in decision-making and control over the decided policy. Besides, it demands innovativeness in policy so that people can be attracted towards the administrative efforts.

On this background, a social scientist sets the hypothesis, viz., 'supportive and facilitative socio-administrative culture is the decisive factor affecting all aspects of implementation.' This is the case of Nepal seems true. GON including NGOs tries to make a supportive and facilitative socio-administrative culture by eliminating barriers for the purpose of health policy implementation. But, the output of health policy implementation is poor. The auxiliary hypothesis is that it is due to a patriarchal society with a social hierarchy. Male domination over females is persisted. Son preference culture is prevailing. As a result, it causes a high rate of fertility. Early marriage and childbearing are common phenomena (World Bank, 2001 & Clapham et al. 2005). Then, GON set the policy that people should not be discriminated against on the basis of sex. GON does not allow abortion after 12 weeks foetus. But, health policy particularly reproductive policies could not be implemented properly. High rate of fertility and maternal mortality is still high. The outlined auxiliary hypothesis is: the outcome is poor due to food restriction during pregnancy and lack of education on family planning, not because of the original hypothesis. So the NGOs and GON emphasize on health education through radio, television, print media, pamphlets and etc. GON and NGOs launch the family planning programme and health education extensively throughout the country. Unfortunately, the outcome of the health policy implementation is not satisfactory. For this, social scientists said that the programmes of health policy could not launch properly due to the pathology of administration. The administration of Nepal is suffering from the pathology of growth, status, nepotism, favouritism, delay, self-service, buck-passing and etc (Poudyal, 1986:45). But even then the social scientist did not abandon the hardcore idea that supportive and facilitative socio-administrative culture is decisive factors for the policy implementation. On the basis of these facts, it is a negative heuristic method.

However, on the other hand, the above hardcore idea can be dealt with positively. Social scientists found that dependence on the traditional healing practice especially in rural areas has deteriorated the public's health (World Bank, 2001 & Clapham et al. 2005). It is due to illiteracy, lack of modern health facilities in the rural areas, and lack of health employees at the doorsteps of the people. Now using these two hypotheses, the hardcore idea can be improved and the implementation can be made better. On the basis of the facts, it is a positive heuristic method as Lakatos explains.

Health institutions

The problem of the research is what the health institutional capability is to carry out health policy into effect. Here, institutional capability refers to the capacity of a health organization to accomplish the desired goal. The capability can be measured in terms of availability and accessibility of health services, giving feedback to line agencies, receiving feedback from own stakeholders and establishing linkages to similar organizations. This capability is conditioned by the health organization itself, management committee, health workers, availability of required equipment, and availability and accessibility of health services. In this issue, Van Meter and Van Horn (1975) did much research on this regard. According to them, the characteristics of the implementing agencies may impinge on an organization's capacity to implement policy (Van Meter and Van Horn, 1975:

471). The characteristics of such an organization are competencies, organizational control, open communication and formal and informal linkages with a 'policy making' or 'policy enforcing' body (Van Meter and Van Horn, 1975: 471). In Nepalese context, there are health institutions distributed throughout the country at least one health institution to each ward. But, the delivery of the health services seems always questionable. The capability of health institutions as an independent variable has a causal relationship with health policy implementation. Therefore, this study hypothesises: 'the successful implementation of health policy is dependent on the institutional capability and its supportive and appropriate setting and environment.'

For this, GON established health organizations throughout the country to bring the above hypothesis into effect since the first periodic plan (1956-61). GON made them fully equipped with modern laboratories and well-furnished rooms in health organizations gradually. However, the result of the health policy implementation seems poor. People do not go to health organizations. They rely on traditional healing practices. People are used to dying without getting treatment. It might be the reason that people are unaware of the modern treatment practice. Then, GON imparted training and started orientation classes to a traditional healer to send the patient to the nearby hospital or primary health care centres. Still, the achievement of health policy implementation seems negligible. Again, GON started an outreach clinic in each ward of the village. But, this hypothesis did not work properly. But, even then GON did not reject the idea that the successful implementation of health policy is dependent on the institutional capability and its supportive and appropriate setting and environment.' On the above facts, it is a negative heuristic as Lakatos said.

However, on the other hand, GON brought the policy of people's participation in the health management sector to improve and articulate hardcore ideas. GON seeks the participation of private sectors, NGOs and other civilians in National Health Policy 1991 and moved ahead accordingly. It is said if people themselves are involved in the decision-making process regarding health issues, it will enhance the capability of health organizations and form a supportive environment for health service delivery. GON did a lot of effort during the eighth plan (1992-97), ninth plan (1997-02), & tenth plan (2002-07). It will also continue in the current interim plan (2007-10). Therefore, the hardcore idea, i.e. 'the successful implementation of health policy is dependent on the institutional capability and its supportive and appropriate setting and environment' is not enough; some further steps are necessary to improve and articulate the hardcore hypothesis. This is a positive heuristic as Lakatos said.

Frontline health workers The problem of the research as what role is played by frontline health workers seems causal relation to implement health policy. Lipsky (1980: 3) defined front-line workers as 'street level bureaucrats' who interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution to their work. They control access to public programs or enforce public laws and regulations. They occupy an influential position in the implementation process (Meyers and Vorsanger, 2003: 245). Here, the attempt to explain implementation is made within agencies at the factors that affect the behaviour of front-line health workers. The behaviour of front line workers depends upon the bureaucratic and political control, pressure and demand for the service from the public, individual motivation and experience on the concerned job and ecological context. The behaviour of frontline health works can be judged on the basis of employee turnover, absenteeism, transfer, incentives and refresher trainings and etc. In

Nepalese case, about one front-line health workers of total civil servants have been engaging to deliver the health services. But, the peripheral health institutions with some exception in urban areas have been facing health workers' deficiency. Health workers are attending in registers but not in field (ESP, 2001: 111). It raises the question on the behaviour of health workers. Therefore, this study attempts to explore the causal relationship between the behaviour of frontline health workers as an independent variable and the health policy implementation as a dependent variable. The set hypothesis is the behaviour of frontline health workers in service delivery agencies has an important influence on policy implementation.

For this, GON initially promulgated the Civil Service Act, of 1992 for the recruitment, selection, promotion and deputation of civil servants. Then, the implementation of health policy is hampered due to health workers. Later on, it is realized that the provision of Civil Service Act is not enough for health workers. Then, the Health Service Act of 2000 was promulgated for health workers. The mandate of recruitment, promotion, transfer and etc. of health personnel is carried out on the basis of the health service act, 2000 but not for other administrative personnel. It also did not give the right shape for the health policy implementation. Again, there seems policy ambiguity for the gaining accountability of the personnel because of the engagement of two types of health personnel for the health service delivery in Nepal. One, administrative personnel are accountable towards the Ministry of Federal Affairs and General Administration (MOFAGA) because recruitment and promotion are carried out by the MOFAGA. Second, the others (health workers) are accountable towards the MOHP because promotion, transfer and deputation are carried out by MOHP. Still, the health policy implementation success rate is too slow. Due to ambiguous health policy, health workers do not like to stay in the country. Especially, nurses, medical graduates and other para-medical workers are leaving the country. When a vacancy is announced for the required numbers, there would not be enough candidates to fill up the form. Again, the health policy implementer i.e. health workers are not sufficient in the country which causes the slow implementation of health policy. Even though the output of the health policy implementation is negative, the hardcore hypothesis is still held on. On the basis of as mentioned above facts, it is a negative heuristic as Lokatos presented.

The above hardcore idea of policy implementation can be dealt with positive sense of positive heuristic method. It accepts the limitations of the hardcore idea and some hypothesese can be developed and modify and improve the hardcore idea. GON realized that the health policy implementation did not work properly because it was implemented in a rural area, in village where health workers are absent frequently. For this reason, people did not get health services from the health organization at the local level. It can be said if health workers are present at the local level, people would get health service effectively. As a result, the target of the health policy can be achieved. For this purpose, some additional efforts should be done so that health workers can stay at the village level to serve the people. Therefore, the hardcore idea, i.e. 'the behaviour of front line health workers in health institutions has an important influence upon the policy implementation' is not enough; some further supplementary steps are necessary for improving and articulating the hardcore hypothesis. This is as like as a positive heuristic method of Lakatos.

Decentralization

The research problem as how the decentralization scheme in the health sector as independent variable influences the policy implementation as a dependent variable seems causal relationship. Conceptually, decentralization within the state involves a transfer of authority to perform some service to the public from an individual or an agency in central government to some other individual or agency which is close to the public to be served (Rondineli and Cheema, 1983). Here, decentralization is believed that it increases possibilities for participation of all stakeholders; people would be empowered to manage their affairs; people shoulders responsibilities and feel ownership; and there would be a more efficient provision of public goods and services for the people in general and the poor in particular. By considering this assumption, GON has introduced legislation for decentralization in health sector (MOHP, 2006:9). Local Operational Act, 2017 mandates local government bodies to mandate and supervise the local health institutions. But, the implementation of such provisions as devolved in legal tools, in real sense, seems questionable. In this study, therefore, the degree of policy implementation is evaluated under the decentralization scheme on the basis of: how health planning either top-down or bottom up is carried out; how decisions related to health service delivery are taken; how commitments are fulfilled by political parties and local stakeholders and to what extent people has been getting health services as prescribed in decentralization scheme. Besides, linkages between or among the health institutions seems more challenging in Nepal. Therefore, the set hypothesis is 'the more decentralization to local health units, the greater is the success of health policy implementation'.

By considering this hardcore hypothesis, GON transferred the local health units to the local health authority. But, the success rate is too slow. The outlined reasons are due to lack of financial resource and human resource. Then, GON assured the financial resources and human resources required for the health institutions. Again the local bodies are not interested to implement the decentralization effectively. It is said if training and orientation is imparted to the elected authorities of local organizations; success of health implementation would be more. But, the output of the decentralization scheme is poor because of the prevailing political crisis, not because of the original hypothesis. But unfortunately this hypothesis also did not work and the output was poor. But even then government did not abandoned the hardcore idea that the more decentralization, the more success of health policy implementation. On the basis of this fact, it can be said it is a negative heuristic because the result is negative, but the hardcore idea is held on.

However, it is dealt positively. It is said that the decisions related to health are carried out by the top level especially line Ministry i.e Ministry of Health and Population on one hand. On the other hand, Local Operational Act, 2017 clearly spell out the authority of local body that the local body can manage, supervise and control the local health organization. There seems tension between Line Ministry and Local Body due to ambiguous policy. As a result, local bodies seem as implementer only. Then it becomes difficult to implement the decentralization scheme. It is said that if authority of decision-making from line Ministry to Local Body is handed over, then the success of decentralization scheme would be more. Therefore, the hardcore idea i.e. 'the more decentralization scheme is more success of health policy implementation', is not enough; some other necessary steps

are required to improve and articulate the hardcore hypothesis. This is what Lakatos meant by positive heuristic method.

Conclusion

In this regard, implementation research seems very complex phenomenon. The reason behind this, implementation research is not social value free. It is ecological. It has interrelationship between social system and the institutions. In systemic term, the bureaucratic system is continually interacting with – i.e., affected by and feeding back upon- the political, economic, and socio-cultural sub-systems in a society. It is both a modifying influence upon these systems and a system which is modified by their activity (Gaus, 1947:1-19, Martin, 1952:266 & Riggs: 1962). It can not fix the variables that affect implementation input, process as well as output/outcome. Upto these days, the boundary of implementation research as well as the affecting variables have not been specified and fixed yet. Therefore, it left the room for further research heuristically. The findings might be negative or positive heuristic. The findings of the implementation research either fully or partially are applicable to the country context where the research is carried out. Thus, the knowledge claim by past implementation research cannot be totally ignored. As a result, it is difficult to get a universally accepted definition of the implementation.

Therefore, this attemptsto get knowledge of implementation from developing countries like Nepal. This study heuristically establishes the causal relationship integrating the input e.g. policy design and resources; process e.g. institutional capability, the role of frontline health worker, involvement of stakeholders and etc. and output simultaneously. Moreover, this heuristic study results the causal effects of each health policy implementation and its factors comparatively in Nepal too.

Last but not least, this study, indeed, fulfils heuristic functions in both the study and practice of public administration in developing countries like in Nepal.

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