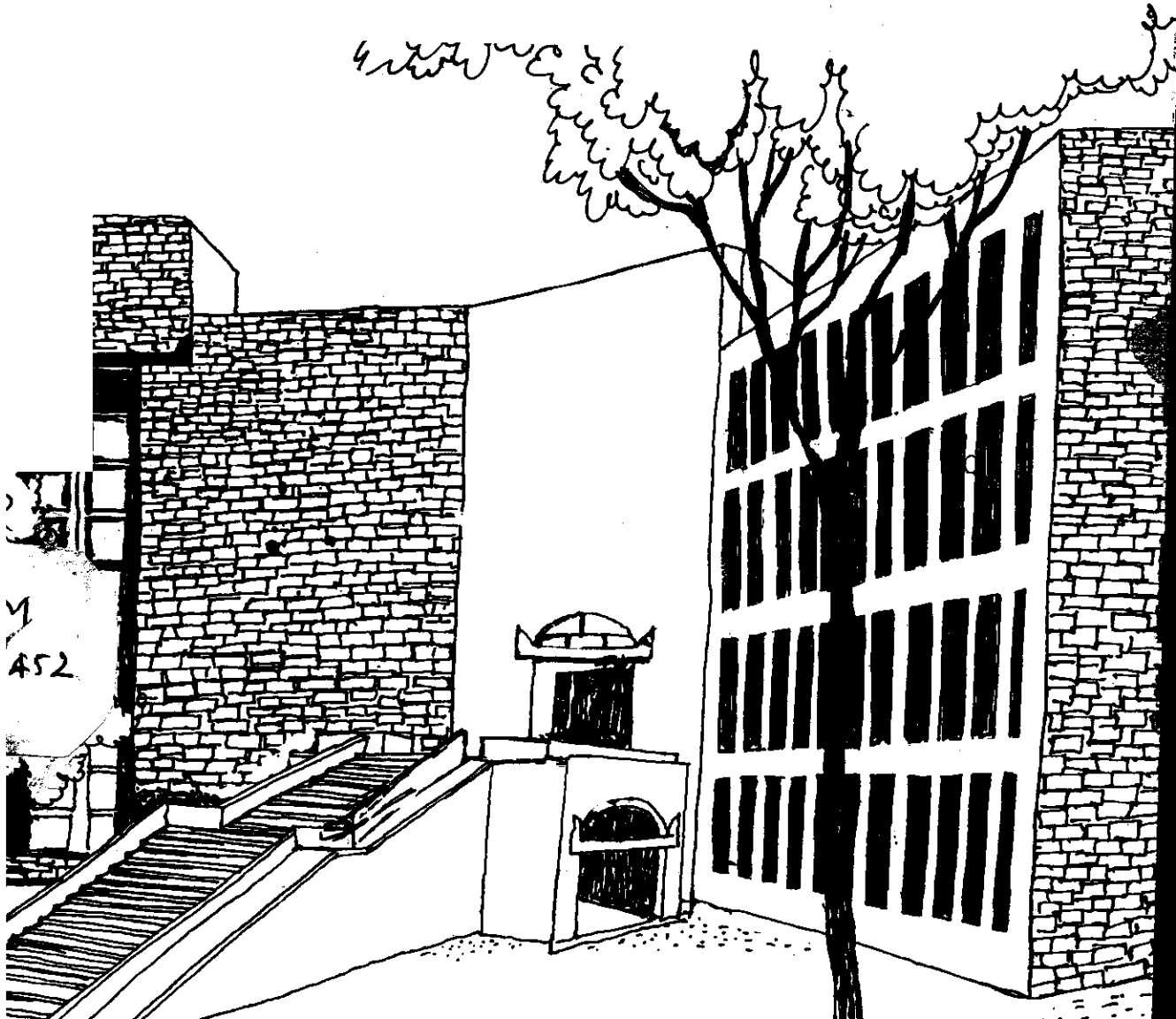




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Working Paper



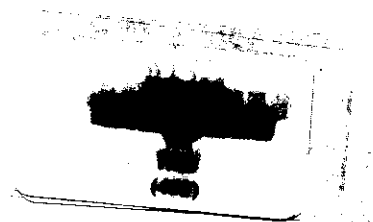
FROM CAMPUS TO COMMUNITY BUILDING:
CHANGING PERSPECTIVES AND PROGRAMMES
OF DEVELOPMENT AGENCIES

By

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W P No.452

February 1983



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AHMEDABAD-380015
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Introduction

The seventies were a decade of disillusionment with economic growth in India. The gains of growth did not seem to automatically trickle down to the weakest sections of society (Frankel, 1971; Kurien, 1974). Equitable distribution of benefits was a growing concern for planners as evident in the number of group specific programmes such as the Small Farmers' Development Agency initiated by the government. At the same time, the marginal involvement of the poor in these programmes as also their dependence on the bureaucracy and other non governmental development agencies invited attention to participatory processes of development. The need for equitable distribution of benefits and self-reliance of communities gained considerable recognition among planners and analysts.

The seventies also saw the emergence of models of alternative modes of development which would ensure equitable growth and people's participation. The Dag Hammarskjold Foundation (1975) identified three central elements - need satisfaction beginning with an attack on poverty; "endogenous and self-reliant" growth and ecological balance - as

constituting a strategy for, what it called, "Another Development." The Indian Council of Social Science Research triggered off a search for alternatives and a debate was initiated on the question of options in health, education etc. (ICSSR, 1981). Meanwhile, Freire (1972) had proposed his theory of conscientisation with implications for education as a means of social transformation. Goulet (1979) spoke of development as liberation and Illich (1977) was crusading against professionalisation and pointed out how present modes of development seduced people into a state of dependence on external agencies and systems.

Some of the non-governmental agencies offering social and economic services to the community were provoked by the debate and by the new perspectives on development to review the objectives and priorities of their programmes. The shift in perspective as a consequence of this review primarily stressed that the community should be assisted to guide its own development. To this end, education and mobilisation to build people's own organisations were vital. It was, therefore, important that people be helped to identify needs, create and manage programmes and services rather than become permanently dependent on development agencies. Three distinctive aspects marked the new thrusts:

The socially and economically weaker sections must be the focus of all development efforts.

The services rendered or activities initiated by voluntary, non governmental development agencies should go beyond one-shot relief assistance to long term development involving education and organisation.

3. The so called beneficiaries must be enabled to manage their own development programmes and also to influence policies and programmes in their favour. This will enable the people to become subjects rather than objects of development.

The dilemma facing voluntary agencies managing such development programmes was one of moving from the unsatisfactory present to an uncertain future. Despite the objective and theoretical appeal of the new perspective of participatory and self reliant development, the agencies were managing on-going programmes and changes had to be thought of in the context of these programmes. Managing the shift in perspective within the programme organisation despite its desirability was the dilemma of the agency management. This paper makes an attempt at understanding the nature of this dilemma and suggesting some significant possibilities for action.

The Campus and the Community

The growth from a shed to a campus is the saga of achievement of many voluntary development agencies. The founder or the originator and his team start their work of dispensing medicines, organising classes, teaching skills or organising meetings in a temporary shelter. Over the

years, the number of services, functions, activities and people involved grows in size and volume. In order to house the activities and provide the physical, administrative and organisational infrastructure, the temporary shelter or the shed develops into a campus. An implicit objective that becomes significant during this period of growth is that of maintaining the campus. That is, the survival and growth of the agency assume considerable importance alongside of the objectives related to the programme - enhancement of community well being; increase in income levels and employment; improvement in health and educational status of a particular population.

Growth in activities also leads to the need for an increase in the number and variety of personnel. Not all of them may share the commitment or cause that brought the founding group together. They may be professionals looking for opportunities for advancing their professional interests or others seeking employment irrespective of the nature and objectives of the agency. Thus, the agency pursuing the growth of the campus may eventually be staffed by categories of personnel with differing individual or group objectives, in turn leading to an erosion of its voluntary nature.

Moreover, the agency often cultivates dependence of the people served by it by strengthening its own functions and capabilities rather than the peoples'. That is, the agency locates, procures and manages resources and technology

which produce certain services for the community on the assumption that it would have to respond to the needs of a selected population on its own. Neither the beneficiary nor the community at large is involved in either owning or managing the services. Members of the community are not called upon, trained or involved so that they can perform relevant functions such as problem diagnosis and definition, search for solutions, mobilisation and generation of resources, initiation of activities and their management. On the other hand, the agency owners, managers and functionaries perform these functions. Consequently, the relationship between the agency and the community remains one of service provider and beneficiary - the former giving, and the latter receiving (at worst) charity and (at best) services. The preoccupation with the campus and the loss of primary and direct contact with the community are often, in the later periods of existence of many development agencies, sources of organisational nostalgia for the days when "we knew our community well", "we had more empathy with the poor," "we had fewer rules and procedures," etc.

Doubts about the usefulness of such growth have been voiced by development agencies in the recent past. They were wondering whether agency-dependent service provision or self-reliant development of the community should be the guiding principle for action (Fernandes, 1980). Choosing the latter would mean a move away from strengthening the

campus establishment towards building skills and values for collective action within the community. Specifically, such a move implies:

- (1) the formation of organisations such as cooperatives, committees, unions and other formal and non formal collectives composed of community members and
- (2) the development of capabilities of the members for managing their organisations. The move could also include preliminary steps taken by development agencies to make their services more accessible to the section of the community they want to serve. These outreach efforts could lead to greater community involvement.

Table 1 presents, in a somewhat oversimplified form, the factors involved in the move or shift.

<u>Factor</u>	<u>Agency focus on</u>	
	<u>Campus</u>	<u>Community</u>
Assumption about self	Agency indispensable for programme	Initiating agency external to the community dispensable over ti
Objective	Provide services for and improve socio-economic status of the community	Build people's capabilities and improve socio-economic status.
Instruments	Stress on programmes of welfare and income generation	Stress on education and collective action alongside of services.
Organisation	Perform all organisational functions oneself	Train members of the community to perform functions or to manage the functions.
Relationship between agency and the community	Giver-recipient; Provider-beneficiary	Collaborators in learning and building institutions.

Factors in the shift from Campus to Community

Table 1

These foci are "pure" types and an agency's orientation is likely to include some elements from both categories. Presented in this manner, they perhaps romanticise the community focus but help to communicate the difference in approach and understanding involved in the two orientations of an agency. It is to be noted that "the campus" is to be interpreted metaphorically rather than literally - even agencies with only a shed may harbour a mind-set that gives precedence to maintenance of their own activities and hence of the shed.

It is clear that the process of transferring the management of a programme to the community involves the shift of the locus of decision making from agency owners and managers to beneficiary and community members. Not all agencies start with the objective of enabling the evolution of community based decision making. Pressure for achieving physical targets, lack of capabilities for community education and organisation, unquestioned acceptance of an organisational ideology of growth and expansion - these are among the significant factors that influence campus oriented growth of a development agency. To adapt an old proverb, handing out fish rather than teaching people how to fish (and retain the benefits of the fish caught) becomes the overriding concern.

Notwithstanding a desirable community orientation, the physical and organisational aspects of the campus were operational realities for many voluntary agencies that had grown in the conventional manner in the seventies in India. Therefore, it was not a question of starting a programme with a new perspective but rather changing an ongoing one with its own interests and dynamics. Of course, there was the alternative of the agency setting aside the present programme and initiating a fresh effort elsewhere. But the fact that considerable resources, in terms of facilities and people were available within the campus structure suggested that attempts could be made to work with the on-going programmes. At this point, the question remained one of ways of initiating change in the organisations so that the shift in perspective could be made operational.

This paper discusses the predicament of agencies managing campus oriented programmes that are desirous of moving towards a community orientation and suggests some possibilities for action. Lessons are sought primarily from the experience of two development programmes - a hospital and a women's handicraft centre.

The Experience of two Development Programmes

The programmes taken up for study were efforts that started small (shed) and grew into medium-sized enterprises (campus) over the years. The former was a dispensary that

became a 220 bed hospital in about 20 years, when its neighbourhood changed from a bleak, backward area into a throbbing commercial centre. The latter, the handicraft centre, was initiated in a verandah of an orphanage. Eighty years later, it came to occupy a central place in a campusful of social and economic projects in a backward area of the country.

The growth of both the hospital and the handicraft centre had been gradual. Services and departments were added to the original dispensary as new projects were initiated. The centre had its origins in an orphanage. Initially, formal education was offered to the girls in the orphanage; later, functional skills of embroidery and lace-making were taught not only to the girls in the orphanage but also to interested women from the surrounding villages. These skills were to enable the girls to gain an occupational foothold and a source of independent earning as adults. The agency arranged for the raw material and marketing. By 1980, there was a base centre and three sub-centres. The base centre carried out central purchasing, work scheduling and marketing functions. The sub-centres executed orders received from the base centre and returned the finished products to the base centre.

The hospital and handicraft centre were sponsored by congregations of catholic sisters as part of their community services. The congregations were international in spread, with units all over the world. During the 1970s, especially

towards the end of the decade, these congregations of sisters went through a period of soul searching in relation to their social service organisations. There was a growing feeling that institutionalised means of relief provision did not serve the long term purpose of developing self-reliant communities. The sponsors of the hospital felt that thirty years of post independence health services in India had raised doubts about

- (i) the appropriateness of Western style hospital-based approach to health care,
- (ii) the ability of the services to reach out to large sections of the poor and the weak,
- (iii) the usefulness of fostering total dependence of the community on health services dominated by health professionals.

Likewise, the sponsors of the handicraft centre thought that it had become a sister run economic enterprise with little participation of the women. The informal relations with the women and the educational component that marked the early years were missing. Instead, production of handicraft and related commercial activities were dominant in the centre.

Both the programmes faced a number of internal administrative problems. Unrest among workers due to complaints about working conditions, dissatisfaction among doctors due to the feeling that there was a growth lag and liquidity gaps due to unsatisfactory cash management were critical matters in the hospital. In the handicraft centre, restricted communi-

cation between the sisters and the women, poor production organisation and an inconsistent wage structure were significant weaknesses. Matters came to a head in the late 1970s when the women went on a one day strike in the base centre. The magnitude of these administrative problems required the programme management to concentrate on their solution with little time left for larger questions. However, it was the concern of the managing committees of the sponsoring congregations that such an operational focus might deter the agencies from acting on the shift in perspective. They felt that the larger question of whether they should at all continue to run the enterprises, nurtured and developed over the years, had to be raised.

The achievements of the programmes were by no means small. They had created viable organisations; had earned a good image in the sector in which they were involved for their quality and care; had resolved a number of operational problems despite the absence of sustained professional, technical and managerial assistance. Yet, the hospital-centered curative service and the enterprise-oriented handicrafts training, production and marketing were not acceptable in their particular form to the sponsoring agencies in the light of the new community orientation.

The Dilemmas in Change

The organisational dilemmas facing the management of the programmes were several. The salient ones are discussed below

1. The absence of a long term planning perspective: The top management of the programmes had become absorbed by operational problems: It was the sponsoring agency that was keen on quickly pursuing the new perspective. To some extent, the programme management steeped in operations was compelled to see the need for longer term planning in the face of internal crises. For instance, the turnover of medical staff and liquidity problems propelled the hospital management to look beyond immediate problem solving. Similarly, the dissatisfaction of the women leading to a protest in the handicraft centre induced the management to search for a longer time horizon in planning.

2. Gaps at the top and middle in the organisation structure: A significant factor in the organisation of these programmes leading to the top management focus on operations was the structural weakness in the top and middle. The governing body and middle management levels were neither clearly defined nor were functional. The former remained essentially a statutory obligation. Consequently, the top management had to play an active role in making certain policy decisions and ensuring operational implementation. This involved independent policy decisions by the management without the benefit of a Board, thereby increasing its own vulnerability. The inconsistent service benefits provided to the working women over the years in the handicraft centre in the absence of larger policies was an outcome of such a situation.

At the same time, in the absence of an active middle management group and trained supervisors, the management had to ensure policy implementation to the last operational detail since delegation was not effective.

3. The inadequacy of available systems: The load on the programme management was increased by the absence of adequate systems of information and communication. In the hospital, inefficiencies in the pharmacy and stores management caused strains on the liquidity position. In the handicraft centre, the piece rates for various items were inconsistent leading to anomalies in wage payments. This was largely due to the informal ad hoc mode of operations resulting in unplanned changes, a practice carried over from the early days of the programme.

While trial and error had worked for a considerable period of time, the need for analysis and for the installation of management systems was evident in the materials and personnel functions in the hospital and the production and personnel functions in the centre. The capabilities to design these systems were not available within the programme structures.

4. Differences in interests: The various groups of sisters, staff and other participants or stakeholders (King and Clelland, 1978; Mitroff, 1972) seemed to have different perceptions of the programme priorities and hence of the role of the sponsoring agency and of one another. Thus, in the hospital, the medical staff desired more specialised services and the other staff

wanted better working conditions while the sponsoring agency wanted priority for public health with focus on outreach work. In the handicraft centre, different groups of sisters thought differently of the centre's services:

- (i) as desirable (and so to be continued as it existed),
- (ii) as desirable with some internal changes and
- (iii) as totally undesirable.

Responses to the Situation and Lessons for Development Agencies

The responses of the sponsoring agency and programme management in the context of the shift in perspective as well as the operational problems offer some lessons for those concerned with development agencies.

Some links were sought between the short term operational problems and the long term planning issues. A sponsoring agency desiring broader changes in perspective and policy may use the occasion of a specific operational problem to ask more strategic questions of the concerned top management of the programme. As Beckhard (1975) observes, it depends on how one builds linkages between the sub-system in question and the larger system. Thus, immediate action for improving communication with the women participants of the centre provided an opportunity to reflect on the larger question of how the women perceived themselves more as collaborators rather than as beneficiaries in the programme. This gave the fillip to the sponsoring agency to initiate a debate on the nature of relations between development agencies and their

so-called beneficiaries. A series of meetings, organised for the purpose of discussing the changes in systems and styles of functioning, was used to review the perception of the programme management of its own role and that of the participant beneficiaries in the programme.

It may be suggested that much before concrete planning of a long term nature is actually attempted, it would be necessary to stimulate a culture of planning in a setting where operational preoccupation is dominant. King and Clelland (1978) refer to the creation of such a culture in the context of strategic planning. In such an exercise on building awareness, the change agent, (the sponsoring agency in our case) has the chance to induce the client organisation (programme management) to think in terms of developmental models (Chin, 1961). The utilisation of opportunities offered by operational issues and problems to raise questions about larger issues seems to be a way of setting the desired planning processes in motion.

Some experiments were undertaken. The hospital tried out its outreach work through its two extension centres in the villages. However, this proved abortive due to its "absorption" by the dominant curative service in the hospital. The doctors involved in the outreach effort stayed for short periods and were all keen to "get back to the hospital". They missed their wards and clinics. The patients visiting the extension centres did not stimulate their clinical interest. Also,

being junior doctors, they were keen to pursue their careers elsewhere for which conventional hospital practice would be important. The extension centres were to offer not only curative, but comprehensive services. In the light of this, efforts at education and community organisation could have been given importance by a sympathetic and supportive hospital management by careful planning and monitoring. However, it was preoccupied with hospital operations. There was no time or inclination to undertake a search for the right doctor or manager to head the extension effort.

In the handicraft centre, the sub centre personnel undertook projects of study and action in their respective locations. They carried out a wage study, collected data on the women participants, started with non formal education and meetings in small groups. These projects were discussed at regular meetings of the sub centre personnel.

Initiating experiments might be a way of operationally responding to the shift in perspective. The extension centre of the hospital was a trial in this direction. Yet, an experimental approach did not seem evident. It appeared more like a gesture to placate the sponsoring agency rather than an earnest desire to work out an alternative. However, in the case of the handicraft centre, the device of regular meetings to discuss problems and share experiences was an attempt to learn from the experiment and start again. Thus, an understanding of how to initiate an experiment and how to

learn from one (Hedberg, 1981) through feedback seem to be important components in a strategy for change.

Process of learning were initiated. It would seem that a new perspective for a development agency implies a new educational objective for the agency, by which it begins its own learning of how to change. Such learning highlights the constraints around a particular strategy and is more important in spheres in which the agency or the programme management has had no prior experience.

The learning processes initiated in the two programmes were different: the hospital used a formal planning exercise to assess its situation; in the centre, periodic meetings of the concerned sister group were held to solve immediate problems and to plan on a longer term basis. These were efforts at learning through problem solving and planning. Formal or non-formal planning activities have the advantage of concentrating issues of change. The hospital staff was invited to think of new services and activities that the hospital would undertake. The sisters in the centre similarly reviewed each sub-centre of the main handicraft centre and considered possibilities for change in the unique context of each sub-centres. The abstraction of "organisation" and "community" would thus be grounded within a specific context, among particular activities, groups and interests. As a consequence, desired directions may be tempered by organisational realities.

There may be constraints to a synthesis. While planning and joint problem solving may be expected to alert the programme management and staff to relatively more long term and strategic questions, a synthesis need not necessarily follow. This is, sharing of perspectives may be facilitated, but a shared perspective may not be the outcome. Group ideologies and interests may discourage such an outcome. The sisters, doctors and staff in the hospital appeared to view the problem and its solution differently. Even the entire sister group was not uniformly agreeable to the new perspective. Thus, the understandable professional and career interests of a large segment of the hospital personnel did not seem to be fully in tune with the shift in perspective. Beyer (1981) notes how Mitroff's dialectical synthesis of multiple perspectives in strategic planning assumes the rationality of the change process based on cognitive understanding. Interests and power attributes of participant groups are not likely to render it so. Nevertheless, the planning process has the advantage of at least surfacing the interests of the stakeholders, thus making them explicit for the management and creating the need' to face the differences.

Minor or Major Changes

A tentative hypothesis may be mooted from the programme experience. The technology in the hospital was more capital intensive in relation to the centre. Medical services in line with the model of health services adopted by the hospital

demanded such a type of technology. The technology also brought with it the technical and managerial professionals, usually trained in educational institutions often not geared to the Indian social context. The training, therefore, did not equip the professional for work within that context. The conditions of rural India were often alien for such a person. This has been a complaint regarding medical education (Ministry of Health, 1975). Doctors in Tara hospital, as in others, would find themselves ill-equipped to design and implement community-based health programmes and, therefore, to reach out into the community, even if one presumed that there was a desire for reaching out. Yet, the changes in Tara would depend to a great extent, on the medical and other professional staff. On the other hand, the handicraft centre housed a labour intensive craft industry, with little dependence on techno professionals.

The hospital and handicraft centre present yet another feature. The level of internal cohesiveness of the various groups with respect to the shift in perspective was different between the two programmes. In the hospital, there was a considerable section that was not comfortable with the shift for its own reasons (not desired; not interested; not trained for it; other interests such as working conditions. There was a strong majority objection to the shift. In the handicraft centre, there were at least three groups:

- (i) those who felt that things could go on as they were, with marginal changes to improve management practices

- (ii) those who desired that many changes had to be made within the existing structure in order to refashion the programme and
- (iii) those who viewed the programme as incapable of contributing to any major social transformation and hence felt that it should be abandoned. Thus, the internal cohesiveness among the groups against the shift was not so strong. Figure 1 portrays the feature outlined.

Level of cohesiveness of groups not favourable to shift in perspective

		Low	High
Degree of capital intensive technology used and of dependence on techno-professionals	Low	Handicraft Centre	
	High		Hospital

Location of the development programme in terms of dimensions
Figure 1

It may be hypothesised that the centre would have an edge over the hospital in terms of the degree of changes that would be made. It is quite likely that the hospital moves relatively more incrementally and the handicraft centre, relatively more radically in its change efforts. This is borne out by some initial moves. For instance, the sisters in the centre were ready to try out alternative models such as a mix of production-cum-education activities in a sub-centre, cooperative mode of organisation in a second sub-centre etc. Such alternatives were not forthcoming in the case of the hospital.

Given, therefore, the shift of moving from the campus into the community, the actual organisational change effected may be conditioned, among other factors, by the programme's use of technology and consequent dependence on professionals and the level of cohesiveness among the programme personnel in terms of not favouring the shift. The incremental or radical nature of changes is likely to be influenced by the intensity of these two factors. Accordingly, the sponsoring agency may have to consider:

- (i) Formulating reasonably low expectations for change in the hospital;
- (ii) In the light of such expectations, proposing an alternative model of community based health care outside of the present programme structure so that a fresh effort can demonstrate the value, logic and potentiality of alternative models;
- (iii) Searching for professionals who see the value of and need for the shift in perspective and are willing to take the risks of experimentation.

Conclusion

Programmes in need of major organisational changes might find it useful to prepare their personnel for reorientation in terms of organisational perspectives and goals. Concrete planning, learning by joint problem solving and planning seem to be some useful processes towards that end.

These set the stage for a long term planning culture in an organisation bound by operational involvement. However, the experiment must be powerful enough to withstand the dominant culture of the organisation in which change is sought. Moreover, interests of groups can be a major constraint to change. It might be suggested that greater the use of capital intensive technology and techno professionals and greater the internal cohesion among groups against any shift in perspective, the greater the difficulty in attempting radical change. Incrementalism may be the only remedy in such cases.

For programmes that are in the process of evolving and growing, there is a lesson: with alertness, there could be ways of not facing the dilemma. If the programme management constantly uses the talisman of its dispensability and avoids its entrenchment in any one programme or community, then perhaps it will remain alert to the need to form structures within the community, managed by the people served. Consequently, by reaching out rather than up, agencies sponsoring these programmes may build fewer campuses and more communities.

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