A Strategy for Transforming Health Organizations into Learning Organizations: The Example of a Malaria Control Program in Odisha (Odessa), India

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Basic Problem of Malarial Control in Odisha:

- 3% of the population but 23% of the malaria cases;
- 40% of the most deadly form with 17% of the total malaria deaths in India;
- A monitoring program (LQAS) measures performance but little organizational response;
- Villagers resist malarial control program.
The Malaria Control Program in the State of Odisha

13 districts have a program:
- Liverpool works in four of them
- Four levels in each district: Sub-districts, Centers, Supervisors, FTDs
- Malaria Technical Supervisors collect the LQAS data and report performance with suggestions
- Services are provided primarily by FTDs, or ASHAs trained in malaria control
Special Issues in Health Care in India and Odisha

Indian health care bureaucracy is a mixture of centralization and decentralization;

Variety of languages, tribal customs, and religions as well a Maoist insurrection in Odisha;

Use of incentives to ensure compliance (safe motherhood and birth control programs)
Basic Tasks of the Field Study

• Investigate the process of how LQAS results are being used at four different levels;
• Identify potential reasons for non-response to reports and make recommendations;
• Locate potential blockages in the culture of the villages and indicate possible approaches that might reduce them.
• Provide theory and method that can be replicated in other developing countries

All suggestions at low economic and social cost (status)
Complex Research Team

Skill Set

• Extensive knowledge of LQAS in general and in Odisha (Babu Ram Devkota),
• Knowledge of Odia, Odisha and of organizational culture in Family and Health Department (Hemant Kumar Das)
• Knowledge of organizational sociology and field research (Jerry Hage)

Hidden Assets: champion (Dr. Pradhan) and female researcher (Madeleine Hage)
Quasi-Experimental Design

Contrast between two districts with different levels of performance;
Compare two sub-districts with different levels of performance;
Some ideal choices eliminated because of the long distances and concerns about safety
Teams developed protocols and schedules
Teams translated and recorded data
Data Collection Methods

Typical Methods:
- Courtesy interviews with District Medical Officer and District Department Head;
- Individual interviews with DMO, DBVC, MOIC, Sub-district personnel, health workers;
- Focus groups with FTDs and with MTSs;

More Atypical Methods:
- A woman present at focus groups with women and interviewed women;
- Attempts to measure non-verbal behavior;
- Answers were challenged;
- Individuals asked to provide solutions to identify problem solvers.
What are the Fundamental Problems to Be Solved?

The malarial control program was inserted into a bureaucracy;
The malarial control program asks that bureaucrats be problem solvers;
The bureaucrats were not taught how to problem solve;
The problem that they have to solve is changing human behavior.

Move from treatment to public health
Specific Problems

Within the health care bureaucracy:
Medical Officers not receiving reports
Health workers not training FTDs
Shortages of supplies
Long distances in one district

Within the villages:
Lack of spraying in religious room
Spraying covered with dung in October
Distrust of the FTDs and malaria drugs
Theory Model: The Learning Organization

Characteristics:
1. Horizontal communication;
2. Vertical communication;
3. Group problem solving;
4. Information about problems and solutions.

The opposite of Weber’s bureaucracy
Creating Horizontal Communication

Peer Transfer of Solutions

• Facilitates the implementation process, speeding it up at each level.

• Provides non-material incentives via recognition for the problem-solvers, especially in a health care organization where the salary levels are low;

• Increases the capacity of their peers and perhaps most importantly subtly educates them to the idea of problem solving.
Creating Horizontal Communication

Sharing Resources

- Establish the principle of borrowing, e.g. problem of shortages in malaria drugs
- Establish the principle of not providing all of a specific resource to one group, e.g. motorcycles or bicycles
- Establish the principle of buying fewer items of one resource so that one can buy more of another
Creating Vertical Communication

Engaging the Medical Officers in Charge of the Block (MOIC)

✓ Have MTSs request permission from the Medical Officer to make special reports to MOIC
✓ Call the MOIC to ask them when they can receive the report
✓ When giving the report ask them for feedback
Creating Vertical Communication

Changing the Role of the Health Worker from bureaucrat to teacher

- Ask MOIC for permission to have Multi-Purpose Supervisor visit Health Workers
- Have Multi-Purpose Supervisors train Health Workers in how to teach
- Have Health Workers teach FTDs one-on-one
Overcoming Village Resistance

Have FTDs that are problem solvers teach other FTDs
Have FTDs from different villages group problem
Have MTS from different districts group problem solve
Have MOiCs from different districts group problem solve
Overcoming Village Resistance

Increased status and knowledge of FTDs
Provide a motorcycle to a group of FTDs
Have MOIC present to provide status when spraying
Involve other institutions, e.g. Gaon Kalyon Simiti, forestry program support spraying
Have teams visit after malaria death to discredit alternative treatments
Summary of Suggestions

How to Transform a Bureaucracy into a Learning Organization:

1. Identify problem solvers and have them train others;
2. Create groups of problem solvers;
3. Generate horizontal communication;
4. Eliminate blockages in vertical communication;
5. Create social capital via sharing of resources
A Strategy for Transforming Health Organizations into Learning Organizations

Please contact us if you have questions, suggestions, or opportunities to collaborate.

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