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Maneuvering in a Large Organization (Case Study)

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CASE STUDY: Maneuvering in a large organization



**Cochabamba, Bolivia
Summer 2009**

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PART A: Entering Cochabamba

I. Background on the Global Engagement Summer Institute (GESI)

The Global Engagement Summer Institute is a Northwestern University study abroad program that offers students an opportunity to spend a summer learning about and experiencing community development in a global context. GESI sends groups of three to six students to work closely with a non-governmental organization (Host Organization) over eight weeks to develop and implement a sustainable development project that aims to empower the organization to better serve its community. Prior to arriving on-site, GESI students complete two weeklong courses, International Community Development and Global Community Consulting, as part of required training. Once on-site, students also work closely with a partner organization (GESI's Partner), which provides community development advice and local expertise. Each team receives \$800, to be used at the team's discretion (with the host's approval), to help fund the project.

II. Background on Cochabamba, Bolivia

Bolivia is considered to be one of the poorest countries in Latin America. With a population reaching almost 10 million, the GDP per capita was \$4,700 in 2009 (*CIA World Factbook*). The poverty rate in the country is at approximately 60%. Bolivia has two official languages: Spanish 60.7% and Quechua 21.2%. In 2009, Bolivia had 872,655 borrowers from various microfinance organizations, making it one of Latin America's most developed microfinance sectors. Cochabamba is Bolivia's third largest city with an urban population of 608,276 (2008) and a metropolitan population of more than one million people.

III. Background on Our Host Organization

The Host Organization is a microfinance non-governmental organization aimed at providing poor women in Latin America with financial services, health care, and training in business and health. The Host Organization is present in many countries and cities across Latin America. In Cochabamba, the Host NGO lends to approximately 80,618 individuals (as of 2009) and has several offices in both rural and urban locations. Women receive financial services through communal groups (women who support each other and guarantee each other's loan). Nurses are on site, providing various health services, free of charge, to all clients and their families.

IV. Our Host Organization/GESI's Partner Assets

Name	Organization	Asset
Partner 1	GESI's Partner	Experience in International Development/Close ties with our Host Organization
Partner 2	GESI's Partner	International Experience/American
Partner 3	GESI's Partner	Local/Young/Relatable
Doctor 1	Host Organization	Doctor/Dedication to clients/Approachable/Willing to work with us
Supervisor	Host Organization	Supervisor/Liaison

V. GESI Team Assets

Group Member	Interests	Skills/Experience
Student 1	Soccer, Music, Museums, Animals	Major: Anthropology, Pre-Med Strengths: listener, open-minded, positive
Student 2	Outdoors, Art, Bike, Music, Social Justice	Major: Politics, Studio Art, Chinese Strengths: problem solving, rational thinker, listener
Student 3	Languages, Traveling, Music	Major: Economics Strengths: quantitative, organization, cultural awareness
Student 4	Sports, Family/Friends, Volunteering, Church	Major: Economics, LOC Strengths: work ethic, leadership, business

V. GESI Team Introduction to Our Host Organization

On our first day of work, we visited our host's administrative office, located on the second floor of one of the regional offices, and met with our supervisor to explain our goals and expectations for the eight-week engagement. This was our host's first GESI group and we wanted to make sure our supervisor understood what we would be doing during our time. We explained to her that we would be observing for a week before deciding on our project, but we still felt pressured to decide on a project sooner than that. After speaking with our supervisor, we also realized that the host NGO had more services and was more complex than we anticipated. So, we met with various administrators to better understand how the organization works. We learned about communal loans from a staff member, we learned about individual loans and the entire overview of our Host NGO from the loan expert, we learned about promotional and marketing strategies from the marketing staff worker, we learned about an upcoming project of potential interest from a manager, and we learned about the health department from Doctor 1.

After learning about all that our host NGO has to offer, we decided it would be best to visit the eight Cochabamba offices and talk to the staff in each office. We split into groups of two so that we would be able to cover more ground. After arriving at each office, we received a tour from each supervisor and met with him or her to discuss the strengths and weaknesses of our Host Organization. We also met with nurses and credit collectors and asked them the same questions. After gathering as a group once again, we realized that the staff members of our Host Organization had many different opinions. In some cases, the responses even seemed to conflict.

Since we were hearing different things from staff members, we decided to spend some time observing our host's services firsthand. Once again we decided to split ourselves into groups of two during the first half of our day before gathering during the second half. During this time we observed communal group gatherings and loan repayment sessions. We learned that each group meets either monthly or bi-monthly to collect money. Once all the money is collected, the group can begin a new cycle. We also learned that before the repayment sessions begin, a staff worker does a brief business or health training with the clients. Nurses or doctors facilitate the health training sessions while the credit collectors facilitate the business training sessions. These topics alternate each time the clients met.

Lastly, we wanted to learn more about promotion, so once again we split into groups of two and traveled with promoters to rural areas. We observed the promoters as they went door-to-door explaining the Host Organization's services to potential clients.

PART B: Deciding on a Project

After several days of observation and interviews, we began to brainstorm possible project ideas based on what we had seen. We continued to observe and learn as much as possible during our second week at our Host Organization and encouraged each other to jot down potential project ideas that came to mind as the week progressed. That Thursday, the four of us sat down to debrief all the information we had compiled during the first week and a half. We first wrote down our project ideas individually and then later compiled all of our thoughts. After writing down everyone's ideas onto a sheet a paper, we had over 30 project ideas. Together, we were able to combine, alter, condense, or eliminate our ideas so that we were left with 17 distinct potential project ideas. The 17 project ideas fell into the following categories: promotional initiatives, health information, personnel training, and customer satisfaction.

We evaluated the remaining 17 ideas by considering three main criteria: feasibility, potential impact for the organization, and sustainability. After thoroughly evaluating each project idea, we determined that the best project ideas belonged to the health information category. We were able to rule out promotion and finance related projects because our Host Organization is a very established organization, and we did not feel we had enough expertise to suggest changes to any marketing or finance related policies. However, we believed many of our health related projects would positively impact the organization because they did not involve large-scale changes that would require international approval. We also viewed the health sector as the most unique asset that distinguishes our Host NGO from other competitor microfinance organizations, so we wanted to improve upon an existing asset. Lastly, we decided that some of our ideas around personnel training and customer satisfaction could tie into our health information ideas.

Having decided to focus primarily on our Host Organization's health services, we narrowed our potential ideas and were left with four ideas that met our requirements of feasibility, positive impact, and sustainability:

1. Developing new educational materials about cervical cancer, hypertension, diabetes, and obesity in response to the high incidence of these illnesses among clients.
2. Creating informative coloring pages to teach children about basic health and hygiene practices while they waited with their mothers during loan repayment sessions.
3. Doing an inventory of educative materials (banners) at each office so doctors and nurses would be more likely to use existing materials when speaking with clients.
4. Reinforcing an existing teaching methodology, *APRENDE*, by encouraging communication among doctors and nurses through an information session and monthly team meetings.

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Knowing that we had the next four weeks to divide and conquer the work, we were confident that we could complete all four tasks. Our supervisor approved our proposal, so we created a work plan and got started immediately. We quickly found out, however, that our Host Organization's international standards were more complex than we had anticipated. In addition, a week after getting our project proposal approved, we were surprised to learn that certain administrators doubted the amount of work our team could complete.

PART C: Putting the Project into Action

I. Significant Changes

Our project proposal underwent a series of changes based on the opinions and decisions of many more of our Host Organization personnel than we had anticipated. When we presented our project proposal to Doctor 1 (head Cochabamba doctor) and Doctor 2 (head regional doctor), they received our plan positively and we left the office that day with the impression that we had the go-ahead to begin implementing our project. The next day we were notified that we needed to have a meeting with Doctor 1, Doctor 2, our supervisor, and the Host NGO Director concerning our project proposal. This was the first of a series of surprises, or "sorpresas," in the development and implementation of our project proposal. The Director went through our four different initiatives and told us that he had major concerns with our idea to create educational coloring books. He told us that the organization had previously attempted to host daycare centers at some offices; however, this service proved to be problematic because it was not sustainable and many women abused the service. Furthermore, he noted that some women were displeased that some offices had daycare while others did not. Because the Director feared another failed children's initiative, he strongly suggested that we replace or eliminate the initiative.

During the meeting, Doctor 1 and Doctor 2 expressed the need for materials on diabetes, high blood pressure, and obesity, three pressing health issues in Bolivia, as well as cervical cancer. Although we were upset that the Director had rejected our coloring book idea despite positive feedback from other employees, we decided to replace the coloring book project with an initiative to develop materials that the health staff could use in one-on-one interactions with clients.

We began collecting information from nurses and doctors about cervical cancer and the three pressing health concerns. We started by crafting a draft poster on cervical cancer. When we went to Doctor 2 for feedback on our poster, we ended up having an unexpected conference call (the next "sorpresa") with the health supervisor at our host's national headquarters in La Paz. The health supervisor suggested that we turn in a draft for our cervical cancer poster as soon

as possible because of our time constraints. She also advised that we concentrate on one health issue (obesity) rather than all three. From her perspective, developing health fliers would be a valuable project. Heeding the national supervisor's suggestions, we sent Doctor 2 a draft of our poster for obesity at the end of the day via email for review. Without reviewing it first, Doctor 2 immediately sent our poster on to the national supervisor. These events reflected the looming shortage of time that seemed to plague us.

Due to the extent of our frustration from receiving so many different opinions about our project, we voiced our concern to the director of GESI's Partner, Partner 1. Partner 1 agreed to meet with our supervisor, the Director, Doctor 2, and us. He helped us explain to our hosts our concern of not having a tangible project when we left Cochabamba. In response, the Director claimed that as long as we had sent in our final versions for the posters to the national headquarters by the time we left, he and the staff could make sure that our money was used to produce these materials. The Director also suggested that we participate in an existing project on domestic violence, in which we would collaborate with Volunteer 1, a domestic violence expert from the United States who was working at the headquarters in La Paz, when she would be in Cochabamba in the coming weeks. We left the meeting open to and positive about the possibility of working with Volunteer 1.

When we Skyped with Volunteer 1 the next day, she explained her project and how we could help her validate the materials she had developed to sensitize the Host Organization staff to domestic violence. We enjoyed speaking with her and felt really comfortable helping with her project. The next morning we had another "sorpresa": a meeting with the Director, Doctor 1, Doctor 2, and our supervisor. It seemed they had discussed our project and the predicament of our short time in Cochabamba. They proposed that we drop the initiative to create health materials and the cervical cancer poster all together. Additionally, they suggested that Student 3 and Student 4 utilize their economics skills to analyze data from existing surveys. Although frustrated with yet another change, we decided that elaborating on an existing project would be a good option given our short time frame.

From this point on, we had a relatively concrete project proposal that we followed for the remainder of our time in Cochabamba. Using our initial criteria for deciding on a project, we felt that these four components met our goals for feasibility, impact for the organization, and sustainability.

Final Project

1. Design and implement an organizational system for health training resources (banners) in all eight offices of Cochabamba

2. Reinforce our Host Organization's instructional teaching method, APRENDE, through a workshop with the entire health team
3. Aid in the creation and evaluation of domestic violence training material for our Host Organization personnel
4. Compile data analysis to evaluate client knowledge about pre and post-natal care to help our Host Organization understand how to tailor health trainings and consultations accordingly

II. Implementation

Due to the fact that our project was comprised of four separate initiatives and we only had approximately two weeks to implement them, we carefully managed and divided our time to make sure all of our objectives were successfully delivered.

Banners: During our initial visits to each office to collect data for the health materials, we also made lists of the banners at each of the offices we visited. This was quite valuable in saving us time, as it meant that we did not need to plan separate trips to all of the offices to investigate the banners. We chose to do our test run of the banner system in one office, Office 1, with all four of us to make sure that the doctors and nurses found the system functional and to ensure that we could replicate it at all the other offices. The staff at Office 1 responded very warmly to the organization system, and we decided to move on to the rest of the Cochabamba offices. We divided up into groups of two in order to implement the banner system in the remaining offices as efficiently as possible. It took us about two days to finish this, each pair doing two to three offices per day. We organized the banners into categories and numbered the banners in each category. The categories were color-coded and each banner was labeled with a tag corresponding to its number and the color of its corresponding category. In each of the offices we hung a laminated poster listing all of the banners in each category and outlining the color and numbering system. We also gave each of the offices a folder containing a list of the banners in its office as well as lists of banners in all the other Cochabamba offices. Thus, health personnel could see which banners they were missing in case they wanted to order additional posters in the future or borrow a banner from another office.

APRENDE: APRENDE is the Host Organization's instructional teaching method used in health and business trainings. It aims to effectively communicate to clients by using visual, interactive, and reflective teaching methodologies. Our original vision was to organize monthly meetings for the doctors and nurses to discuss how to apply APRENDE

to the monthly health training topic. After sitting in on one of the staff meetings for nurses and doctors, we realized that it was relatively unrealistic to expect all of the nurses and doctors to meet once a month. Fortunately, we found out that an administrator from the national headquarters, who happened to be a designer of APRENDE, was planning to visit Cochabamba in August. Doctor 2 agreed to schedule the APRENDE expert's visit for a week earlier so that we would be able to work with her before we left Cochabamba. We decided to collaborate with her to hold a workshop on APRENDE at the end of her visit. During our correspondence with the expert prior to her visit, we were able to create an agenda that incorporated both parties' ideas for the workshop. Before the workshop, we prepared folders for each of the attendees that included a guide to the APRENDE methodology and worksheets to map out lesson plans. The workshop began with a couple icebreaker activities so that the nurses and doctors from all of the different offices could get to know each other. The four of us then performed a number of different skits simulating health training sessions. In the afternoon, we participated in an activity where each person discussed an object that had personal value to him or her. To end the workshop, each doctor and nurse performed a lesson that lasted one minute for the group. After, we provided feedback for each presenter. All of the attendees seemed to enjoy participating in the activities; some attendees even came up to us after the workshop to ask us personally about how to further improve their teaching methods.

Domestic Violence: On Volunteer 1's first day in Cochabamba she provided us with background information on the issues surrounding domestic violence. Volunteer 1 had developed materials to sensitize the host HGO staff to the issue of domestic violence, and she wanted to validate them in focus groups of approximately five to six people. For the next two days, we observed the training sessions she conducted with groups of different Host Organization staff members, transcribing their comments, questions, and other notable reactions. After each session, we discussed with Volunteer 1 which aspects seemed to provoke the most reactions and which seemed to be most unclear. Student 2 also designed graphics to be included in the materials.

Data analysis: Although most of our time was focused on the first three project components, Student 3 and Student 4 were able to use any extra time to analyze data that our Host Organization had collected from previous client surveys. The survey, which was given to a random sample of clients, contained basic questions about pre- and post-natal care. Student 3 and Student 4 synthesized the preliminary survey results so that the host NGO could better understand client needs on this topic. Student 3 and Student 4 analyzed the results from each question in the survey to help inform health personnel about which topics needed the most reinforcement. Using Microsoft Excel, Student 3 and Student 4

cross referenced each question with more specific demographic data (i.e. age, number of children, location, and years with our Host Organization) to provide our Host NGO with a more comprehensive analysis of who it should target with more information on pre and post-natal care.

PART D: Reflections

How was the project received by Our Host Organization?

Throughout the summer, we had frequent conversations with our Host Organization staff, which opened up the paths of communication between the staff and us. This communication was essential to the implementation of the project and led to numerous changes in the details of the final project. Despite the communication, however, it was sometimes difficult to know how helpful our various initiatives were.

Project Part 1: Organizing Health Training Materials

This was easily the most successful part of the project, as we were frequently told by the health educators (doctors and nurses) that they would be far more likely to use the training resources once they were cleaned and organized. The doctors and nurses were very enthusiastic about the prospect of well-organized training resources, and we were sure to incorporate ideas the health educators had about the organizational system so that there was a sense of ownership of the final product.

Project Part 2: Reinforcing APRENDE

This was the most dynamic component of our project, as it culminated in a daylong training that 20 of our Host NGO staff members attended. The APRENDE expert, who came from the national office and was extremely enthusiastic about the prospect of reinforcing the APRENDE methodology, led the training. She considered the day to be a success because of the high participation and quality discussion that transpired throughout the day. The participants were fairly engaged throughout the day and commented on the helpfulness of the program. They seemed to enjoy the team-building activities that were included, and people were in generally good spirits at the end of the day. Each of the participants filled out an evaluation of the training, but the evaluations were left at our host NGO so they could be referenced in the future.

Project Part 3: Domestic Violence Materials

Volunteer 1 was extremely grateful for our help. The administration was generally supportive of the domestic violence initiative.

Project Part 4: Data Analysis

We compiled a 34-page document with our findings and gave it to the head doctor with hopes that Host Organization would utilize our information. However, due to time constraints and other project components, we were never able to verify the extent to which our Host Organization leveraged our analysis.

How does the GESI team feel about the project?

Overall, we feel like our project will have a positive impact on our Host NGO. However, we also feel parts of our project were superficial. The organizational system can certainly be helpful, but only for as long as the doctors and nurses keep the system going. Additionally, creating accessible materials is only the first of many small steps toward the overall improvement of the health training services. As for the APRENDE training, we were pleased with the turnout and the response from everyone in attendance. The APRENDE manuals we developed with the expert and others may or may not be referenced by staff members as they plan future training sessions, but hopefully the training will lead to an increased awareness of the available resources that staff members have in their colleagues. The domestic violence materials have the potential to be quite helpful, although we are unsure of the status of their development. Lastly, we feel that the data analysis can be useful for the organization, but again, we are not sure how valuable our report will be since we never received feedback on it.

What has the group learned about working in large organizations?

As a group, we were certainly exposed to a number of difficulties because of the size of the organization we worked with. First, there was a long process behind all decisions that had to be made. As newcomers, we were not aware of this decision-making process; therefore, we were often caught by surprise when seemingly finalized decisions changed unexpectedly. Second, the size of the organization made it difficult to get to know all the offices, people, and components of the organization. It was difficult to conceptualize a project that would help everywhere. Third, the organization was very institutionalized. Each office needed to have the same programs and services, which meant that a pilot project in one office would not be acceptable. We found this particularly challenging, as the prospect of implementing a new project in eight offices with dozens of staff was extremely overwhelming and not necessarily feasible given our time constraints. However, we did recognize that working in a large organization was also an asset. Bureaucracy and red tape were frustrating, yet our Host Organization had a ton of resources, knowledge, and expertise that we were able to leverage.

These challenges made us acutely aware of our limitations as students, foreigners, and interns. It was only appropriate for us to work on a certain scale, and we worked hard to find where our niche was. This often meant forfeiting project ideas that we thought were particularly viable, such as the educational coloring book, and conforming to the more directly expressed needs of the organization. Still, we recognized that the opposite challenge would have been to work with a very undeveloped, unorganized NGO. At least in our case, we felt fortunate to have a multitude of assets to work with.

What recommendations does the group have for people working in similar situations?

Throughout the summer, our group found that humility, a sense of humor, and patience were essential to the success of our experience. As foreign students, we were familiar with neither the culture in which we were working nor the organizational intricacies of our Host Organization. As a group, we spoke imperfect Spanish, had studied development in only abstract and academic settings, and had minimal exposure to microfinance. We certainly did not have “the answers” and could not purport to “solve” our Host NGO “problems”. Thus, humility was extremely important in our communication with our Host Organization and with each other.

A sense of humor was also very important because of the stressful realities in which we were working. Each linguistic mishap could be cause for alarm or just another thing to chuckle about at the end of the day. Similarly, each change in our project could have been the next biggest disaster in our lives, or it could be sloughed off as another “sorpresa”. Though we certainly did get stressed out as a group and had to find ways to cope with that stress, approaching every situation with a sense of humor made it easier for us to transform paralyzing frustrations into situations that we could deal with.

Alongside having a sense of humor, it was also important to be patient. Cultural and linguistic misunderstandings certainly could not be avoided over the course of our internship, and patience allowed us to move past these misunderstandings. Additionally, patience helped us recognize that focusing on the tasks we could complete rather than the ones that we could not complete was crucial while working with a large, bureaucratic organization.

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