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In This Issue

Making the Case for Changing Practices in Health Organizations 2

Recognizing Types of Change in an Organization 3

Looking at Other Successful Change Efforts 5

Incorporating Critical Success Factors into Change Efforts 6

Leading the Change Process 9

Phase 1: Recognize a Challenge 10

Phase 2: Identify Promising Practices 10

Sample Resources for Identifying Promising Practices 11

Phase 3: Adapt and Test One Promising Practice or Set of Practices 12

Working Solutions—Pakistan 13

Phase 4: Implement the New Practice 13

Phase 5: Scale up the Successful Practice 13

Working Solutions—The Philippines 14

Dealing with People's Reactions to Changing a Practice 15

Preparing Your Team for Change 16

Assessing Your Readiness for Change 17

Taking Action to Change Practices 18

A Change Agent's Guide to Action 18

Expanding Support and Growing a Culture of Change 20

Working Solutions—Egypt 20

Case

Solungu District Changes Practices to Reduce Maternal Mortality

MSH MANAGEMENT SCIENCES *for* HEALTH

Leading Changes in Practices to Improve Health

Editors' Note

NUMEROUS SMALL-SCALE EFFORTS to change practices often improve the health of clients in one clinical setting or community, but their effects frequently decrease over time. The way these change efforts are introduced may cause their results to fade in the months after a project ends. How they are designed and implemented may hinder their expansion to additional clinical settings or communities. As a result, the gap between what is known and what is actually done about public health problems remains disappointingly wide.

Converting learning into practice can, however, yield permanent results. Experience in many countries shows that health managers can bring about lasting, meaningful change by becoming internal change agents within their work units, facilities, and organizations. By finding promising practices from other places that address their challenges, adapting them to their organization's or community's culture, and applying the practices, they can make long-term improvements in services and health. Successful health managers can extend the practices to additional settings and finally hand off the scale-up of such practices to others at the next organizational level who have appropriate contacts and authority.

THIS ISSUE OF *THE MANAGER* focuses mainly on leading changes in practices that improve health, rather than on overall strategic and structural change. The issue can help health managers work with a team as change agents to address community and organizational challenges that require a change in clinical or management practices. It spells out key success factors for change and presents the five phases of a change process. It offers ways to work with people's responses to change and provides a change agent's guide to action to carry out a successful change effort. ■

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MSH Publications
Management Sciences for Health
784 Memorial Drive
Cambridge, Massachusetts 02139-4613 USA

Phone: 617.250.9500
Fax: 617.250.9090
E-mail: bookstore@msh.org
Web site: www.msh.org

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Making the Case for Changing Practices in Health Organizations

For managers and providers of health services, there is a persistent gap between what is known about public health problems and what is done to solve these problems. Despite the allocation of considerable resources and immense efforts to apply effective practices, the statistics tell a sad story of health problems that persist despite known solutions:

- One-half million women die during pregnancy and childbirth every year, though we know how to prevent the conditions that cause death before and during delivery.
- Some countries have discontinuation rates of up to 40% for family planning methods, although when clients receive good counseling about family planning methods, such rates drop dramatically.
- Eight million people develop active tuberculosis (TB) each year, and each of them infects an average of 10 to 15 others, though treatment is known and could be effectively supervised.
- In developing countries, 500,000 children die of measles every year, while in the US, the Centers for Disease Control reported only 260 child deaths from measles in a recent five-year period because of comprehensive vaccination. Yet, the same vaccine could be available and administered appropriately in all parts of the world.

While these huge problems seem to demand large-scale national and international change efforts, even small changes in the day-to-day practices of a health center or hospital can save many lives within a community.

Changing customary ways of working is not easy at any level. Although there have been successes around the world in introducing and maintaining effective practices to address serious health gaps, the record also shows many short-lived accomplishments. A key reason is that health professionals chronically misjudge what it takes to make a lasting change.

> To break the chain of transitory achievements, health managers need to realistically estimate the effort it takes to change ingrained practices and to believe so strongly in the need for change that they attract others to the long-term effort.

They also should follow a well-defined change process. This process usually occurs in five phases: recognition of a challenge, identification of a promising practice to address it, adaptation of that practice to the situation, implementation, and scale-up. While this phased approach may seem like substantial work for health managers and providers, many have already tried to bring about changes in public health, clinical, or management practices that have not been sustained. They may welcome an effective change process that can encourage the adoption of small-scale changes and their successful replication on a larger scale.

This issue of *The Manager* explains how you, as a health manager, can lead the effort to make significant changes in your work unit or health

facility, even without strategic or structural interventions from higher levels. It describes critical factors that can enable you to be a successful change agent, introduce a change in practices, lead its implementation within your organization and prepare the way for scaling it up beyond your organization. It discusses pitfalls that cause the results of so many change efforts to be temporary and details the five-phase process to make the adoption of the new practice succeed. By presenting a simple self-assessment, the issue can help you assess your readiness for change based on a past effort to lead change. Finally, it provides a "Change Agent's Guide to Action" to guide you through each step of the change process.

This issue was written by Ann Buxbaum, Joseph Dwyer, and Stephen Reimann. Ann Buxbaum is a Principal Program Associate in the Center for Health Outcomes of Management Sciences for Health (MSH). Joseph Dwyer is the Director of MSH's Management and Leadership Program. Stephen Reimann is a Senior Fellow in MSH's Center for Leadership and Management. They have worked for more than 20 years to help governments, nongovernmental organizations, and faith-based organizations throughout the world undertake significant changes in their management and clinical practices. The authors and editors wish to acknowledge contributions from the Management and Supervision Working Group of the USAID-supported Maximizing Access and Quality (MAQ) Initiative to the Change Agent's Guide included in this issue of *The Manager*.

Recognizing Types of Change in an Organization

The different practices that an organization uses may require changes from time to time. It is important to identify the kind of practice that you want to modify and how other types of changes can support your modification. The following table shows different types of changes within organizations. The first three levels of change can be implemented in a unit of a health center or hospital; changes at Levels 4 and 5 can provide valuable support and reinforcement to the changes at lower levels. The information in this issue is most applicable to changes in practices at the first four levels. You can find more information on changes in organizational strategies and structure (Level 5) in John Kotter's book *Leading Change,* listed in the references.

Types of Change in an Organization

Level 1: Changes in clinical practices	Level 2: Changes in providers' behaviors and attitudes	Level 3: Changes in management practices	Level 4: Changes in management systems	Level 5: Changes in organizational strategies and structures
Adopt clinical protocols and standards that are accepted as effective by medical and scientific authorities	Encourage attitudes and behaviors that have been effective in similar settings and that support the changes at Level 1	Revise the ways in which a health program is managed from day to day, to better support changes at Levels 1 and 2	Build systems that support and sustain the desired changes at Levels 1, 2, and 3	Adopt strategies and create new structures where necessary to support changes at all levels

Making changes in providers' behaviors and attitudes, management practices and systems, and organizational strategies help a new clinical practice to take root and survive. The following table offers examples of changes related to three practices health centers can introduce—a new contraceptive, DOTS, and an approach to HIV/AIDS—to significantly improve health services and ultimately health outcomes.

Examples of Changes in Practices throughout an Organization

Type of practice to introduce	Type of Change				
	Level 1: Changes in clinical practices	**Level 2: Changes in providers' behaviors and attitudes**	**Level 3: Changes in management practices**	**Level 4: Changes in management systems**	**Level 5: Changes in organizational strategies and structures**
	Adopt clinical protocols and standards that are accepted as effective by medical and scientific authorities	Encourage attitudes and behaviors that have been found effective in similar settings and that support the changes at Level 1	Revise the ways in which a health program is managed from day to day, to better support changes at Levels 1 and 2	Build systems that support and sustain the desired changes at Levels 1, 2, and 3	Adopt strategies and create new structures where necessary to support changes at all levels
A new contraceptive	At a health center, begin to offer a contraceptive method that is endorsed by WHO but has never before been offered in this facility	Train service providers to respectfully and patiently counsel family planning clients on the potential benefits and side effects of the new contraceptive	Revise existing supervisory guidelines to incorporate all the elements of the new method, including support for both training and maintenance of standards	Improve the logistics and information systems to ensure a steady, predictable supply of the new method and to track its use	Develop a strategy and policy that provides a range of contraceptive methods at every service site of the organization
DOTS	Adopt and implement the DOTS strategy (the global standard for TB diagnosis, treatment, and monitoring) for all TB patients in a rural community	Build the skills of community health workers (CHWs) to identify and refer suspected TB cases for smear microscopy and to monitor treatment of TB patients	Revise supervisory guidelines to incorporate all elements of DOTS, modify training programs for CHWs to incorporate DOTS into their current responsibilities, and for laboratory assistants to read smears accurately and send timely results	Strengthen both the supervisory system to provide on-site training, monitoring, and support to CHWs in their new role and the quality assurance system to ensure the quality of the laboratory's processes for reading and handling smears	Strengthen the nationwide system for TB to support good case detection and case management for TB patients from rural communities
An approach to HIV/AIDS	At a district hospital, establish an HIV/AIDS voluntary counseling and testing program	Help staff assess their own values and biases to discourage judgmental, punitive attitudes toward HIV/AIDS patients	Hold workshops to orient staff to the needs of HIV/AIDS patients and periodic informal meetings	Require HIV/AIDS competencies in staff performance as part of the human resource management system	Set up HIV-testing laboratories with all required equipment and well-trained staff who are consistently and effectively supervised

Looking at Other Successful Change Efforts

There are many instances where a small organization, a working group, or a few committed individuals have introduced changes in practices and spurred huge changes in the larger health and reproductive health environment, both within and across national borders. While such examples may begin with a small number of committed leaders, they end up making dramatic improvements in the health of many people. In some parts of the world, such efforts have been remarkably effective in lowering maternal and child mortality rates, increasing the use of family planning, and preventing and treating devastating infectious diseases like TB and HIV/AIDS.

Two Changes in Practices That Have Affected Health

In different parts of the world, people have successfully addressed deficiencies in services and persistent diseases, such as diarrhea. The following examples represent changes in treatment protocols that have been scaled up and become widespread.

ORAL REHYDRATION THERAPY

In Bangladesh, in the late 1960s, public health professionals discovered that simple oral rehydration therapy (ORT) could save the lives of children with diarrhea. Nearly a decade later, Fazle Hasan Abed—the founder of BRAC, an NGO devoted to postwar relief—recognized that ORT programs were not always working as well as expected and realized that their success depended on the preparation of an oral rehydration solution (ORS) with correct proportions of water, salt, and sugar. In the late 1970s, he personally took on the challenge, experimenting with varying amounts of the ingredients in his own kitchen and sending them to a lab to be analyzed. When the correct formula had been identified, Mr. Abed worked with his staff to test and adapt the ORS formula to the feeding patterns of Bangladeshi infants.

In the 1980s and 90s, he turned his simple experiments into a program in which field workers went door-to-door in rural areas, teaching girls and women how to prepare ORS at home, using half a liter of water, a pinch of salt and a handful of *gur* (unrefined brown sugar). By the end of 1990, BRAC had trained 12 million families to prepare safe, effective ORS at home. Over the years, community women who worked as trainers created their own innovative practices to simplify the ORS process and help mothers make accurate measurements.

PREGNANCY CHECKLIST

In many parts of the world, new family planning clients are often sent home from clinics without a contraceptive method because providers cannot be sure whether or not these women are pregnant. (Suspected pregnancy is a contraindication for hormonal methods and IUDs.) Although criteria for ruling out pregnancy were developed in the early 1990s, their dissemination was limited. Working with a few highly determined and committed representatives of the Ministry of Health (MOH) of Kenya, Family Health International (FHI) documented high rates of service denial, then converted the criteria for ruling out pregnancy into an easy-to-use, laminated checklist. In 1997 in collaboration with FHI, trained doctors and nurses in seven Kenyan MOH clinics tested the card's effectiveness with their clients. They found only a tiny number of clients pregnant, and nearly eliminated unneccessary denial of service by systematically using the card.

After learning of the results of the trial, the MOH incorporated use of the card into the national family planning guidelines and district-level trainings. Within eight months, the proportion of nonmenstruating clients who received a method during their first visit increased by more than a third. Through the Internet and backing from USAID, JHPIEGO, and other agencies, the checklist has been translated into more than a half-dozen languages and adopted by country programs in Africa, Asia, and Latin America. It is available from FHI's Web site at http://www.fhi.org.

Source for the pregnancy checklist: Communication with John Stanback, Senior Associate, FHI

Incorporating Critical Success Factors into Change Efforts

Effective health, clinical, or management practices can spread very slowly through a population, unless key factors are incorporated into a change effort to speed their diffusion.

Diffusion Can Be Slow Unless Change Agents Help

One of the most dramatic delays in the spread of an effective practice concerns scurvy, the ancient, deadly disease that led to the painful death of thousands of sailors for more than two centuries—10,000 men in one 20-year span.

DISCOVERING A WAY TO PREVENT SCURVY

In 1601, a simple experiment on a fleet of British ships yielded convincing evidence that a small amount of lemon juice each day could prevent scurvy. The results were reported but generally ignored until the experiment was repeated successfully in 1746. Even after that, it took 48 more years for the British Navy to change the customary diets on sailing ships.

SPEEDING UP THE CHANGE

The turning point came through the efforts of one person—Gilbert Blane, a young naval physician. Blane provided daily rations of lemon juice to the crew of his ship on a 23-week voyage to India and arrived at Madras without one death or case of scurvy. He documented this remarkable event, made it known to political decision-makers, and persuaded them to finally provide the life-saving lemon juice to the crews of all sailing ships. Thus, 193 years had passed before a doctor convinced authorities with his data to make a simple, innovative, effective practice widely available to prevent needless suffering and death.

Five factors have a powerful effect on translating innovative ideas into workable practices. The factors apply to improvements in direct services as well as to the management improvements that lead to better services. These success factors are:

- a dedicated change agent to lead the way;
- clarity about the purpose and anticipated results of the change;
- motivation and ongoing support of staff throughout the change process;
- clearly assigned and accepted responsibility for implementing the change;
- an environment that encourages change.

Have a Dedicated Change Agent Lead the Way

Having an internal change agent who cares deeply about changing a practice is the most critical factor for success. Change agents transmit their commitment and enthusiasm to those who will do the hard, day-to-day work of implementing the change. Change agents facilitate the work of groups in developing, applying, and advocating for new practices. "They are the invisible hands that turn vision into action" (Miller and Lawton 2002). New practices imposed from outside an organization often last a short time if there is no internal change agent.

Change agents are usually not originators, but they are organizational innovators. They see a challenge, explore how it has been effectively addressed elsewhere, and then adapt this tested approach to their situation, while getting others excited about the prospects for making a significant difference. Sometimes the change agent role is shared between a more senior manager (who is the sponsor or champion of the change) and another person whom the manager designates as the change leader.

As a health manager, you are a change agent, whether you are dealing with infection control at the facility level or finding ways to provide services with

reduced resources in your district or province. You can introduce new approaches to the way things were previously done. In filling this role, you will have the opportunity—and challenge—to help your staff see that some of the usual clinical or management practices, attitudes, and behaviors can get in the way of providing your clients with the services they need.

As a change agent, you may not always be rewarded publicly for intense efforts to change practices; once a change initiative is underway, it may generate its own momentum, and your contribution may not always be visible. Whether or not you are directly acknowledged for your endeavors, you will be rewarded by the knowledge that you have made a valuable, lasting contribution to fulfilling the mission of your organization, improving health services, and advancing the health of your clients.

You can speed up the adoption and diffusion of new practices when you build into your change efforts the other critical factors for success listed on page 6.

Be Clear about the Purpose and Anticipated Results

Your staff and other stakeholders who will be implementing any major change must understand the challenges your organization is facing in carrying out its mission and mandate. They must agree on one challenge that they believe can be addressed by changing ineffective practices. Very importantly, they must be convinced that the proposed new practice:

- offers clear benefits to them and to the people they serve;
- can be tested without a huge investment or risk;
- is consistent with accepted organizational values;
- can be carried out without seriously disrupting current services.

Reaching the Implementers of Change

As a change agent, you need to find ways to reach the different types of people who typically work in an organization.

MOBILIZE OPINION LEADERS	Begin by bringing on board the opinion leaders—the adventurous innovators who spearhead new practices—and the early adopters, who are not far behind. These people are quick to envision how a new practice will help them reach their goals and are eager to put the practice into place.
ENCOURAGE OTHERS TO FOLLOW	Encourage the opinion leaders to mobilize the majority of staff to understand and adopt the new practice. This majority will need to be aware of how this practice will address an important organizational challenge that affects their work, how their acceptance of the new practice is linked to their own professional standing within the organization, and how it will help them improve the care of their clients. In other words, they need to understand "what is in it for them."
ADDRESS "SLOW CHANGERS" INDIRECTLY	Finally, studies on the diffusion of innovations show that a small percentage of almost any group lags behind in making a change. Do not focus your efforts on this small group (sometimes called "slow changers" or "laggards"), but let others' improved results eventually pull this group forward. When the change in practice becomes official, changes in expected standards and performance will also motivate these "slow changers" to adopt the new practice.

Source: Adapted from Rogers 2003

Motivate and Support Staff throughout the Change Process

You need to gain the buy-in of staff and others who can help you. To inspire your staff's initial commitment, you can create a shared vision about the improved situation that could result from the new practice.

Once you have gained their support, you will need strategies to maintain their dedication through all the phases of the process. To do this, you, yourself must believe strongly that these practices and attitudes should and can be changed. Make your personal commitment clear to your staff by your actions, and mobilize needed resources. You can develop a support network of trusted people who care about you to help you rekindle your commitment if it occasionally falters. These may include local colleagues in similar organizations or in trade associations, as well as people in your own organization.

Documenting early successes and benefits is also a strong staff motivator. You need to look for good examples of individual accomplishments and publicly acknowledge them, so you can boost staff morale and provide momentum for the next steps. When progress seems slow, you can coach individuals in supportive meetings. Through inquiries, you may guide staff to new possibilities for addressing obstacles.

Gain Staff Acceptance of Assigned Responsibility

You need to assign staff clear responsibility for implementing the change and encourage them to accept it. If staff are to be held accountable for making the change happen, they need to:

- be encouraged to recognize the urgency and priority of the proposed change;
- be provided with the information, resources, and skills they need in order to take on their new responsibilities;
- integrate new responsibilities into their performance expectations and be held accountable for achieving their part of the change effort.

The implementers will also hold you accountable to provide them with needed support and to demonstrate your commitment. They will expect you to model the new attitudes and practices that you expect them to adopt.

Promote an Environment That Encourages Change

Your organizational culture is the shared work values, beliefs, assumptions, and traditions that have kept your organization alive, and that are considered the "correct" ways to handle day-to-day interactions and activities. It is important for you to consider your organization's culture with respect to change. Your organization may have a culture that promotes learning and innovation, which you can draw on to support your effort. On the other hand, the culture may discourage new approaches and discourage staff from taking initiative beyond specific guidelines. Even in this situation, you can promote an environment within your own work unit that encourages change and can seek support among the more forward-thinking managers in the organization. When you have some success, you can use these results as part of the process to persuade others in your organization to consider new practices.

Experience in many countries shows that successful adoption of new practices occurs most often in organizations or work groups where:

- leading change is part of ongoing practice: staff are encouraged to make small, practical improvements, not just to undertake big changes in a crisis;
- working teams are designed to bring together people with varied perspectives that build on one another;
- staff are rewarded or acknowledged for asking questions, taking risks, and challenging the status quo, in order to better fulfill the organization's mission;
- leaders readily share information and knowledge, and encourage staff at all levels to do the same;
- staff members trust the honesty and credibility of the people who are promoting change.

Once you have looked at the factors that contribute to successful change, it is useful to understand the factors that can impede change.

Why Is Sustaining a New Practice So Challenging?

Organizational studies show that promising change efforts most often fail for common reasons. Some reasons for the failure are listed below.

REASONS FOR FAILURE

- Managers repeat familiar interventions, even when these have not worked in the past.
- Managers leap from awareness of a problem directly to a solution for symptoms of the problem without addressing its underlying causes.
- Staff are unclear about the new practice or disagree with it without their supervisors' knowing of their discomfort.
- The human and material resources needed to carry out the new practice are not allocated to the effort.
- A practice that has worked well in another setting is not appropriately adapted to a new setting, so staff in the new setting never own the change.
- A small-scale success—often a pilot project—is proposed for expansion without planning for changes in the management systems needed to sustain it or without carefully streamlining the practices to maintain their effectiveness with fewer resources during the wide-scale replication.

CONSEQUENCES OF FAILURE

To ignore these potential pitfalls may mean facing costly failure with serious consequences: wasted money and time, demoralized and cynical staff, and ultimately for clients, needless illness, disability, and sometimes death.

Leading the Change Process

As a change agent, you will need to involve your staff in a purposeful change process. You may need to remind them that institutionalizing a new practice takes effort, even when evidence shows that an intervention can work, or when the new practice has been adopted by important decision-makers in an organization. Successful change agents lead their staff through five phases:

- **Phase 1: Recognize a challenge:** the gap between desired achievement and actual achievement (e.g. the percentage of couples actually following family planning practices is only 20%, although the family planning clinic would like at least 50% to be following them);
- **Phase 2: Identify promising practices** for improving services—those that appear to have a high level of success and transferability;
- **Phase 3: Adapt and test one promising practice or set of practices** to make sure it fits the context and work out any difficulties in a limited setting;
- **Phase 4: Implement the new practice(s),** building a support base that will make it possible to move from adaptation to actual application;
- **Phase 5: Scale up the successful new practice(s)** and the systems that underpin it.

Each of these phases includes activities that will maximize the factors leading to successful change. Your commitment to the process needs to be wholehearted, since it often takes a long-term effort to change even simple practices throughout a work unit, health facility, or organization. As you lead your unit, facility, or organization through these five phases, you will be drawing on leadership practices that successful managers throughout the world use to achieve results. At each phase, you will:

- *scan* for up-to-date knowledge of your work unit, facility, or organization and of the wider environment in which you operate; be aware of how your behavior and values affect others; carefully consider how a change in familiar practices is likely to affect your staff and other stakeholders;
- *focus* the change effort on achieving your organization's mission, strategies, and priorities;
- *align and mobilize* the time and energies of your staff, as well as material and financial resources, to support the change process;
- *inspire* your staff to undertake the change process with full commitment by acknowledging their important role, sharing your own enthusiasm, and modeling the behavior you expect from them.

For more information on these leadership practices, please refer to *The Manager,* volume 10, number 3, "Developing Managers Who Lead."

Phase 1: Recognize a Challenge

People who know your facility and its clients are often able to describe organizational or service-delivery challenges. To begin to address such concerns, you can generate enthusiasm with a broad cross-section of staff by first creating a shared vision of a better future. Imagine together what the future would look like if you successfully addressed these challenges. From staff's different visions of the future, come up with a list of elements that everyone agrees on, prioritize these elements, and summarize the vision. This vision will inspire people's commitment to face current and new challenges.

With the vision and challenges in mind, then identify with staff one serious obstacle that your unit or facility is facing—something that gets in the way of this future in which you would be delivering the best possible services to your clients. Come to a shared understanding of the problem: agree on exactly what it is and how it is affecting the delivery of services.

Determine the underlying causes that prevent a solution. A good way to do this is to use the "Five Whys" technique. Look closely at the evidence for the problem and ask why the problem is persistent. Keep asking "why" to dig beneath the surface and find underlying causes that you have some control over.

In this phase, it is helpful to move from a "problem" mindset, or attitude, to a mindset of "challenges." Problems often seem insurmountable, and people tend to give up. With a challenge mindset, however, you can seek ways to attain the outcome you want by addressing the underlying causes and overcoming the obstacles. For example, a problem that is stated as lack of motivation among family planning providers could have as its underlying cause an inadequate contraceptive tracking system that results in frequent stockouts. The problem could be reframed as a challenge: "What can we do to improve staff motivation in the face of our inadequate tracking system?" This mindset helps to engage everyone in looking for a solution and moving away from despair over a seemingly intractable problem.

Before you move to the next phase, begin to bring senior management on board. Carefully consider who could be your senior management allies and focus on how you can win their support. Explain the problem and the reasons that you and your group have chosen to address it as a challenge. While you may not secure full backing, you will need at least one ally at the senior level who can present your case to other senior managers and secure their backing over time. As you gain momentum and can document early success, you will need their support in gathering resources to scale up beyond your unit.

Phase 2: Identify Promising Practices

A promising practice:

- deals with issues that are relevant to the challenge that has been identified;
- has clearly met program objectives in another setting;
- has led to observable or measurable improvements in services;
- features elements that you and your colleagues think could be adapted and transferred to your setting.

To identify promising practices for facing your challenge, you can look for practices or interventions that have enabled others to address similar challenges and their causes. Begin with practices that have been introduced locally, either in another part of your organization or in other organizations. You can extend your search to a broader geographic area, then to practices that are endorsed by reputable national authorities in your country, and finally—if you haven't found promising practices closer to home—to practices that are promoted by international agencies. To learn about researched practices and international practices, you can browse the Internet for information pertaining to the health issue that underlies your challenge.

Sample Resources for Identifying Promising Practices

LOCAL EXCHANGES

Groups within countries set up information exchanges on good local practices. One example is:

- **Solution Exchange.** The United Nations country team in India launched this initiative for development professionals to exchange best practices within the country. http://solutionexchange.un.org.in

INTERNATIONAL RESOURCES

Some international resources for promising practices are listed below.

- ***Best Practices Compendium for Family Planning and Reproductive Health.*** MSH's Advance Africa project developed this online database of best practices in reproductive health and family planning services. http://erc.msh.org
- **The Cochrane Collaboration.** The Cochrane Collaboration, an international nonprofit organization, produces systematic reviews of healthcare interventions. http://www.cochrane.org/reviews/index.htm (Summaries of these reviews can be read at Informed Health Online. http://www.informedhealthonline.org/)
- ***FHI/UNAIDS Best Practices in HIV/AIDS Prevention Collection.*** FHI produced this book focused on HIV/AIDS prevention in the nonindustrialized world. http://www.fhi.org/en/Publications/index.htm
- ***The Health Manager's Toolkit.*** MSH's electronic compendium of management tools and other good practices can assist health professionals in providing accessible, high-quality, and sustainable health services. http:// erc.msh.org
- **Implementing Best Practices (IBP) Initiative.** This international forum helps policy makers, program managers, implementing organizations, and providers identify and apply evidence-based clinical practices to improve reproductive health outcomes in their countries. http://www.hopkinsmedicine.org/ccp/ibp/home.htm
- ***Lancet* Neonatal Survival Series.** This series includes the article by Darmstadt, Gary et al., "Evidence-based, cost-effective interventions: How many newborn babies can we save?" *Lancet,* Neonatal Survival, volume 365, issue 9463, March, 2005 http://www.thelancet.com/search
- **USAID Maximizing Access and Quality (MAQ) Initiative.** This government initiative includes good practices for improving reproductive health services as well as an exchange for USAID missions, country counterparts, USAID/W, and collaborating agencies. http://www.maqweb.org
- **World Health Organization (WHO).** WHO has a growing number of products available on promising practices. Go to http://www.who.int/reproductive-health and click "search," and then "publications":
    - ***Medical Eligibility Criteria for Contraceptive Use.*** This document reviews evidence-based criteria for the safe use of 19 contraceptive methods for men and women with different characteristics and medical conditions.

continued on page 12

INTERNATIONAL RESOURCES (cont.)

- ***Selected Practice Recommendations for Contraceptive Use.*** A companion guideline to the publication above, this document provides guidance on safe, effective use of a wide range of contraceptive methods.
- ***Reproductive Health Library (RHL).*** Individuals in low- and middle-income countries can learn about the IBP Initiative's best practices through a free subscription to the Initiative's *Reproductive Health Library*. Each RHL CD-ROM reviews best practices on a specific theme. http://www.who.int/reproductive-health/rhl/index.html

When possible, look for practices that have been tested in the field and that provide credible evidence of success and transferability. Share the evidence of their success with your staff and other stakeholders. You can help them see how these practices will benefit them and make their work more effective. Then, from the interventions or practices that have shown the greatest success and transferability, choose one that you and your staff agree best matches your priority challenge and your organization's needs, mission, and resources.

Phase 3: Adapt and Test One Promising Practice or Set of Practices

Create a team of people who are invested in bringing about the desired change. This change team will act as a guiding coalition throughout the rest of the process. Together, you will champion the change effort with the rest of the staff. With the change team, analyze the similarities and differences between your setting and the one in which the practice or set of practices originated. Together, make whatever adaptations you think are needed for the new practice(s) to better fit the unique characteristics and environment of your work unit, facility, or organization.

As you make adaptations, pay attention to your organizational culture. Consider the elements of the culture that will support or impede the new practice. Draw on the elements of the culture that will support permanent changes. Later, as you expand the practice, you can try to find individuals in the organization with suitable experience who can help you deal with those cultural elements that might erode the changes over time, such as negative attitudes toward changing the existing situation.

Now you are ready to test the practice in a limited setting. The setting where you introduce the practice should be small enough to try it out rapidly and inexpensively, but fairly typical of the settings you intend to cover with the new practice. With your team, decide what the new practice is intended to accomplish, how it will be carried out, and how progress will be assessed. Choose indicators that will provide convincing evidence that the practice has succeeded or failed to meet the challenge. Work with the change team to see how to make the practice work with the circumstances and constraints of your setting.

Then, evaluate the success of this small-scale trial against the indicators. What you learn from this experience will help you eliminate the obstacles that are often ignored or taken too lightly when an organization undertakes a major change. You can make any needed adaptations before implementing the new practice throughout your unit, facility, or organization.

It is important to realize that during the next phase, other parts of your organization may also need to make their own adaptations as they introduce the promising practice. This is acceptable, as long as the essential features of the practice are maintained. Small adaptations will give implementers a sense of ownership and involvement, which was important for your own team when you introduced the change initially.

PREVENTING CHILDREN'S DIARRHEA IN A SQUATTER SETTLEMENT

In Karachi in 2002, 600 households of a squatter settlement were able to reduce the incidence of children's diarrhea by 52% as compared to the incidence in a control group over the same year. What made the difference? The effort began with the knowledge that slums are breeding grounds for the bacteria that cause diarrhea and that hand-washing can make a big difference.

Testing the intervention. The intervention was simple: field workers from HOPE—a trusted local NGO—played the role of change agent and paid weekly visits to the selected households. They provided hand-washing instructions and answered questions in the local language, enhanced by pictures. They brought soap to the families on each visit and carefully collected data, providing evidence of the striking reductions in the incidence of diarrhea in these households.

Broadening its reach. The next step will be to implement the program through public-private partnerships between the soap manufacturer and local health agencies, to reach children at risk in other parts of Pakistan, as well as in the Philippines and China.

Source: Luby et al. 2004

Phase 4: Implement the New Practice

In this phase, you will expand use of the practice(s) from the limited setting where you tested it to additional places. This may mean widening its use from one clinic to multiple clinics or from one hospital unit to several units. With your close involvement and guidance, the change team can take responsibility for the implementation activities, creating interest, curiosity, commitment, and ultimately a sense of ownership among the rest of your staff—particularly those who will be directly involved in carrying out the new practice.

For all the settings where you will implement it, you and the change team should:

- clearly demonstrate to senior management and the managers of the units involved in the change what the new practice has accomplished, how it has been implemented, and how and when progress can be assessed;
- agree on the steps required, specifying what tasks need to be accomplished, when, by whom, and with what resources;
- be sure that those who are responsible for the tasks understand their roles, have been given the time and resources they need to do the job, and are held accountable for fulfilling their responsibilities;
- monitor and document progress against the indicators that all of you have chosen, and make further adaptations if some aspect of the intervention is not working;
- have the managers of new implementation sites identify all who are directly and indirectly affected by the change and keep them involved and informed of progress;
- acknowledge visible interim results, the "small wins," to encourage and build the confidence of staff as they work towards mainstreaming the new practice.

As the change team, which now includes new managers, succeeds in implementing the practice and making achievements known, you will be building a base of support among influential stakeholders and decision makers, especially senior managers. Some of these people will become champions for eventual scale-up, as well as for new practices that can help your staff meet other challenges in the future.

Phase 5: Scale up the Successful Practice

If the new practice has actually accomplished what was intended, you and the expanded change team can consider how to scale it up to extend its benefits within or beyond your organization.

Internal scale-up occurs when effective practices are replicated or adapted within an organization to reach a larger or entirely new population. *For example, a Ministry of Health (MOH) may scale up a practice used in one district's maternities to prevent postpartum hemorrhage to all its maternities throughout the country.* This implies making sure current resources continue or acquiring new resources.

External scale-up occurs when another organization or institution builds on your experience to carry out the phases of the change process by identifying their own challenge and adapting and implementing the practice you have found effective. They may eventually scale it up even further if their adapted version succeeds. *For instance, an NGO that has introduced a successful voluntary counseling and testing program for HIV-positive clients may help an MOH adapt the program so that HIV-positive clients of government health centers can receive treatment too.*

At this point, you may hand over the scale-up to more senior people with broader authority and contacts. But first you need to lay the groundwork. You may need to redesign the practice a bit so that it will require fewer resources but not lose its effectiveness. You should build the change into management practices. Wherever possible, use existing policies, performance systems, rewards, and structures to build the new practice into everyday activities across the organization or program.

You will also need a communications strategy to make the successful experience known to potential adopters, including change agents in other parts of your organization or program. Tailor your messages to different audiences, stressing the benefits of the new practice to each group, and answering the question: "What is in it for them?" These benefits may indicate how the change can help a group achieve its objectives or improve its environment. If possible, be ready to serve as a resource as others undertake their own change process. Effective change often depends on person-to-person transfer.

Working Solutions—The Philippines

IMPLEMENTING AND SCALING UP A PERMANENT FAMILY PLANNING METHOD

In 2001, the City Health Officer in Bago City in the Province of Negros Occidental, the Philippines, reviewed the data produced by a community monitoring and information system. She learned from her review that many couples who did not want any more children were not using long-term family planning methods. In her search for methods that might appeal to her clients, she went to China to observe the technique of no-scalpel vasectomy (NSV).

Advocacy for the new method. She came back very excited about what she had seen and met with representatives of the Provincial Health Office, Management Sciences for Health, and EngenderHealth to consider whether NSV could be an option for couples in Bago City who had as many children as they wanted. She pointed out that NSV is a simple, ten-minute procedure, requiring little additional training and using inexpensive, readily available supplies. It can be easily performed in a health center, is minimally invasive, and has a very low risk of infection or other complications. As the Health Officer presented her idea to key stakeholders throughout Bago City, many expressed doubts that local men would ever consider any form of sterilization, but her report was so informative and persuasive that they finally agreed that the Bago City Health Office should offer NSV to couples seeking permanent methods of family planning.

Implementation. The City Health Officer assembled a task force that formulated strategies for introducing the new method and for monitoring the results. The initiative proved very successful, with an unexpectedly high turnout of clients. The Health Officer and her task force attributed this success to:

- excellent training of *barangay* (village) volunteer health workers to include NSV in their education and counseling sessions on family planning methods;
- addressing clients who had already reached their desired family size (an average of five children);

- citywide publicity to encourage public acceptance of the procedure;
- group briefing of prospective clients and their wives, including a demonstration of the NSV instrument;
- training for local physicians providing NSV in health centers where clients knew and trusted the staff;
- recruitment of satisfied clients as advocates for the program;
- follow-up visits from midwives and *barangay* health workers.

Scale-up. What began as one person's idea that no one else thought would work soon captured the attention of the Philippine Department of Health (DOH). The success of the Bago City initiative led the DOH to introduce NSV more widely as a way of increasing male involvement in a simple, inexpensive, permanent family planning method. The emphasis was on bringing the services to hard-to-reach, poor communities with high unmet need for family planning and offering them to couples who had as many children as they wanted.

Itinerant service sites offered detailed videos of NSV procedures. Trained local counselors gathered circles of men, often accompanied by their wives, and answered their questions about vasectomy. Through this socially acceptable arrangement, many different concerns were addressed, and subsequent one-on-one counseling became much more efficient. Hundreds of men in more than 50 local areas have chosen this method.

To scale up the program further, local providers who have been trained are training providers in other local areas. The DOH has plans to make the procedure reimbursable through health insurance and to make it easy for local areas to obtain the NSV instruments. While NSV may never represent a large percentage in the mix of methods used in the Philippines, it offers couples a long-term method that is safer than tubal ligation or conventional vasectomy.

Dealing with People's Reactions to Changing a Practice

As different people begin to hear about the proposed change, not everyone will immediately perceive its benefits and commit to supporting it. Change has been likened to a trapeze act: "It's not so much that we're afraid of change or so in love with the old ways, but it's that place in between that we fear… It's like being between two trapezes" (Marilyn Ferguson). This is especially true if the change involves risk—a significant space between the trapezes.

As change agent, you need to recognize how different individuals are likely to react to the change and take this into account in planning and implementing the new practice. Different reactions will depend, in part, on how much a staff member believes the change will affect his or her job or status. Some people initially respond to change by denying and resisting it. Under effective leadership, most people then turn the corner, explore the change and its implications, and, ultimately, accept the change and even commit themselves to it. Effective change agents understand these stages, recognize where people are in accepting change, and know how to help them move from denial to commitment.

Denial. Initially, some people may be shocked that a change is about to occur and uncomfortable giving up what is familiar to them. They may deny that the change will happen and hope they can continue doing things in the old way. During this stage, your task is to provide them with information: to state unmistakably when and how the change will take place and to suggest ways they can deal with it. This will make it increasingly difficult for them to deny that the change will happen.

Resistance. Some people may resist the change by questioning whether it will succeed, wondering about their ability to cope with it, and worrying about their job security. You can help them through this stage by creating opportunities for them to express their anxiety and listening attentively to their concerns. You may need to resist the impulse to explain or defend the change. Instead, show that you understand and are sympathetic about their feelings of loss and worry. A stakeholder analysis can help you to understand ex-

isting incentives that might make some people unite against the change. Then you can build coalitions that will support the change. In doing this, you will find supportive individuals who can approach likely resisters and persuade these resisters to join them.

Exploration. Having had the opportunity to express concerns and mentally give up the old practice, people will be ready to explore the possibilities that the changes could bring to their work, even if they are still apprehensive about how they will be personally affected. As a change agent, you should provide opportunities and resources for discovering what is possible. At this stage, you can involve your staff in planning for the new practice: establishing priorities, setting short-term goals, and offering training that will enable them to carry out the practice. Encourage people to prepare themselves in teams and to support one another.

Commitment. At this stage, people recognize and understand the benefits of the new practice for their client services, for the organization, and for themselves. They accept the idea of the new practice, are ready to comply with its requirements, and commit themselves to carrying it out. You no longer need to "manage" the change process. If you validate and reward their commitment, people will manage themselves. You can set long-term goals, provide whatever support they request, and then get out of the way.

The following box summarizes typical reactions and some positive ways to deal with people's fears and concerns to help them move along in the change process.

Dealing with Individual Responses to Change

FOCUS ON PAST

DENIAL

Change agent strategy

- provide information on need for change
- reinforce that change will happen

COMMITMENT

Change agent strategy

- validate commitment
- set long-term goals
- let people manage themselves, providing support when requested

RESISTANCE

Change agent strategy

- create opportunities for expressing fears and doubts
- show empathy with people's concerns
- resist the impulse to explain or defend
- build supportive coalitions and find individuals who can influence individual resisters

EXPLORATION

Change agent strategy

- make available opportunities and resources
- involve people in planning
- encourage people to get together and support one another

FOCUS ON FUTURE

Source: Adapted from Jaffe and Scott 1999

Preparing Your Team for Change

Before you embark on changing practices, it is a good idea to consider people's readiness for change. This involves looking at a past change effort and the extent to which you have built the key success factors into your current initiative. A history of failed internal changes may make colleagues skeptical of a new initiative. You will need sound advice and assistance from the people in your organization who are credible and forward-thinking, so that you can learn from past mistakes and succeed in this change effort.

The following assessment can help you review how well-prepared your team is and identify areas to address before you embark on the change process.

Assessing Your Readiness for Change

Is your work unit, facility, or organization consistently achieving desired performance in all areas? If not, is there a practice or set of practices that keeps you from fulfilling your mission and providing the best possible services to your clients? If so, how ready are you to change those practices? This self-assessment tool will help you and your staff or team to prepare for a change in practices. In using it, you will see if you are ready to initiate such changes in light of a past experience. It will help you in considering the critical factors for making a successful change and important steps to take in navigating the phases of change.

Process. To complete the assessment, think about a change effort that occurred recently and answer each question in light of that experience. Ask your staff or team members to do the same. Be sure to justify your response with convincing evidence: facts, observations, anecdotes, or examples.

When you have completed the assessment, talk with your staff or team members about your responses. For each item where one or more people answered "no," turn to "The Change Agent's Guide to Action" on pages 18–20 in this issue for strategies and steps that you could use to initiate and implement change.

Assessment criteria	Yes	No	Evidence
In the recent change effort you are thinking about, did your unit, facility, or organization demonstrate the critical factors for successful change?			
1. Did someone clarify the purpose and anticipated results of the change for staff, senior managers, and other stakeholders?			
2. Were staff motivated and given ongoing support throughout the change process?			
3. Was responsibility for implementing the change clearly assigned and accepted?			
4. Did the environment of your unit, facility, or organization encourage change?			
During that change experience, did your unit, facility, or organization carry out these steps?			
1. Was a problem clearly identified: a gap between desired performance and actual performance?			
2. Was the problem reconsidered as a challenge by: ■ agreeing on a measurable result? ■ identifying the barriers to achieving that result? ■ finding the underlying causes that will need to be addressed if the result is to be achieved?			
3. Was the support of senior management obtained and was it maintained throughout the change process?			
4. Did someone look for promising practices or interventions that others had successfully used to address this kind of challenge: ■ within your organization? ■ outside your organization?			
5. Did you adapt a promising practice to your particular challenge, setting, and circumstances?			

continued on page 18

Assessing Your Readiness for Change (cont.)			
Assessment criteria	**Yes**	**No**	**Evidence**
6. Did you introduce the practice in a limited setting and use the experience to make any necessary adjustments?			
7. Was a team created that served as a strong support base for the implementation of the new practice?			
8. Were staff provided with the resources they needed to implement the new practice—including supportive supervision?			
9. Were staff held accountable for carrying out their new roles in implementing the new practice?			
10. Did someone consider ways to build the new practice into the culture of your unit, facility, or organization?			

Taking Action to Change Practices

Once you have reviewed your past experiences with change and discussed with your group their readiness for change, you are ready to lead the change process. The following guide to action will help you through the steps of this process.

A Change Agent's Guide to Action	
Phases in leading change	**Key actions**
Recognize a challenge	■ Ask your staff about their biggest work problems: gaps between desired achievements and actual achievements. ■ Ask clients and stakeholders the same question. ■ Study service data to understand trends and how your unit, facility, or organization is performing. ■ Bring together a cross-section of staff, share these findings with them, and create a shared vision of a better future. Focus on one important problem (or related set of problems) that is blocking this vision. ■ Come to a common understanding of the problem and agree on the obstacles to change, their underlying causes, and organizational factors that support change. ■ Examine how current practices may be contributing to the problem. ■ Turn the problem into a challenge by seeking ways to attain the outcome you want through addressing its underlying causes and finding ways around the obstacles to change. ■ Begin to bring senior management on board.
Identify promising practices	■ Explore what other people in your organization and other organizations are doing to meet similar challenges and to identify their underlying causes. ■ Ask people whose knowledge you respect to inform you of practices that have worked elsewhere which relate to similar challenges and their underlying causes. ■ If local solutions are unavailable, seek advice from other regions, specialists in universities, consulting groups, or donor organizations. ■ Read professional journals or use the Internet to keep up to date on professional developments and promising practices. (See the box on pages 11–12.) ■ Share relevant ideas with your staff and other stakeholders, and explore the potential benefits and disadvantages of different practices you might implement in your situation. ■ Choose one intervention or practice (or a set of practices) that you and your staff agree best matches your challenge and your organization's needs, mission, and resources.

Phases in leading change	Key actions
Adapt and test one promising practice or set of practices	■ Select a change team whose members will champion the change effort with the rest of your staff. ■ With your team, assess your readiness for change, and plan the ways in which you will address the factors and steps that were missing in previous change efforts. ■ Study how your proposed new practice was implemented elsewhere and the lessons learned. ■ Discuss with your change team how the practice can be adapted to fit your organization's unique characteristics and its environment. ■ Decide with the team what the new practice will accomplish, how it will be carried out, and how progress will be assessed. Choose measurable indicators that will provide convincing evidence that the practice has succeeded or at least alert you to the need to adapt it further. ■ Introduce the practice on a small scale, and carefully monitor how effectively it addresses your challenge. ■ Encourage staff to experiment with adaptations and document them to find the best variation of the practice before introducing it more widely in your organization. ■ Show your commitment to this change on an ongoing basis.
Implement the new practice	■ Introduce the new practice(s) on a wider scale, meeting with people who are key to approving or blocking the change to explain the challenge, and agree on the outcome the practice is intended to accomplish, the way staff will carry it out, and how progress will be measured. ■ Be sure that the staff who are responsible for implementation tasks understand their roles and have been given the time and resources they need. ■ Train staff to apply and use the new practice. ■ Provide short-term targets for your staff to reach, and acknowledge staff's early achievements so they can build confidence quickly. ■ Supervise staff closely and support them throughout the implementation. ■ Provide staff, senior management, and other stakeholders with regular feedback on the implementation process and results achieved. ■ Communicate enthusiasm for their contributions to the effort and pride in their results. ■ Monitor and document progress against the indicators, and make further adaptations if some aspect of the intervention is not working. ■ Document the successes resulting from the new practice, lessons learned, future benefits, opportunities for expanding the practice, and likely results that will be achieved. ■ Pay attention to the denial and resistance that may emerge and try to help people move forward to explore and ultimately accept and be committed to the new practice. (See pages 15–16.)

continued on page 20

A Change Agent's Guide to Action (cont.)

Phases in leading change	Key actions
Scale up the successful new practice	■ Before you hand over the scale-up to others with broader authority, develop an initial approach for scaling up the new practice with your change team. Include communications strategies for engaging more change agents and motivating the commitment of key decision makers. ■ Present your successes and the rationale for expansion to a wider stakeholder group, create a shared vision of a better future, and involve them in planning the details for the adoption of the practice on a wider scale. ■ Publicize the success of your practice in articles, papers, journals, and through presentations at meetings and conferences. ■ Reach agreement with key decision makers on how the practice will be scaled up and supported. If necessary, redesign the practice so it can be effectively implemented with fewer resources. ■ Adapt and incorporate the management systems needed for your new practice, e.g., clinical protocols, data collection procedures, supervisory tools, and planning and budgeting templates. ■ Agree on who will take responsibility as the primary change agent(s) for the scale-up. ■ Act as a resource as managers adjust organizational structure, allocation of staff, reporting relationships, and performance expectations as necessary to reflect the new practice.

Expanding Support and Growing a Culture of Change

One sign of a successful change is that numerous staff feel that they have played a key role in making the change. This indicates a sense of widespread ownership. As you lead a change in practices, you build ever-widening coalitions of support. These coalitions are like ripples in a pond. You begin by engaging a small group of people in addressing a challenge and selecting a change team. Then you broaden the effort to reach out to others in your unit or facility who share your concern for the challenge, later to those in the larger organization, and then beyond. As you extend ownership and responsibility for making the change, your whole organization gradually becomes more receptive and accepts it. Over time, successful change experiences produce an organizational culture that is ready to embrace new practices with a clear benefit for the organization and their clients.

Working Solutions—Egypt

TAKING ON THE CHANGE AGENT'S ROLE TO TRANSFORM DISTRICT MANAGERS' PRACTICES

Dr. Morsy Mansour saw the need for change. As a Ministry of Health and Population (MOHP) program officer, he coordinated the reproductive health program in Upper Egypt. He cared about the service providers and felt the need to improve the way they were managed so they could produce results.

Recognizing a challenge. Dr. Morsy observed that the quality and utilization rate of health services in the rural areas were not satisfactory, in large part because the district health managers did not know how to improve the performance of the service providers in the rural health units. Traditionally, MOHP supervisors came to check up on and criticize the local providers, with no demonstrable results. Dr. Morsy believed that the service providers in the rural health units could work together as teams to improve their performance and results, creating their own vision and plans. But they could not work in this new way without support from the district managers.

Dr. Morsy wanted to turn the health system upside

down to empower the district managers. He shared this vision with others in the MOHP at the central and local levels to identify the challenge: How to empower local managers and service providers to think for themselves and take responsibility for improving services, mobilizing resources, and attracting clients when they had never done so before?

Seeking promising practices. Dr. Morsy looked at many programs: district planning programs, data analysis programs, and strategic planning programs. But none of them had actually changed the attitudes and developed the capacity of local staff to take the initiative to improve services. Then, while attending the international "Implementing Best Practices" conference in Cairo in 2002, he heard of a leadership development program through which local teams identified their key service delivery challenges and used leadership practices to align and mobilize their staff and the community to address them. He brought this program to clinics and district staff in Aswan governorate with assistance from the USAID/Egypt Mission, USAID Washington, and MSH.

Adapting the program. When Aswan governorate officials were convinced that a leadership program could help them improve service results, they agreed to launch the program for clinic and district doctors and nurses in Aswan in June 2002. The core of the program was a framework of eight practices for leading and managing. A newly created facilitator team developed an "adaptive curriculum," testing each part of the framework as they delivered it. The curriculum became a "magic soup." As they added local best practices from their own experience, both facilitators and participants built their ownership and commitment to the program's success. The team showed their willingness to learn from mistakes and grow, inspiring both their co-facilitators and the participants.

This initial program developed local health unit teams of nurses and doctors who created a work climate in their clinics in which everyone felt they could contribute as equals. As the program took hold, all the clinic teams markedly increased their commitment to working together to produce results. Ultimately, they significantly improved their services and were able to show increases in numbers of prenatal, postnatal, and family planning visits.

Implementing and building the base of support. Dr. Morsy and his facilitation team's powerful vision, sincerity, persistence, belief in the program, and service results won them new supporters. Throughout implementation, Dr. Morsy built a network of supporters, including deans of medical and nursing schools and officials of international cooperating agencies. Local change agents emerged as champions who enthusiastically led the program with their clinic teams in other districts throughout Aswan. When donor funding ended, these champions were crucial to the program's survival.

Scaling up. New skills and capabilities were needed to scale up the leadership program across Aswan Governorate. When Dr. Morsy realized that the funding would not continue, he spoke frankly with the program participants about this new challenge. Participants stepped up to lead the program and take responsibility for replicating the process. Through their local knowledge and ability to mobilize resources, they were able to scale the program up from nine to 56 health units in little over one year. They set an example of generosity and resourcefulness by expanding the program without funding or additional technical assistance. All of the original teams, and the newly trained teams, are continuing to show impressive improvements in services. Their commitment and enthusiasm have inspired others far beyond Aswan Governorate in Upper Egypt.

The success in Aswan led to a request from the MHOP to expand nationally, requiring standardized program materials, new facilitators, and a management process to sustain the program. Dr. Morsy was able to integrate the program into the Tahseen/Catalyst Clinic Management and Integrated Supervision Program, to be launched in other governorates throughout Egypt.

The dream that Dr. Morsy started with, and others shared—that all health care providers and communities in Egypt be empowered to address local challenges and create healthier communities—is turning into a reality. When asked about leading this change, Dr. Morsy commented, "By working with the people to overcome their fears and hesitations, by your patience and caring about them, gradually they come with you and adopt new ways."

Reviewers' Corner

A forum for discussing concepts and techniques presented in this issue

On empowering staff to change practices…

A reviewer emphasizes, "There is an important principle that could be expanded on, namely, empowering health workers to make 'small' changes and innovations that allow them better 'control' of their environment. There are programs that focus on improving quality in health care delivery (e.g., Quality Assurance Project in South Africa) that provide health workers with the opportunities to make decisions to make everyday practices more efficient and effective, and to monitor the impact of these changes."

On the importance of available resources…

One reviewer notes, "Both financial and technical resources are important limiting factors on the type and extent of change one can bring about, regardless of the process a change agent may follow."

Another reviewer adds, "The growing crisis in depleted staff through the 'brain drain' from South to North and through other causes is a limiting factor in scaling up change. However, changes in ineffective practices can still improve health."

On creating a space for change…

A reviewer points out, "Resistance to change is often a factor of overworked health care workers. For change to take place, managers need to create the space for change. This may require more opportunities for discussion, additional resources and skills, and/or a reallocation of resources."

On helping others see the value of a change…

A reviewer comments, "Influencing people to accept a change is about facilitating a process of enabling people to understand the value for the change. It is about 'moving' people from the state of unconsciousness to a stage of consciousness about the need for change. You have to make people unlearn the way they do something that is hindering performance."

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Checklist for Leading Changes in Practices to Improve Health

- When you face a challenge that will involve a change in clinical or management practices, take on the role of a change agent. Follow a well-defined change process, and strive to apply key success factors in changing these practices:
  - clarity about the purpose and anticipated results of the change;
  - staff motivation and ongoing support for staff throughout the change process;
  - clearly assigned and accepted responsibility for implementing the change;
  - a work environment that encourages change.
- Work with a cross-section of staff to articulate a challenge. Create a shared understanding of its effects on services and overcome staff complacency or despair about the situation.
- Identify promising practices that could address the challenge by discussing the obstacles with colleagues in other parts of your organization or in similar local organizations. If necessary, search in a broader geographic area and on Web sites that post promising practices. Choose one or a set of practices that best matches your challenge and your organization's needs, mission, and resources.
- Select a change team of people invested in bringing about the desired change to champion the change effort with other staff.
- With your team, assess your organization's readiness to change its current practice. Determine where you might need to strengthen your team's capacity to lead change and adjust your team's membership as needed.
- Adapt the new practices to fit your setting and choose indicators to monitor progress in applying them. Test the practices in a work unit, small facility, or limited area of a larger facility.
- Expand the use of the new practices by agreeing with senior managers and managers of other units what the new practices will accomplish and how they will be implemented. Apply them throughout your unit or facility, paying attention to staff's responses to change and helping them move toward commitment to the practice.
- Initiate steps to scale up the successful practices within your whole organization and eventually outside. This may require engaging other people who have more extensive contacts to lead the change effort, rethinking resource needs, and building the practices into management systems.

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MSH Publications
Management Sciences for Health
784 Memorial Drive
Cambridge, Massachusetts 02139-4613 USA

Phone: 617.250-9500
Fax: 617.250-9090
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CASE STUDY FOR TRAINING AND GROUP DISCUSSION

Solungu District Changes Practices to Reduce Maternal Mortality

Scenario AS SHE WAITED TO MEET with the District Health Officer, Mrs. Agnes Mahodi, matron in the Maternity in the Solungu District Hospital, thought back six months to the morning when everything began to change. At 10 am, she had looked around at the discouraged nurses who had worked beside her through the night. The young mother who had presented at the maternity ward weak, anemic, and already in labor, had just died, despite their heroic efforts. Mrs. Mahodi had faced the anxious husband and told him that his wife had died. The cause was postpartum hemorrhage (PPH), uncontrolled bleeding just after the child was born.

That tragedy had compelled Mrs. Mahodi to look at instances of PPH at the Solungu Maternity. She discovered 70 cases of PPH last year resulting in serious complications for many new mothers and two deaths out of 500 deliveries. Most of the women who experienced PPH had been too anemic and weak to enjoy and care comfortably for their babies. Mrs. Mahodi decided that she had to do something. She wrote an instructor at the provincial Nurse-Midwives School who told her about a simple and effective procedure called active management of the third stage of labor (AMTSL), which reduced bleeding by helping the uterus contract more quickly after the birth of a baby.

The instructor encouraged Mrs. Mahodi to sign up for a training course in AMTSL. After the course, Mrs. Mahodi enthusiastically brought her new skills back to the Solungu Maternity. With the approval of the Provincial Health Office, she trained the rest of her staff to administer AMTSL to all women after delivery. The nurses learned to give their patients an injectible uterus-contracting drug (oxytocin) immediately after the birth of the baby, to gently pull on the umbilical cord in a prescribed manner that would speed up delivery of the placenta, to massage the uterus, and to watch carefully for two hours to ensure that the uterus remained contracted. The ordering system was revised to guarantee a steady supply of oxytocin and sterile syringes and needles.

After some initial resistance, several staff members accepted AMTSL, and Mrs. Mahodi invited them to form a change team to advocate for the procedure with their colleagues. The team met regularly and together implemented the new practice. Reluctance became wholehearted support as staff began to see results with individual patients. At the end of six months, AMTSL was standard procedure for all deliveries at the Maternity. The records showed only 14 instances of PPH during those six months, and no deaths that clearly resulted from PPH.

Having successfully tested the procedure in the Maternity, Mrs. Mahodi and her staff now see an important challenge in the district—the large number of women who deliver babies in rural health centers assisted by auxiliary nurses. Today, Mrs. Mahodi and two nurse midwives are meeting with the District Health Officer, Dr. Ndila, to explore training these auxiliaries to incorporate AMTSL into their delivery and postpartum practice.

Mrs. Mahodi has explained AMTSL treatment guidelines and shared data showing AMTSL's impact on PPH at the Maternity. One of the nurse-midwives, Miss Chintu, has explained the procedure. Mrs. Bwalya, the other nurse-midwife, has presented the process they undertook

to plan for and implement the new practice and revise management practices, such as the ordering system.

"You make this change sound easy," said Dr. Ndila. "The auxiliary nurses have their current practices for postpartum care and may not want to change. What will convince them and other district-level decision-makers to join us?"

Miss Chintu replied. "Mrs. Mahodi held informal meetings in her office with nurses who disliked the change when first introduced. She let us speak our minds but was very clear in explaining the benefits of AMTSL."

Mrs. Mahodi spoke. "It was helpful to be firm that this change was clearly going to benefit our patients. But I also knew my staff needed to express their concerns. I asked them to help find the best ways to make the change. They gave good suggestions that we still use, and some of our strongest resisters became our strongest advocates."

"This new practice sounds both feasible and effective," said Dr. Ndila. "But will the auxiliary nurses be able to follow it correctly in their rural settings?

Mrs. Bwalya reassured her, "I helped train our staff at the hospital. I'm sure the auxiliary nurses will do well if they come to the Maternity for a week to work beside us and gain experience with the practice. Their supervisors will also need training. Your support will help to ensure that supervisors follow up with the auxiliary nurses to track the effect of these changes on their practices and, at the end of the day, on their clients' health."

Dr. Ndila agreed, but said, "Once the auxiliary nurses are trained, how can they always have the supplies they need? How do you think we can make this happen?"

Miss Chintu spoke up. "When we introduced AMTSL at the Maternity, I worked with the pharmacy to estimate supply needs for oxytocin, syringes, and needles and make changes in our record-keeping to routinely anticipate our needs. I will work with district health centers to revise their ordering system, so that the supplies are available at all health centers. I will also secure approval from the District Administrator for needed funds."

"We have experienced change efforts that have failed," said Dr. Ndila. "The auxiliary nurses will be upset if next year the Ministry wants to change practices again."

Mrs. Mahodi spoke. "The World Health Organization recognizes AMTSL as an excellent practice, and projects around the world are showing that different settings can use it effectively. I am confident this new practice will endure over time. However, you have raised a crucial issue. What do you think we can do to address skepticism that some auxiliary nurses are likely to feel?"

Dr. Ndila smiled. "You know how quickly information—and misinformation—spreads in our district. The auxiliary nurses who experience the effectiveness of this practice will tell their friends. We can encourage them to share positive experiences at our monthly auxiliary nurse meetings.

Mrs. Mahodi agreed, then spoke earnestly, "Let us remember that we all have a responsibility to lead this change. Consider for a moment why this effort is important. I am reminded of an 18-year-old woman who recently delivered at our hospital. This woman was weak and anemic when she came in. Six months ago she might have lost a lot of blood after her delivery and died. Because we introduced a new standard treatment, now accepted around the world, we helped to preserve her health and give her baby a good start. When we work with auxiliary nurses and their supervisors to plan for and implement this change, let's keep this young mother and child in mind."

Dr. Ndila smiled. "Well spoken, Mrs. Mahodi. Let's take a break and convene again to go over the practical details of leading this change in the district health centers."

Discussion Questions

1. What factors need to be in place for change to happen, and what did the Maternity in the Solungu District Hospital do to put these factors in place?
2. What phase in the process of changing practices is Solungu District experiencing related to reducing maternal mortality through AMTSL? Explain your thinking.
3. What are some of the positive factors that have facilitated the change so far? Based on experience during implementation, what are some of the obstacles that may be encountered during scale-up? What strategies can be used to overcome the obstacles?

Case Analysis

QUESTION 1 What factors need to be in place for change to happen, and what did the Maternity in the Solungu District Hospital do to put these factors in place?

Necessary factors for successful change are: a dedicated change agent, clarity about the purpose and anticipated results of the change, motivation and ongoing support of staff throughout the process, clearly assigned and accepted responsibility for implementing the change, and an environment that encourages change.

Dedicated change agent. The key factor required is a dedicated change agent who recognizes a problem or challenge, believes strongly that it can be resolved by changing a familiar practice, and mobilizes resources and support from staff and other stakeholders to make the change happen.

Clarity about the purpose and anticipated results of the change. Mrs. Mahodi wanted to reduce the incidence of postpartum hemorrhage among women delivering at Solungu District Maternity. After learning about AMTSL through the Nurse-Midwives School, Mrs. Mahodi felt certain that the practice would greatly reduce postpartum hemorrhage, lower the risk of maternal disability and death for new mothers, and increase their ability to care for their babies. Mrs. Mahodi acted as the dedicated change agent, bringing the practice to Solungu District Maternity, helping get support from the Provincial Health Office for the change, and training the Maternity's nurse-midwives in the new practice. The clear maternal health benefits of AMTSL were a strong selling point. The endorsement of AMTSL at the provincial Nurse-Midwives School and recognition by the World Health Organization may have also helped Mrs. Mahodi garner support from the Provincial Health Department and others.

Motivation and ongoing support of staff throughout the process. The enthusiasm of Mrs. Mahodi certainly helped to motivate first the change team members and later the rest of the staff involved in the change. Forming a change team, involving staff at different levels, providing safe opportunities for staff to express their concerns, and then recruiting the resisters to help resolve the challenges related to the change—all these actions motivated and supported staff throughout the change process. Training in AMTSL and careful tracking of service data, which showed the benefits, were also helpful in motivating staff to support and be part of the effort.

Clearly assigned and accepted responsibility for implementing the change. Mrs. Mahodi took on major responsibility in recruiting the change team and working with them to motivate and support the rest of her staff during the change process. Miss Chintu, who at first resisted the change, became a strong advocate for AMTSL as standard practice. She worked with the pharmacy to estimate supply needs and identify the record-keeping changes to provide adequate supplies of oxytocin, syringes, and needles to the Maternity. Mrs. Bwalya helped to train the staff at the Maternity. The Provincial Health Office supported the initial trial in Solungu District Maternity, and the District Health Officer is now playing a role in implementing the change with auxiliary nurses throughout Solungu District.

An environment that encourages change. Support from the Provincial Health Officer for the initial effort clearly indicates that health officials were open to suggestions of change from staff that they supervise. The fact that Mrs. Mahodi was allowed to leave her post for training also indicates an encouraging environment.

QUESTION 2 What phase in the process of changing practices is Solungu District experiencing related to reducing maternal mortality through AMTSL? Explain your thinking.

Solungu District has completed the third phase of change—adapt and test a practice—and is planning for implementation through the auxiliary nurses across the district. As evidence of this phase, the matron and nurse-midwives at the Solungu District Maternity are:

- meeting with the district health officer to initiate implementation with auxiliary nurses and secure funding through the district administrator for supplies;
- incorporating new management systems for the new practice (logistics, record-keeping);

- adapting the protocol and planning training to enable the auxiliary nurses to administer the procedure;
- reaching agreement on how the practice will be scaled up;
- monitoring and documenting progress against the baseline indicators.

QUESTION 3 What are some of the positive factors that have facilitated the change so far? Based on experience during implementation, what are some of the obstacles that may be encountered during scale-up? What strategies can be used to overcome the obstacles?

Positive responses to change observed in the scenario include forming a change team, enthusiasm for the practice from initially resistant staff, support from the pharmacy for ensuring adequate ongoing supplies of oxytocin, and support from the District Health Officer for implementation by auxiliary nurses.

One obstacle observed is that auxiliary nurses may resist changes in their customary practices. There are several strategies that may be used to overcome this:

- Clearly explain the benefits of the change.
- Let resisters speak their minds without arguing with them.
- Be firm that change will happen because it will bring important benefits to clients.
- Enlist resisters' support in determining how best to plan for and implement the change.
- Recognize achievements as the change is implemented.

Another obstacle is that district-level decision-makers may be unsure of the feasibility and value of scale-up, due to past failures. To combat this, they can:

- Develop baseline service and cost data and track changes over time. This will help to show the impact of the change and help decision-makers make an informed judgment about implementation.
- Publicize change efforts and successes.

Finally, existing management practices may not be adequate to implement the change. To encourage appropriate management practices:

- Work with relevant departments and staff to plan for and implement management practice changes. *For example, estimate supply needs and improve record-keeping to ensure a steady flow of needed supplies.*
- Share responsibilities among team members and meet periodically as a team to share progress and challenges.
- Train and supervise staff to ensure correct and consistent implementation of the new practice.
- Change standard treatment guidelines for deliveries and postpartum care.

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