

June 2000

Organisational Development Interventionfor District Health System: A New Experience

Pankaj Kumar
Faculty, JIM

Follow this and additional works at: <https://managementdynamics.researchcommons.org/journal>



Part of the [Business Administration, Management, and Operations Commons](#)

Recommended Citation

Kumar, Pankaj (2000) "Organisational Development Interventionfor District Health System: A New Experience," *Management Dynamics*: Vol. 1: No. 1, Article 3.

DOI: <https://doi.org/10.57198/2583-4932.1275>

Available at: <https://managementdynamics.researchcommons.org/journal/vol1/iss1/3>

This Research Article is brought to you for free and open access by Management Dynamics. It has been accepted for inclusion in Management Dynamics by an authorized editor of Management Dynamics.

Organisation Development Intervention for District Health System: A New Experience

PROF. PANKAJ KUMAR
Faculty, JIM

OD interventions have often been used by behavioral scientists as an exercise that integrates an individual's desire to grow and develop within the organization and the goals and objectives of the organization. An OD exercise was undertaken with the aim to decrease child and maternal mortality rates during and after pregnancy, through promotion of better health care system, in the state of Rajasthan. Rather than beginning from the top, the workshop aimed to tackle the problem first at the grassroots level, where admittedly the mortality rates is quite high and then moving to the top. A facilitators network was set up through 'process consultation training' of health functionaries, where positive dealing was encouraged and training was imparted with specific emphasis on coordination, integration (of activities), and responsible participation. Impact evaluation was also carried out in 1992-93 and 1993-94 which generated positive results.

OVER the last so many years, many behavioural scientists have become convinced that our organisations are not utilizing the human resource research potential effectively. This has happened due to lack of factors such as trust, role allocation, nature of man and growth of a person inside the organisation. Survival and growth are two different issues. OD is concerned with growth rather than survival alone.

Using the knowledge and techniques from behavioral sciences, organizational development attempts at integrating individual needs for growth and development with organizational goals and objectives, in order to build a more effective organization. Organizational development, in our experience, is meant to minimize the gap between policy formulation and its actual implementation. We find that the outcomes desired out of our best efforts are not being achieved.

This article is based on the field experience gained under the project, Safe Motherhood and Child Survival in Rajasthan, supported by Norwegian Agency for Development, Govt. of India and the Govt. of Rajasthan. It was basically aimed at decreasing child mortality and maternal mortality during and after pregnancy. OD interventions were initiated under this project to improve the functioning of the health system in Kekari and Kishangarh areas of Ajmer district.

OBJECTIVES:

The objectives of the OD interventions were:

- (i) Improving job performance, as well as organizational effectiveness, innovativeness, etc.
- (ii) Better adaptability to the organization and its environment.
- (iii) Developing willingness among the members to face organizational problems and to contribute creative solutions, within the existing resources.
- (iv) Developing better interpersonal skills through process consultation.
- (v) Developing problem-solving abilities among the employees.

DESIGN & METHODOLOGY:

In this study, we tried to give a new look at classical OD intervention. It has been said repeatedly that OD intervention should be from top to bottom. But, when we started in this fashion, we faced many problems, like lack of interest and willingness at all levels of staff in implementing national programmes. There was lack of inter-personal trust also among the top-middle and first level health functionaries. Hence, we tried to initiate it at the grassroots level first rather than at the higher levels. We thought that when the need would come from the lower level, it would affect the higher authorities to think over it more sincerely to meet it within the prevailing environment. The methodology in this case included the target

changes also started taking place. Now, employees could manage their time properly according to the needs of the clients. They now had a better understanding of area specific priorities. Sense of responsibility increased within a month, and this could have been seen during the monthly meetings and from the achievement shown by the employees. It was found during several field visits, that the sense of team work had improved because of better and increased inter-personal and inter-team communication. Now the higher authorities were having less complaints and more suggestions.

However, **impact evaluation** was also carried out in the project district by rapid survey twice in 1992-93 and 1993-94. The sample for study was selected by **Probability Proportionate to Size (PPS)** technique as to match with **Coverage Evaluation Survey** technique 1990 by the State Government.

FIGURE-2

Monitoring Indicators for Safe Motherhood: Achievement through Project Interventions

Monitoring Indicators	AJMER		
	CES, (1990) (%)	1992-93 (%)	PMIS 1993-94 (%)
1. Registration of Pregnant women	45.2	73.6	77.3
2. ANC coverage			
TT	46.7	49.1	57.0
IFA	N.A.	25.7	40.1
3. Deliveries attended by trained staff	36.2	44.1	47.6

Note:

1. CES : Coverage Evaluation Survey was conducted by DHHS, 60R (for Ajmer district) and RNT Medical College, Udaipur (for Udaipur district)
2. PMIS: Project Monitoring Indicators Survey was conducted during 1992-93 and 1993-94 by project team.

3. ANC : Anti Natal Care
- TT : Tetanus Toxide
- IFA : Iron Folic Acid

Though Statistical data collected for all these activities in the field, the behavioral improvement and job satisfaction among the workers were measured through interviews at different levels. The Facilitators' Network is still working in that area. Figure shows clearly a significant change in the achievement of the project monitoring indicators for safe motherhood. Results show that registration of pregnant women has increased substantially from 45.2 in 1990 to 77.3 in 1993-94. ANC coverage as well as deliveries attended by trained staff also increased. This shows that changes occurring at behavioral and attitudinal level has brought improvement in health services and health practices also. However, after withdrawal of funding at the end of the project activities, a major question regarding sustainability of the OD intervention process in the field setting has come up. This process can be applied not only in service organisations but in productive and individual settings also.

REFERENCES :

1. *Government of India / NORAD Review Mission: The All India Post Partum Programme (Sun-district level), New Delhi, 1990.*
2. *Cassels, A & Janovsky, K. (1991). Strengthening Health Management in Districts & Provinces, WHO.*
3. *Trivedi, S.K. & Kumar, P. (1993). Report on OD Intervention for Facilitator's workshop, Indian Institute of Health Management Research, Jaipur, India.*
4. *Trivedi, S.K. & Kumar, P. (1993-94). Annual Report on OD Intervention, Projector AIHPPP at sub-district level in Rajasthan, Indian Institute of Health Management Research, Jaipur, India.*