Five

Finding the Path and Formulating Strategies

Two roads diverged in a road, and I took the one less travelled by, and that has made all the difference.

—Robert Frost[1]

Introduction

A leader's role in taking people to a future they have not seen before is to find a path—a route along which people should travel—to achieve the vision by bridging the vision–reality gap. The need to find a new path has gained urgency because of rapid changes in technologies, increased competition, changes in socioeconomic conditions, and rapidly rising expectations due to increased communications. While the pressure for and hazards of new paths have increased, so have the opportunities for radically improved performance.

Leaders choose new paths when they find that following or retaining the current path constrains progress either because there are too many obstacles in the path or strategic changes within the confines of a path are not resulting in a large difference. Socialism and capitalism are the two major paths chosen by countries to manage their economies. In each of these systems, strategies may vary among countries. One of the famous examples of a change in path is by Deng Xiaoping,[2] the chief of the Communist Party's

[1] Frost, R. The road not taken. Retrieved from www. Poemhunter.com/poem/the-road-not-taken, accessed in March 2014.

[2] Retrieved from www.en.wikipedia.org/wiki/Deng_Xiaoping, accessed on March 12, 2012.

Central Military Commission. He famously said, in the early 1960s, when discussing economic policy, "It doesn't matter if the cat is black or white, so long as it catches mice." When implemented, this reduced the role of ideology in economic decision-making and enhanced the role of policies of proven effectiveness, leading China on the path of "socialist market economy."

Often change in strategy is contemplated for bridging the gap between vision and reality. However, strategic changes within the confines of the current path may not suffice and changes in path may be needed. In the second section of this chapter (A Taxonomy of New Paths), we present several examples of new paths that have proven successful.

Finding the path is actually a simple practical skill that is often a matter of asking questions, a trait that we expect of leaders; a matter of challenging the status quo, another trait we expect of leaders; a matter of achieving something unexpected out of a situation. However, it also requires thinking "big." In Dr Ben Lozare's[3] concentric circle model (in the third section), he shows that most people operate at the lowest level (smallest circle—"easy to do") for many reasons. As you move to the next level and the next, there are fewer and fewer people. True leaders with the compelling vision and the necessary drive and energy would operate at the sphere of the "beyond imagination." Only at this level can big dreams and grand plans be achieved. Visionary leaders have to practice the art of thinking big constantly because achieving their vision depends on it. The third section (Finding the new path) discusses approaches to finding new paths: revising the reality tree discussed in the previous chapter, piloting the new path, and Steven Covey's Third Alternative.

Strategies indicate how journey along the chosen path would be undertaken including prioritization of services and target groups, and ways by which demand, services, and resources will be mobilized. Formulating and implementing strategies for progress on the path is discussed in the fourth section (Formulating and Implementing Strategies for Progress on the Path).

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Changes in path generally involve major changes in policies, health service delivery, role of public and private sector, health financing, or human resource configurations. Strategic changes would generally be within the confines of current policies and may involve smaller changes. Orchestrating process of change is a major challenge for leaders and is the subject of the fifth section (Orchestrating Process of Change). It presents Kotter's eight steps for successful change. Nevertheless, risks are involved in any process of change and the sixth section summarizes Heifetz and Linsky's advise on staying alive through the dangers of leading (Addressing Risks Involved in Implementing New Path).

A Taxonomy of New Paths

There are several examples of new paths that have led to significant success. We have analyzed the 20 cases of successes documented by Center for Global Development[4] in "Millions Saved: Proven Successes in Global Health" and have drawn upon from other literature. Broadly, they could be classified as follows:

- Program innovations in service delivery: These involve changes in mix of services delivered, how they are delivered, and who delivers them.
- Program innovations for behavior change: Strategies for changing behavior are almost always a key to health improvement.
- Utilizing new technologies: Discovery of new techniques or medicines often results in new paths.
- Delivering micronutrients through fortifying food: Deficiency in micronutrients can cause several diseases and providing them through fortifying foods has often proven to significantly improve health.

[4] Center for Global Development. (2004). Millions saved: Proven success in global health. Retrieved from www.cgdev.org.

- Financial innovations have been recently used both for shaping demand and modifying health-care seeking behavior.

In the following paragraphs, we discuss selected examples of these proven successes in global health through each of these paths.

Program Innovations in Service Delivery

Program innovations can make a significant difference and are generally directed toward improving access, coverage, and quality of services or adherence to treatment as the following examples show.

Controlling Tuberculosis in China

In the mid 1990s, WHO developed the DOTS (directly observed treatment-short course system) strategy.[5] Within a decade, almost all countries adopted this strategy. China was one of the earliest to adopt it through which trained health workers watched patients take their treatment at local tuberculosis county dispensaries. It achieved a 95 percent cure rate for new cases within two years of adopting DOTS. Between 1990 and 2000, the number of people with tuberculosis declined by over 37 percent in project areas. The MDG target to halt and reverse the tuberculosis epidemic by 2015 has already been achieved. The tuberculosis mortality rate has decreased by 41 percent since 1990. Nevertheless, the global burden of tuberculosis is high and 1.4 million people died from tuberculosis in 2011.

Controlling Trachoma in Morocco

Trachoma is the number one cause of preventable blindness. In 1992, a national survey found that just over 5 percent of

[5] WHO. (2012). Global tuberculosis report. Geneva.

Morocco's population had the blinding disease trachoma. Between 1997 and 1999, the National Blindness Control Program implemented a new strategy called SAFE (surgery, antibiotics, face washing, and environmental change). Mobile teams performed simple, inexpensive surgeries in small towns across the provinces, 4.3 million treatments of the antibiotic azithromycin were distributed, health education efforts promoting face washing and hygiene were conducted, latrines were constructed, and safe drinking water supplied. Overall, the prevalence of active disease in children under 10 was reduced by 99 percent since 1997.

Indonesian Midwifery Program to provide a skilled attendant at birth

Concerned by high MMR in Indonesia, the Ministry of Health initiated midwifery education program from 1989 to 1996 that trained 54,000 community-based midwives. Due to this program, the proportion of deliveries assisted by a skilled attendant throughout Indonesia rose from 25 percent in early 1990s to 76 percent in 2006.[6] The national MMR in 2006 was estimated to be 230 per 100,000 births[7] compared to about 400 per 100,000 live births in 1989 and neonatal mortality rate was 20 per 1,000 live births. Thus, progress was made by the new path for coverage by skilled birth attendants, but why was it not greater? Shankar et al. argue that several factors affected performance:[8] (1) rapid deployment of midwives compromised candidate selection and quality of training, (2) supervision and mentoring of midwives was not adequate in all areas, and (3) there was limited access and financial support for referral to emergency obstetric-care centers. These issues were addressed as implementation progressed. The above example shows that while a new path may result in progress, careful strategies and their execution is needed to realize its full benefit.

[6] Retrieved from www.who.inst/ bulletin/Volume 85/10/07-031007/en/.

[7] World health statistics. Retrieved from www.who.int.

[8] Shankar, A., Sebayang, S., Guarenti, L., Utomo, B., Islama, M., Fauveau, V., & Jalal, F. (2008). The village-based midwife programme in Indonesia. *The Lancet*, 371, 1226–1229.

Eliminating Polio in Latin America and the Caribbean

Although the oral polio vaccine was introduced in 1977, it was 1985 when the Pan American Health Organization (PAHO) began a polio eradication campaign in Latin America. To increase immunization coverage in areas with weak routine health services, all endemic countries in the region implemented national vaccine days twice a year to immunize every child under-five, regardless of vaccination status. In the final stages of the campaign, "Operation Mop-Up" was launched to locate children missed by the campaign with house-to-house vaccinations in communities reporting polio cases and with low coverage. In 1991, the last case of polio was reported in Latin America. Today, the world is on the verge of eradicating polio.

The above examples show that changes in service delivery strategies can increase coverage and reduce mortality as well as morbidity.

Program Innovations for Behavior Change

Healthy behaviors by people can have a significant impact on health. However, it is not easy to bring about large-scale change in behaviors. There has been some success in reducing prevalence of smoking tobacco over the years. However, a quicker response was realized in the oral rehydration therapy (ORT), as the examples of Egypt and Bangladesh show.

Egypt: A pioneer in ORT

In 1977, diarrhea caused at least half of the large number of infant deaths in Egypt. Although the efficacy of ORT was proven and the Egyptian Ministry of Health had introduced packets of oral rehydration salts (ORS), only a small proportion used them. A national program to promote ORT was launched to produce, promote, and explain ORT by strengthening the capacity of the health service delivery units. The four main components of the program included product design and branding, production and

distribution, training, and promotion and marketing. The program was guided by research and evaluated; it used a successful nation-wide media campaign which included television.

Reaching Bangladeshi children with ORT

Bangladesh had high prevalence of diarrhea but logistics of ORS distribution and poor media reach meant that it had to develop its own strategy. Beginning in 1980, the Bangladesh Rural Advancement Committee (BRAC), a large NGO, began a program to promote ORT in rural Bangladesh. The program trained tens of thousands of female health workers. They went door-to-door training mothers about dehydration and ORT. The health workers visited each household in the program area and taught at least one woman in the household the "10 points to remember," including what diarrhea and dehydration is and looks like, how to rehydrate through ORT, how to make the solution at home and when to use it, when to call the doctor, and when to continue feeding. They also demonstrated how to make a homemade oral solution by mixing a three-finger pinch of salt, a fistful of sugar, and a liter of water. The workers were paid based on their performance in terms of how accurately and thoroughly they taught mothers the 10 points. Because men in Bangladesh are the key decision-makers, the program also tried to reach men. Male workers at bazaars, mosques, and schools helped influence the attitudes of men toward ORT. Between 1980 and 1990, 13 million mothers were taught to make oral rehydration mixtures in their homes. Today, the usage rate of ORT in Bangladesh is 80 percent, one of the highest in the world, and packaged oral rehydration salts are widely available in most of the country, including the rural areas.

Utilizing New Technologies

Availability of new or improved technology, when appropriately delivered, can have a significant impact on health, as the following examples show.

Development of safe strategy for controlling Trachoma in Morocco

The SAFE strategy discussed earlier for controlling trachoma in Morocco became highly effective with the discovery of a much more potent new antibiotic. Studies showed that a single dose of the antibiotic azithromycin was as effective as (or even more effective than) the six-week regimen of the widely used tetracycline antibiotic. Pfizer, the global pharmaceutical giant, and the Clark Foundation formed the International Trachoma Initiative and Pfizer pledged to contribute $60 million worth of the new antibiotic. The International Trachoma Initiative aimed at eliminating blinding trachoma worldwide got a start in Morocco.

Onchocerciasis or "River Blindness" in Africa

River blindness afflicts approximately 42 million people worldwide, almost all residing in sub-Saharan Africa. Many abandoned their fertile land due to a threat of this disease. Aerial spraying worked in the 11 designated West African countries during the 1970s and 1980s. However, this was not feasible in 19 central, east, and southern African countries given the area's longer distances and thick forests. In 1978, Merck discovered that the new antiparasitic agent (Mectizan) they had developed to treat gastrointestinal worms in cattle and horses was also effective against the family of worms responsible for onchocerciasis. A single dose of Mectizan (ivermectin) could kill up to 95 percent of the tiny worms—offspring of the adult worm—for up to a full year. The Carter Center, affiliated to the Emory University, agreed to distribute the medicine donated by Merck. Since 1988, the program has provided more than 472 million annual treatments.

Fortifying Food: Delivering Micronutrients

Micronutrient deficiencies can result in severe health problems and supplementation, often, is difficult to organize and adhere to. Therefore, food fortification is sometimes an efficient way to provide necessary micronutrients, as the following examples

show. However, legislation is needed, supply chain needs to either exist or be organized, initial investment costs may need to be subsidized, quality has to be monitored, and incremental cost of fortification needs to be affordable.

Preventing iodine deficiency disease in China

Iodine deficiency—a range of disorders including goiter (enlarged thyroids), stillbirths, stunted growth, thyroid deficiency, and mental defects—affects 13 percent of the world's population. Globally, iodine-fortified salt has been a major strategy to prevent iodine deficiency. In 1993, China launched the programs which raised awareness of the health impact of iodine deficiency; strengthened the capacity of the salt industry to iodize and package salt; monitored and enforced the quality of the salt; and promoted compliance among the salt industry through enforcement of licensing regulations and legislation banning non-iodized salt. By 1999, iodized salt was reaching 94 percent of the country, up from 80 percent in 1995, and salt quality had improved markedly. As a result, total goiter rates for children aged eight to 10 fell from 20.4 percent in 1995 to 8.8 percent in 1999.

Prevention of neural-tube defects in Chile

Each year, neural-tube defects (NTDs) affect more than 300,000 newborns worldwide. Anencephaly and spina bifida, the two most common NTDs, are important contributors to infant and fetal mortality: all infants with anencephaly are stillborn or die shortly after birth, and those born with spina bifida suffer lifelong disabilities and require extensive medical care. The NTD rate had stagnated at 17.2 per 10,000 live births in Chile from 1967 to 1999. Aware of the effect of folic acid on the prevention of NTDs and encouraged by public health experts, the Chilean Ministry of Health introduced a new legislation in early 2000 stipulating that all domestically produced wheat flour must be fortified with folic acid. Flour mills began producing, distributing, and marketing wheat flour in compliance with the new legislation, and the government helped to regulate and monitor the quality of fortified

flour. Shortly after the fortification legislation was passed, 91 percent of wheat bread was being produced with fortified flour. Chile's fortification intervention produced a significant decrease in the NTD rate, a reduction of approximately 51 percent for spina bifida and 46 percent for anencephaly.

Preventing dental caries in Jamaica

In the early 1980s, dental caries in Jamaica was widespread. On an average, fewer than three in every 100 children were free of caries. Untreated caries is painful and may affect diet, school attendance, and sleep. In 1987, at the encouragement of a dentist from the country's Ministry of Health, Jamaica's only salt producer began producing and selling fluoridated salt. The Ministry of Health and the Jamaican Parliament passed the necessary legislation and regulatory framework for its implementation. The government provided biological and chemical monitoring of the salt. The health of children's teeth in Jamaica improved dramatically due to fortification. In both six-year-olds and twelve-year-olds, the index of the severity of caries had fallen by more than 80 percent by 1995.

Financial Innovations

Public–private partnership for increasing institutional deliveries in Gujarat state, India

The MMR was high and unchanging in Gujarat, India. The Commissioner of Family Welfare identified three issues constraining progress: (a) package of services for mothers and newborn babies was not available to the poorest, (b) government health facilities had significant shortage of qualified health-care providers, particularly at the district level, and (c) three-fourth of the gynecologists worked in the private sector and were not affordable for most women. Therefore, a new public–private partnership was introduced at the state level between district government

and private providers, initially in a few districts and subsequently expanded to cover the whole state. The private providers are paid by the government for any maternity care they provide to women below the poverty line. As of November 2007, in the pilot areas there were more than 131,000 deliveries. About 40 percent of eligible poor pregnant women benefited from the scheme in just two years. Available data show that the proportion of deliveries in institutions has risen to 76 percent in November 2008 from 54 percent in 2005.[9]

Health of the poor in Mexico: Conditional cash transfer

Financial incentives to promote behavior change have been used in many health programs. However, Mexico's experience of large-scale cash transfer provided a fillip to the use of this instrument. In 1997, Mexico launched *Progresa* program with the goal of increasing the basic capabilities of extremely poor people in rural Mexico. Unlike most health programs which focus on supply side, this program was principally designed to affect the "demand side." It provided monetary incentives directly to families to help overcome the financial barriers to health services use and schooling as well as to induce parents to make decisions that would bring their children more education and better health. The government provided significant levels of financial support directly to households only if the beneficiaries did their part by sending children to school and taking them to clinics for immunizations and other services. *Progresa* also sought to simultaneously influence behavior on education, health, and nutrition as they are mutually reinforcing. This would also bring pressure for coordinated service delivery in these three sectors.

The conditional cash transfer involved the following:

- In the health component, cash transfers were given if (and only if) every member of the family accepted preventive health services delivered through the Ministry of Health

[9] Mavalankar, D., Singh, A., Bhat, R., Desai, A., & Patel, S. R. (2008). Indian public–private partnership for skilled birth-attendance. *The Lancet*, 371, 631–632.

and IMSS-Solidaridad, a branch of the Mexican Social Security Institute.

- In the nutrition component, the cash transfer was given to the household if (and only if) children (aged five years and under) and breastfeeding mothers attended nutrition monitoring clinics where growth was measured, and if pregnant women visited clinics for prenatal care, nutritional supplements, and health education. A fixed monetary transfer of $11 per month was provided for improved food consumption. Nutritional supplements were also provided to a level of 20 percent of daily calorie intake and 100 percent of the micronutrient requirements of children and pregnant and lactating women.
- In the education component, monetary education grants were given for each child under 18 who was enrolled in school between the third grade of primary school and the third grade of secondary school, the period when risk of school dropout was the greatest. Monthly grants ranged from $7 for a child in the third grade of primary school to around $24 for a boy in the third grade of secondary school.

The monthly income transfers were provided through wire transfer that could be cashed immediately. The transfers constituted about 22 percent of household income, on an average. This significantly increased the monthly income of poor families and their purchasing power which fed financial resources into the local economy. In addition to a striking impact on health, nutritional status was also better for *Progresa* children than for those outside the program. As a result of the favorable evaluation findings, the program not only survived the political change from the Zedillo administration to the Fox administration but was also extended to urban areas.

Janani Suraksha Yojana (JSY) scheme in India to increase demand for institutional deliveries

In 2005, with the goal of reducing the numbers of maternal deaths, the Government of India launched *Janani Suraksha*

Yojana (JSY), a conditional cash transfer scheme, under which poor women delivering at a health facility receive a cash amount of about US$28.[10] According to government reports, the number of women receiving JSY benefits in the year 2009–2010 stood at 9.3 million. JSY is, thus, one of the largest in the world in terms of the number of beneficiaries and represents a major Indian health program. Although uptake of JSY varied among districts, receipt of financial assistance from JSY was associated with a significantly increased probability of receiving antenatal care, giving birth in a health facility, and either giving birth in a facility or having a skilled attendant present at the time of delivery. Lim et al. note that JSY has probably contributed to reductions in the number of perinatal and neonatal deaths.

Finding the New Path

A path should essentially address root cause of the vision–reality gap problem or of inadequate progress toward the vision, as discussed in the previous chapter. Finding the path, therefore, is a creative process requiring thinking "out of the box" or "breaking the box." It will require deep understanding of the situation, root causes, the reasons for persistence of root causes, and ways of addressing them. One would have to fight this sort of view: "we have always done things this way." Finally, it will also require looking beyond the "zone of control" to "zone of influence" or even creating new zones of influence as some of our earlier examples of new paths show.

[10] Lim, S. S., Dandona, L., Hoisington, J. A., James, S. L., Hogan, M. C., & Gakidou, E. (2010). India's Janani Suraksha Yojana, a conditional cash transfer programme to increase births in health facilities: An impact evaluation. *The Lancet*, 375, 2009–2023.

Future Reality Tree Analysis

The theory of constraints by Goldratt[11] provides a way of thinking and a set of tools to find answers to questions of what to change, what to change to, and how to change. In Chapter Four, we had discussed use of current reality tree for logically thinking about identifying key constraints or root causes for the vision–reality gap. This is what needs to be changed. A constraint at a point in time in the system is the one that limits performance of the current path in the system. It is the weakest link between input and outcome.

To further strengthen the logical thinking process for finding the path, the above analysis has been extended by the following: Cloud analysis helps reveal various assumptions that underlie the connections among the UDEs in the current reality tree. It brings out the beliefs and values that have led to current policies and practices, in turn, resulting in these UDEs. Usually the constraint persists because of two opposing wants that represent the conflict and the need that both are trying to satisfy. Instead of compromising between these two wants, a breakthrough solution needs to be created by examining the assumptions behind the wants. Once a solution (called injection) has been identified, the team that constructed the current reality tree can proceed to develop a future reality tree which is the answer to question "what to change to." Future reality tree is a representation of how desirable realities will look if some changes are injected leading to desirable realities. It is constructed by tracing the effect of "injections" or planned changes in the path on the UDEs which will then be replaced by desirable realities. Thus, it helps in looking at effect of changes in a systematic way. Sometimes application of injection may result in possible side effects—favorable or adverse—on the system as a whole. The negative consequences would need to be addressed.

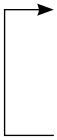
If there is insufficient clarity about "how to change" then obstacles in implementation need to be identified. These are called prerequisites which uncover obstacles to implementation

[11] Goldratt, E.M. (1997). *Critical chain*. Great Barrington, Massachusetts: North River Press Publishing Corporation.

of changes in the path and helps ways to address these obstacles. The implementation plan needs to be developed, called transition tree—transition from the current reality tree to future reality tree.

The Third Alternative

Stephen Covey[12] suggests that transformational leaders, faced with a lack of progress or conflict, should seek to find a third alternative. He suggests two steps to achieving the synergy through third alternative.



Would you be willing to search for a solution that is better than what either one of you (us) have proposed?

Would you agree to a simple ground rule: No one can make his/her point until they have restated the other person's point to his/her satisfaction?

The above implies that mode of communication has to become Win-Win by mutual understanding and caring for the different points of view.

The third alternative is created by a process of synergy. Synergy is not the same as compromise. In compromise everyone loses something. However, process of synergy would lead to a fresh promise and transform the future. This would result in moving from "my way" and "your way" to "our way." The third alternative thinking requires change in paradigm. It requires: (a) seeing yourself as independent of your position, (b) seeing the other side as having legitimate view, and (c) willing to synergize to create an amazing future that no one could have foreseen. The process of creating synergy requires both parties to agree to go for a solution that is better than the one currently available on agreed criteria

[12] Covey, S. R. (2011). *The 3rd alternative: Solving life's most difficult problems*. New York, USA: Simon and Schuster.

of success, creating the third alternative and getting the synergy or third alternative.

Collins and Porras[13] in their book *Built to Last* talk about genius of the word "AND." Those companies that last long embrace both extremes on a number of dimensions at the same time and figure out a way to have both choices. Visionary companies find ways to do well in the short term and long term, rather than sacrifice one for the other. They don't look for a balance—rather, acquiring both to the maximum. Instead of choosing A OR B, we should figure out how to have A AND B—continuity AND change, freedom AND responsibility, and so on. They are able to find a path that addresses these seeming contradictions through a core ideology and guiding vision. So, while practices and path may change, the core ideology provides consistency.

Role of Pilot

When there are uncertainties regarding the efficacy of the new path, it is often advisable to pilot test to assess its impact and ways to implement it. Examples of pilot projects abound in the literature and in the following paragraph we present one such example.

Preventing Hib disease in Chile[14]

Two Hib conjugate vaccines were licensed in Chile in 1992 based on their proven efficacy in controlled trials in the industrialized countries. However, the Ministry of Health in Chile did not introduce them into the country's routine immunization system because it was not convinced that the high costs of the vaccine would justify its routine use. Researchers in Chile estimated that the incidence of *Haemophilus influenzae* type b (Hib) disease

[13] Collins, J., & Porras, J. (1997). *Built to last: Successful habits of visionary companies*. New York, USA: HarperCollins.

[14] Center for Global Development. (2004). Millions saved: Proven success in global health. Retrieved from www.cgdev.org.

in Santiago during the late 1980s was 32 per 100,000 infants below six months of age, and 63 per 100,000 in infants aged six to 11 months. Once the disease burden had been shown to be significant, the ministry agreed in 1994 that researchers should further explore the use of the Hib vaccine. Rather than performing a randomized clinical trial, the researchers did what is known as an "intent-to-vaccinate" study. This observed the *effectiveness* of the vaccine—its impact on a large population of infants receiving it in the normal conditions of a routine immunization service. Thirty-six PHCs in Santiago were enrolled for the study and administered the vaccine with other routine immunizations for a year. To minimize the number of shots for children and to increase cost-effectiveness, the researchers tested a combination of Hib conjugate vaccine and the established Diphtheria, Tetanus, and Pertussis (DTP) antigens in the same syringe. For a comparison group, they observed children in 35 additional centers in the city where Hib vaccine would not be offered but would receive only DTP as usual. The total number of children involved was more than 70,000. The results of the study were dramatic. Among the children in the health centers where Hib vaccine was available, the number of meningitis cases was reduced by 91, and the number of cases of pneumonia and other forms of Hib disease was reduced by 80 percent, compared with children in the DTP-only centers. Based upon these results, Chile's Ministry of Health introduced the Hib vaccine into the routine immunization program for infants in 1996.

Path finding and shared vision

Sometimes, path findings can result in creating shared vision among different stakeholders. For instance, the public–private partnership created a shared vision of reducing maternal mortality statewide among private practitioners in Gujarat, India. Similarly, in Indonesia, provision of midwives strengthened the vision of skilled attendant at the delivery among general population. Inspiring and empowering stakeholders involved in a new path is a key to success and requires special efforts.

Formulating and Implementing Strategies for Progress on the Path

While a new path will involve a large-scale change in direction, a strategy is a way to progress along the path. Even when the current path is to be followed, the leader would need to formulate/validate current strategies. Strategy implies choice of which services to provide, to whom, and in what sequence and includes ways to mobilize demand, services, and resources for that purpose.

There is a voluminous literature on strategy formulation. In the following paragraphs, we briefly mention the methodologies for formulating strategies.

- SWOT Analysis: First, one needs to identify strengths, weaknesses, opportunities, and threats (SWOT) to progress on the path chosen. The basic options for strategy are to (a) build on strengths, (b) address weaknesses, (c) exploit opportunities, and (d) protect from threats. After identifying all feasible options, one can prioritize the strategic interventions depending upon their potential impact, feasibility of implementation, and congruence with the path.
- Stakeholder Perspectives: First, one needs to identify all the key stakeholders affected by moving on the path. Then current stakeholder perspectives on the new path, desired perspectives, and strategies needed to realize the desired perspectives would need to be identified.
- Strategic Issues: Several strategic issues would need to be addressed to progress on the path. The strategic issues may change as progress is made and strategies to address them would also change.
- Brainstorming: First step is to collect as many ideas as possible for making progress on the path and not reject any idea encouraging participants to think "out of the box." In the second step, these ideas would need to be evaluated. Those that could have high potential impact, are feasible and are within the path desired would be selected.

- Operational Improvements: Sometimes it is enough to improve implementation of strategies—what services are provided by whom and where—for progress on the path.

Implementing Paths/Strategies

Convincing people to traverse a new path will involve exercising influence in all directions: up towards higher levels (typically the planning and finance departments or even the head of the state), laterally towards peers in the organization, down to direct reports as well as service providers, and to the individuals/households and communities as it will generally involve a change in their behavior. It may also involve private or civil society actors.

It is said that you cannot change others without changing yourself. So, leaders would need to look at themselves on whether they have the credibility and passion to move along a new path. It may also involve consciously building relationships with others whom they may normally not be in contact with. Traversing a new path may also involve higher level of risks of failure which need to be handled carefully.

Hughes and Beatty[15] provide a framework for strategic influence. Stakeholders can be influenced in two ways: (1) involving them in the process or (2) by connecting them at an emotional level. Direct involvement will not only ultimately create ownership but also bring about diverse and critical perspectives so as to mitigate the risks and increase the chances of success. When people are party to the ultimate decision, they are more likely to champion the cause and assist in overcoming "bumps" which invariably would arise during the journey on the new path. A wider group, however, can generally be influenced by connecting with them at an emotional level. This would require a leader to learn "what is important to others." For instance, in the Indonesian example above, it was important to households that

[15] Hughes, R. L., & Beatty, K. C. (2005). Becoming a strategic leader: Your role in your organization's enduring success. Jossey-Baas, John Wiley and Sons and Center for Creative Leadership.

deliveries took place at home but rather than relying on traditional birth attendants they needed access to a midwife who was based in the community rather than at a facility which might be at some distance. They also had to feel that a maternal death was not acceptable, and as households and communities they should have low or zero tolerance to maternal deaths.

The language used to convey the need for change is critical for establishing the emotional connection. There are several examples of this. For instance, the advocates for reducing poverty used the slogan "make poverty history"—a phrase which is likely to connect with a large group of people at an emotional level.

Thus, the process of finding the path is just as important as implementing the journey along the path. This process could involve creating a widespread consensus on the need for change. A carefully crafted communication strategy would be needed for this purpose.

Orchestrating Process of Change

Implementation of any new path/strategy will involve changes. Some organizations have been able to make successful changes and have improved their performance. However, most changes meet with some level of resistance from those who must implement the change. People resist not only change that is bad for them, but also change that will benefit them in the long run. Any change involves some pain. Therefore, it is not surprising that many change efforts have failed.

The probability of change being successful depends upon the degree of dissatisfaction with the status quo, a clear statement of the desired end state after the change, and agreement on concrete first steps toward the goal.

Most alterations in norms and shared values come at the end of the transformation process. New approaches usually sink into a culture only after it is clear that they work and are superior to old methods. Sometimes, the only way to change a culture is to change key people.

Box 5.1: *Eight Steps to Transform Your Organization*

1. Establishing a sense of urgency
2. Forming a powerful coalition
3. Creating a vision
4. Communicating the vision
5. Empowering others to act on the vision
6. Planning for and creating short term wins
7. Consolidating improvements and producing still more change
8. Institutionalizing new approaches

Source: Kotter, 1999.[16]

Kotter (1999) in his book *What Leaders Really Do* provides eight steps for successful change (see Box 5.1).

1. Creating Urgency: Leaders have to create a feeling of urgency in the stakeholders for change so that they would be willing to participate in the process of change. Unless a high sense of urgency is felt, the change effort is not likely to succeed and transformation efforts would fail to achieve their objectives.
2. Forming a Powerful Team: A team would need to be formed which will have the capability to guide the change process. Major change is often impossible unless the head of the organization is an active supporter. However, this is not enough for a successful transformation unless senior managers and other people, who have a commitment to improved performance, come together as a team. In the most successful cases, the coalition-seeking change would be sufficiently powerful to overcome the inertia for change.
3. Get the Right Vision: Transformation effort should lead to a different future and unless that future can be visualized, change is not likely to occur. Therefore, leaders need to "create" the right vision and strategies to guide action in all of the remaining stages of change. Of the remaining elements listed below for successful transformations, none

[16] Kotter, J. P. (1999). *What leaders really do*. Boston, USA: Harvard Business Press.

is more important than a sensible vision. Vision plays a key role in producing useful change by helping to direct, align, or inspire actions on the part of organizations of people (see Chapter Three). Vision is an imaginable picture of the future. Effective visions are those which are desirable, feasible, focused, flexible, and communicable. An ineffective vision may be worse than no vision at all. Without an appropriate vision, the transformation effort may lead to incompatible actions and become very confusing.

4. Communicate for Buy-in: Leaders need to communicate change visions and strategies effectively so as to create both understanding and buy-in. Major change is impossible unless most employees are willing to help, often to the point of making short-term sacrifices. But people will not make sacrifices if they are unhappy with the status quo, unless they think the potential benefits of change are attractive and they really believe that a transformation is possible. Without credible and sufficient communication, employees' hearts and minds are never captured. The success of communication effort depends upon the clarity and simplicity of the message, use of multiple forms and channels, and intensity of communication. Behavior from important people that is consistent with the vision can support other forms of communication.
5. Empower Action: Employees need to be empowered to participate in the necessary action required for the change process. Lack of information, non-supportive performance measurement and reward systems, lack of self-confidence, and hindering organization structure can create obstacles to action and they need to be overcome. These barriers may be real or only perceived. Unless employees are empowered to overcome these obstacles, change process may be undermined.
6. Plan for and Create Short-Term Wins: The transformation process often takes time and unless people see some tangible short-term progress, they may be disheartened. Therefore, leaders need to plan the transformation effort in such a way that short-term goals are set and their achievement is

celebrated. Such short-term wins would encourage employees to continue with the transformation effort.

7. Don't Let up: The leader cannot pause with just some short-term gains or performance improvement. Persistence over a long period is needed to realize the vision. Until changes are internalized and become a part of the organization culture, the organization may revert to its old ways.
8. Institutionalize the Change in the Organization Culture: The organization structure, systems, style, and skills should support creating the organization culture where the changed behaviors are institutionalized. Until new behaviors are rooted in the organization's social norms and shared values, they are always subject to degradation as soon as the pressures associated with a change effort are removed.

Addressing Risks Involved in Implementing the New Path

Heifetz and Linsky[17] suggest that anyone who has stepped out on the line, leading part of an organization, a community, or a family, knows the personal and professional vulnerabilities. However gentle your style, however careful your strategy, however sure you may be that you are on the right track, leading change is a risky business.

However, leadership is worth the risk because the goals extend beyond material gain or personal advancement. By making the lives of people around you better, leadership provides a meaning in life. It creates purpose.

> *And it ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more*

[17] Heifetz, R., & Linsky, M. (2002). *Leadership on the line. Staying alive through the dangers of leading*. Boston,USA: Harvard Business School Press.

> *uncertain in its success, than to take the lead in the introduction of a new order of things.*
> (Niccolo Machiavelli, The Prince. Retrieved from www.constitution.org)

They propose that there are two kinds of problems. When the organizations or communities face problems for which solutions are known then these could be called technical problems. As the paths to solve such problems are known, leadership entails little risk. However, there are many problems where solutions need to be found. Such problems require adaptive changes for the organization or the communities to discover new paths through experimentation, discoveries, and adjustments. The adaptive changes are risky because people may not be confident about their outcomes and cannot see at the beginning of the adaptive process that the new situation will be any better than the current condition. While the gains would still be uncertain, those likely to lose out because of such changes will see their losses clearly. For instance, in the earlier Indonesian midwives example, the traditional birth attendants faced a risk to their livelihood as midwives took over their work.

Adaptive changes require modifications in behaviors and well-established habit patterns. As habits provide stability, people resist such changes being introduced by the leader even though they may have the potential for a better future. Leaders need to address dangers arising from such resistance to change.

Heifetz and Linsky (2002) provide the following guidance on ways to respond to these dangers.

Get a "Balcony" Perspective: Often one gets into a change process with many opposing it and forgets the overall perspective. It is, therefore, useful to occasionally step back and remember the overall perspective; perspective from the balcony, so to say. Visionary leadership is an improvisational art. The leader may have an overarching vision, clear orienting values, and even a strategic plan, but what the leader needs to actually do from moment to moment cannot be scripted. To be effective, a leader should respond to what is happening. Therefore, it is useful to

watch out for an authority figure's words and behavior as it will provide a critical signal about the impact of change actions on the organization or community as a whole.

Think Politically: Any change is a political process with gains for some and losses for others. Therefore, it is important to have personal relationships with those who may oppose changes. However, one also needs to keep a watch on the behavior of those who support change so that their actions do not enhance resistance to change.

Orchestrate the Conflict: There will be differences, passions, and conflicts along the way of an adaptive change. The leader should work with them in a way that diminishes their destructive potential and constructively harnesses their energy.

Put the Responsibility on Those Who Need to Make the Change: To meet the adaptive challenge, people must change their hearts as well as their behavior. The leader should put the issue back to the team and to those who need to make the changes so that it is placed where it could be resolved. Too often leaders tend to take everything on their own shoulders. Exercising leadership necessarily involves interventions in the change process. Four types of interventions constitute the tactics of leadership: making observations, asking questions, offering interpretations, and taking actions.

Hold Steady: Finally, the leader will have to learn to take the heat and receive people's anger in a way that does not undermine the change process. This is one of the toughest tasks of leadership. The leader should not get too far ahead of the others, otherwise there is a risk of being sidelined. One needs to wait until the issue is ripe. Leader should be steadfast and focused on the change that is being sought and for the reasons why it is sought. The eye should be on the better future that would result while addressing the painful issues involved.