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Developing Managers in Post Soviet Kazakhstan.  
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**But the Real Work is Being Done Down Here!  
Developing Managers in Post Soviet Kazakhstan**

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**For Submission to National Centre for Work Based  
Learning Partnerships, Middlesex University  
As Evidence for DPS 5120  
(Doctorate in Professional Studies)**

**June 2004**

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**Middlesex University**  
**National Centre for Workplace**  
**Learning Partnerships**  
**DPS Project (DPS 5120)**

**Critical Commentary on Project Submission :-**  
**‘But the Real Work is Being Done Down Here;**  
**Developing Managers in Post Soviet Kazakhstan’**  
**Steve Collins – Candidate 9631965**

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**June 2004**

Note – The text includes an example each where it is felt a Level 5 Descriptor has been covered – as follows – **Know** (knowledge), **Anal** (analysis), **Syns** (synthesis), **Eval** (evaluation), **Refl** (Self-Appraisal/Reflection), **Plan** (planning of learning), **Prob** (problem solving), **Comm** (communication/presentation), **Rsch** (research capability) **Cnxt** (context), **Resp** (responsibility), **Ethc** (ethical understanding)

## **1. Introduction**

The original Project report has been written to serve a number of aims and audiences. Obviously, its immediate aim was to serve as a record of the Project itself and through the evaluation of its successes and learning help further projects work in Central Asia particularly and overseas generally. Linked to this, a further aim was to develop discussion and debate amongst colleagues in the communities of practice of both management development and work-based learning. Finally, in the wider sense, it will hold some value to other such groups with an historical interest in the transition of Post Soviet states. **(Comm)**

This commentary together with the processes of presentation, and Project report and the appendices that include papers and reports from the Project itself form the total submission for the final stage of the award of Doctor of Professional Studies. This paper specifically looks to augment crucial areas of understanding and development not fully developed in the Project report itself particularly in relation to knowledge management and work-based learning. In addition this paper has also been structured to satisfy explicitly all the descriptors for level 5 particularly by the inclusion of a small section on personal development. An Appendix has been added to support this suggesting, by chapter, where examples of descriptor practice exist in the original report. **(Appendix One)**

## **2. An Opportunity for Personal Development**

My initial involvement in Kazakhstan was seen as an opportunity to further my own professional practice in and understanding of management development as an area of learning and widen my experience as a teacher. **(Chap.2)** It also offered opportunities to travel and to further my writing skills. **(Plan)** In this it has been largely successful. It has allowed me to forge a wider network of colleagues and develop other work in Russia and Malaysia and hopefully soon in China, as well as enrich my teaching on the programmes in change management that I deliver in the UK.

The Project was an opportunity to test my capability by creating and delivering a programme in management development for a Cohort of senior health sector administrators, doctors and nurses from Almaty Oblast Healthcare Administration in Kazakhstan. Stephenson's 'world of actions' model suggests that real capability takes place when working with problems that are unfamiliar when in similarly unfamiliar contexts. **(Stephenson 2001)**. This view specifies my experience in leading the Project. I expected the development and delivery of the programme to prove challenging but had not anticipated the extent of the political context I needed to manage in addition **(Chap.12) (Cnxt)** In fact much of the learning from my role in the Project went beyond the delivery of the programme towards integrating the conflicting expectations of the four bureaucracies involved. **(Chap.7) (Resp)**

To resolve such issues drew heavily on not only my forty years experience in management but also on the ability to motivate others and create as a result the synergy required for innovation. Several instances in the Project report demonstrates an ability both for original thinking and a flexible approach yet ensure harmony and achieve required results. **(Chap.8) (Prob)**

Throughout the Project, I found I needed to maintain a clear set of professional and ethical values. I remained constant to the view of needing to ensure a team approach throughout and despite a few attempts to personally discredit, tried ever to recognise the value and viewpoints of others and acknowledge their efforts. The report as an example of this, has been sensitive to avoid any unnecessary anxiety to those involved in the Project, recounting issues of conflict only where these lead to useful learning. **(Chap.12) (Ethc)**

### **3. The Methodology of Research**

The research methodology could be perceived as a case study in that it is an empirical enquiry that investigates a contemporary and real event using multiple sources of evidence. **(Yin 1989)** The sources of primary evidence used are the reports to steering group and the Know How Fund, training models, diagrams and records and evaluations, letters, newspaper articles **(Chaps.6 to 12)** in addition to a good range of photographs also used as 'vehicles to promote dialogue' throughout the paper.

There is also a considerable use of secondary sources of evidence. It has viewed and used what possibly amounted at the time to the total UK output of writing on Kazakhstani health, economics and management to gauge an understanding of growth in the country and evaluate the long-term effects of the Project. **(Chap.15)**. Additional library research was needed to develop an understanding of Kazakhstan as a geographic and historic entity and the legacy of the Soviet command economy. **(Chaps. 2, 4 and 5)**

Yet it would be wrong to perceive the Project report solely as a case study. My role was to lead the team to promote change by introducing western management thinking and practice and introduce activities that would ensure their application by Cohort members. The report results from my participation and involvement as leader as well as founder of the Project. **(Chaps.6 to 12)** Events locally were constantly in the processes of change and I was very much a perpetrator of this. As a result there is a much stronger element of the action-centred approach to the research. **(Easterby-Smith 1991)** Subjectivity was a constant problem but every effort was made to take note of other views as well as support all findings with evidence be it primary, secondary or even anecdotal. **(Resh)**

Both the report and the book that is to follow have been innovatory in overall approach. **(Preface)** Few academic works in this area have taken such a narrative approach or included the wider range of material concerning Kazakhstan beyond the main Project area. There is also an attempt to intertwine a range of disciplines, history, geography, economics, sociology and anthropology to the more central ones of management and education. Despite the issues of structure and flow of discussion the approach has caused, this has resulted, I would maintain, in a created greater width and depth to the perspectives and insights that result. **(Syms)**

Storytelling can also be, as here, a powerful way of developing awareness of feeling. Leading any project involves large elements of emotional input – doubts initially, overwhelming joy when underway mixed with humour, frustration, concern even anger as progress is made. Hopefully this aspect also adds to overall understanding.

#### **4. Theoretical Input**

Management as a practice uses theoretical models as its basis for developing activities and this was the case throughout the Project. The whole report could in fact be perceived a record of how theory was put to practice. Not all theoretical models used at the time have been included, of course, as many were practical day-to-day workings that would add little of value to the debate.

Despite this, the report contains many examples of 'theory into practice' modelling for initial visioning as well as the planning and evaluation of the programme itself. For example, basic 'gap analysis' was used from my first day of involvement with Kazakhstan project work. (p.4). Similarly, less apparently, the then current NVQ level 4 Management Standards model was used as the basis for structuring the Project programme. (Edexcel Foundation 1994) (p. 59).

Other examples of models included in the report that that proved crucial to the development planning were the 'CATWOE model' (Checkland 1990) to ensure the overview of the vision (p.54) and the Outline Model for the second workshop (p.99) based on the Learning Cycle. (Kolb 1975) Other models used proved valuable for explanation, e.g. the 'Concentric Circles Model' (p.82), the 'Model of Empowerment' (p.104) and the 'Portfolio Building Model' (p.106). These last three and others were, of interest, my own 'updates' of existing management and educational understanding.

The report also includes several other theoretical tools used to develop evaluation e.g. the 'Seven 'S' Model' (Pascale 1990) (p.162), 'Team Faces Model' (Lewis 1992) (p.164) and Hamblin's 'Evaluation Model'. (Hamblin 1974) (p.196) The 'logframe' model agreed with the Know How Fund was later developed as a tool for evaluating Project sustainability. (p.179) In fact one chapter (Chap.10) has been devoted to the value of modelling for the Project as a whole.

More important to the depth of discussion, are the underlying theoretical themes being developed through the report and integrating the debate. Perhaps the most prominent incorporated or 'enmeshed' here is the important current strand of western management thinking concerned with the form of organisational structure that is to supersede bureaucracy as the 'knowledge age' replaces the industrial era.

To this end, the report develops evidence of the failures of the bureaucratic approach and the poor, even non-existent management practice that results, from the review of the Soviet command economy (Chap.4) and the problems of developing the Project through the often what seemed arbitrary actions of the four 'bureaucracies' involved (Chap.6). Linked to this same debate weaknesses that result from the Know How Fund's evaluation process (Chap.11) and the lack of own team working resulting from bureaucratic approaches to project management itself (Chap.12).

Networking, accepted by many management theorists as at least part of the solution to the failures of bureaucracy forms a second such theme. This discussion is also threaded into many chapters in the paper and then discussed in some depth (Chap.14) before integrating with the other theoretical themes to develop insights in conclusion. (Chap.16).

Another related theoretical theme threaded into the debate involves the empowerment debate with the need to develop participative management practices and effective local decision-making. Sound human resource management thinking particularly the need for on-going development was suggested to be at the core here. **(Chap.9)**. It was interesting, as an aside, that the Kazakhstani hierarchy looked to the Project to find how empowerment generally could be put to practice.

A further strand of thinking, again connected to the debate on the decline of bureaucracy, the need to decentralise healthcare provision and develop primary care services, is also discussed. **(Chaps. 7, 11, 12)** Staff from rayon hospitals were invited specifically to be part of the Cohort to be able to develop strategy and practice to this end and plans were being implemented as the Project progressed.

The Project took place when Kazakhstan was in a state of radical change, what Kuhn would call a paradigm shift. **(Kuhn 1962)** I remember feeling at the time that we were a part of history, hopefully achieving more than the training of a group of local, albeit senior, administrators and hospital and service heads. Hence my concerns discussed about the sustainability of project learning beyond the short term. **(Chap.15) (Eval)**

### **5. The Exchange of Knowledge**

A useful perspective to review the Project overall is to view it as an experiment in knowledge management. Clearly, in terms of recent theory not in use at that time, this was what was happening. We would supply what we felt could be of potential value from western management thinking and practice for health care sector development and encourage the Cohort members in turn to apply this to their own workplace issues. **(Chaps. 6 to 8)** Put very simply, we from the west managed the explicit knowledge and the Cohort members in turn developed this through their tacit awareness and know-how. **(Polyani 1966)**

We were sufficiently successful in this in the short-term to satisfy the Know How Fund outcomes as suggested. **(Chap.11)** However, the extent of longer-term success was difficult to ascertain. Regardless, the report managed to argue success to a large extent was the likely outcome because there has been stability, growth and a move towards a mixed economy in Kazakhstan over the last decade or so. **(Chap.15)**

Success was made more likely because we had influenced the prominent members within the Cohort – a Deputy Minister of Health, a Presidential Health Advisor and an influential Deputy Akim. In addition, at least three others moved during or immediately after the Project to take up roles in the prestigious Presidential Hospital or head up national initiatives in the care sector. All these in effect moved closer to be able to influence ‘Presidential circles’ and thus national thinking. **(Chaps. 11, 15)**

My own role was much involved with the processes of forming relationships, gaining an understanding of local perspectives and developing an empathetic approach. **(see esp. Chaps.3, 6, 9, 14)** Through this we would be better able to ensure that our teaching and input could be appropriate for application to local issues. **(Chaps. 6 to 8)** As a result through the insights gained in return I have been able reflect on how this might be applied to our western understanding in the management field and beyond. **(Chap.16)**

I found I could rapport with most I met in Kazakhstan and particularly when we met a second time be it at a meeting, in a shop or gallery, during a training session, in the a hotel lobby or within the various hospitals or clinics I was frequently taken to visit. (see esp. **Chap.14**) Through this, for example, I began to realise the reasons for the different social functioning of women to our own Western model. No matter how senior when within the predominant 'Soviet workplace' all women would hand round food and fill plates and glasses. This was not considered demeaning as it was the accepted gender role of woman within Kazakh culture and in turn I came to recognize it as something to accept rather than condone.

I had in fact begun to develop to an extent what I have seen termed an 'alternative reality' of understanding that gave real local insight. (**Bennett 1987**) As a further example, I began to realise that no matter how much we would like time to ourselves, it was crucial to Kazakhstani culture that additional activities be arranged for us for any spare time whilst we were in Almaty, be it an extra social visit, meeting senior management or seeing another hospital and all involving more '*dastahan*'.

As a result of this, I developed the concept in response of 'going with the flow' – the need to respond positively or otherwise seriously upset our hosts. 'Going with the flow' flexibility was we found particularly important to maintain the goodwill of the Cohort. Had we not, I am sure we would not have developed the learning environment we needed for achieving the Project's aims. (**Chap.14**) (**Refl**) However, I did feel that this increased interaction in Kazakhstan has another function, as this paper will now explore.

#### **6. Tacit Know-how and Explicit Knowledge**

Nonaka's model of the 'Knowledge Creating Process' (**Nonaka 2000**) is to be used as a tool to analyse the knowledge management of the Project further and to develop a clearer understanding of the activities we were observing. (**Anal**) The full Nonaka model can be seen below as Fig.1.

*Figure 1 – Leading the Knowledge Creating Process (Nonaka et al 2000)*



The model shares much in common with the Kolb and Fry 'Learning Cycle' that has become the basis of our own understanding of the learning process. **(Kolb 1987)** However, being developed from Japanese research, Nonaka's model does give greater emphasis to the value of the group and in this, has proved more valuable to developing an understanding of behaviour in the context of Kazakhstan.

Starting with the 'Ba' element, the term literally means 'place' but in the model it goes beyond this. Whereas both precedent and task in hand bound an actual 'place', 'Ba' is more fluid. In essence it takes account of changing levels of interaction stating that when these are at high levels, new learning take place. Thus, within the model, knowledge results from dynamic group participation.

As can be seen in Fig.2 below, the element of 'ba' results from the interaction of two dimensions, the type of interaction, whether it be individual or group and the media, be it teaching 'face-to-face' or by books, manuals, instructions, visits and these days interactive sources in the 'virtual'.

From this, four types of 'Ba', '*originating*' (where individuals share experiences), '*dialoguing*' (where individuals share their mental models and skills which become common and shared concepts), '*systemising*' (where more explicit knowledge is shared) and '*exercising*' (where knowledge is internalised and applied and becomes learning). As can be seen, according to Nonaka, knowledge develops as the consequence of a virtuous circle 'travelling through' all four quadrants.

Throughout the project workshops particularly, we were conscious of the Cohort members' attempts, despite the difficulties of translation, to try and increase informal individual interaction between themselves and with us. (Chaps.3, 7 to 9, 11) At first we felt this to be a way of avoiding programme learning activities set. But it seemed by its intensity and regularity to have another function.

During breaks and lunch we were always being invited into informal groupings and afterwards invited out by members of the Cohort. Here we were asked politely of our experiences and our perception of events, sometimes linked back to issues that arose in the workshop, often concerning more general world topics. Again, we felt at the time this to be polite interest but analysis using the model does suggest more than this.

What it could be argued was happening were attempts to 'dialogue' or even 'originate' with our team members. The explicit knowledge being given in the workshops sessions was developing 'systemising' interaction but to put this into effect, the Cohort members were it seems, based on the 'ba' model above, looking to share experiences and 'mental models' - to track interaction back to 'originating' stage.

Further use of Nonaka's model strengthens this finding. The other elements, 'SECI' and 'knowledge assets' reflect 'ba' in that they too have four quadrants and that these interlink. Nonaka's model is effectively three-dimensional with all three elements being set on top of each other. Fig.3 below attempts to demonstrate the overall attributes of all three elements in two-dimensional form.

'SECI' stands for the four interacting modes of knowledge conversion for knowledge to develop into learning – socialisation, externalization, combination and internalisation. SECI demonstrates the importance of the need to develop tacit and explicit knowledge together as a group within the conducive 'ba' learning environment – in effect to challenge existing tacit know-how through new explicit knowledge and experience back to revised tacit know-how.

What becomes apparent is that we were not including sufficient time for informal learning in the workshop programmes from a local standpoint. We did begin each workshop and each day with a various brief icebreaking and review activities but these were clearly insufficient as were the learning processes we had included to this end. We had tried to incorporate a mentor process as we use in the west but this was proving logistically problematic and the learning sets we suggested we would like to see formed from within the Cohort were, we understood from them, not seen to be of any value. **(Chap.12)**

Other learning processes, the copies of the teaching notes that we left, the dozen or so journal articles we had translated, the UK textbooks that we passed over and some general healthcare video material was it seems just adding to the explicit knowledge 'systemising' area alone. **(Chap.12)** The only real success of the learning processes we planned to develop, beyond the workshops was the UK study tour with included much time for informal interaction with the team and other western colleagues. **(Chap.11)**

The Project report argues that the efforts to develop local understanding and close relationships through 'alternative reality' and the approach of 'going with the flow' that resulted, although not designed to this end were in fact crucial to the Cohort's learning process. In fact, it could be argued that through the informal processes of interaction we had been using to our own ends, we had in reality 'thrown a lifeline' to their learning process in that these facilitated their links into tacit learning.

This insight can be supported further by now involving in the analysis the third element of the Nonaka model above that of 'knowledge assets', which are, Nonaka maintains, at the base of the knowledge creating process. Looking to the initial tacit-to-tacit area quadrant, the initial 'socialising area', the knowledge assets here are shared common experiences and feelings that Nonaka lists as '*care, love, trust and security*' and '*energy, passion and tension*'.

Their efforts to informal interact with us and ours to see through their perspectives had produced as a result common tacit understanding. Certainly there was a sense that both sides were willing to act with feeling to energise the process as the Project progressed. Both sides realised the need for informal and tacit understanding, the Cohort more than we it seems on reflection.

The second area, tacit-to-explicit, 'dialoguing area', contained the understanding of the importance of the more tangible knowledge assets of '*images, symbols and language*' that could be seen through the Cohort's perception of the value of management concepts per se and our greater experience in their use. Here models were invaluable as vehicles of comparison of the similarities and differences between local and western processes and practices and thus created the dialogue needed to relate tacit to explicit. **(Chap.10)**

Within the third area, explicit-to-explicit, the 'systemising area', efforts had been made to '*systemise and package explicit knowledge*' successfully through the workshops. Formal and informal evaluation both confirmed that explicit knowledge

transfer took place but this did not really include any discussion on how it was applied by the Cohort to local context. Probably here, workplace action sets were operating.

Moving to the final area, where explicit knowledge is developed into tacit through '*routine knowledge assets*', we maintained that this was the area that we should not enter as it may result in us imposing western solutions. **(Chap.6)** Here we can argue that the portfolios received suggest success here albeit mainly due to the perseverance of those that submitted. Perhaps we needed here to give more support to those existing learning sets back in their workplace that went beyond Cohort members.

From this analysis overall, what we in the west can gain is an appreciation of the value of grouping learning to both tacit awareness and the learning process as a whole. This could be observed not only in the activities of Cohort members described above but also from our visits to local medical institutes. Here students worked very closely in what I think they called their 'bureaus'. In these acting as their 'set rooms' they would develop through their interaction the explicit knowledge gained from their formal lectures and over time progress through all four quadrants, to create the new tacit learning they would use in practical sessions as a result.

The Project's formal programme of learning had to an extent fallen into the very trap we tried so hard to avoid, it had based itself on western educational principles. As Nonaka et al suggests in a later work, in the west we do tend to rely on individuals developing the linkage between tacit and explicit whereas the Japanese see as achieved better by collective interaction. **(Nonaka 1995)** To Japan could be added Kazakhstan it would clearly seem.

#### **7. 'But the Real Work is Being Done Down Here'**

Initially, we envisioned our learning from managing the Project to be limited to developing understanding of how western management ideas would fit into the old Soviet Union post independence. From a more specialised perspective, we could experiment with our western 'teaching methodology' particularly, work-based learning and reflection, and assess its value for management development to those nurtured through traditional Soviet education practice. **(Chap.6)**

During the period of the Project, this pragmatic view was to change. As my understanding of Kazakhstan developed, I was surprised by the openness and warmth that existed when forming relationships, particularly the use of informal and formal processes that seemed to differ from ours in the west. However, with little conceptual development since the Hawthorne Studies to structure understanding, it has taken time to realise the potential value of this observation.

In the west, we maintain we practice initial informal interaction but we still undertake this within the formal rules of our business practice and etiquette. We lack it seems the spontaneity of the process that we experienced in Kazakhstan. Our relationship forming is pragmatic looking for more immediate return. Whilst we may try to create a little 'dialoguing, we have no intention of looking to develop the tacit understanding from common experiences that is the essence of 'originating' and the basis of later 'routinising'. As Nonaka suggests we tend to look to undertake these activities as individuals and thus miss the opportunities collective interaction can offer.

In other words, we in the west seem to use 'networking' opportunities more as a formal tool to gain formal relationships. In our process, we operate within our existing formal workplace roles and role behaviour and conform to understood commercial conventions. We may think we are moving from bureaucratic routine by our networking practice but in effect we are not.

The learning gained from our Kazakhstani experience suggests a different approach. Their initial interaction was less governed by formal convention and not of roles to roles but of people to people. They looked initially to create the longer-term relationships and from this develop the tacit understanding that will be able to create the trust needed for potential future working. In Nonaka's terms they were setting up the 'originating *ba*' first.

What we were observing may well have been surviving pre-Soviet even pre-Russian Kazakh tacit awareness coming to the fore in the new climate of challenge following the opportunities and freedoms of independence. **(Chap.14)** Regardless, the above analysis would suggest that they did not wish to squeeze all interaction into the formal and explicit areas. Kazakhstanis seemed to view starting informally and then moving formally works better in the longer run as this enables tacit and explicit knowledge to work together to a higher intensity at a later time once trusting relationships are formed. This could perhaps be likened to our processes of informal meetings before rubberstamping at formal committees but the reality is far from this. The difference is that theirs is not only looking to the longer-term rather than short-term gain band thus above rather than below 'board'.

The phrase '*Why are your people upstairs when the real work is being done down here!*' that has haunted me so much can now be explained. **(Chap.3)** Informal interaction is seen as the crucial initial action in Kazakhstan and hence the real concern that our colleagues were upstairs having a separate meeting. The Kazakhstan delegates could not see how valuable relationships could develop further as a result and were uneasy. From their perspective, just as explicit knowledge need to be bedded through tacit learning, so relationships need to start from informal and open interaction long before any formal business activities begin.

### **8. Evaluation of Work-Based Learning**

Despite what could be considered as poor returns in quantity, overall the quality of the portfolio material and the summative presentations many of the Cohort gave, were, as suggested of a high standard **(Chap.12)** As a consequence, work-based learning as a learning methodology was of value in the development of the Project. However, of more value perhaps was the learning we gained for future project work overseas from incorporating it.

The portfolio work of three Cohort members, Gulmira, Mary and Kurmangazy, was outstanding. Each included sound business plans and detailed personal development reflection. Each had clearly demonstrated as we had hoped the use of their learning experience of the workshops and the UK Study Tour to develop their workplace services. **(Chap.11)**

Eric too had produced some excellent work in his reports on the development of primary care or family doctor centres in Kapchagai Rayon, using Western ideas to this end. Others had produced some last minute efforts that included models, reflection and theory of some worth. But a great minority seemed to give the impression that completing the portfolio was an option than a requirement. **(Chap.12)**

Arguably, the most effective factor here, in terms of sustainability of the workplace learning process, was that the principles of reflective learning and portfolio development had been taken back by Baksha into the Health Administration's Talgar Medical Institute and were for example already being used by trainee nurses for when they went on work placement, when the Project finished. Other national institutes were known to be taking an interest in this development in educational technology and have doubtless started to develop it. **(Chap.12)**

My own evaluation of the management of the Project did confirm that we needed an 'on-site driver' to ensure activity for the periods between workshops. The role suggested would have been to pull Cohort members together and develop more a 'community of learning' and, by the process of encouraging and cajoling, ensure an exchange of ideas and develops tacit understanding. **(Chap.13)**

Although more towards cajoling than encouraging, the departure of the Deputy Head, Natalia Kaidakova, as our link here was a loss. **(Chap.9)** Her replacement as Deputy Oblast Head and contact for the Project, Bolat Dzuvashev, was of a different nature, more a 'thinker' than 'do-er'. **(Honey 1986)** He was in any case far too busy managing both his new role as well as retaining his responsibilities as head doctor at the Central Hospital.

Bolat, in essence, although a very valuable member of the learning process and clearly did judging by his feedback gain much in terms of appreciating western approaches, never really came to grips with the needs of work-based learning. **(Chap.12)** As an indication, after I had asked him if he had any form of portfolio available, he did bring along a whole batch of reports he had recently compiled and suggested that, as I understood the process, that I organise them for him instead!

This would suggest that we needed to take more of an active role in the selection both of the local lead person as a 'driver' as well as the Cohort itself. Politically, this would prove not as easy as this seems. We were, I remember, happy to have any Project Cohort at all at the outset and more than happy that it survived beyond its early stages. **(Chap.8)**

I had realised from previous workshops in Almaty that the old Soviet approach of education did not really include inter-group learning activity at the training sessions in the same way as in the west and expecting this to operate automatically in this mode was really far too optimistic. As suggested above, group working seems to operate outside formal tutorial activities. **(Chaps.3, 6).**

Analysis also indicates we needed to introduce the process differently initially. We had concentrated on returns through individual learning agreements and they, not having any tacit awareness of what was happening, politely feedback what they felt

we would like to see. **(Chap.8)** We needed to ensure more opportunities to develop the tacit knowledge and know-how between us initially before starting on this.

In this, we needed to remember that Britain in particular has a mercantilist tradition and as a result the formation of learning agreements, as contracts, is deeply embedded in our tacit thinking. Kazakhstan has not such a culture and perhaps this is the reason they are regarded as poor businessmen by western standards. **(Chap.15)** Both the Tsarist and then Soviet culture were not one of choice but of dictatorship where senior ranks imposed and Kazakhstan may continue to be operating in the same way today. **(Chap.15)** Regardless, the importance of learning contracts, as a vehicle for assessing and agreeing developmental needs was simply not culturally comprehensible.

Perhaps the major lesson from the Project would be to be less ambitious. We tried to push Cohort members into writing reflections from each event but it did not happen. They did not see it as anything other than a chore. Too many years of the 'classroom perspective' here it seems – they saw it as homework! Again, here more informal interaction and development of tacit understanding would have been more productive.

Boud suggests that whilst all workplaces are potential areas for workplace learning, the knowledge generated may differ from different workplaces. **(Boud 2001)** Perhaps we needed to try to be less prescriptive in our expectations here. The ex-Soviet workplace was not essentially one of learning and development but one of control. Thus to ask them to see the workplace differently was one step that proved difficult but to develop knowledge into practice within that workplace and then and reflect on its value was then a step too many. **(Chap.6)**

As Portwood points out when discussing work-based learning in relation to UK academic institutions, its methodology does involve a radical change in perspective. **(Portwood 2001)** We were attempting this as a 'greenfield experiment' in the health sector, notoriously resistant to change regardless of location, in a newly independent country with a limited understanding of learning processes and low tolerance of change! **(Chaps.4, 5)** Overly optimistic seems an understatement.

We could argue in defence, however, that any normal western management development strategy would have been problematic for the same reasons and again work-based learning did produce in any case some excellent results. This of course says much for the work of the team as well as those cohort members who delivered. Importantly, as suggested, it gave us a valuable opportunity to learn and reflect on its practice and development universally.

As a thought here, there is much enthusiasm in educational circles today for on-line development in its ability to be able to overcome the problems of temporal and spatial constraints and its capacity to offer teachers and students greater flexibility. AS a result, it offers opportunities to reach out to the economically and educationally disadvantaged with a richer pedagogy than was previously possible. **(Curran 2001 )**

Certainly, information technology would have been helpful in terms of communications between the UK and Almaty at the time but, following the findings of this analysis, it would prove of little benefit in developing the interaction and

relationships needed for tacit learning. In sum, on-line learning may well support explicit knowledge only and promote individual rather than group learning too much.

What this paper has found overall, is that for some transitional and non-occidental economies particularly, the tacit know-how required for management development and probably for most other disciplines, cannot be gleaned from a book or a journal. It needs to be observed and more importantly developed through interaction with others – through an appropriate community of practice in effect. Direct experience of interacting with the practitioner as role model, counsellor, friend and guide cannot be supplemented in solely explicit knowledge. On-line learning has, it appears, its value as part of the supporting mechanism in the explicit side of development alone.

## **9. Conclusions**

This commentary has set out to make the underlying academic worth of the Project report more explicit particularly from a knowledge management perspective as well as assessing the value of work-based learning methodology overall. The discussion here has gone further than this and added, through the use of the Nonaka model, not only further understanding of insights developed in the report but become even more critical of the overall Project itself.

From a management development perspective, much of the debate relates back to the old argument of whether a society perceives consensus or conflict as the natural basis of order. Marx maintained conflict the more natural yet generally we tend in the west to view consensus as the norm. Thus we tend to perceive no real purpose in nurturing more informal relationships as we consider these will develop naturally in any case. As a result, at work we become dominated by task or 'process-oriented'. By contrast, our colleagues in Kazakhstan, coming from a 'conflict base', were showing us the values of 'people-orientation' approaches.

Min Chen amongst others came to similar conclusions when considering Asian and Western management styles and activities, in this case Chinese and American. The conclusion here was that the emphasis on 'people-orientation' is to avoid direct conflict (**Chen 2004**). Although, other Korean evidence suggests this conclusion may not clear-cut as this (**Chung 1989**), this debate is of significance here to support and interpret the findings in the report.

As globalisation intensifies and economic interaction increases universally, such emergent interest in the differing behaviour and approaches of world management will develop beyond academia into the business community itself. What the Project report has achieved here is to identify another source of evidence of differing behaviour by concentrating on the more social development of relationships as opposed to observing purely workplace practice.

As we move into the world of virtual organisations where business relationships and partnerships are increasingly formed globally, we need to be aware of the different cultural approaches that exist. Similarly, our involvement in multinational teams to create innovations needed by ever changing market expectations, needs to concentrate more on forming relationships to enable us to take a more active part. But it goes beyond this.



It is argued, that the eastern practice of more informal networking and relationship building to overcome potential conflict offers a more realistic model for our future practice in the west. It suggests that our managers need to develop to a much higher degree their interactive skills to be able to create the trust and even caring environment for more intense interaction and both tacit and explicit collective learning.

As a result it may well be that we need to look to losing that individualism that stood us in good stead when developing the industrial world. (e.g. **Macfarlane 1978**) As we move further into the post-industrial 'Knowledge Age', we will need to be able to generate explicit knowledge into tacit know-how at a faster and accelerating rate. As we have observed, perhaps the better way to achieve this, especially in joint partnerships, may well be to develop shared tacit understanding from the outset. By learning to focus more on the need to develop real informal relationships, western managers could enhance their performance and the innovation levels needed to keep pace with change.

The study of east-west comparative management is not new but has until recently been restricted mostly to comparing the UK or USA with the most successful capitalist economy of the 1970s and 80s, that of the Japan. Again, western individualism versus oriental collectivism was seen as a fundamental difference. (e.g. **Dore 1973**) At the time, western individualism was seen the more positive, it being suggested that creativity could only result from individual thinking. This has, of course, been challenged since by the inventions that have come from the east. Regardless, the real lesson may be that we need perhaps to try to develop both - the essence of management is always to be flexible in approach contingent upon context after all.

As a final thought, the report has referred to the differences in the relationships operating in those of our UK management team and those of the Cohort. (**Chap 12**) Work-based learning and reflection have now been of great value in developing British managers for a decade or so now. Perhaps there is an argument for extending its parameters and use reflective learning to address our needs to improve our development of tacit learning though the capability of developing less formal relationships. Perhaps, it could now incorporate the need to help us become more flexible and to adopt individualistic endeavour or collective awareness dependent upon context as suggested. Certainly, at least it could focus on the need to enhance upon our lacking capacity to create relationships, trust and collective learning in tandem, as is currently the case.

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**National Centre for Work Based Learning Partnerships  
Middlesex University**

**For D.Prof (Management Development and Understanding)  
DEVELOPING MANAGERS IN KAZAKHSTAN: A WORK BASED  
LEARNING APPROACH**

**Learning Agreement (DPS 4521)  
STEVE COLLINS**

**1. Context and Background.**

The Almaty Hospitals' Management Development Programme was a two-year project to develop in 'Western' management thinking and practice, some eighteen senior administrators and clinicians of Almaty Oblast Health Administration. The programme, generated with some members of the Administration during and following visits to Almaty in 1994 and 1995 and completed in the years 1996 to 1998, was funded by British Know How Fund, a department of the then Ministry for Overseas Development, keen to develop British relationships in Kazakhstan following its independence from the former Soviet Union (FSU) in 1992.

After developing the 'vision', taking the lead on securing funds, creating the network for managing and delivering proposal for the programme, developing the necessary networks within Middlesex University and Barnet Healthcare NHS Trust and setting up the Project Team, my role became Programme Leader, responsible for ensuring the learning input and development overall. The experiences of these roles place me in a unique position to undertake the research proposed.

The project was a unique experience for me professionally as it challenged my expertise by working in a new, little documented context. The research programme will develop these experiences into a deeper, more holistic understanding for me as an individual professional by giving an opportunity to integrate into one the various aspects of the Project - management development, work based learning, programme delivery, cultural relevance and project management.

I have gained further valuable insights into working within the former Soviet Union economy from recent visits through the Open University to both Moscow and St. Petersburg to manage input for MBA programmes as well as tutoring on various programme, FSU students in the UK.

The programme of research proposed will evaluate the overall lasting effectiveness of the Project some three years on. However, perhaps more importantly, it will reflect on its development and delivery at the time and the experience and lessons learned as 'know-how' for developing managers in Kazakhstan and the Former Soviet Union (FSU) in the future as well as reviewing the value of work based learning as a valuable tool in the practice of management development generally.

The research will involve the review of primary documents retained from the Project itself, secondary research as background as well as a further visit to Almaty to evaluate lasting effectiveness with members of the cohort. In fact, contact has been re-established with the

Know How Fund and with one of the participants in Almaty with a view to arranging this evaluation.

## **2. Aim and Reasoning**

The aim of the research is thus –

**‘To review the experience of developing managers by work based learning methodology in Kazakhstan, research its lasting effectiveness and reflect upon its value not only to developing managers in the Former Soviet Union but to management development practice in general.’**

There are a number of reasons for such reflection and research being written up at this time.

- there has been little public recording of such projects and thus to act as a record of experience of developing projects in Kazakhstan and the FSU
- to give insights to all those who are to manage future projects, to develop business relationships or simply wish to gain insight into the culture of Kazakhstan and a former Soviet state
- as a review of the practical aspects of generating such projects in terms of initial networking, funding, delivery, communication, evaluation, assessment and communications and the cultural issues that can impede or enhance these processes.
- to consider the issues of coordination and joint working that arose as a result of the management of the project through the partnership of an NHS Healthcare Trust, two university departments, a British Government department and an oblast health administration in Almaty itself.
- to evaluate the effectiveness of work-based learning and the management development process overall
- to consider the value of work based learning to the ‘evolving’ experience of management development understanding, practice and delivery to date

## **3. Research Dissemination**

The above outline suggests a ‘market’ that is potentially far wider than the original title would suggest, particularly because of the developing interest in Kazakhstan and the inclusion of the underlying argument of the value of work based learning to management development in general. From this standpoint, the potential market would include the following sections: -

- project managers and businessmen with specific interests in the future economic development of Kazakhstan and the FSU
- those with an interest in the development of the Kazakhstan economy and culture
- healthcare and the public sector management academics looking to comparative management learning
- educators and practitioners specifically looking to the value of work based learning as a tool for management development.
- educators and practitioners more generally interested in the potential value of work based learning within other specialisms

- theorists with an academic interest in the improvement of management development practice per se
- politicians and administrators in the UK and in Kazakhstan and the FSU looking to the value of management development as a catalyst for change
- those who have been directly involved in this and similar projects

Regarding a title, my own experience suggests that such evolve as research progresses. There are key words that need to be included if possible to attract the full range of interest. Perhaps a working title at this stage of 'Developing Managers in Kazakhstan: A Work Based Learning Approach' holds indicative value.

A monograph is at this stage considered to be of more value than its possible alternatives, a paper, thesis or dissertation, in view of the range of material it is planned to include and the range of integrate discussion argument it intends to contain. Whilst there is clear focus within the research, a book will facilitate the use of anecdotal evidence and photographs that will be of value in developing an understanding of the original programme and its delivery and of the cultural variables that influenced this. In addition, a monograph, it is felt, will have the wider appeal and accessibility to its potential market as outlined above and will be easier to market and distribute.

Thus as yet, no publisher has been approached to this end and this will be undertaken, as and when deemed, necessary, during the research period itself. It is possible that my own previous experience as a publisher can be used to this end

#### **4. Personal and Professional Experience**

My capacity to undertake the various roles that ensured the formation, development and effectiveness of the Project was based upon my experience and expertise management learning and education developed over some thirty years, initially in the Greater London Council and thereafter as a tutor-lecturer to a number of Universities and College, as an NHS Trust Training and Development Manager and now as an independent management consultant.

The management expertise I was able in input was the result of academic study in a range of related areas at the then Central London Polytechnic, at the London School of Economics, at Garnett College and at Middlesex University as well as having kept abreast of changes since. In addition to this I was able to add my background as a teacher and trainer in a wide range of contexts especially in management development and the development in more recent years of an understanding of the principles of work based learning and reflective, portfolio development

My CV attached also confirms my increasing range of published articles and other papers within the range of management development, work based learning and educational issues generally as well as more specifically on my experiences in Kazakhstan. The list includes dissertations on the Bureaucracy of Council Estate Repair and Maintenance Services, using the London Borough of Hackney as a case study and the development of the learning organisation model within an NHS Trust. In view of my current business role, I maintain readerships at the London School of Economics and Birkbeck College and will be seeking to renew membership at the British Library and have already rejoined the Library of the School of Slavonic and Eastern European Studies.

I have also researched and published a history of a local cricket club and its social significance within a local community. It included many original findings and has been well received being considered innovative in its field. Within this, a good range of research

techniques were utilised – oral interviewing, collection and use of photographs and other indicative material, discussions with a range of interested institutions as well as endless hours in the research library looking for the ‘threads’ that link ‘material evidence’ already to hand.

All this experience has given me the ability to undertake, structure and develop the research, reflection and discussion as proposed. My experience allows me to incorporate a range of issues and interests yet continuing to ensure focus and direction.

### **5. The Personal and Professional Challenge**

In terms of my own development, the proposal could be seen as the achievement of some twenty years’ experience in the field of management development practice. It will bring enable me to emphasise the value of management development not as a classroom topic, nor one best based on case studies and other simulations but of the need for the development to be as real as possible.

Work based learning as a discipline has enabled my own ‘learning facilitation approach’ to resolve the all too common problems of transfer of learning in workplace improvements. Effectively, it enabled a transformation from ‘tutor’ into a greater ‘change agent’ role, thus ensuring development in the workplace as well as within the individual participants themselves.

The research will not only enable me to reflect and expand on this experience but also encourage the development of my existing writing skills allowing the development of the creative side to balance that more disciplined and controlled professional approach normally required to ensure, in order to maintain objectives and stated outcomes.

Part of the fascination of writing this work will be the challenge of making cohesive and integral, a range of different material. Several chapters will be mainly descriptive and anecdotal, portraying the actual events of the programme and convey the experience itself yet underlying these, at a different level, so to speak, will be analysis of these events and of the current theory and practice of management development and of work based learning.

The challenge of this work will require me to develop my existing network of contacts still wider and to renew these in Kazakhstan and those who played fundamental roles in the programme. It will also require me to review not only the programme materials I have retained and the array of journal articles and books I have already obtained but also to research in a range of libraries.

### **6. Research Structure and Methodology**

As indicated in the last paragraph, in order to undertake this research, I have retained all the working papers from the Project itself which includes the originals submission and working documents, team meeting and evaluation reports, the learning programme and study tour themselves, correspondence between members of the partnership, copies of student project work and other more general materials relating to the health sector and Kazakhstan in general. Also, I hold several tapes of interviews undertaken with the eighteen participants at the end of the project that have yet to be renewed. I have also been collecting related journal articles and books since before the beginning of the Programme in 1996. These will need to be gleaned for their value to the proposed research.

**The Introductory Chapter** – will set the underlying argument of the monograph, suggesting that not only is it a record of an innovative programme, of experience in delivering management understanding in the FSU, but also perhaps a challenge to management development practice per se. It will outline the structure of the work with the three introductory descriptive chapters to set the context followed by three to discuss the experience and evaluation of the programme itself and the final three to reflect on the value on the

programme in firstly delivery in Kazakhstan and the Former Soviet Union, the issues of managing such multi-agency programmes and finally the value of work based learning to improve current management development practice itself

**Chapter One** – Looks to giving an Understanding of Kazakhstan and particularly the current cultural environment with the ‘tension’ between outgoing Soviet and emerging Kazakh’. This will use some of my own general observations but will be largely based on research into the general pattern in the FSU and discussion with Kazakhs.

**Chapter Two** – Research has shown that to date there are few accounts of the practice and behaviour of senior administrators or ‘system manipulators’ of the old Soviet Command Economy as the basis of understanding the existing thinking of those in the FSU undertaking management development.

**Chapter Three** – Will discuss the Health Sector in Kazakhstan that has resulted from the Soviet command economy, looking to suggesting the need for improved management of services in Kazakhstan and the FSU. Again some research into relevant statistics will be required.

**Chapter Four** – Will look to describing the Initial Project Development itself, the problems of bringing together the partnership, the issues over funding and how the interest of the participants in Kazakhstan was created and nourished. This will involve reviewing existing papers retained from the project.

**Chapter Five** – Will review the Learning Programme and its Delivery, looking at the rationale and issues of programme management in Kazakhstan and the UK study tour. Again, this will involve reviewing existing papers retained from the project.

**Chapter Six** – Will review Project Evaluation at the end using existing papers. It will also look to including the results of research some three years later into the lasting effects of the programme. To achieve this, it is planned to visit Almaty and meet as many of the original cohort and review the retention of the programme and its developments as a result in terms of changing management practice. It will also use a set of interview tapes with each course participants recorded at the end of the programme.

**Chapter Seven** – This will reflect on the interplay between Kazakhstan educational and social culture and the project development – specially looking to the what has been learned about the Delivery of Management Development Programmes in Kazakhstan and its implication for the FSU and beyond. This will involve reflecting on the experience through the use of the retained papers, photographs, evaluations and other records with some research into any other accounts of related experiences available. Also the tapes and the interviews during the proposed visit will be used to enrich this.

**Chapter Eight** – Will consider the issues of Managing Partnership Based Projects and the experience of networking, communication and administrating learned. Again, this will involve reflecting on the experience through the use of the retained papers, evaluations and other records with some research into any other accounts of related experiences available. Research into aspects of project management and networking generally will be required.

**Chapter Nine** – Will reflect on the Value of Work Based Learning to the Project and to similar projects in the FSU and generally. It will look to answer the question set in the introductory section of the paper about the value of work based learning to the evolution of management development. To what extent it was an improvement on the more traditional

forms of management development in Kazakhstan? Can the model be applied to the FSU generally? To what extent can it be acclaimed that the practices of work-based learning been advanced?

#### **6. Research Timetable**

It is not always possible for research to follow any discrete pattern. However, the following timetable is indicative: -

##### **January to June 2001 –**

- reflect and review all existing project papers and organise appropriately
- review all existing background articles and materials collected and organise
- make contact with Know How Fund and 'gauge' support for research
- write up introductory chapter

##### **July to October 2001**

- update and improve awareness of Kazakhstan and former Soviet Union
- develop processes for collecting data from Kazakhstani participants
- write up 'programme delivery chapters

##### **November 2001 to March 2002**

- research and update on management development and work based learning practice
- review professional discussion tapes
- undertake research with Kazakhstani participants
- write up introductory chapter

##### **March to September 2002**

- write up final research and reflective chapters
- review and edit to final draft
- prepare for submission and publication

#### **7. Research Status**

Currently, my credit record confirms that the following credit points have been obtained: -

1997	DPS 4825 (Research Methods)	20 points
1998	DPS 4520 (Review of Previous Learning)	20 points
1998	WBS 4840 (Research project Accreditation)	40 points
2001	DPS 4521 (Programme Planning and Rationale)	20 points (This document).

The research programme is a substantial undertaking to complete the credit requirements for obtaining the award of D.Prof. i.e. 260 points at level 5.

I have already written to Professor Derek Portwood and Josefa Fawcett (NHS Training and development Manager) as colleagues on the Project as professional signatures and have written to remind them, and am also contacting Martin Taylor of the Know How Fund to this end.



**But the Real Work is Being Done  
Down Here!  
Developing Managers in Post Soviet  
Kazakhstan**

**STEVE COLLINS  
(Student Number 9631935)**

**For Submission to  
National Centre for Work Based  
Learning Partnerships  
Middlesex University  
As Evidence for  
DPS 5120  
(Doctorate in Professional Studies)**

**June 2004**

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**“But The  
Real Work  
Is Being  
Done Down  
Here!”**

**Lessons from  
Developing  
Managers in  
Kazakhstan**

**Steve  
Collins**

# **“But The Real Work Is Being Done Down Here!”**

## **Developing Managers in Post Soviet Kazakhstan**

**By Steve Collins**

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*This book is dedicated to the wonderful cohort of parts, to all those too numerous to mention, who made us feel so welcome, and to the generous people of the new Republic of Kazakhstan*

*It is also dedicated to my many colleagues and friends in the UK especially to June and Martin, Derek and John, Jo and Linda who all gave such positive support to bringing the vision into reality*

*It is also in memory of John Charles who departed this life so soon after the end of the Project*

## **General List of Abbreviations, Local Russian and Kazakh Expressions and Management and Healthcare Terminology**

<b>Anecdote</b>	- <i>Humerous Story (Russian)</i>
<b>Atalechna</b>	- <i>Excellent (Russian)</i>
<b>Blat</b>	- <i>A Process of Relationships (Russian)</i>
<b>Chorni Chai</b>	- <i>Black Tea (Russian)</i>
<b>Champanski</b>	- <i>FSU 'Champagne' (Russian)</i>
<b>Clantocracy</b>	- <i>Government by Clans (or large family groupings)</i>
<b>Community Care</b>	- <i>Supportive or Preventive Care Not Given in Hospital</i>
<b>Da da da</b>	- <i>Yes (Empathic) (Russian)</i>
<b>Dastahan</b>	- <i>Banquet (lit. Full Table) (Kazakh)</i>
<b>Dacha</b>	- <i>Second Home out of Town (Russian)</i>
<b>Dobra</b>	- <i>Two Stringed Kazakh 'Lute'</i>
<b>Dobri Utra</b>	- <i>Good Morning (Russian)</i>
<b>FSU</b>	- <i>Former Soviet Union</i>
<b>Gantt Chart</b>	- <i>A Management Tool for Planning and Controlling Activities</i>
<b>Gum</b>	- <i>Former Soviet Government Monopoly Stores (Russian)</i>
<b>Hawthorne Studies</b>	- <i>Completed in Chicago 1931-2- stressing the social sides of work</i>
<b>Holistic Medicine</b>	- <i>Treatment for the Whole Person</i>
<b>Jibek Joly</b>	- <i>The Silk Route or Road (Kazakh)</i>
<b>KHF</b>	- <i>Know How Fund</i>
<b>Konyac</b>	- <i>Brandy (Russian)</i>
<b>LSE</b>	- <i>London School of Economics</i>
<b>Logframe</b>	- <i>Monitoring Tool agreed with KHF</i>
<b>Moi Brat</b>	- <i>'My Brother' – term of affection (Russian)</i>
<b>Nomenclatura</b>	- <i>Privileged Dignitaries (Russian)</i>
<b>Nauryz</b>	- <i>Asian New Year</i>
<b>Nyet</b>	- <i>No (Russian)</i>
<b>Oblast</b>	- <i>County or Shire (Russian)</i>
<b>PEST</b>	- <i>An Analytical Management Tool (lit. Politics, Economics, Social and Technological Pressures)</i>
<b>Piva</b>	- <i>Beer (Russian)</i>
<b>Primary Care</b>	- <i>Pre-hospital care systems involving GP and other services</i>
<b>Rayon</b>	- <i>Local Authority (Russian)</i>
<b>Secondary Care</b>	- <i>Hospital Treatment</i>
<b>Shashlyk</b>	- <i>Lamb served on a Skewer (Kazakh)</i>
<b>SWOT</b>	- <i>Analytical Management Tool (lit. Strengths, Weaknesses, Opportunities and Threats)</i>
<b>Visitkas</b>	- <i>Business Cards (Russian)</i>
<b>WHO</b>	- <i>World Health Organisation</i>
<b>Yurt</b>	- <i>Central Asian Round Steppe Tent (Russian)</i>
<b>Zakuski</b>	- <i>Snacks (Russian)</i>
<b>Zhuz (or Jiz)</b>	- <i>'Clan or Horde (Kazakh)</i>

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## **Foreword**

Knowledge in recent times has become the gold which makes individuals and organisations alike wealthy – in well-being and well as financially. But like all gold rushes, the current frenzy for knowledge has plenty of enthusiastic but ill-equipped prospectors. Where is it all to be found? How can it be mined? And perhaps most vital of all, how will we recognise it when we see it?

Of course, universities have always claimed that the richest veins of this gold are in their workings and under their ownership. This claim, however, has begun to ring somewhat hollow when questions have arisen over the kinds of knowledge they prioritise and proffer. Historically, their top grade is propositional knowledge; that is their pure gold. To them, propositional, procedural and practical knowledge while not fake are fraught with impurities.

Other knowledge creators and distributors whose workings are in industry and commerce disagree. Their gold standard is based on 'know how' rather than 'know about'. If they use academic jargon, they would call their gold performativity, that is knowledge that is applied in context and characterised by slogans such as 'making the difference' and 'adding value'. In consequence their view on mining this gold is not simply a surface operation, sieving through books and lectures notes. Rather their prospecting aims to burrow into hidden lodes, what they call the tacit knowledge of individuals and groups.

If for no higher motive than wishing to stay in the knowledge business, academics have re-visited and revised their views of types of knowledge, where and how it is acquired, by whom and for what purposes. In so doing have opened up new goldfields of knowledge.

This book is a good example. It tells the story of a university-based project which was intended to spread knowledge of western health management systems and practices into a newly independent former Soviet country. Sponsored by the evocatively titled Know How Fund of the British Government, the emphasis on this knowledge was performativity. Yet as the story unfolds, it is plain that traditional types of propositional knowledge were also in play. Hence, at the very least, this story tells of the permeability of the boundaries of various types of knowledge and, at most, the paradox of the separate but indivisible nature of those types. Advocates of work based learning, in particular, will take note that this story affirms that their knowledge must be hallmarked by this paradox. Equally, they will learn that mining this gold is not a solitary occupation but a joint enterprise of mutual learning.

Steve Collins accordingly is to be congratulated for telling this story in such a way that, in the process of a pleasurable read, these deep issues can be explored and understood. Perhaps even more importantly, we are indebted to him for (unintentionally) giving us by his own example a profile needed by a prospector in this goldfield of knowledge. Among the many elements he portrays, ranging from specialist knowledge to political awareness, personal sensitivity and good humour, I think that the outstanding feature is deep professional commitment. The pure gold of knowledge will not be mined without it.

**Derek Portwood**  
**September 2003**

**But the Real Work is Being Done  
Down Here!**  
**Developing Managers in Post Soviet  
Kazakhstan**

**STEVE COLLINS**  
**(Student Number 9631935)**

**For Submission to  
National Centre for Work Based  
Learning Partnerships  
Middlesex University  
As Evidence for  
DPS 5120  
(Doctorate in Professional Studies)**

**December 2003**

**Submission – Copy One**

*To the Wonderful Group of Participants, to all those,  
too numerous to mention, who made us feel so welcome,  
and to the generous people of the new Republic of Kazakhstan*

*Also to my colleagues and friends June and Martin, Derek  
and John, Jo and to Linda who all gave such positive support  
to the creation and implementation of the vision*

*And in memory of John Charles who departed this life so soon  
after the end of the Project*

# **“But The Real Work Is Being Done Down Here!”**

## **Developing Managers in Post Soviet Kazakhstan**

**By Steve Collins (Copyright –November 2003)**

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## List of Abbreviations and 'Local' Expressions

<b>Atalechna</b>	- Excellent
<b>Dastahan</b>	- <i>Banquet (lit. Full Table)</i>
<b>Dobra</b>	- <i>Two Stringed Kazakh 'Lute'</i>
<b>Dobri Utra</b>	- <i>Good Morning (Russian)</i>
<b>FSU</b>	- <i>Former Soviet Union</i>
<b>KHF</b>	- <i>Know How Fund</i>
<b>LSE</b>	- <i>London School of Economics</i>
<b>Logframe</b>	- <i>Monitoring Tool agreed with KHF – final page of Appendix D</i>
<b>Oblast</b>	- <i>Russian for country or shire</i>
<b>PEST</b>	- <i>An Analytical Management Tool (lit. Politics, Economics, Social and Technological Pressures)</i>
<b>Piva</b>	- <i>Russian for 'Beer'</i>
<b>Primary Care</b>	- <i>Pre-hospital care systems involving GP and other services</i>
<b>Rayon</b>	- <i>Russian for local authority</i>
<b>Secondary Care</b>	- <i>Hospital Treatment</i>
<b>SWOT</b>	- <i>Analytical Management Tool (lit. Strengths, Weaknesses, Opportunities and Threats)</i>
<b>WHO</b>	- <i>World Health Organisation</i>
<b>Zhuz</b>	- <i>'clan' or 'horde'</i>

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## Chapter One – First Contact

It was June or July 1994 that this story really starts. I was tutoring at an Open University MBA Residential School in UMIST when I received a call from Linda, my long time partner, from home in North London, to phone a Martin Taylor at Middlesex University urgently. I did not know him but had worked at various times for the University and phoned him that afternoon. After a very quick initial interchange, we had a rather interesting conversation.

“Have you ever run a workshop?” he asked.

“Many” I replied confidently, still unsure of whom he was and why he had phoned. I had been in teaching and training for many years now and felt confident in such reply.

“Would I like to go to Kazakhstan?” he next asked rather hesitantly detecting my confusion. “Where is that?” I replied - the Soviet Union had only just collapsed and we were then unaware many states that were to achieve independence as a result, let alone their names.

Martin then explained where Kazakhstan was, the nature of a bid the University had been asked to submit to the Government’s Know How Fund (KHF) to deliver a health sector workshop in Almaty, Kazakhstan, and the ‘missing for me’ fact that June Clark, then Professor of Health Studies at Middlesex had given him my name.

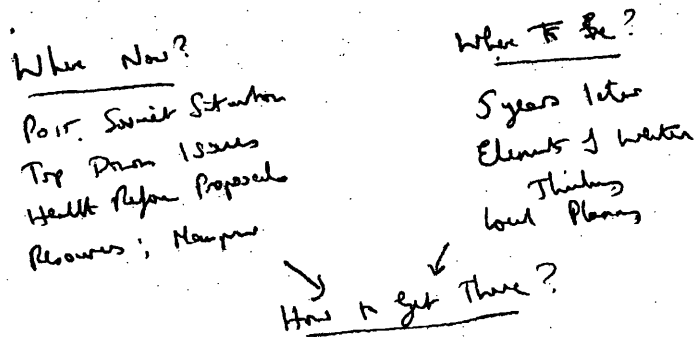
I now realised the relevance now of what was happening. June and I had worked together for a year or so on the MA in Social Administration that I had bought in to the NHS Trust in Barnet, North London, where I was then Trust Training and Development Manager. This conversation clearly arose as a result her too often phoning me on the day of a tutorial she was due to run saying that she was stuck in Singapore or Scunthorpe or wherever in her other role as President of the Royal College of Nursing, and could I cover her absence.

I would always oblige June; I had no choice, as they were senior managers, one being my own Director at the time. However, the key fact is that she did say to her on one occasion, half jokingly, that I did expect repayment - perhaps in being involved in one of her more exotic jaunts some time. I had heard nothing but clearly June had heard me and was repaying this debt. I was immediately reminded of the Japanese system of obligation - I believe their word for this is ‘Gimu’. We today would refer to this as sound networking, of course.

### **On the Back of a ‘Fag Packet’**

Martin arranged for us, June, he and I, to meet next evening directly on my return from Manchester. More details were then revealed. The Know How Fund had been set up by the Government within the then Overseas Development Agency to develop relations with the new states of the former Soviet Union (FSU) by supplying British expertise to aid its development. It had in fact received from the Government of Kazakhstan a request to help it to improve its healthcare system. An invitation following this had been sent out to a range of possible interested UK institutions to deliver a one-week workshop on the British approach to healthcare, at national level, in the capital Almaty, for some eighty local health delegates.

We drafted a very quick submission to manage such a workshop. So quick, that I have described it ever since as ‘on the back of the proverbial fag packet’. I suggested we base the week on a common management tool ‘gap analysis’ – where want to be, where now, how to get there. June, Martin and I worked this through for an hour or so. Martin was then to work this up into a firm proposal and deliver this next day to the KHF offices then in Whitehall. And that, I felt, at the time was that. An interesting exercise but would prove no more than that! Fortunately, as it turns out I was proved to be wrong.



**Figure 1.1 – How things often get started? The ‘back of the fag-packet model’ used as the basis for our submission to the Know How Fund for managing the National Healthcare Workshop in Almaty, Kazakhstan**

Indeed, several months later I received a call from June. I had, of course by then I had forgotten all about the submission

“We are going”, she said simply and excitedly

“Going where?” I responded, demonstrating that I had cancelled the application from my memory.

“To Kazakhstan” she replied

“Good God”, I think was all I managed to say.

Clearly our brainstorm had worked wonders together with Martin’s obvious ability to draft a convincing application. The development of the project in terms of its conception, conditions, funding and delivery was never normally a smooth one. In fact, what was finally delivered in Almaty was very much as was conceived initially on the ‘back of the fag packet’. I am sure that this was because we had so little time to consider alternatives. But we needed to flesh this out a little, bring others on board and develop materials. We had to fly, to an extent, on the seat of our pants to deliver the Workshop on time!

It was then September and the Workshop was to be in November. The rush was it seems caused by the fact that the government felt we needed to show presence in Kazakhstan as soon as possible. It had become government policy to develop positive relationships between with British and the new forming FSU Nations, particularly Kazakhstan, because of its potential wealth. All other governments were showing strong presence, USA, Japan, France, Germany even Turkey and we needed to ‘hoist the flag’ as well. The British approach was through lending expertise, hence the KHF – the aptly named Know How Fund. The British Embassy in Almaty was to be involved as part of the programme team as part of the process although this just meant an initial speech as part of the opening ceremony.

### **Planning the Workshop**

We were being in effect fuelled by a sense of the unknown and the excitement this can bring. We had won the tender for managing the first national level health workshop for the new Republic of Kazakhstan. The next few weeks meant much work for June, Martin and I in preparing the workshop itself, which was to run for five days. Martin was immediately despatched to Kazakhstan to find a venue and arrange for delegates and interpreters. June was to develop the team that would support us and I was to develop the programme and Workbook as the resource pack to support the Workshop itself.



*Photo 1.1 – Martin, our initial driver Sergei and June during a later trip to Bishkek, Kyrgüstan during the second visit. June, Martin and I managed to develop the whole Workshop in about six weeks.*

We knew then very little of Kazakhstan and developed the Workshop content on a number of assumptions. The delegates would all be medical doctors and thus perhaps not over-interested in management issues; they would all have a good level of educational achievement but unused to Western learning facilitation practices like teamworking; they need to be primed beforehand as to what to expect; we as a team would need to stay open-minded and fairly flexible throughout out the event were some of the main ones.

We had been made aware by the Know How Fund that the American approaches to helping Kazakhstan's development in various sectors of telling them what they 'should be doing and changing' was not being received well locally. This fitted in well with my own perspective based on a more eclectic approach in effect of adding useful findings to existing sound practice was a better then the tendency to suggest radical and disruptive change. The format for the programme was for us to present our practice as existed in the UK health sector and to encourage the Kazakhstani delegates pick that over in teams and then come back to us to discuss what might work well for them.

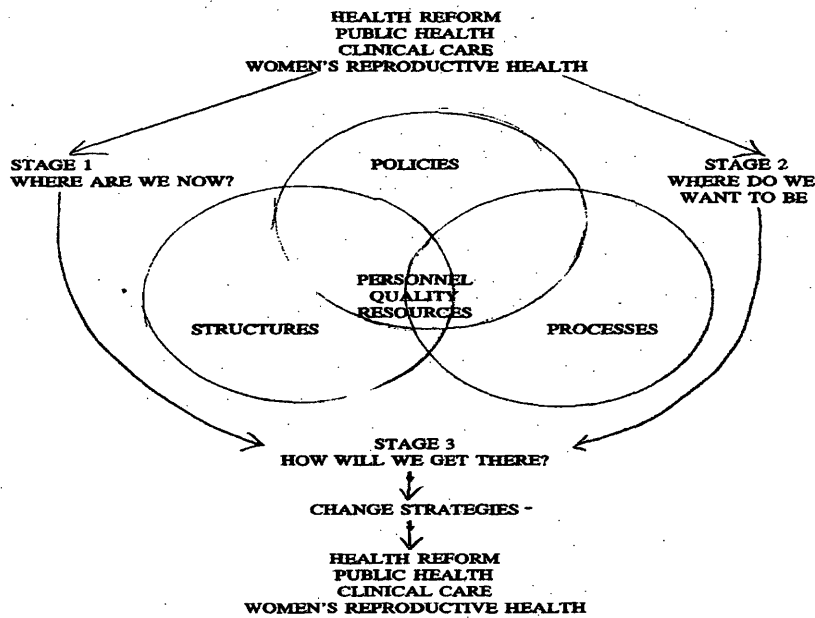
The Workbook was, in part, used a vehicle to guide this format and it is interesting looking back at this now to see our concern here. The following phrases demonstrate this – 'The Workbook is to help you be an active participant', to be 'critical but constructive' and 'find solutions to your own problems'; it is 'to encourage you to work in teams' and 'develop a shared vision and strategies' to make this learning you gain 'the beginning of a process that will continue after the Workshop is over'. We make it clear that we had no intention of going down what we termed the 'American route'; our practice was to be of facilitation and no more.

To support this, I noticed that I added the following rather esoteric input in large bold letters (which interestingly clearly happened to be in line with some of the new strategic thinking we were expounding in the NHS in the mid-nineties): -

**“If you are not certain where you may be going, you may very well end up somewhere else (and not even know it!)”**

As we had planned, the Workbook when completed was to be the crucial tool to ensure the Workshop processes worked smoothly. Included in it with the model and an explanation of direction the programme would take based on the original ‘gap analysis’ model. In addition, we included details of the UK team, how to work in teams and some preliminary readings on healthcare and healthcare reform in the UK. I slipped in a few management articles just in case they could prove useful. It was quickly translated into Russian, the ‘business language’ in Kazakhstan and sent out to Martin in Almaty for prior distribution to delegates.

The Workshop programme was nothing really unusual although it proved to be clearly revolutionary to the Workshop participants. The process was to create a number of local ongoing discussion groups to feedback on the three stages of gap analysis feedback. Their thinking would be stimulated by a range of keynote speakers including, June’s real coup, the then Duncan Nichol, NHS Chief Executive, who had just taken the lead in the restructuring of the NHS, along ‘New Right’ ‘internal market’ lines. There would also be opportunities for general discussion as well as network with the UK delegates.



*Figure 1.2 – The Kazakhstan’s Healthcare Workshop Workbook Gap Analysis Model – a development from Figure 1.1. In teams, participants consider the position now (Stage One), where they would like to be in five years using UK input eclectically (Stage Two) and then consider how to get there (Stage Three).*

### **The Highly Charged UK Team**

June's networking through her connections as President of the Royal College of Nursing had proved most fruitful. Included in our UK Team for the Workshop, as ours stars, in addition to June herself, of course, were, as mentioned, the Chief of the NHS, Duncan (now Professor Sir) Duncan Nichol, Professor Wendy Savage, the renown campaigner for women's health rights and Peter (now Sir Peter) Pain, the Professor of the Royal College of Radiotherapists.

Other members of the team were Dr Peter Poore of Save the Children's Fund and Dr Adrienne Brown, a business manager from Northern Ireland Care and Dr Chris Russel-Hodgson, a health administrator from one of the Kent Institutes. The last two out of interest were representatives of the 'losers' for the contract whom the Know How Fund felt would be of value to the Workshop. When I hear they were joining us I could not help but be smug and wonder what approach they had used to come second to our 'fag packet' model! Susan Wellesley, a GP would meet us there as would Martin and the two KHF representatives whose flights meant they were delayed. In all we would have a presence of some twelve persons with local Embassy support in addition.

Most of us met up at Heathrow to set out by Lufthansa. Although we had met once or twice for briefing as a group, we did really know each other. Much of the trip was taken rectifying this by reading background papers and discussing these. June had in fact carried onto the plane a ream of papers. There was clearly much excitement and little of the concerns from them that I was feeling.

What I had not realise before we travelled, there was no need for me to know perhaps, was that there were up to five subsequent projects available in the health sector up for grabs so to speak. The role of the two members of KHF travelling with us, in addition to ensuring the success of the Workshop itself, was to identify and support the initial development of these. What I also did not know was that the Kazakhstani delegates were all looking to be involved with these because of the prestige and esteem they offered in addition to their value as opportunities to improve services. Little did I realise how much I would become involved in this.

What could be observed in developing the Workshop was the value of building up 'business contacts'. I much admired June's networking skills built on creating sound, professional relationships that proved an excellent example of the value of such. In fact following the same principle, I developed from the Workshop a number of contacts that would prove valuable on later trips over.

A second clear learning point was the value of using models. I have always found that diagrams and models can give clear direction and understanding and this was clearly demonstrated yet again. My first thought to use a model to develop the submission to the KHF was clearly of value. The very simple 'gap analysis' model that we followed developed June, Martin and my commitment to what we could achieve, was then the basis of our submission to win the contract to deliver the Workshop and was then used to illustrate the direction of the Programme itself.

## Chapter Two - Initial Concerns

The thrilling prospects of going to Kazakhstan and perhaps being part of history in the making were, however, tempered by my background reading for the trip. We knew that the Former Soviet Union (FSU) had several autonomous states and that all these had declared independence by 1992, Kazakhstan being one of the last. We knew that the country was vast, the second biggest in the FSU after Russia itself and that it was potentially very rich, hence the international interest even rivalry there. Anyone involved in such project work as we were planning could be seen perhaps as a mere pawn in the larger game.

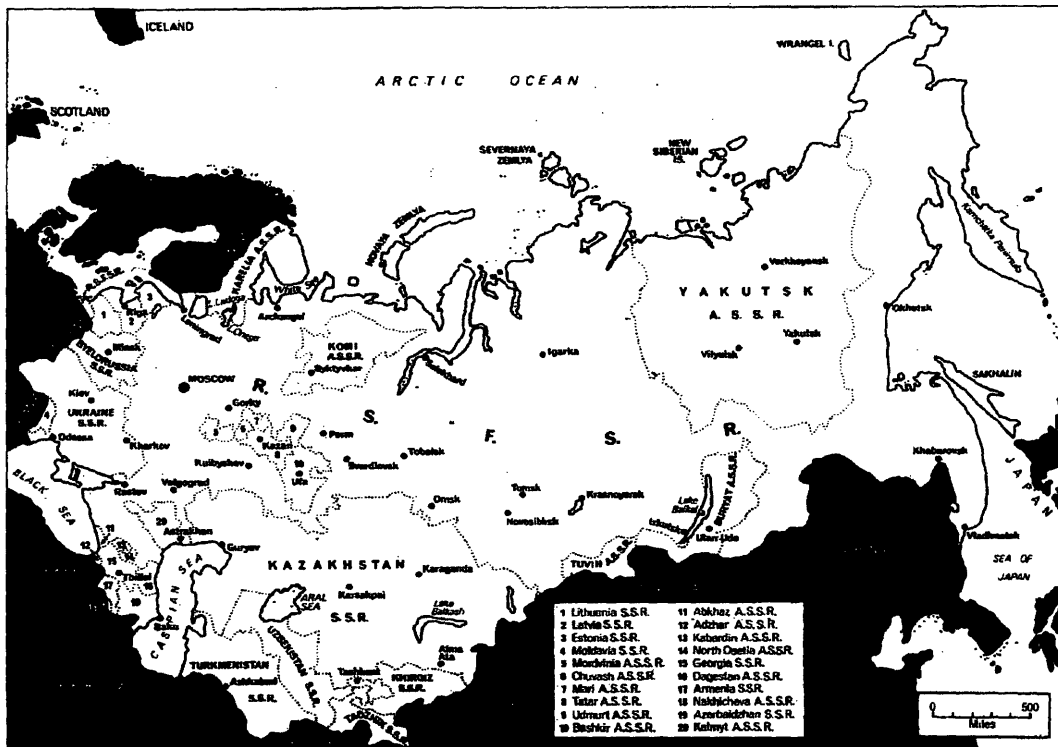


Figure 2.1 – The former Soviet Union and its autonomous republics.

In the early nineties in the UK, there was little background material available for those travelling to the newly independent states of the FSU and my reading thus consisted mostly official reports that I received via June or Martin. However, I did obtain and read perhaps the only book on the subject then available - 'The End of the Soviet Union' by Helene Carrere d'Encasse - an English translation from the original French (1). As I read through this in the short period we had before travelling there, it did have rather negative effect, creating in me a little apprehension to balance the excitement of being a sort of pioneer.

### Gorbachev and the Re-creation of Soviet Ideology

What became clear from d'Eucasse's study was that the Soviet Union had not become the homogenous society that Lenin had originally intended and the media, particularly Soviet media, would have had us believe. We in the West had always realised that the Soviet machine had ever given a 'vener to reality' but not the extent of this. As d'Encasse succinctly put it

*'... the idea thus persisted that Soviet citizens were disciplined, passive and accustomed to submitting without fuss.'* (2)

What we had not realised and what d'Encasse pointed out was the extent of conflict that did exist in such states as Kazakhstan. Perhaps, we tended to see the disintegration of the Soviet Union into national entities in the early 1990s too much as a spontaneous reaction rather than the result of internal conflicts that been simmering for some decades or more.

Also we had not really realised Gorbachov's role in bringing about the end. We had seen him as really somewhat of a hero figure. We saw as looking to promote friendship the West through the dual policies of *glasnost*, to open up the Soviet economy to market forces and *perestroika*, creating greater freedom of speech and greater transparency of State activity. What we did not realise was that he was at the same time alienating the Soviet Republics including those of Central Asia.

What d'Encasse's book brought home to me was that unlike his predecessors, Khrushchev, Brezhnev and even Stalin, who made concessions to the

*'ethnic minorities in order to appropriate their elites' (3),*

Gorbachov had begun to impose even greater central domination on the 'periphery states' of the Baltic, Eastern Europe, the Caucasus and the five states of Central Asia, including Kazakhstan. Gorbachev in effect was looking to pursue and impose the model of the ideal Soviet society that had resulted in severe unrest throughout most of the Soviet autonomous republics.



### **The Basis of Kazakhstan's Unrest**

One problem had been that the scale of corruption within the '*nomenclatura*' (persons holding elite positions in Soviet society) had been obscured by the secrecy of the Soviet political system prior to perestroika. What had become clear was the corruption that seemed to exist in every sector of the FSU. In 1979 there had been as an example to illustrate the point, the great 'caviar scandal' in the Ukraine, with officials pocketing the difference between the cans of herrings sent through the official channels and the caviar they actually contained. Corruption of this nature existed on a vast scale in every industry and every sector.

Gorbachev, like his predecessors, saw corruption as rather a local and ethnic issue but unlike them, whose policies resulted in local purges, retirements, 'disappearances', even suicides but no interference in local political balance, looked to more radical change. But Gorbachev saw the issue of corruption as an opportunity to reinforce and even develop the common Soviet ideology and undermine local nationalism. Gorbachev was a Russian, surrounded and advised by Russians in Moscow, and as a result saw Russians as the unifying force, the '*social glue*', to both overcome corruption and achieve a common Soviet community.

To this end, Gorbachev, looked to break with the tradition of allowing the non-Russians to be first secretary within the republics, with a Russian as second secretary. Thus the year after coming to high office in 1985, he developed plans to '*parachute in*' trusted Russians to take over as first secretary in the republics and saw in Kazakhstan, with its high percentage of Russians within the population, as the ideal starting place implementing such change. As d'Encasse put it, in Gorbachev's view: -

*'Nowhere else in the USSR was there a greater likelihood of seeing various ethnic groups melt into one as Soviet people' (4)*

The ethnic Kazakhs, however, did not accept that corruption in their country was linked to local national or ethnic behaviour as had been suggested by Moscow through Gorbachev's policy and this exacerbated rather than eased local tension. In December 1986, rioting broke out in Alma Ata with officially from reports two (but in reality probably many more) killed. The riots had involved possible 10,000 people proclaiming 'Kazakhstan for the Kazakhs'.

From his distance seat in Moscow, Gorbachev had clearly miscalculated the current strength of Kazakh national feeling. The Kazakhs had become from the 1920s become a minority in their own country as a result of both Russian settlement and through starvation and reprisals following the Soviet policy of terminating the nomadic nature of Kazakh life by settlements on collective farms and to a lesser extent, in smaller, industrial cities.

For decades the Kazakhs, as a result of this central interference with their traditional way of life and its consequent disastrous effect on their population, remained aggrieved and tension was thus always simmering below the surface. Gorbachev's policy was interpreted as an attempt 'to preserve Russian pre-eminence' following the announcement that the recent population figures confirmed that ethnic Kazakh population was beginning to recover and had overtaking the numbers of ethnic Russians in the state.

This tension and unrest in the 1980s was further fuelled, as a result of perestroika, by the revelation that the real economic position within Kazakhstan and the rest of the Soviet Central Asia republics was comparatively far worse than that the Russian state for example. There was found to be what d'Encasse describes as an: -

*'.... accelerating decline in development' (5).*

Both water and air pollution was greater here than the general elsewhere in the Soviet Union and the demographic explosion of the last two decades had outpaced all planning predictions – in employment and housing as well as the other essential areas of social policy, health, education and so forth. Further, Russians and other immigrants, mostly Germans and Ukrainians, were felt to be gaining greater economic benefit from the system. d'Encasse takes up this point: -

*'Central Asian society must face, not only a dramatic economic situation, involving an expanding population and deteriorating material and sanitary conditions, but also rampant moral decay. The young people are threatened by alcoholism, drugs and delinquency. The emancipation of women, once held to be one of the most glorious achievements of the Soviet system, is rapidly losing ground, and as a corollary, women's suicide rates are climbing rapidly.'*

*In a few years, social progress sponsored by the system (education, equality of the sexes, and the protection of children) and by conventional values (family cohesion, parental authority, sobriety, and so forth) collapsed, exposing, as elsewhere in the USSR, a society that has lost its traditional reference points and that, through the revelation of the Soviet lie, is persuaded that there are no limits to the satisfaction of individual desires.' (5)*

The problems were further fuelled by Kazakh resentment of the fact that the Russian language seemed to be dominating all aspects of community life – education, political administration and the workplace and the fact that Russian and Kazakhs had long lived 'separate lives' make this worse. d'Encasse explains: -

*'The traditional stockbreeding Kazakhs do not participate in the industrial world. The community feels that skilled and unskilled workers lack prestige. The Kazakhs who live in the urban areas prefer service jobs and administrative posts in factories. They thus avoid mixing too closely with the Russian workers and can use their own language among themselves, even in their professional lives. Once again, the linguistic problem and a particular perception of the job hierarchy helped keep the communities separate, even in the cities, which traditionally have encouraged ethnic intermingling.' (6)*

The riots of 1986 were, suggested d'Encasse,

*'colonial... pitting the peripheral regions against the central government and the Kazakhs against the Russians.'* (7)

These riots in Alma Ata continued and spread not only within Kazakhstan itself but also throughout the Soviet Central Asia. By 1989 incidents were occurring in all its republics with a rejection of all immigrants, leading sometimes to 'cold-blooded massacre'. (8) This in its turn had started the flow of emigration of the immigrant Russians and other nationalities, which became tidal by the time of the collapse of the Soviet Union itself in December 1991. As d'Encasse graphically records, he choice was seen by these groups of one of either

*'.. the suitcase or the casket'. (9)*

### **My Own Apprehensions**

After reading d'Encausse's work, even the most positive Westerner, as I regarded myself, would develop a little scepticism and concern about embarking upon such an escapade. Even if partly true, the trip would clearly pose problems. We were aware that we would more than likely be dealing with problems of bureaucracy, poor resources, systemic corruption and from other reports perhaps even some contact with local mafia-type activities. But the additional possibility of being so close to general ethnic unrest was most disturbing.

The scant evidence we had supported such concerns. We knew from our official reports that emigration of Russians was happening on a wide scale for the reasons d'Eucasse outlines. We had also heard that legislation was regularly being passed to the benefit ethnic Kazakhs and against the Russians and other ethnic minorities. We had had it confirmed that senior Russian officials were regularly being replaced by Kazakhs. Our newspapers also carried stories of war in nearby Tajikistan being linked to the Taliban of the relationship of nearer Uzbekistan to fundamentalist Iran. The whole region seemed to be in turmoil.

### **But An Opportunity Too Good**

I, perhaps foolishly, kept these fears to myself rather than sharing them with my family, friends or members of our initial team. And indeed when thinking it through we were a diplomatic mission which would gain the best advice and protection. Thinking though of the positives, the adventure, the potential new experiences, the opportunity of learning and of working in unknown territory took the upper hand. The opportunity was too good to miss.

As it turned out my fears were mostly unfounded. The worst bureaucracy we experienced on our first trip was at the airport. Getting in and out was a nightmare in terms of the queues and forms and questions. Clearly the officials had yet to 'unlearn' Soviet approach to their roles. They were inclined to take opportunity to give Westerners a bumpy ride if they could. However, this did ease the more we travelled there. In terms of corruption, I had two experiences on the trip. Firstly, a person at the Workshop did approach me with a view to what sounded to me like a smuggling proposition and I politely declined. The second again at the airport, is a story I often relate.

A customs official searching my luggage found the six tins of caviar that I had bought cheaply at the local market. He told me I was allowed only one. He then took two, one he pocketed and one he gave to his colleague and replaced the rest back in my luggage. He then asked me if I had any local currency and I showed him a mass of local 'tenge' bills, worth a few pence each at most, that I had collected as souvenirs for friends. He took them from me and when I explained their purpose, he offered to sell them back for \$5 that I duly paid. Finally and fortunately, he suggested, I gather incorrectly, that I needed a licence for the local art I had purchased but then after looking through them confirmed he did not like any of them and thus I could keep it. Gladly, this experience was never repeated on later trips.

The mafia are not of the same genre the Chicago of the 1930s or the current spate of Russian thugery films as portrayed by our Western cinemas. They were perhaps to be considered the update of the existing culture of corruption as it adapted to more capitalist ways of behaviour in the still rather over-regulated economy. They did have many of the norms and trappings of gangsters as we know them, overdressed and frequenting the best restaurants, but they were little in evidence and we felt fairly safe even at night. In fact, as I remember our only contact with them was on a later trip when we went to try a 'new to us' hotel restaurant a mile or so to the north of where we were lodged in the Centre of Almaty.

As I recall it was in the Almaty Hotel and the restaurant was fairly busy in serving tables of men in groups of three and four, all smartly and rather over lavishly dressed, and all consuming conspicuously. We did not get served or even approached after waiting some thirty minutes and on complaining to the headwaiter received a merely a polite apology. Outside, by then a row of seven or eight attractive ladies were sitting clearly awaiting the 'business' for the evening. They looked at us in surprise seeing what were clearly judging by our casual outfits, outsiders in this hotel. We certainly did not feel threatened more hungry at the sight of some excellent food.



*Photo 2.1. An ethnically mixed group of shop assistants willingly posing together for the first Western person they had seen. The shop sold all sorts of imported goods for Western currency.*

#### **No Visible Signs of Ethnic Conflict – Quite the Reverse!**

And as far as inter-ethnic conflict was concerned, there were no real signs of this at all, quite the reverse in fact. Walking around the city, you would see very few 'mixed' marriages. What you would observe even on the first visit only a few years after the riots, much polite and friendly interaction in the streets often between more occidental looking Russians and others and the more oriental Kazakhs.

At the Workshop itself, there was only what I would call normal behaviour – indeed it went beyond just polite and friendly to what I would term 'inclusive' - ensuring that all present, including ourselves, regardless were part of the overall range of activity going on. I shall describe this in more detail in Chapter Three. Certainly within those groups we met and worked with, there was neither the slightest sign of racial conflict nor evidence of ethnic unrest in the shops and restaurants, hospitals and villages we visited as the photos in this book suggest. In fact if anything it was much the reverse.

The only time, I remember I did feel some unease was one evening as we walked back to the Kazakhstan Hotel across the square in front to the Abey Cultural Centre – Abey being revered as the Kazakh national poet. The square was clearly full of Kazakh groups and I realised half way across that the meeting was clearly Kazakh only. One or two glances I was given were what I would consider questioning rather than threatening. But it was clearly better to get across the square as quickly as possible and it was the one time I did fear using my camera

I was, all in all, rather impressed with the friendliness we experienced wherever we went in Kazakhstan. In fact, my experiences suggest that rather than there being any conflict, the ethos of the local population, both Russian, Kazakh and all minorities was the reverse. I would go as far as to say that willingness to oblige and involve and create relationships was an obsession in Kazakhstan. Perhaps, of course, this could partly be because we were the first from the West that many Kazakhs had met. Perhaps also, of course because of this we represented the potential for their future following the opportunities that their newly gained independence would afford.

But their friendly behaviour towards each other and us was far more spontaneous than this. It was clearly their natural way interaction. And far from despair, the Kazakhs, and Russians we met, demonstrated a great optimism for the future, a pride in their country and traditions and a real willingness to learn. It just shows how we can be misled in the West by the survival of our suspicion and the misunderstanding of the Soviet Union and its apparent homogeneity. We had ever to be careful not to believe too much that the press and other reports that came our way especially with a dearth of actual first hand experience available.



*Photo 2.2. In fact, everyone was friendly as typified by the children we met on a trip around a local paediatric hospital.*

## References

1 - 9. Helene Carrere d'Encasse 'The End of the Soviet Empire' (English translation - Basic Books/Harper Collins 1993)



*Figure 2.2. Kazakhstan's place in Eurasia – in the Centre of the World! Too good an opportunity not to take despite my concerns about ethnic unrest and other issues that for us proved unfounded anyway.*

## Chapter Three - That Very First Visit

I shall never forget that morning at Heathrow when our party, or the majority of it, met up to travel to Almaty to deliver the Healthcare Workshop. Gradually the participants arrived - June, Chris Payne, Wendy Savage, Peter Poore from the Children's' Fund which had somehow remained linked into the programme and Chris and Adrienne the two other and 'losing bidders' who we met for the first time. We also expected Gillian Holmes and a colleague from the FSU but they decided to travel on later as had Duncan Nichol. A high charged group maybe but rather assorted group of differing perspectives, I thought. I hoped we would be able to work as a team.

### Arrival in Almaty

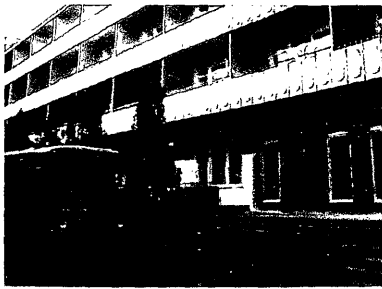
We arrived and were immediately transported to the Sanatorium where the Workshop was to be held. All flights arrive very early in the morning In Almaty when it is still dark and we were unable to see much on the journey I remember. Many roads appeared tree-lined and there seemed to be many single story buildings and stark office blocks. The roads were seemed poorly maintained and there was little street lighting. We saw one or two people waiting or as is the practice more in the East 'squat waiting' at bus stops for local transport.



*Photo 3.1. Almaty roads were in very poor condition and the transport old and dilapidated*

We were to hold the Conference that was now rather dilapidated or, as someone suggested 'reeked of faded glory' somewhere in the suburbs of Almaty. We were all allocated rooms - mine in fact a suite with spacious living room and large bedroom but spoilt perhaps by rather old furniture and the heavy lump of PVC sheeting that served for a shower curtain in the separate bathroom. Surprisingly, for the FSU it had contrary to expectation a bathroom plug albeit on string rather than a chain. This was to be home for the next six days whenever there was time to rest.

We had little time to rest as we had much to do in the day we arrived before the Conference started on in two days. We needed to arrange rooms and write notices to direct people. It was strange seeing our very imminent group writing these directions in Cyrillic and many had European Rs and Ns crossed out and replaced by the local reversed letters for as I found later signified 'i' and 'y' respectively. But all set about their tasks happily and my fears of not working as a team proved unfounded. My own role with Martin's help was to sort out the furniture for the main Conference area - case of lifting rather heavy bench seating much of the time. We also appointed four areas for the group work to take place.



*Photos 3.2 and 3.3. Front and Side Views of the Workshop Sanatorium.*

We did make one quick break, however, despite the work needed to be done, not to the city as I had hoped, but up to the nearby mountains to the Ice Rink at Medeo. June and Martin decided to stay behind and the rest of us, totalling six, jumped into this old bus ready for the trip. Nothing moved, however, for a few minutes until the driver spoke to us in Russian. Clearly, he had not been advised of our destination and was asking. Fortunately, Chris Russel-Hodgson knew the Russian word for mountains ('gora' as I remember) and of we went happily for a couple of hours through the pine forest to the south of the City to arrive at what proved a popular local relaxation area with its impressive mountain scenery, ice skating rink, its high dam and its recreational activities including eating 'shashlik' and drinking local beer.



*Photo 3.4. Waiting in the approach road for the bus for a rare trip out. It was beautiful autumnal weather for November to our surprise. We had all brought heavy coats expecting Siberian temperatures!*

*Photo 3.5. Peter Poore, Adrienne Brown, Wendy Savage, Chris Russel-Hodgson and Chris Paine up at Medeo eating 'shashlik' on a rare break during the preparation period for the first Workshop*

We also visited one or two local medical facility buildings and what was clear was that maintenance was not of first priority even by NHS standards! Similarly much of the equipment clearly cared for would have passed its sell-by date by several years in the UK. The clinical staff were very friendly and keen to both interact and show us around. We were rather treated as foreign emissaries as of course suppose we were trailing around in small groups of us swelled by large numbers of local specialists in our wake. Patients rather looked at us in awe but would respond very warmly when we smiled.

We had by this stage local interpreters working with us and we could gain some useful insights into local practice and thinking. I noted many empty beds and began to realise that this was due to local methods of funding. Chris Pain as an oncologist noticed that many of the doctors smoked when we went for tea and biscuits. In fact we had visited a specialist chest clinic and he was horrified to hear from the head doctor that as far as he was aware cancer and smoking were unrelated.



### **Starting the Conference**

Gradually, as the next day passed, the participants began to arrive. Kazaks themselves on first appearance can look very stern and severe and ethnic Russians also tend towards an initial severity. But as on our visits the day before I smiled and they generally returned the smile and all was well. Some did hold back - perhaps holding some concerns about ourselves in return. However, all the delegates duly arrived and again it was great to see our highly specialised team 'man the pumps' helping our several interpreters with the issues surrounding registration and details of the programme.

There was a formal opening ceremony had taken place with the Deputy Health Minister welcoming us very warmly, in Russian, the local business language and language for the Workshop, and our own British Deputy Ambassador (the Ambassador himself was in the UK at the time) replying. We tried the simultaneous translation several times and had various hiccoughs, which led to some amusement that had the fortunate effect of breaking some of the ice. I remember on the third time, catching the eye of some of the participants and throwing my head to the air, causing them to laugh a little and look again to me the next time it happened. Finally it was agreed sensibly that we revert to consecutive translation i.e. points made by speaker and thereafter the translation. This worked far better and the first day moved ahead smoothly.

After the formal introductions, June, in her own inimitable jolly style, finally broke any remaining ice. 'Dobri Utra' she beamed and then its translation 'Good Morning' and she asked them all to follow her with 'Good Morning'. This she followed up she with several 'Atlechnayas' ('excellents') as she introduced the UK Team and the programme. June did not learn any more Russian for the rest of the week, using this format every morning. It worked especially as she had asked to stand before an OHP of the 'smiley face' to do so!

### **Management Understanding**

Overall the workshop was a clear success. All eighty odd delegates arrived and a few more, including one or two from the other Central Asian FSU states as well. June continued to lead the Workshop programme with gusto and was a real hit with the delegates. They all knew Martin well as he had interested them in coming to the Conference, promising to pay air fares, and, as he spoke Russian, seemed to crowd him with questions constantly. He also had to deal with the interpreters and their pay and well as gain the supplies needed locally - drinks, snacks, stationery and so forth. To assist him, he employed a local medical doctor whose pay for this service, I soon discovered was several factors higher than the local medical norm.

As the week went on, we noticed the lack of certain standard household items, never major but annoying ones, and this clearly reflected the old structure of central planning that tended towards a single location in the Union for all manufacture. They were no longer available in Kazakhstan as they now, since independence, needed to be imported and the duties were I was given to understand extortionate. We had, for example, to manage the whole Workshop that week without a corkscrew, as we had not brought one with us. There were none to be found in the City. Fortunately, Peter Poore's experience from several trips to the area, meant he carried a Swiss Army knife

The Workshop was a great learning experience for us all. Certainly, I gained good insights into the Kazakhstani experience and interest in management. The formal was miniscule and the latter enormous and we rather miscalculated here. This rather contradicted one of the assumptions made for developing the programme for the Workshop that the doctors attending would not want to discuss management. We were of course judging this on UK experience.

Our clinical specialists took nearly all of the keynote spots as a result of this assumption apart from the major session on the current structural changes in the NHS being delivered by the 'architect' of those, our main speaker Duncan Nichol. However, in addition I did suggest an introductory management session for the first item on the fourth morning, giving delegates the option of attending or lying in and this was agreed. Duncan would lead this and I support.



*Photo 3.6. The UK team and local guests; back -Gillian Holmes (KHF), Natalia Kaidakova (Almaty Oblast), Kazakhstan Deputy Health Minister, Chris Paine, Susan Welsby (KHF), Wendy Savage; front- myself, Duncan Nichol, Peter Poore, Martin Taylor*

Little did we realise the interest this would raise. Despite the early hour we had a full and eager house. They were fascinated by this concept management and as Duncan started discussing several facets of how to run hospitals along business lines, it became clear that interest was more in operational management issues with more and more questions coming from the floor asking how are managers trained and what is their day-to-day role and activities. Sometimes the questions would be more inquisitive about the UK. Some examples of the questions we fielded were: -

“What do managers do in hospitals in the UK?”

“What do typical managers do all day to manage?”

“How many hours to they work?”

“What subjects do they study?”

“How much are they paid?” - very pertinent question with inflation then rampant in Kazakhstan and public sector pay falling very much behind.

“How can doctors manage and still maintain their clinical work?”

Or even more blatant – “How can this management help us to solve our problems?”

Increasingly Duncan referred questions to me and finally stood down to let me take the floor. He even, kindly, drew a management structure on an overhead for me to use to illustrate a point or other. I was overall pleased with my answers, which I did try to link into local context particularly the following the visits made and that they had been presenting following the group discussions.

Clearly, the concept they felt was of value to them. I spent much time during the rest of the Workshop answering a great number of management related and in some cases unrelated questions. What was clear is that they could use more understanding of the topic. They realised this and so did we. What also became clear was that doctors did not have the same status as in the UK. They saw themselves more as practitioners in their specialised fields – surgeon, therapist and so forth and stuck rigidly to such demarcation lines.

They were also subjected to the whims of the hierarchy effectively being at their beck and call to serve their needs. One senior surgeon for example was instructed by his senior administrator to carry a case I was taking to the Conference. I did decline through sheer embarrassment! They were, however, clearly able and the level of their understanding was as we expected very high indeed. They clearly saw that management had possibilities for improving their respective services. But that I had been able to get management onto their agenda was exciting and that they were responding so positively even more so.

One amusing example of their interest I often tell. I had travelled over with thirty odd copies of our Barnet Community Healthcare NHS Trust annual report (there were always many, many spares of this left over every year), and I thought they might have been of some limited value for the Workshop perhaps. Obviously, I did not want to return with them so I put these out for collection on the front desk on the Tuesday morning hoping they would be picked up by delegates as of some interest, even for the pictures alone.

Not to my surprise the pile remained there in tact that evening. However, not to give in, during my regular evening slot where I gave administrative announcements for the next day, I mentioned these reports and suggested if they so wished they take copies. I checked a little later and they had all gone. Pleased at this I thought that would be the end of the story.

But not at all. Next day they were all quoting from them to me through the interpreters. They had been working on them in groups during the night when they could. Clearly more than we thought could read English if not speak it. They, however, made the incorrect assumption that I had some intimate knowledge of the document to add! These annual reports were a 'legal requirement' for the Trust and as such tended to be marketing tools for the Trust Board's edification as I explained and thus personally, although working for the Trust I had not really read one!

### **The Programme Format**

The programme format, as I suggested, was geared to the delegates considering in groups the value to their health service of UK healthcare ideas and practice. This clearly involved teamworking and their lack of experience of this approach proved limited to say the least. We set them up in four groups each with a UK facilitator, Peter, Chris, Adrienne and Susan. I had a feeling that this would need careful monitoring to ensure that the timing of the rather tightly packed programme was maintained and also in order to guard against too much repetition from the four groups, to suggest what each team needed to present back to the main conference afterwards. To monitor progress, I tended to take up a position outside the circle and observe.

Initially their approach was that each member of the team would look about their colleagues present and wait. Finally, the person who was agreed as the most senior stood and began to deliver a monologue. Clearly, this was the way teamworking had, or had not, happened in Soviet times. Each group needed to be lectured as to how we practiced teamworking in Britain. The four facilitators and I met and agreed a list of 'do's' and 'don'ts' and were told to 'sit on' any that tried to dominate. Often this meant standing behind the most senior and placing hands on their shoulders to stop them rising.



*Photos 3.7 and 3.8. Early Workshop Attempts to begin group working and team discussions – not a known method of learning under Soviet education practice.*

It took a few attempts but there was a slow decline in looking around and very gradually groups began to realise that our aim was for all to contribute and thus to achieve some form of 'synergy'. This was clearly, however, a very difficult aim to achieve fully. Although teamworking and participation clearly rose in the groups, the recognised 'bosses' felt incumbent always to deliver the feedback. Regardless, the insights developed as a result about the state of their health service and the usefulness of some of the clinical ideas set out were fascinating.

#### **The First Real Bar Session**

One important lesson I did discover was learned whilst in one of my other duties that of being the Workshop's bar manager. The team decided, based somewhat on my prompting, that we should have a bar. I went with my more keen than experienced volunteer assistant, Chris Paine, to look for a suitable locale in the vast reaches of the Sanatorium and found a room down a set of stairs with some tables, chairs and an actual serving erection that could provide a surface. The first real problem was that there was a dead mouse on the stairway. Chris took this back to the team meeting room in newspaper and to everyone's delight and with great aplomb took it by its tail off to his room for flushing away as its last rites.

To stock the bar, Martin and his assistant were dispatched to town to buy what they could – 'piva' (beer), 'vina' and 'konyac' in effect from the local stalls. We stored their purchases behind 'the bar' to serve out as needed later. I announced that evening during my usual administrative announcements that we would have small bar if anyone would like a drink opening at 20.00 hours. There was little response and I expected few takers. I planned to open on time and close fairly quickly to attend June's daily review of progress meeting upstairs in the meeting room.

Again how wrong can you be? Promptly at eight, it seemed that all the local participants arrived, cleared every bottle of beer, wine, brandy, soft and fruit drinks from behind the bar and spread these along the tables which they had rearranged into it seemed a more sociable arrangement. Within a few minutes they were singing. Some were recognizable rousing Russian songs others more lyrical and presumably Kazakh. One delegate from Ust Kamanorgust (in the North East of Kazakhstan) had a beautiful singing voice that gave him particular renown and he led several of the songs often by request.

The suddenly it started to go rather quiet. I was a little concerned but a heard English being spoken behind me. It turned out to be the World Health Organisation representative who had travelled up from Bishkek in the nearby state of Kyrgyzstan.

"You look rather concerned" he said. I confirmed so asking why it had all gone quiet.

"They want to know who is the host?", he told me.

"Why is that?" I asked, thinking shall I offer.

"They want him to make a toast", he said, "It is customary."

"What sort of toast?" I asked.

"Well really one to explain where your colleagues are." He replied. "They know that they are upstairs having a meeting which they find strange as the real business is being done down here."

"Do not worry", he added. "I will translate for you and if you say anything out of order I will amend it for you"

I spoke for many minutes about the honour it was to be with them and hoped that they were enjoyed the Workshop. I spoke of home and asked them to toast my family. My new friend congratulated me on saying the right things, some being prompted by him. I received a rapturous round of applause, having completed what was to become a regular event over the next four years. I received then several toasts back. Then again, it all went quiet.

"Not another toast", I asked.

"No, now you need to sing a song." My WHO colleague replied.

"What song?" I asked hesitatingly.

"A famous British folk song will do," he suggested.



*Photo 3.9 and 3.10. That First Evening Bar Session where we found that Kazakhstanis both admire good voices, as had the gentleman above, who sang a range or traditional songs as well as led the community signing where we all had to join in as we could. Our contribution, after being pressed was 'Ol' McDonald's Farm' and afterwards various team members sang individually as Chris Russel-Hodgson does here.*

I was becoming concerned as I was not a really able singer normally and was saved as my colleagues hearing the sounds had finished their meeting quickly and came to the rescue. We gave them a rousing 'Old MacDonald had a Farm' – Duncan being the sheep, June, refusing the cow, Wendy the pig and so on – I cannot remember mine – perhaps the farmer's wife. Overall, it was a wonderful evening – the first of many to come in Kazakhstan. These evenings tended to go on very late and most mornings I awoke in the chair after two hours sleep, still in my suit ready after a quick shower to ensure the proceedings for the next day. But the overall result was that we all relaxed and got to know each other far better.

The last night was to be a formal dinner. I sat between two ladies', Natalia Kaidakova, with whom I had struck up a friendship and my own interpreter, Bayan. I made another toast that evening and in addition sang with June 'There is a hole in my bucket, dear Liza' without any real warning and somehow made it to the end. We then danced till late taking it in turns in my case to dance with my two new friends. The usual 'parties' then followed on afterwards in various rooms and I seemed to be invited to many of them.



*Photos 3.11 and 3.12. Two photos from the Workshop Dinner. To the right, Natalia Kaidakova and I with our interpreter, Bayan, celebrating and on the left, June speaking through her interpreter, Medina, before our rendition of 'My Bucket's Gotta A Hole in it.'*

Two factors seem to emerge from these evenings. One is that it was clear that in Kazakhstan you needed to be outgoing and flexible to make friends. And secondly, that unlike the West it seemed critical to be able to get on informally and this was perhaps crucial to creating more formal relationships. Hence the significance of my WHO friend's comments suggesting who had asked where we thought the real business was being done. An interesting observation I felt. So much so indeed that it became the title of this volume.

#### **Developing Management Interest**

The week went well - it was exciting, great fun but exhausting. I had not as I said be aware of the projects being offered by the KHF and thus did not intent to be part of the bidding process. However, the there were many incidents that week which brought home the fact that there was a clear need and wish for management development sparked off of course by the response to the session that Duncan and I held.

However, what really confirmed this were the group working sessions. Not so much the fact that the participants had seen for themselves the value of teamworking but the results that they presented. These confirmed that resources were not managed and there was little planning or development taking place. The old Soviet command machine had passed down its 'protocols' - the delegates often used this term - and reports were made back confirming that these were being achieved. There were concerns for quality through the training and expertise of the clinical staff but the process was not managed. Moves to efficiency but without effectiveness seemed to sum it up generally. Taking these points together, it became very clear, very early on, that our audience they were very keen to find out what this thing 'management' was all about. It was clearly a 'magic' word that they had heard of and they wished to know more. My thinking was to consider submitting for a project.



*Photo 3.13. Duncan Nichol (Since Professor Sir Duncan Nichol) explaining the principles of the UK's newly implemented NHS Internal Market*

Kazakhstan clearly needed to develop in its health sector programmes for management training and this seemed a good opportunity for me to become involved. But this was not as easy a proposition as it would seem. I had been reading several texts in preparation for the Workshop and had read somewhere (as it turned out it was Taylor and Lippitt's Management Development and Training Handbook) (1) of the need to ensure that training programmes needed to be '*far less parochial and more international*'. I was very conscious that I had already fallen foul to parochialism in my assumptions for this programme.

In the same vein, I was aware of Mark McCormack in his challenge to the traditional management teaching at Harvard (and elsewhere): -

*"But good management must resist both the internal and external pressures to force new business into the old holes, simply because those holes simply exist..." (2)*

This would be a new context. Our traditional Western methods of management development may need to be revised and then there was the language problem. However, I had been in contact with the new concept of work based learning and development at Middlesex University. Perhaps, this would be an ideal opportunity to develop and apply work-based learning as the fundamental tool. The issue of language was solvable I felt – there were many interpreters at the Workshop whom I was sure would be willing to assist.

#### **And the KHF Agree!**

As I said above, before and at the outset of the visit we, the initial team, had not thought about taking on one of the projects. In fact, we had not discussed this at all. I saw my role as the Workshop manager to make sure that through the group working, projects were identified. However, as it turned out I became involved in pushing forward a management development project that was emerging from the Ust Kamenorgust contingent – a project that would eventually go to Manchester Business School via Duncan!

Then a surprising thing happened. On the fifth day, Gillian Holmes from the KHF stopped me literally on the stairs and congratulated me on how well I was getting on with the local participants – evidently they had all been remarking on this. I felt really pleased with such feedback I had worked hard at this. She asked if I had thought of developing and submitting a Project and I replied that I had not. She suggested I do think about it. I found Martin and then June and asked what they thought. Why not? Use your contacts here they suggested.

As luck or fate would have it, I had made good friends with Natalia Kaidakova who happened to be the Deputy Head of Administration for Almaty Oblast (that is county not city) Health Administration. Indeed she had invited me out on the town on the Saturday, the next day, and this I saw as an opportunity to take a potential Project further.

The day started when official car arrived for me at the front door of the Sanatorium. The driver beckoned me into the front seat. I turned round to respond to the laughing and giggling behind me and saw four of them in the back seat, Natalia and her husband both very tall people, her Head Doctor from Almaty Central Hospital and another younger doctor who was acting as translator. Fortunately for them, we dropped her husband off in town some three or four kilometres away.



*Photo 3.14. With Natalia Kaidakova and her colleagues sightseeing before the many meals began!*

The day was a really wonderful experience. They took me to all the major sights – the marvellous State Museum, Panfilov Park and its imposing statue and cathedral and to relax in the Arasan Baths accompanied by her local Chief Doctor and our translator. I had that feeling of being treated rather too regally but I did enjoy being shown around and relaxing after the end of the Workshop.

After the baths, we had a brief snack of bread, tinned fish and pickled cucumber and some beer and vodka. Natalia returned and we were taken for lunch with the head doctor and his wife and young family again some very enjoyable fare as I remember. We then waited in a dark street for another interpreter to arrive as our young doctor had to start work. Thereafter I was taken to Natalia's apartment to meet her husband again and have a third meal. There were no real problems here with the toasting and singing but the problem was being polite with the food, which was constantly being pushed on my plate by a very attentive hostess.



What was now concerning me was that I was not aware that extensive hospitality was to be offered and I had accepted an invitation to have dinner with June, Martin and other Kazakhstanis. Regardless, that afternoon, Natalia and I did discuss the basis of a management development project and agreed the potential areas of need. We agreed that one cohort of eighteen would be feasible. She was clearly like me excited about the prospect.



*Photo 3.15. Eating at Natalia's apartment with her husband and daughter before going on to a fourth consecutive meal that day.*

I arrived a little late for the final, fourth consecutive meal of the day and tried to be polite to my hosts, Martin's assistant and his wife at the Workshop. I was clearly flagging however but tried my best to do justice to the excellent meal that they had prepared for what they regarded as honoured guests. The day overall had taught me that eating with the Kazakhstanis in their home was seen by them not only as polite but as valuable to ensuring the development of relationships. Americans I understood were poor wishing always to eat in their hotels and they lost popularity as a result. Although I struggled through the consecutive meals, my efforts to do this had created a positive impression.

#### **A First Trip to Kapchagai**

As luck would have it, I had also met and made friends with Eric Baizhunusov, Deputy Head of Kapchagai Rayon Hospital at the Workshop. He had been asking to me to meet with him and his hospital head doctor for a couple of days during the Conference. I did arrange to have breakfast with him. However, first that day I had another meeting with one of the Ust Kamenogorsk contingent in my room. I knew him simply as '*Moi Brat*' (my brother), he had called me this as we were of similar proportion in bodily structure!

*Moi Brat* turned out to be Director of several of the health monitoring stations in the Semipalatinsk area and felt he needed to make contact with Western expertise. I said that I would refer his enquiry to the Environmental Studies Department back at Middlesex University and ask them to take it from there and did so do on return. I hope something evolved as a result although I heard nothing more of the matter. Interestingly, '*Moi Brat*' was also admiring my England Rugby shirt that I had been wearing as I changed. As we were of similar proportion, I gave it to him as a present. He was clearly delighted and later sent me back a bottle of something or other by way of thanks.

Eric was waiting for me in the dining room, with one of the interpreters, together with another Kazakh who he introduced as his Head Doctor. They were clearly much more interested in being involved in one of the projects and were approaching me on that basis being interested in management development. Eric sat opposite me and asked all the questions with his colleague along side me saying nothing, sitting stoically in judgment it seemed. I was not happy with this and was determined to alter the interactive process. Eye contact alone was not helping as he looked down all the time.

Eric asked me about what a manager does. He had gained some ideas from our talk but was not yet clear, he said. My answer, in short, as always, was that say manager's role is to ensure effective change through people and part of this was to ensure feedback to staff. We moved into the importance of annual appraisal. When Eric then asked how we do this in the UK I realised this as my chance to deal with the lack of involvement by his Head Doctor.

I moved into the principles of the 360-degree approach and asked Eric is he would like ever to give positive, constructive feedback or otherwise to his boss; I knew of course this was never the case in their hierarchical system. Eric has a charming smile, as he understood English and the point being made fairly well. On translation, his boss spluttered and grinned and looked to me shaking his head. Good humour had made me another friend as it proved.

They asked me if I would like to visit Kapchagai, some forty kilometres north of Almaty.

"A problem here", I said. "Saturday and Sunday are booked and I fly home on Monday."

"What time?" my new friend, Zhanaidar, the Head Doctor asked through the interpreter.

"Later in the day" I replied. I was being slightly evasive, as I would have liked a

little free time to myself in the City with the camera.

"Come to meet us at 08.00 and have breakfast" they insisted

"I will try to arrange with Martin," I finally agreed wondering what this would all involve.

As it turned out, Martin was busy that morning but he arranged for me to borrow someone's car and driver. I had had another late night with lots of conversation and a few drinks with some delegates mainly from Chymkent in the south of the county, as I remember together the delegate from Turkmenistan, who was explaining why in their newly independent country, people were not paying their housing rent - on protest, evidently, for poor conditions. My friend from WHO was fortunately there and was translating for me. I felt thus rather tired when we set off for Kapchagai at 07.00.

What a strange thing to be doing I felt agreeing to a trip to who knows where when I fly home in the evening. I took a small phrase book and on occasions used odd phrases to the driver to amuse him and myself. We drove north; I knew this because we were going away from the mountains - an important piece of local geography I now understood.

The drive was not unduly spectacular, although it was interesting to see the countryside and the more traditional dress of the rural, farming peoples until as we neared Kapchagai, the scenery opened out and there was the Steppe, my driver managed to explain. A vast open space and you could see across it for hundreds of miles it seemed. Ahead we could see a storm. Indeed as we approach the town the weather changed with a sudden drop of many degrees and by the time we arrived in Kapchagai snow was being blown across the streets.

We found the hospital and were taken into the Head Doctor's meeting room. He was clearly leading a staff meeting but as I entered with the driver, he dismissed those attending and welcomed us.

"Hello Steev" he said in good English as ever clipping my name. "Welcome".

I apologised and asked again for the head doctor's name.

"Zhainadar Musim" he confirmed. He was to become a good friend.

Eric was also there. He confirmed that they had brought in London weather especially for my visit! Eric was wearing his doctor's clothing including one of those tall hats that look more like a chef to Western eyes. Indeed on the way on, I did feel it strange that there were so many chefs at the entrance smoking until I learned that these hats signified doctors.

I was invited to breakfast. A couple of western biscuits with five glasses laid out in a semi-circle from left to right - coke, orange juice, coffee, vodka and brandy. I was asked to try them all and as I did they were replenished. Much as I believe in the 'yardarm' (no drinking before the clock hands are both pointing north), this had been a strange trip and it was now cold anyway. Several people arrived. One was a very glamorous young lady in a striking red dress, followed by a cameraman.

"Did I mind saying something to the local TV?" asked another voice in English as she also entered the room. She turned out to be the local primary school teacher there to translate. She told me that they had closed the school that morning to free her for this important duty. I was really a little embarrassed but tried not to show it by thanking her - "Prazhalsta" I said as warmly as I could.



*Photo 3.16. At Kapchagai Hospital. The photo includes Zhanaidar Musim (Chief Doctor - second from left), Eric Baizhunusov (Deputy Chief Doctor - second from right), Anna, the local schoolmistress and interpreter (fourth from left) and TV interviewer (far right) with myself and two other Kapchagai doctors.*

These two women, the interviewer and the interpreter, and I prepared ourselves for the TV interview. I told Zhanaidar that there were to be no promises about anything. He confirmed that this was fine. He was really wanting to show me the town that he was doing his best to advance the hospital. I spoke giving what I felt to be yet another toast or series of toasts to the prompting questions -

"How much I had enjoyed visiting Kazakhstan?"

"How impressed I was with the spirit of the people?"

"How well I had been entertained and how much I would like to visit again?"

My answers to all were positive and expressing it thus made me realise this was so. I was beginning to feel slightly emotional. This short visit to Kapchagai was becoming one of those experiences of a lifetime that you ever treasure.

We then went on a tour around the hospital in entourage with several other doctors, the heads of departments in train. As a then NHS Training Manager, I did have some familiarity with hospitals and did try to ask intelligent questions of all those clinicians we met en route. The hospital was, fairly typical, clean but in need of some maintenance and much of the equipment was fairly obsolete. However, there were to be fair some new machines, which were eagerly pointed out to me.

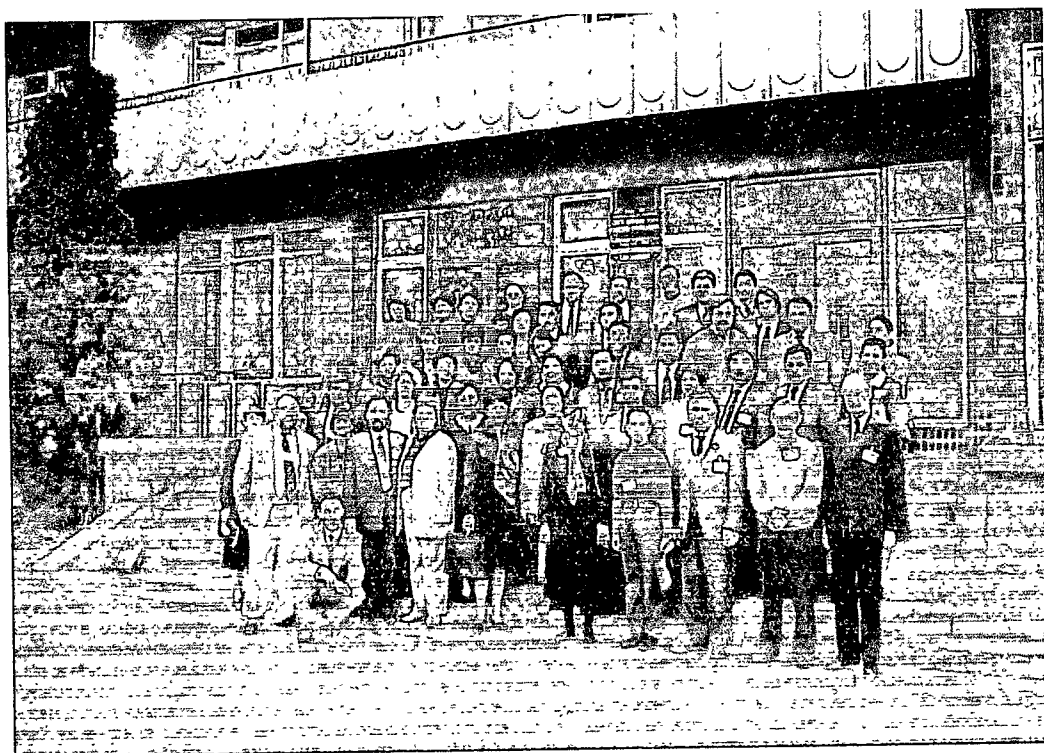
What I did notice again here in Kapchagai Rayon Hospital that was that every ward contained about 50 per cent empty beds. Why was this I asked? Zhanaidar became agitated.

“It is the system he said. You must tell the Minister to change it!”

I implied that I might not have that much influence but asked again why. The simple explanation was that the state payments to the hospital sector were, as I had suspected, by the bed numbers rather than population. Zhanaidar moved the debate on but confirming that they wished to move to have local doctors as we had in England, more local primary care with more day treatment but could not because of this funding system. However, in anticipation of change they were opening up one such clinic, what we would term a GP practice, in a local village.

This discussion confirmed to me that Zhainadar and his team in Kapchagai had some understanding of the need to change and thus could be an ideal centre for the type of management development programme that I was managing within our Trust in the UK. We spoke briefly about this at the end. Zhanaidar and Eric both agreed that this is what they were hoping for. This tied in with my discussions with Natalia the day before. More than an inkling of a proposal was now becoming firmer in my mind. Kapchagai was part of Almaty Oblast Health Administration, where Natalia was Deputy Head. It was coming together. Things could be achieved here I felt.

I returned to Almaty, helped June and Martin with the final clearance of the workshop. June conformed that she had been out to Talgar and had a wonderful time being entertained by the students in full national costume. I would perhaps have enjoyed this but could save this maybe to another time I felt. I was now keen to return. I had made some good friends already on this trip and was enthusiastic about developing a management development project here.



*Photo 3.17 . The Delegates at the First National Kazakhstan Health Care Workshop in Almaty 1994.*

### Finale – First Trip!

June and I travelled home together. My enthusiasm was clearly too much for June who was exhausted both after the rigours and politics of leading the Workshop and concerns over the many other activities and responsibilities that would greet her when she returned home. But it had been great. I was on a real 'high' and could think of nothing but a further trip back to Almaty to meet my newly made friends, appreciate again the warmth of the people and learn more from experiencing the very different even exotic culture.

I was pleased to receive a letter from the Know How Fund on return thanking me in particular for my 'Herculean socialising'. But I had learned so much in return. Perhaps on reflection the key points here were about the parochialism we can all have, too easily assuming that the practices and structures we have here are similar worldwide. But I also had realised that Kazakhstan was an ideal and exciting prospect in terms of implementing management development. They had little experience but were clearly enthusiastic!

### References –

1. Bernard Taylor and Gordon Lippitt 'Management Development and Training Handbook' (McGraw Hill 1983)
2. Mark H. McCormack 'What They Don't Teach You at Harvard Business School' (Fontana 1984)



8 November 1994

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Dear Steve,

Annie and I would like to thank you personally for all the energy, enthusiasm and time you committed to making the Know How Fund Workshop on Health Care in Almaty such a success last week.

As you know, this was the first time ODA and the Know How Fund has sponsored this type of workshop. As such, it was a risk, which succeeded solely due to the collective efforts of the team, led so capably by June.

I think we all learnt a lot from participating in the workshop, and look forward to the opportunity of meeting with many of you again to discuss how we can do it better next time. I am delighted that the evaluation showed that our Kazakh colleagues enjoyed the opportunity to meet with UK professionals and share ideas about improving their health services. This has provided us all with a solid platform for building future informal and formal partnerships between individuals and groups from Kazakhstan and the UK in the health sector.

Yours sincerely

+ Many thanks - especially for your herculean "socialising" efforts!  
Gillian

Gillian Holmes  
Health and Population Adviser - Know How Fund

Figure 3.1 – My personal letter of congratulations from the Know How Fund

## Chapter Four - Kazakhstan in the 1990s

I think it was 1996 when I went to our local post office to post some correspondence directly to Kazakhstan. In fact I was sending all the participants Christmas cards if I remember. The cheerful and I had always thought fairly worldly aware counter clerk was dubious and, although Kazakhstan had been an independent and sovereign state for some years by then, asked which country it was in. My reply was it was one of the former Soviet states.

"Oh that one of those Russian places in Eastern Europe" she initially exclaimed suggesting one rate of postage".

I confirmed that it was indeed part of the former Soviet Union but actually in Central Asia.

"Are you sure she responded as it makes a difference in the postage rate?"

I confirmed that I was so certain that I would willingly pay the difference.

"That's fine then" she responded.

"Would you like airmail stickers?"

### Area of Mystery

The simple story is meant to demonstrate our general unawareness of the whole of Central Asia – it is as if it does not exist. When I discuss trips there people confuse it with for example Kurdistan, more regularly featured in the British press, or simply, as my friends have done, call it the 'K' place to avoid any mistake.

This is hardly surprising for in the Soviet era, so few reports were released and so few travelled there that there has been little update us. At best, in the West Former Soviet Central Asia remains an area of intrigue and mystery. Perhaps increased by Peter Hopkirk, the most successful writer on the area in the last decades, whose short books tell of nineteenth century pioneering discoveries along the Silk Road or the of espionage and covert activity of the same century between the growing Tsarist Russian Empire and British India, often simply referred to today as 'the Great Game'. (1)



*Figure 4.1. Kazakhstan, by far the largest of the newly independent autonomous FSU states stretches from the Caspian Sea to China!*

The point is that our awareness and developing interest seems very slow in understanding of the region. Kazakhstan has been featured on one or two holiday programmes of late; it did had some success in the Olympic games mainly in the less fashionable weight-lifting; it has marketed one or two musical soloists and musicians for trips to the UK and it does have a national soccer team that competes in the World Cup. But as yet little else seems to have proved generally newsworthy.

There is even a mystery about the spelling. Is it 'Kazakhstan' with the central 'h' or 'Kazakstan' without the central 'h'? There is still debate on this. Olcott, for example, in her recent book maintains that the 'no h version' is better to reflect Kazak rather than Russian pronunciation but still uses the with 'h' version in her title. (2) However, although 'without the central 'h'' became the official spelling of the state name in 1995, I was speaking to their Embassy here and when asked suggested that the 'h' continue. Thus, on the basis of both this advice and convention in the West, including the 'h' will be the practice for volume.

### **An Exceptional Country**

Kazakhstan emerged as one of the seventeen sovereign states that emerged after the collapse in 1991 of the old Soviet Union and one of five of these were in Central Asia, the others being Uzbekistan, the most populous, Turkmenistan, rich in natural gas but no way of exporting it, Tajikistan, engulfed in civil war for many years since its emergence, and the smaller, mountainous Kyrgistan, often referred to by Kazakhstanis as its 'little brother'.

I have found that when discussing Kazakhstan to groups of managers in the UK – it makes an excellent case study in how to start development management practice to overcome the worst effects of entrenched bureaucratic thinking. In such discussions, we always start with the map of where and how large it is. But as the discussion develops, participants begin to realise what an exceptional country Kazakhstan is. Not only in its great size but in its location and variety, its potential wealth, its mix of population and culture, its arts and even its politics.

Kazakhstan, with a land mass of some 2.7 million square kilometres, stretches from the Caspian Sea above the whole range of the Himalayas and below much of the Russian Steppe to China, and as such is not only the second biggest country after Russia proper to emerge from the former Soviet Union, but it is now in land size the ninth biggest state in the world. In size, in fact, it approaches that of the whole of Western Europe or, alternatively, it is four times the size of Texas. It is also completely landlocked and thus not surprisingly is the largest state in the world so to be.

However, in terms of population is it one of the sparsest in the world with a population of some eighteen million and perhaps still declining through emigration despite high birth rates amongst the Kazaks themselves. Few countries have lower densities – a result of its endless areas of dry and barren steppe and the extremes of climate it experiences.

The borders of Kazakhstan and the new Central Asian are the same as those drawn up in the early years of the Stalin regime and were, it is said, an attempt to accord with ethnic boundaries but with many migratory peoples in Central Asia, this proved impossible. In fact, Gleason suggests that they were such a failure in this respect that they must have been –

*'...adopted exclusively for the convenience of Moscow' (3)*

As the map below shows, Kazakhstan is divided into 'shires' or oblasts and our project was to develop management in the oblast that surrounded Almaty itself (but not the City as this is a separate oblast). To give an indication of size, Almaty Oblast alone is some 500 miles in length!

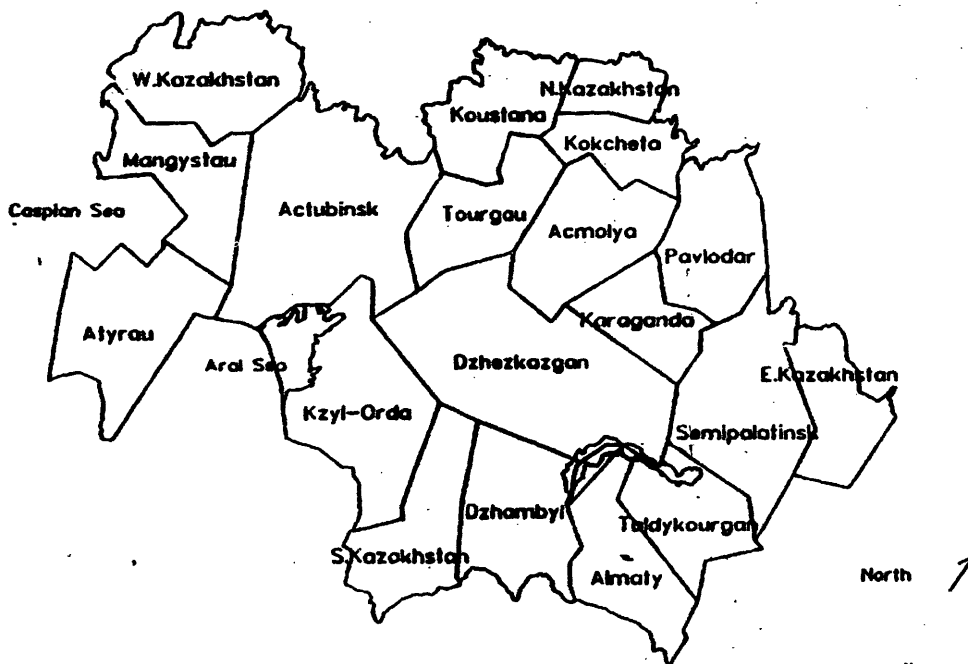


Figure 4.2. The Oblasts of Kazakhstan. Almaty City and Oblast are right in the south. The new capital, Astana, is northwest central in the 'Acmolya' Oblast.

Although I have met delegates from various parts of the country, my own experience is that of its largest city, Almaty (Kazakh for the Russian 'Alma Ata'), which although replaced by the more centrally-located Astana (renamed from the Russian Tsolingrad and then from the Kazakh Akmola), has not only remained Kazakhstan's chief commercial city but effectively emerged as the regional centre for Central Asia with much overseas economic activity for the area going through it.

#### Population Mix

Kazakhstan has a wide base of ethnic origin. Only recently as already mentioned, due to their comparatively high birth rates and also the emigration of other ethnic groups, did the indigenous Kazakhs themselves regain the figure of 50% of the population. Although Mongolian in appearance, culturally they tend to regard themselves as of Turkic descent. A large majority of the balance are ethnic Russians, many the emigrant offspring of Stalin's 'virgin lands' policy, with a final 11% or so made up of Kyrgits, Uzbeks, Ukrainians, Germans, Tatars, Koreans and so forth – the very complexity makes it difficult to be precise with actual figures.

Gleason saw this mix as leading to issues of national and ethnic identity for many, particularly the minority groups. He suggests the responses you may receive from any citizen when asked their identity may be that they consider themselves a 'Turk', or a 'Central Asian', or an 'Uzbek living in Kazakhstan'. And, he suggest, if you press the issue of national identity further,

*'you may get a new explanation with each new question!..... 'A claim to multiple identities is apt to puzzle many an outsider who, armed only with Western sociological concepts, is trained to think in terms of 'nations', 'states' and 'ethnic groups'. (4)*

It seems they have learned to deal with this complexity depending on the question in a way that we in the West from our nation-state basis of thinking may not comprehend.



Strangely, in this context, I came across an odd newspaper article, which I must retained in some form of premonition from my from my regular trips to the USA a decade before. It dates from the Washington Post of 11 August 1985. Again, seeing Kazakhstan from a rather Western nation-state perspective, this suggested Kazakhstan to be a 'polyglot' of some one hundred ethnic groups but it did somehow seem to sum up the identity issues for the Kazakhstanis as a whole: -

*"As the Kazakh population may find it difficult to assert the kind of cultural dominance achieved by Georgians in Soviet Georgia, Armenians in Armenia or Uzbeks in Uzbekistan. The immense size of Kazakhstan, the roots put down by the non-Kazakh population and the dispersal of the Kazakh population are likely obstacles." (6)*

Kazakhstan may never be able to succeed in creating a nation-state that all its population will accept and regard themselves primarily as Kazakhstanis. But there is another issue that needs to be considered, that of the expectations of the Kazakhs themselves. They have suffered at the hands of the Soviets at their Tsarists predecessors throughout the last century as Russian gained hegemony over their lands and they thus feel that their time to take control has come.

Their history shows many periods of wrongs in their links to Russia. In the first of these, the 1890s famine, Kazaks were turned away from their traditional grazing lands to make way for Russian settlers. In the second, hundreds and thousands of Kazakhs were deported following a failed anti-Russian uprising in 1916 followed by the famine and epidemics of the 1920-24 Civil War.

However, according to Olcott, the worst actions followed the policies of collectivisation of the 1930s, when their traditional 'pastoral livestock-based way of life' was 'irretrievably shattered' leaving it is reckoned that four out of six Kazaks dead. (7) Again, as already mentioned, post war in the 1950s the central 'Virgin Lands' drive of Khrushchev's time displaced Kazakhs in the north of the country from their traditional pasturclands to make way for European, mainly ethnic Russian, settlers.

Clover and Corzine point out yet another abuse during the Soviet years by the Central Moscow based polity: -

*"The 1940s saw Kazakhstan's killing fields transformed into dumping grounds for the untrustworthy and disloyal populations of the besieged Soviet empire. Cattle cars disgorged millions of Koreans, Tartars, Kurds, Volga Germans, Georgians and Chechens, the descendents who make up some of the 120 distinct ethnic groups living in the country today." (8)*

Kazakhstan being placed right next to Russia together with its large land mass and sparse population indeed made it not only an ideal dumping ground for dissidents but also for experimental stations – even Russian nuclear tests were carried out at Semipalatinsk – well away from Moscow. This, of course, also accounts for the lack of media output for the area discussed above.

It also meant that Kazakhstan experienced greater wrongs than the rest of the former FSU states including the other four local Central Asian ones nearby. Whereas the local indigenous groups clearly dominated the latter states numerically and thus would find creating clear national identity far less complicated, massive Russian emigration into Kazakhstan and the rapidly declining Kazakh population did not. Clearly any real pressure to promote a Kazakh rather than multi-ethnic or Kazakhstani state would alienate the other groups and create a further range of potential problems. It could even lead to a breakaway in the industrially important north where a Russian ethnic majority exists in the cities to join up with Russia.

However, most agree that, at present at least, the Kazakhs are not looking to right the wrongs of history as such and the Kazakhstan constitution does stress equality for all regardless of ethnic grouping. Although this is officially the position, however, some of the policies would suggest otherwise: -

*"Most of the symbols of statehood are drawn from the Kazak history or culture. The flag is blue, the colour associated with the Turkic Khaganate that dominated the steppe before the Mongols or Kazaks. It has a sun, an eagle and traditional Kazak ornamentation at the side. The centre of the state emblem is the view of the world as seen from the inside of a yurt, the traditional dwelling of the Kazak nomad, and is surrounded by a stylised version of a shield. The state hymn is well designed for a Kazak audience describing a homelands of the Kazak steppe and speaking of the need to preserve the mother tongue although it is difficult to find a translation of it in the country's stores and kiosks." (9)*

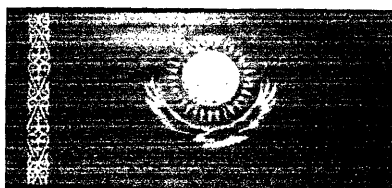


Photo 4.1. The Flag of the republic of Kazakhstan is based on Kazakh history and culture.

There are also other signs for minority concern. For example, there are policies for the repatriation of Kazakhs from abroad, for Kazakh to replace Russian as the official language as well as legislation to require all, including the resident ethnic Russians, to learn to speak the Kazakh language. Perhaps the most noticeable is the deliberate policy of Kazakh positive discrimination in official appointments perhaps justified by their being a current imbalance favouring Russians, the practice of previous Soviet discrimination. Many do see this as really an attempt at trying now to correct the actual imbalance that previously existed before independence and thus as acceptable.

Attendance at our Healthcare Workshop did reflect this great ethnic mix as far as we could gather. Often there would be jokes about it but overall I have suggested no clear tension. Similarly the cohort we were to work with later from Almaty Oblast Health Administration contained a wide ethnic range - Kazakh, Russian, Ukrainian, Korean, Uigher (a distinctly European looking ethnic group based on the Chinese/Central Asian borders). Perhaps they were too polite to let such issues arise in our company. On our part we were however conscious of the need to avoid raising ethnic issues no matter how close our relationships became.

#### **Natural Resources**

I find it surprising that there has not been more general awareness of Kazakhstan particularly as it is known to be is potentially a very rich country due to its wealth in as yet under developed natural resources. Olcott describes these in detail: -

*"With vast-untapped fossil fuels reserves, substantial gold deposits and rich, unmined veins of copper, chrome and aluminium, Kazakhstan is a state of enormous potential wealth. In fact a Soviet geologist once boasted that Kazakhstan was once capable of exporting the entire periodic table of elements." (11)*

She goes on to point out that with its developed farm and pastureland, its future is ensured: -

*'. especially since it also has a diverse industrially based economy (largely ferrous and nonferrous metallurgy), sufficient to insulate the country from the risks associated with resource-dependent development."*

As Olcott further points out: -

*“Recently western businessmen and politicians have shown an interest in Kazakhstan (and Turkmenistan as well as Azerbaijan in the Caucasus) because of their natural reserves’. As she goes on to suggest, perhaps rather understating the position “of the three states, Kazakhstan’s reserves are likely to prove to be the most significant.”*

**(12)**

Kazakhstan’s oil deposits in its area of the Caspian Sea were once described to me by a seismologist on a flight we shared returning from Almaty to the UK as: -

“... so large and available that in many places you can just press the soil and oil gushes.”

The problem has been that the oil pipes were pointing towards Russia and other potential routes through the Middle East are risky in the present tensions. However, work is now in hand to establish more direct routes although there are more recent reports suggesting the oil deposits, still substantial, to not be as great as first thought. But the estimates and debates still vary on this. **(13)**

As a result of its potential wealth, Kazakhstan has received in its first decade some \$13 billion in direct foreign investment mostly in the oil and gas sector. But reports suggest that the business dealings between the Kazakhstan officials and the West have not always ‘proceeded smoothly’ with the West being pushed out of deals at the last moment or forced into expensive renegotiations. This has not always given the West the confidence to increase investment in these or other industries.

In fact, I was speaking to an old friend of mine I had not seen for some years, who asked me what I was doing now. I shall now mention his name to save any possible embarrassment. On the mention of Kazakhstan, he pulled a face.

*“I invested there he said in a factory for manufacturing wood. When last I visited, it had vanished - nothing left at all, not a part, all of it sold on. And those I was working with had vanished also.”*

He claimed it cost him his fortune. He may have exaggerated but I am sure there was some truth in his story. Perhaps this inability to come to terms with longer-term needs of capitalism is part of the Soviet legacy that Kazakhstan retains.

### **The Soviet Environmental Legacy**

Certainly as picture books of Kazakhstan are published to satisfy the market for souvenirs for these increasing numbers of businessmen to bring home to the West, you start to realise it is a county great variety and of natural beauty too. However, what these picture books for obvious reasons do not show is the inherited damage caused by the Soviet disregard for environmental issues. Almaty itself showed signs of poor environmental legislation with large furnaces excreting vaporous showers over the city - just a small indication of the major issues here.

As Hoffman et al point out the system of central planning favoured the resource-intensive methods of production and the development of the pollution intensive heavy industry. (15) Perhaps, the greatest Soviet environmental legacy, certainly in the north, is that of nuclear pollution. It is interesting to note that President's Nazerbaev's recent book 'Epicenter of Peace' is dedicated to the 'nuclear victims of Semipalatinsk' with the sales revenue for the book going to them. (16) Other reports are slowly emerging confirming the extent of the problem: -

*"The already limited supply of fresh water in Kazakhstan is made worse by the various forms of contamination. Air and water pollution is severe particularly in industrial areas. The problems of poor sanitation and contaminated water (salinity, toxins and bacteria) have increase in urban and rural areas". (17)*

There are of course the results of the disastrous agricultural intensification policies such as the Virgin Lands policies that greatly reduced such natural water resources as the Aral Sea. Gleason describes these graphically: -

*"In particular, the Soviet Agricultural development strategy placed the environment at risk: soil exhaustion, salinization and the accumulation of residues from agricultural by-products, pesticides, herbicides and defoliants produced a public health crisis in the 1980s. The upstream diversion of the waters of the Amu and Syr Rivers for irrigation purposes meant death for the Aral Sea, the largest standing body of water in central Asia. Slipshod mining and industrial practices produced environmental catastrophes in such places as Ekibatuz and Chimkent, Kazakhstan and Angren Basin, Uzbekistan. Years of nuclear testing left a legacy in Semipalatinsk, Kazakhstan, that may linger for centuries." (18)*

The effects on the Aral Sea of Soviet exploitation can be gauged by the following from a recent article in the Economist: -

*"The Aral Sea was once the world's fourth largest inland sea. But since the 1960s it has lost three-quarters of its volume. Towns, which were once ports, are now far from the water. Unemployment has soared as the hulks of fishing boats rust away on the salt-encrusted seabed. As it shrinks, the sea has started to divide into a smaller northern section and a larger southern one. The trickle of water that joins the two could be gone completely within a few years.*

*"The cause of the water loss goes back to the days of the old Soviet Union and its diversion of the main rivers which feed the Aral Sea in order to irrigate vast, arid areas for cotton production." (19)*

Yelena Kalyuzhnova, amongst others, suggests that Kazakhstan has a legacy from the Soviet economic system of having only two relatively developed fields of economic development – agriculture and mining. (20) Lacking in any manufacturing base, Kazakhstan has been forced to develop beyond the primary sector by joint-stock agreements with the West as well as Russia and China. The second result is that Western consumer goods now dominate. Stores display expensive cars, cosmetics, clothing just like the West End or even Fifth Avenue – all the trappings of a market economy with just a smattering of local handicraft products of her own essentially for the souvenir sector.

### **Dependency upon Russia**

Unlike the other newly independent Soviet states, Kazakhstan was rather ‘catapulted’ to independence with the sudden demise of the Soviet Union. It was left with little choice. It declared itself an independent state in December 1991 and was the last of the former Soviet Republic to do so. Gleason quotes Strobe Talbott in explaining the point

*“The new (Central Asian) states really are not independent at all. Their economies and infrastructures will take years, even decades to disentangle”.* (20)

Kazakhstan’s trade reflects both the political and geographic ties it has with Russia. Its major exports were in 1990 mineral resources, wool and silk with finished foods only 17%. In 1994, 59.4 of Kazakhstan’s exports went to Russia and 46.7 of its imports came from there. This is the result of Soviet economics developed to integrate the Union normally to the benefit of Russia itself.

Soviet planning lacked contingency and thus tended towards economies of scale with just one central location for the manufacture of any commodity often within Russia itself – remember the problem with corkscrews at the Workshop! Kazakhstan with little actual manufacturing as such being primarily an ‘extraction economy’ and is particularly vulnerable as a result. Using the health sector as an example, it means the import of all medicines and appliances from Russia where post independent prices had increased by I was informed eightfold by the mid 1990s.

In addition, in terms of infrastructure, its location next to Russia means that all major rail and road transportation routes connect Kazakhstan with Russia. In addition, the problems of gaining true economic independence from Russia are harder for Kazakhstan than the other former Soviet states because of her natural resources. As Olcott suggests: -

*“Throughout the post-war era, Kazakhstan’s economy was placed at the service of the Soviet military industrial complex; the country became a natural resources and raw materials repository, supplying uranium, metals and grain to factories in Russia and the Ukraine.”* (21)

As Yelena Kalyuzhnova points out, the Kazakhstani economy was not able to provide the finished goods as this did not figure in the plans of the Soviet Command Economy and thus this dependence lead to a ‘deficit of manufacturing industries’ which in turn lead to a

*“...dependence on imports of consumer and capital goods”.* (22)

### **Nazerbaev’s Crucial Role as President**

Nursultan Nazerbaev (frequently spelt Nazerbayev) has been Kazakhstan’s President since independence and all writers seem confirm his crucial importance to the creation of stability in the country facing unfamiliar problems following independence. Olcott, for example writes: -

*"The maintenance of public order and economic survival required that ... new political and economic institutions had to be fashioned swiftly. Political leaders rhetorically embraced the idea of establishing market-based economies and civil societies modelled after those that existed in the developed world. Yet when these leaders consulted with Western specialists, they found that prevailing economic and administrative theories offered little guidance on how to grow capitalist markets and democracy from the soil of Soviet-style socialism'. Rather a case of 'if I were you I would not start it here.*

*Nazerbaev has been crucial to the survival of Kazakhstan. He is a leader held in high regard". (23)*

However, alongside this, there is much concern over this approach being 'less than democratic'. I was in Almaty in 1995 when the state referendum held confirmed his extension of office until 2000. There was no opposition. No-one locally seemed surprised at all at this process – indeed most just smiled in a 'so be it' way. He had after all dissolved Parliament and ruled by presidential decree for nine months. Olcott again: -

*"All Central Asian leaders including President Nazerbayev claim that the tradition and temperament of the Asian people make them little suited to democracy. This seems a gratuitous justification for consolidating power in the hands of the ruling elite. It is much more obviously the case that almost none of these men has any instinctive attraction to democracy, rather that they seem to refer replacing the grandiose public structures of the late Soviet era with new and more massive presidential palaces, mosques and museums." (24)*

There is evidence for this – the Presidential Palace in Almaty is a really fine building and I understand that the official Presidential buildings in the new capital, Astana, are of equal magnificence. But the issue goes as suggested goes beyond this. It is Nazarbaev's will alone, Olcott suggests, that is being translated into state policy and that state institutions are created in effect solely to

*"...buffer him from popular criticism".*

There is a real and worrying difficulty for us in the West of the fact that there is little to separate the development of the Kazakhstan state from the personality of its only ever president.

In addition, charges of favouritism and corruption are increasingly being made both levied against Nazerbaev and his apparent development of a ruling elite based on a clan or family dynasty. His wife and the first lady, Sara Aipysovna, heads the large children's charity, Bobek, which is located along the same road as we took to the Rehabilitation Centre we used for delivering the programme. More interestingly, his daughter, Dariga, was head of the only independent television prior to marriage with the son of the President of Kyrgitstan and two sons-in-law have prominent economic and political roles.

The response is indeed the suggesting that this is more in keeping with the 'Kazakh' way. Indeed as the decade has gone on, Nazerbaev has perhaps become more open in his Kazakh nationalism, which is rather perhaps counterproductive to ensuring the survival of the existing state as was suggested above.

### State Survival

As has been suggested already, many observers have worried whether Kazakhstan would survive post independence. They feared that the President might try to assert a Kazakh nationality to the detriment of the other ethnic groupings and create tension in the area. They feared the effects of the possible mass emigration by Russians or division of the state with the northern, industrial areas possibly looking to re-align within the Russia state?

There has been much emigration and much immigration. There is still concern and the strategies are perhaps risky. Clearly in time, Kazakh ethnicity will probably dominate in numbers, culture and power. But so far there has been a calm and even a positiveness along with an understandable wariness within the Russians and other ethnic minorities.

Certainly, I felt no real tension when I was visiting as I have said, quite the reverse. My years in Kazakhstan stretched through the mid to late 1990s the period when Kazakhstan was clearly looking to the West to understand how to move away from the Soviet command model and its inherent problems and develop a mixed market economy. Clearly, there was admiration for the British efforts of the time when to an extent it was going through a similar process in challenging its post war welfare state provision.

Kazakhstan was also encouraging Western investment but Kazakhstan needed to play a careful game. Its relationships with Russia do need to remain cordial because of economic dependence and its large ethnic Russian population and their valuable skills. Not only courting the West and its ideas but also asserting Kazakh nationalism too much could seriously affect state stability. Olcott writes

*"Although foreign investment is steadily increasing and the economy may have already passed its worst period, dreams of vast national wealth have yet to be realized. What lies ahead is far from clear ... .."*



*Kazakhstan has tried hard to nullify some of Russia's more lopsided influence in the country, actively pursuing a highly diverse foreign policy strategy that includes close ties with such disparate states as the United States and China. As the Kazakhstani looks less and less frequently to Russia, they are becoming something of the junior partner they want to be. Yet while publicly Kazakhstan's leaders often defend the right for Kazakhstan as a sovereign nation to define its own national interests, privately they admit that such calculations are generally made with an eye on Russia's likely response" (26)*

Kazakhstan's immediate future at least remains dominated by its larger and more powerful neighbour, Russia. Kazakhstan has to an extent come to terms with this and has tied herself to Russia militarily by joint security agreements as well as linking more closely with the other former Soviet Central states to form an economic community. Trying to take an independent route and be on good relations with all is perhaps its best route and the one it seems for the present at least it is adopting.

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Thus the better management processes as we know them in the UK where we need to achieve objectives and thus had some discretion how these were achieved was something very unfamiliar to our Workshop delegates. For the administrators, it was often a question of 'fixing the record books' to accord with central requirements rather than allocating resources to set ends. This was already laid down for them by central planning. And for the local doctors, unlike the UK where management was seen as something to like or to loathe, to trust or mistrust, to have had perhaps positive experience or otherwise, normally the latter in each case, and often to try to ignore, management in the Kazakhstani health sector simply did not exist.

At the same time, another difference had also become apparent. Senior doctors in the FSU did not hold the same status as consultants in the UK. Thus they would be given orders direct from the administrators who also held the title of doctor but often in economics rather than a health speciality. It was noticeable that it was often the main line medics at the workshop would undertake the 'fetching and carrying roles' for the administrators. A state of affairs in its turn quite that was unknown to us from the UK.

Gleason, writing a few years later, suggested that whereas: -

*"...the old order demanded conformity and regimentation (that) specified what people could comfortably think and how they could behave", (there was) a "new order" (that demanded) "new values, new ideas and new behaviours." (3)*

This was exactly what I had seen very clearly happening at that first Workshop. The 'old order' was in decline and a new one in ascendancy but as yet uncertain as to its beliefs. It seemed clear to me that to support this process, an understanding of management per se would be give it purpose and thus prove invaluable. It could help the analysis of their problems and suggest alternatives to the bureaucratic solutions that they knew.

I could see for myself personally, with my 'mixed experience' in running management development programmes in the NHS where 'lip service' rather than real commitment from my senior colleagues was often the case, the opportunity of working in a more positive environment and becoming a real catalyst for effective change. A management development programme could help them learn the value of empowerment, of local decision-making as the alternative to central planning and could give me in return a taste of real success in taking things forward.

### **Soviet Successes**

However, I did realise that such enthusiasm for change needed to be tempered a little by appreciating that much had been achieved by the old Soviet system. It is very easy to see the former Soviet Union in a negative light, as the 'great machine' and 'the largest bureaucracy ever' and as a 'brutal and corrupt system' that 'over regulated and alienated' everything it came into contact with. To an extent this was true. But had achieved much in the decades it had existed. It had after all brought the old feudal Tsarist Russia to an end and dragged the country, regarded as the most backward in Europe, into the industrial age. It had not always been without sacrifice and Stalin in particular had: -

*"...pushed people hard, forced them to accept unbearable sacrifices and terrorized them into silence and conformity" (4)*

So much so that many felt it was the decisive factor in defeat of Fascism. (5) And in addition to industrial development, there were important social successes - the Soviet Union set up a welfare state where every citizen had the right to work, to health, to education and to housing.

Coming from this understanding, what was needed was a positive route to change that would maintain as far as possible the benefits gained as well as to progress forward. Perhaps Sovietism '*deserved to crash*' suggests Kagarlitsky, but warns its heirs could be: -

*"... undermining the elementary foundations of civilised life itself without any thoughts of the consequences, pulling down the education system, destroying the nursery system... and, while incapable of nurturing the private entrepreneur, liquidating the state sector of the economy, the only means at present of ensuring the mass production of cheap goods needed by society". (6)*

### **The Kazakhstan Healthcare Sector**

The Republic of Kazakhstan had inherited the old Soviet system still in tact albeit taking away the first level at the top. The old Soviet Health System was headed by a Minister who was a member of the Council of Ministers of the USSR (the Cabinet in effect) and the health ministry worked through their counterparts in each republic and as in all things Soviet decrees came slowly down the hierarchy. The only change post independence was that in the new Republic, decision taking started with the Kazakhstani Minister of Health. The process for decisions remained downward and confirmation of success upward as before. The Health sector like all things remained part of the 'great machine' as before.

McKee et al, however, in their recently published work health care in the former Soviet Central Asian republics, the first that I have been able to find, somewhat challenge this view suggesting the Soviet healthcare system was not as unrelenting as the manufacturing sector for example and: -

*"... was considered one of the few redeeming aspects of an otherwise bleak totalitarian society" (7)*

Most of Kazakhstanis at the Workshop would have agreed with both McKee et al's and Kagarlitsky's observations above - certainly the ones that I spoke to through interpreters. They recognised weaknesses in the system - divisions between the ministries, the health sector was managed by the Minister of Health but its training needs were managed by the Minister of Education, and poor legal underpinning but pointed to current problems that had resulted with the decline of the Soviet system; chief amongst they listed the loss of services particularly in rural areas, the lack of supplies, the rising costs, the loss of some many staff because of low wages, lack of incentives and as a result the rapidly rising health indicators. Clearly, they felt that to date following independence the sector was losing ground rapidly.

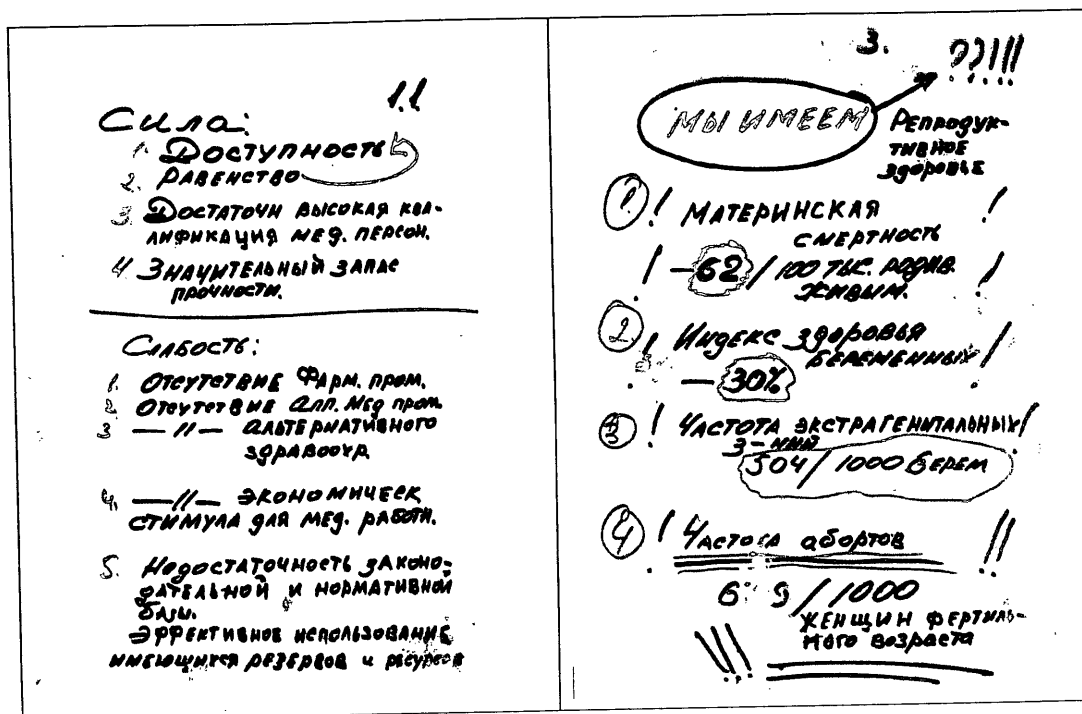
Health had always been a priority for the Soviet leaders but for political more than social reasons. The importance of improving health provision being stated in 1919 by Lenin when he declared famously during the 1919 Typhus epidemic that: -

*"... either the louse conquers socialism or socialism conquers the louse". (8)*

To Stalin on the other hand, the value of maintaining a sound health system was linked to the direct support it gave to the development of industrial and military by ensuring health and vigour in the working population.

As a consequence, however, it could be argued that the needs of socialism and of the state determined a health system with more emphasis on the preventative and 'holistic' than the 'ill health' remedial focus we tend to follow in the West. This can be seen, for example in article 42 of the 1977 Constitution still in force on collapse of the Soviet Union: -

"Citizens of the USSR have the right to health protection. This right is ensured by the development and improvement of safety and hygiene in industry, in carrying broad prophylactic measures; by measures to improve the environment; by social care of the youth including the prohibition of child labour, excluding the work done by children as part of the school curriculum; and by developing research to prevent and reduce the incidence of disease" (9)



Figures 5.1 and 5.2. Overhead transparencies delivered by Kazakhstani doctors at the Workshop for discussing firstly the strengths and weaknesses of the local health care system and second focusing on the rising indicators for reproductive health in particular.

But the welfare side of health had become neglected. The housing standards we saw, for example, were poor in the towns and larger communities with most of the population crammed in austere blocks of flats and many suffering from as suggested already the abuses of pollution.

Further, most resources were based in urban hospitals despite the fact that some sixty per cent of the population live in rural areas many vast distances away. In some places patients could travel for five or six days for treatment, we were told. There was little resources allocated by the system for what we term community care and primary care and general practitioners were virtually unknown.

In addition, there were special hospitals for those in high office and their families (the 'nomenclatura'). We were taken on a later trip to the palatial Presidential Hospital in Almaty where we were able to admire the facilities available and compare these to the great lack of such in the general provision. What Field suggests to be the case holds true: -

"... equality was relegated to that distant and mythical future of full communism and a society of abundance". (10)

Out of interest, many of our later cohort on management development programme moved to work in the Presidential Hospital because of the status and resources it offered as well as a better standard of living, I understand – a matter not normally discussed with them. Personally, I found this rather sad, hoping that they would take our ideas into the more needed areas of the urban hospitals and indeed look to developing primary care out in the smaller communities in the Oblast. However, I can understand their motivation to improve their own circumstances by undertaking developmental training; after all most management development students I teach in the UK come to classes for that same reason.

### **Similarities to NHS?**

The UK Team when in Almaty could see many similarities to our own British health NHS at that time as it moved from the social democratic ideal of collective state provision towards a more market oriented business approach in its style of management and the developments perhaps needed in Kazakhstan the Kazakhstan health system. Both had achieved excellent advances over the years but were suffering from the excesses of bureaucracy. Both needed to look to greater efficiencies and to greater effectiveness but both lacked the capacity and wherewithal to develop and ensure change.

But Kazakhstan's health issues, as suggested, were greater because of the rifts resulting from independence. Which had seen public social spending as a percentage of GDP was falling at an alarming rate. Health care had been at 4.4% (the UK figure is low for European average at around 7%) but had fallen to 3% we were informed and was continuing to fall. (11) The salaries of healthcare staff had become derisory and many were leaving for other and often menial employment.

This transition was thus affecting the whole sector and many of its achievements were in decline, even lost. Life expectancy was dropping at an alarming rate for both sexes and, we were informed, infant mortality and maternal death rates were critical especially in rural areas. The table for female mortality below reflects this, showing the fall for all the new Central Asian republics through the early and mid 1990s and the big dip after independence before being arrested by greater economic stability. The Soviet system was one where patients or their families had to buy the medicines used and many could not now afford to do so. (12) Similar rates existed for men due we understood to smoking related cancers, the death rate there being twice that of the UK. (13)

## Chapter Six – Developing the Vision

The Healthcare Workshop itself had gone very much as planned and was a complete success. The nine-day visit had been extremely active and intense and had as a result had passed in a rush. Much more than expected had been achieved. It was exciting times. I came home on a high. So much had been learned to reflect upon. All I could think about for the weeks after was the exhilaration experienced in this new and different environment. My mind was it seemed racing with ideas about the proposed Project.

I could not wait to begin. I collected up my thoughts. We had the clear relationships with Almaty Oblast through Natalia and the Kapchagai Rayon team. Martin was keen to help and I discussed my plans with June as well. She confirmed she had a further trip planned for the February following for a nurse's Lemon Project WHO, which meant little to me, and she suggested I join her on this. In fact, she gave me to understand there had been a special request that I become part of this. Apparently the senior nurses who had visited the Workshop had also become interested in developing their understanding of the mysterious topic of management. All was looking well.

### The 'Four Stakeholders'

My ideas gradually developed into a joint structure linking my own NHS Trust and my role as its Training and Development Manager and Middlesex University to link in Martin and give access to a good number of resources both practical and academic. The highlight would be a study tour to the UK built around the Trust and the programme would thus be not only pure management development but also to develop an understanding of the UK healthcare sector especially our systems of primary and community care.

The other two stakeholders were Know How Fund had already given positive encouragement and would hopefully back this up with the funding itself and, of course, Almaty Oblast Health Administration itself. I did not anticipate an easy ride and realised this would probably mean much attention to detail to ensure all everyone in their turn was happy with what they gained from their involvement be it prestige, learning, goodwill, potential further joint development whatever. But I was very optimistic when I started working on the proposal some two days after return.

But I came to realise it was never going to be as simple as this. I would be dealing with the differing structures, policies and cultures of four bureaucracies – the 'funder', the 'client' and the two 'deliverers'. Two The Know How Fund (the 'funder') part of the then Department of Overseas Development operated on the principles of the British Civil Service, who would need to agree to the project plan in great detail in order to finance it; Almaty Oblast Health Authority, now part of the new Kazakhstan 'state machine' but continuing in effect much of the practice of the now defunct Soviet Command Economy could and did create hold-ups there for any number of structural reasons let alone communication problems in the days before Email.

Further, I would need to sell it to my own Trust, not only to allow me to be involved but to link up, in my planning, with the UK Study Tour particularly. Barnet Healthcare NHS Trust, as its name implies part of the NHS and the latter was now, with the demise of the Soviet Red Army and after Indian Railways in terms of numbers the largest state bureaucracy in the world and it was, it seems, still behaving as such. In fact I did not get a very positive reception from the Trust at all. This was the time after the implementation of the 'Internal Market' reforms that Duncan Nichol had led to create a more effective NHS. These and others also coming in were creating too many changes happening at the time and even more complication it was felt was not what was needed. I found it politic to hang fire a little here to wait for more positive times to raise the issue again.

Middlesex University in its turn had recently combined with various other local institutions and was undergoing the problems that evolving, in terms of student numbers, into the largest campus-based university in the UK, automatically caused. The Project, as I saw it, may need to involve various departments and there was yet in the University clarity of purpose or the single culture let alone the frameworks needed working together to happen. I decided at the outset to discuss my ideas with the Deputy Vice Chancellor, Ken Goulding who I had met previously, to see if this potential barrier could be. He at least seemed positive and happy to lend any support I might need from the University as long as they had major involvement. This meant effectively that they would wish to administer the Project.

### **'Stages' of Activity**

The first problem to be tackled was that of gaining confirmation of the local support for the Project from Almaty Oblast Health Administration in the format that would meet KHF's requirements. In fact I had already anticipated this and asked Natalia to send on to me – letters from the Administration and also from their local doctors to confirm they wished to participate. I also wrote to the Graeme Loten, the acting Ambassador, at Almay Embassy directly. We had had dinner with him on the Sunday before we left and felt confident he would confirm his support. Graeme kindly wrote and copied to me.

Natalia had clearly meanwhile been working to 'promote the cause' and as a result various letters and faxes from various dignitaries began to flow into the Trust, the University and the KHF. There was no doubting local enthusiasm as a result and the first hurdle it seems had been overcome fairly easily. The various documents are included as figures 7.1 to 7.4 below.

I was now beginning to draw up a sort of action plan to review the stages needed before we could confidently submit to the KHF for funding. Stage two was to gain agreement to the detail of the programme and implementation of the project from Natalia and the Oblast. Stage three would be to meet with all those needed at Middlesex to ensure agreement and participation. Stage Three would involve seeking agreement from the KHF to the actual, finalised proposal and stage four return with the completed, funded version to the Trust. It was a time there of arrivals and departures. Doubtless, more a more positive climate might ensue.

However, seeing this in such simple stages proved too simplistic. I had contacted the KHF to keep them 'in the know' and they seemed to want to be much more involved from the off – in effect to supervise our activity in effect. We were warned that if we did not submit an early draft, we were likely to receive no funding at all. I worked solidly on this in the evenings and weekends for three weeks with the outcome being eventually submitting the first required draft to them.

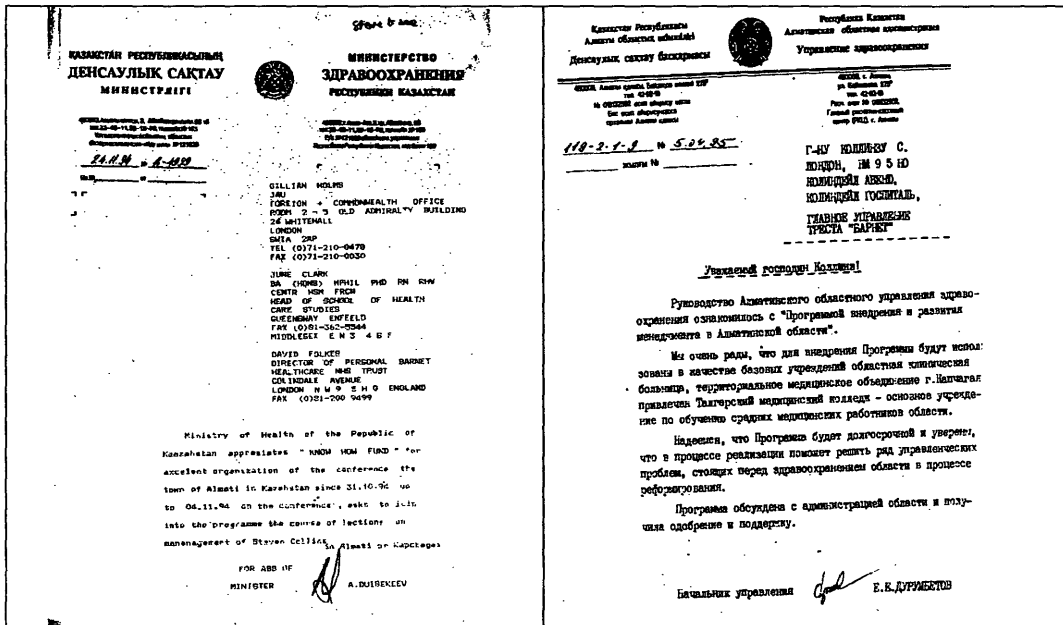
### **Developing the Ideas to Paper**

I remember that I was working for the first time on the personal computer - they were only just coming into household use then. Fortunately, I had made notes of all I had heard, discussed and seen at the Workshop and on visits to local health facilities regarding lack of objectives and evaluation, poor teamworking, limited decision-making, poor resource management and generally lack of any real understanding of the function of management. All this could be evidence to support the initial submission.

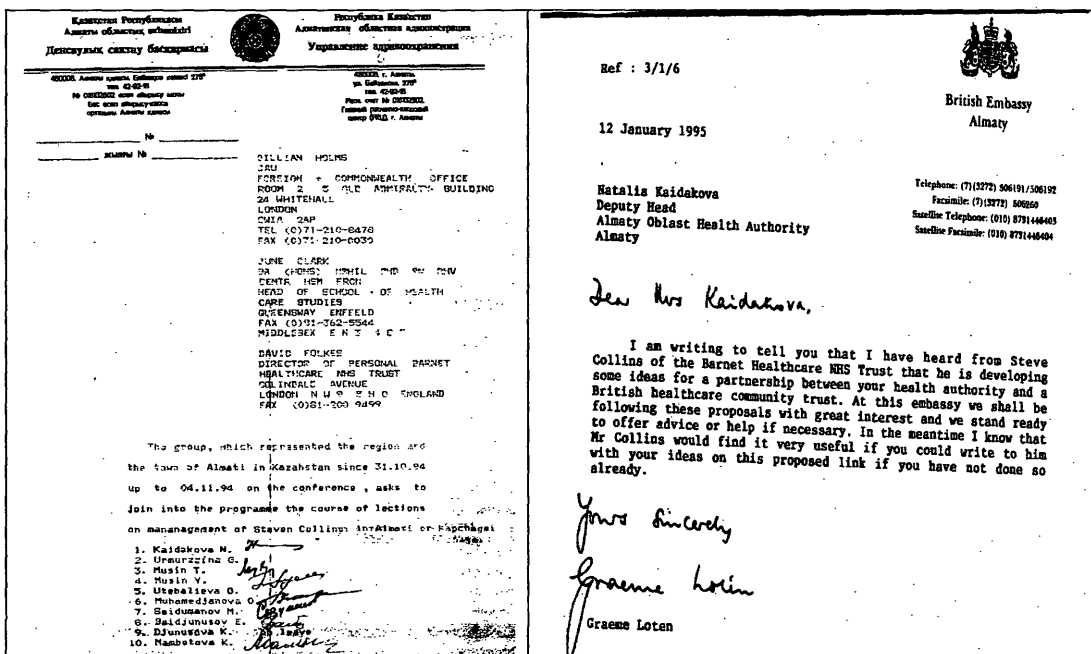
Additionally, within the health sector specifically, the project also developed from what I had heard during the general debate in the Workshop and I had been able to follow up in discussion with Zhanaidar, i.e. the need to move away from the emphasis on hospital provision to primary care, or as they termed it the provision of Family Doctors – GPs in other words. Clearly Kapchagai understood the reasoning here and for them to have to a large



presence on the Project would be a positive step ensuring local understanding and commitment.



Figures 6.1 and 6.2 above and 6.3 – 6.4 overleaf. Various letters from Kazakhstan supporting the Project proposal – from the Embassy, from the Minister of Health, from the Head of Almaty Oblast and from Oblast doctors (all organised by Natalie and copied to all the proposed stakeholders as well as one from Graeme Loten at the British Embassy in Almaty confirming his support via Natalia.



I was very influenced by the stories I had heard of Kazakhstani responses to American management developmental practice there to date that tended to upset the Kazakhstanis by too often making the mistake of telling what they needed to do to improve their systems, all of course based on State deregulation in the health sector. As had proved successful at the Workshop, the Project proposal needed like the Workshop a clear emphasis ensuring the local application by participants of our Western ideas to their local context.

#### **The Work Based Learning Reflective Approach**

As good fortune perhaps has it, I have just prior to the Workshop become involved, in my normal role as a NHS Training Manager, with the concepts of work-based learning through Derek Portwood and his newly formed department at the Tottenham Campus of Middlesex University. We had after some discussion set up a project on the work related learning needs for healthcare auxiliary nurses with a view to developing them through such a process. An adaptation of the work-based learning approach to ensure the local application of Western ideas, as we needed, seemed an ideal learning strategy to adopt.

Being closely involved with Derek and his pioneering work on work-based learning had meant that I had had a sound grounding in the newly developing ideas of Donald Schon on reflective thinking as a learning process (1), of Checkland and Scholes on soft systems approaches to problem solving (2), and of Kolb and Fry on the need for all education and training to adopt a more cyclical and reflective approach. (3) Work based learning principles based on their ideas were also leading management development education away from just the understanding of academic knowledge and debate and towards implementation of such in context as being crucial. I had also experience of the newly introduced processes of NVQs that really reflected that same thinking. In addition, I could also utilise the experience gained from involvement in the developing approach of work based assignments of Open University Business School with its same emphasis on application rather than just knowing

## Chapter Seven – From Planning to Action

It had taken in all nearly eighteen months for the original proposal to become reality. We now felt that we could move ahead with a little ease. But it was never to prove as simple as that it seems. As ever things had change. We did have to look to revising the budget and to some of the detail of the conditions now imposed by the new 'logframe' by the KHF. But in that period, we had had major changes in personnel which in effect meant the development of a whole new team to deliver the programme.

### Bringing Together the New Team

The original proposal was built by and around Martin at the Kazakhstan-UK Office at Middlesex and June at the School of Healthcare also at Middlesex together with myself at Barnet Healthcare NHS Trust linking in with Natalia of Almaty Oblast Health Administration. Of these, sadly, I was the only one to remain to the later stages. June had been concerned about her role and had also had differences with the KHF and felt inclined not to become part of the plans. In any case she had now moved to a new role in Cardiff and thus in effect finished with Middlesex University completely.

Martin who had seen us through the endless months of revision to finalisation and the final acceptance of agreement and was now moving on, as it turned out, ironically, to take up a post with the Know How Fund. Of course, we joked of his expertise in 'logframe revision' had gained him the role! More seriously, they had admired his talents in organising the attendance at the Healthcare Workshop and wished to utilise these for themselves. He was a great loss to us.

Strangely, however, he was to become a few months later, covering maternity leave, the link person for our Project at the KHF and to be the person for a time at least to whom we had to report and respect. No more could I quip with him in the easy relationships we had had. He too began to distance himself and this seemed strange. I was concerned by this 'poacher turned gamekeeper' position as he would knew too much about us but in the last analysis, I trusted him fully and as it turned out was correct to so do.



*Photo 7.1. Members of the 'New Team' – Bota Hopkinson, Derek Portwood and John Charles with Marina our initial interpreter - taken whilst travelling to our training centre in Almaty in our local transport – an ambulance supplied by the Oblast Health Authority.*

Starting at the bottom with (e), I confirmed to the team that my findings regarding training methodology on the previous visits. I had also spoken to Natalia on this on my second visit (as we were slowly going around on the big wheel in Gorky Park in fact!) and she understood and was in favour of the portfolio method of collecting work-based evidence. With regard to point (b) language, the Kazakhstan-UK office could converse in Russian and Bota would do this for us locally, employing local interpreters for the workshops themselves.

Point (c) could prove problematic in fact. No management course can normally cope with student change 'mid term' so to speak. As it stood, we had yet to finalise the cohort in any case and thus we did not see this as a problem in that we could try to select committed participants who would not wish to leave at all. Saying this, however, although we could influence the Oblast Administration, theirs was the final decision, however.

In fact, contact with Almaty had confirmed that as part of this Project, they wanted us to take on board as members of the Cohort, a 'senior team' in Almaty that included as we had hoped, Erkin Durambetov, the Head of Administration for Oblast Health and his colleague, the Oblast Deputy Akim (or Mayor), Victor Dolzhenkov, whom we did not know. With these two senior participants as well as Natalia and the Head Doctors from Almaty Central, the Children's and Kapchagai Hospitals and we knew these to be looking to change, we felt confident that assumption (b) emphasising capacity to implement, would prove unproblematic. And of course we were using work based learning portfolio approach the method to support this.

When looking to assumption (a), we in fact did identify three contingency risks we felt could affect the Project's success. Firstly, linked directly with assumption (a), that the road to a mixed economy of care similar to the UK's would continue to be sought in Kazakhstan. If there were changes this could seriously affect the management teaching on the programme as well as the UK Study Tour. However, indications were that local Government policy would continue to move in the direction of the mixed economy as in the UK. Secondly, that there would be political stability and thus the planned trips and economic development could happen. Thirdly, linked to this, that there would be a growth in the national economy and that the poor state of healthcare funding would improve rather than continue to decline. Overall we felt happy that the assumptions would prove correct.

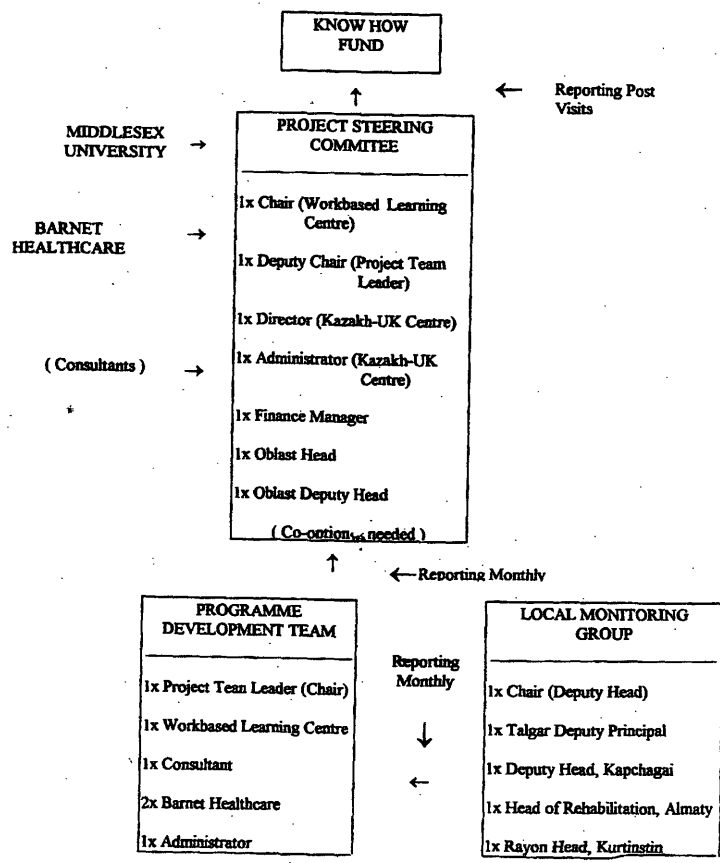
### **Developing the Project Management Structure**

We looked at the structure and systems for managing the Programme in some detail. We agreed that the programme was to be managed by a Project Steering Committee containing members from all 'stakeholding' parties and confirmed that Derek Portwood, Director of the Work Based Learning Centre at Middlesex, who would act as Chair and myself from Barnet Healthcare NHS Trust as Deputy Chair and the programme leader.

Also included were representatives from the University's Kazakhstan-UK Centre, including Bota who would administrate the programme and in effect maintain regular contact with Almaty as well as a finance manager from the University. Added to the list were the other 'stakeholders' Almaty Oblast Health Administration, through their Deputy Head, Natalia, who would attend when meetings were held in Almaty during visits and finally, the Know How Fund. The KHF, however, decided that they would manage from a distance through our regular reports to them rather than be directly involved.

Reporting to the Project Steering Group were two teams – a programme Development Team where I took the lead with Derek, John and Jo – responsible for the development and delivery of the programme itself and the local management team in Almaty to ensure the ongoing activity required by the programme. This would be lead by Natalia, our chief point of contact, with some of her more senior programme colleagues. This structure was sent to the KHF to satisfy one of the conditions of their finding.

Clearly, the Project Steering Group was heavily weighted to Middlesex University especially without the Oblast or KHF attending. In reality, we did rely of co-option, both Bota and John would attend most meetings held monthly and Jo later as the UK Study Tour discussions developed. In other words, the process was seen as fairly flexible effectively working on a needs basis. But I did feel the structure was too weighted to Middlesex University and had concerns here about the need to maintain good relationships and a sense of team to offset this.



**Figure 7.1. The Finalised Project Management Structure as it finished after the discussions with Almaty**

**Dealing with the Reduced Budget**

The first major issue after reviewing the ‘logframe’ for the Project Steering Committee was to tackle the need to reduce the budget we originally submitted. Whilst we felt certain that we could manage the Project on what was effectively two-thirds of what we had estimated originally, we needed to look to our original costing and reconsider where the savings could be made. We looked to every cost included to see what could be reduced or even eliminated. The process was made easier, however, because we had included £20,000 as ‘contingency’ in the main as a hedge against the normal practice of reducing estimated funding anyway.

We managed to find savings in three other ways in particular. We had intended to recruit a fourth training deliverer, in addition to Derek, John and I, with speciality in finance and business management. I suggested that I could deliver some of this input and that we use sessions of the UK Study Tour to this end, hopefully using the Trust Finance Department to this end. Indeed this was accepted and the strategy we pursued. This would not only save in fees but in travelling and subsistence in Almaty in addition.

We looked secondly at our costs in Almaty. We had planned to stay in hotel and use a hotel conference suite for the training. This it was suggested could be reduced by the training team all staying in an apartment for the workshop periods with Bota staying with her parents in Almaty. This would be a considerable saving as even at that time to stay in a reasonable hotel in Almaty cost some £250 per night per head.

We also felt that the Oblast Health Administration could bear some of the cost. We asked them to supply the training centre and also the local transportation costs. We would also need to ask them to supply some of the basic stationery and photocopying that we would need. Anything in really short supply we could try to take in our luggage. There would be no slack, however, should we need it. In fact, we felt strongly that we needed to remain 'cost-prudent' throughout.

As a result with pinching here, shaving there and some major cutting, we reduced the planned expenditure to the required amount, the funding allocation from the KHF. We had agreed that the administration of the budget be left in the hands of the University through the Kazakhstan-UK Centre as it then was. This seemed to make sense at the time as it could be seen as part of the administration but I developed concerns here. We had not really defined separate cost areas or budget heads and allocated funds to these. All could and did rather come out 'of the overall pot'. However, as the rest of the team seemed happy with this, I rather felt compelled to go along with it.

I noticed at the initial meeting, some signs of potential conflict. There had been 'challenge' and debate concerning training expenditure in particular and did feel some of this was slightly not recognising professional understanding and was looking to take total control. My suspicions were confirmed when one of the 'administrators' that had been included by the University faxed us to advise that he now had the title of 'Project Director'. The rest of the Team chatted informally about this and I went with the general view of 'so what? Hindsight suggests that we should have challenged this there and then. This whole issue and its subsequent effects on the management of the Project and this is discussed in some detail later.

### **Returning to Almaty**

Although Natalia and I had had several conversations about the Project, its programme and the major principles of its delivery and outcomes and we assumed they were keen, we had to sell our revisions of budget and focus, following the offer from the KHF and our own deliberations to our partners at the Almaty Oblast Health Administration before we could start. Time had moved on, changes may have taken place and perhaps they too may be having second thoughts.

The team, Bota, Derek, John and I, were booked to travel on the cheapest flight available, Austrian Airlines, and flew to Almaty on 15 October 1996 via Vienna for a ten-day visit. As is the norm we arrived late at night or really rather early in the morning. I had learned from June and as for the Workshop flight, had prepared background material and notes, what I termed 'Kazakhstan induction packs' for Derek and John. These dwelt particularly what I saw as important cultural differences. We spent much of the trip discussing these and some of approaches we might use to convince the Head of Oblast, Erkin Durambetov and the rest of his senior managers, that it was still worthwhile for them to proceed.

Looking through my personal reflections of the time, I see I was concerned during that flight about the team coming together. I had hoped that the eight-hour flight would help this. I know Derek well and seemed to get on with John Charles and they had many common links and interests it seems. I did not know Bota that well and as she was sitting elsewhere on the journey could not get really to develop any relationship or understanding. This did concern me.

Natalia met us at the airport with an ambulance at the ready. We had advised the Oblast that they would be responsible for transport for the Project and Natalia had duly obliged with the most suitable vehicle available and this became our regular mode of transport for this and later visits. Bota had already arranged a flat for the three of us, Derek, John and I, to be rented for us for the ten-day visit and we all travelled in the ambulance with Natalia, clearly excited, to see our vision coming to reality.



*Photo 7.3. Natalia and I meet again at the Airport pleased that our 'Vision' is becoming reality it seems!*

The flat turned out to be some distance not only from the airport but also from the centre of Almaty and was amid an area of grey, square and rather formidable tower blocks that frequent most of the FSU cities in the old Soviet Block. I saw both John and Derek look a little 'concerned' or perhaps even 'unimpressed' at the general location. Arriving at night is never the way to see this city I thought to myself.

Natalia had kindly prepared some 'zakuski' ('snacks' - a Russian word we all learned quickly) - sliced salami, tomatoes and gherkins, small canned sardines, bread and tea - standard FSU fare and very welcome none the less and things cheered a little. We also as I remember shared some wine with her that evening - some 'champanski' from her and some, German reisling, which I had picked up in Vienna en route. We did not have an interpreter with us as Bota had understandably gone straight to her parents home but Natalia did speak some English when forced and said our wine was 'very sweet', clearly a compliment but strange to our Western tastes, as we drank it.

We were due to meet Erkin Duranbetov and the rest of his Oblast senior managers later that day in the afternoon. After Natalia left and although about six in the morning local time, Almaty is some eight hours ahead as I remember, we did discuss the presentation to the Oblast next day. In fact, I had already in mind a model that could, through interpretation, explain the complexities and advantages of the programme. John had brought with him some adhesive flipchart paper, newly on the market evidently, and sticking this to a wall, I drew this model up and went over it with my two colleagues. Both felt with slight amendments that it was seemed fine as the basis for the meeting.

I took John and Derek on a short walk next morning. It was a dull and grey morning and, as I feared, confirmed the neighbourhood of the flat as rather Spartan with no real shops or restaurants or even interesting cultural relics, Soviet or Kazakh to be seen. Even the few birds around, I noted, were common from the UK - sparrows and blackbirds, titmice and crows. I suggested that we had no real choice now with the accommodation but for the next trip we needed somewhere more central.

We had met the KHF the day before flying and rather arbitrarily they had suggested that rather than go for sustainability of the programme by involving the Medical Institute in a cascade process, we should concentrate on hospital management improvements. They suggested that we needed to involve managers from three hospitals more in making measurable changes. I had in fact discussed this issue with Natalia that morning on arrival and gained some idea how she wished to proceed in terms of the participants to be involved and had included this in a second model on management structure I would also present.

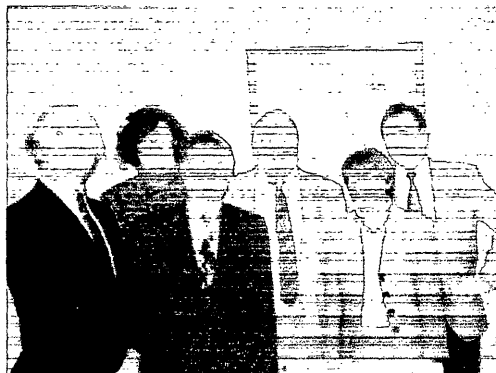
This late switch directed by the KHF meant a change in the personnel who were to participate in the programme. Less the Medical Institute representation and involvement would I anticipated, upset Idris Akhmet, the Principal and an old friend. There was also the issue that Natalia had hinted the previous evening that she would like to spread involvement to a range of Rayon staff rather than concentrate on staff from just three hospitals, Central, Children's and Kapchagai Rayon.

Our transport, the ambulance duly arrived bringing with it our Project interpreter, Galena, a friend of our usual interpreter Medina, whom in fact I did know from both previous visits. Galena and Marina often worked in tandem as they had at the initial Workshop. As with all interpreters I met in Kazakhstan Galena had a much more prestigious, but less well paid job, that of an American Studies lecturer at one of the many Almaty universities. She was to prove a good friend as well as able interpreter and supporter of the programme.

I was able to brief her with some detail as we travelled to the Oblast offices in the centre of Almaty. I had every confidence in Galena especially as we seemed to be on the same wavelength fairly quickly. We went over the flipchart model and Galena asked some useful questions, which proved of value as it turned out as these were also raised in the meeting. She confirmed she felt herself happy with the format of the model, which she felt outlined the linkages and benefits well, which had given me confidence.

#### **Negotiating with the Health Administration**

Our problems did not seem insurmountable and we attended the planned meeting at Erkin's office as arranged. We met briefly with Natalia and Erkin to explain how we intended to present. I briefly explained that I would be using a model. Erkin, having seen the schedule of three short visits and a UK study tour over the two years, was concerned that there was insufficient input. I took it that he was judging the programme from a 'chalk and talk' pedagogic approach and explained to him that we would be using a range of methodologies to ensure learning would continue between sessions. He acknowledged this reply by a nod whilst Natalia continued throughout to encourage by smiling at us all. It was clearly a big day for her.



*Photo 7.4. At the brief initial Team meeting with Erkin and Natalia to set up the initial meeting. The 'invaluable' flipchart model is stuck to a picture frame to the rear.*



Natalia then went out and returned with Idris, Medical Institute Principal, Gulmira Utebalieva, Head of the Children's Hospital in Almaty, Bolat Dzhuvashev, Head of the Oblast's Central Clinical Hospital in Almaty and Zhanaidar Musin, Head of the Rayon Hospital at Kapchagai – the latter heads of the three hospitals that we planned to use to fulfil the KHF requirements. Fortunately, I had met the all these at least once, normally informally rather than formally and as a result had formed sound relationships in 'where the work is really done' fashion. There was initially much of the friendly banter of people meeting up again after some time but regardless I did feel there seemed to be some tenseness about the room.

We sat down in our formal groups, our team to one side and the local managers to the other with Erkin at the head of the table. Unlike the other managers, I had only met Erkin only very briefly before and knowing his reputation as a shrewd man, I felt, in giving the presentation based on my model, would have to be very much on my mettle for the next half hour or so.

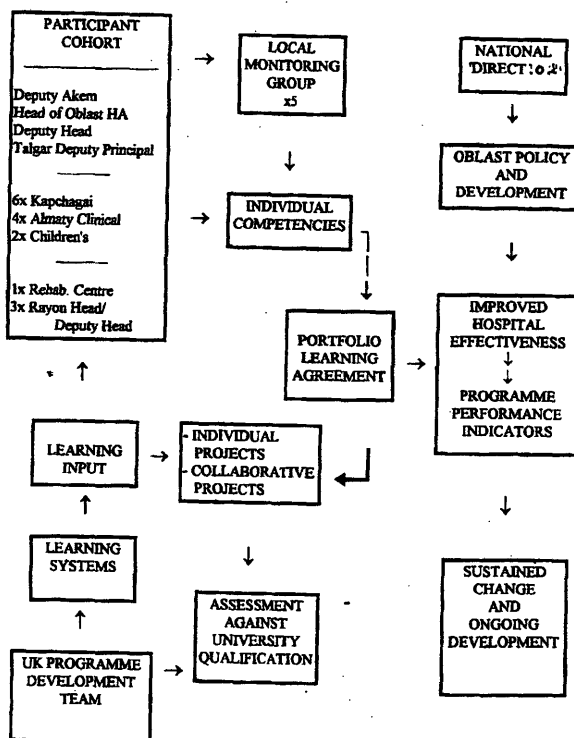


Figure 7.2. The Original Planning of how the Project Programme worked in terms of inputs, processes and outcomes. (October 1996) (Russian version is at 10.1)

Picking up Erkin's point about input at the outset, I did agree with him that we had wanted more programme time on each visit to Almaty but explained our costing issues. This was accepted as was the need for them to provide training accommodation, transport and local stationery, which really meant photocopying the programme materials – two issues overcome I felt.

I then explained to Erkin in particular and the group generally, the revised programme delivery with part being delivered in the UK. They would I mentioned be hearing the financial issues direct from those operational managers who deal with these on a day-to-day basis in the NHS. I was rather taking it still that the Trust would come on board but was confident if this proved not to be the case that another could be found.

A further issue from our list successfully resolved it seemed although Erkin's body language was not giving too much away. I then explained the principles of work based, reflective learning and portfolio development in more detail. I later learned that Erkin had travelled much in the USA and was even a visiting professor in a Wisconsin University and would thus be aware of educational methodology beyond the pedagogic 'chalk and talk'. However, I was not to know this at the time but did see from Natalia's continued smile that all was well and he took this methodology on board. A couple more issues to go.

I now discussed briefly the management structure and this passed with little comment. I had noted Natalia's wish to include Rayon membership and had increased cohort membership to twenty but suggesting that in reality only eighteen were to travel to the UK Study Tour. Commitment for the local management committee was agreed fairly amicably. But I could not catch Idris' eye and he remained quieter than usual.

He had spotted on the flipchart that of the twenty programme participants proposed, the two he had expected for the Medical Institute had been reduced to one. As anticipated, he was looking annoyed and away from me at the same time. I did emphasise in my general presentation the reasoning for the change in the participant cohort, tending to cast blame on the distant and out-of-reach KHF for this. But it seemed he was not really to be consoled. Later as he left the meeting, he put up his two fingers to indicate his understanding of two places and his disappointment. Derek had also noted this interchange and his less than positive body language and was concerned that we had lost a friend that day.

I now moved to my piece de resistance, the inputs and outputs flipchart. We, Galena and I, went over this as we had discussed on our journey earlier. The meeting had by now turned extremely formal and there was little feedback at all generating from any of the local managers. The presentation as a result seemed to take an eternity but with only a few nods and no questions it was hard work - yet another area of management practice to challenge very early in the programme, I thought to myself throughout.



*Photo 7.5. The full membership of the 'Initial Negotiating Meeting' – John, Gulmira Utebaileva (Children's Hospital), Natalia, myself, Bota, Erkin Durambetov, Derek, Erkin's interpreter (Galena took the photograph), Zhanaidar Musin (Kapchagai Rayon Hospital) and Idris Akhmet (Talgar Medical Institute). Bolat Dzhuashev (Central Clinical Hospital) was outside taking a call at the time.*

From the group, all potential participants, two factors were of real interest, as anticipated, the certificate they would obtain and the activities on the UK Study Tour. I think it was Gulmira who finally broke the ice, by mischievously suggesting that she did not want to go to the UK to study hospital finances alone. We all smiled and assurances were made that there would be a social programme as well, similar in terms of hospitality to that we received in Almaty.

Further detailed questions were answered for the next ten minutes or so and gradually the smiles and pleasantries returned from all except sadly Idris and tea and biscuits and sweets arrived. It was agreed the programme delivery would start in two days time. Erkin thanked us for the discussion and said he was more than happy for the project programme to proceed.

All the potential issues that could stand in the way of the Project proceeding had been successfully overcome it seemed. We had 'won the day' it seemed. However, the extreme formality of the event concerned me. Were we experimenting too much with the work based learning approach for such a participant group I kept asking myself. Before leaving with Natalia and our team, I went over to shake Erkin Durambetov's hand. Here was a man to admire I felt, up front and honest. He smiled to me in response and I really did appreciate that.

But one issue for us remained a problem. But fortunately, we met Idris again the next day, he had clearly thought about this or, more likely, been 'told', perhaps by his immediate senior Natalia, to come back into line. Regardless, he was back to his cheerful self when we visited him at Talgar as part of our 'social programme'. He told us that his Deputy Principal, Baksha who was also his wife, would be taking part rather than he himself. I felt sad at this I told him so through Galena. He shook his head and suggested that perhaps he was too old to learn new management practices anyway. He was a great guy, I felt and I always enjoyed meeting him afterwards.

### **The Learning Facilities**

The team now comprising Derek, John, Bota, Galina and myself, dropped in to view local stationery stores next morning. We had brought a number of files, writing paper, flipchart paper, bluetack and OHP and writing pens, board pens and pencils with us thanks to Austrian Airlines allowing us to go overweight, but needed to check what could be purchased locally, in what quantities and at what price for future trips. The stock in these seemed fairly sparse. However, rough local paper was available and perhaps we could bring with us more supplies each visit.

In fact, we could gauge the meagre stationery resources that existed in Kazakhstan at the time by the paper that the Health Administration could supply. We had had translated our OHPs ready for our first trip to the start of the programme. These were the days before 'Powerpoint' and the stacks of copies of our handouts were printed often faintly on very poor quality, rough surfaced paper somewhat like those paper hand-towels we have in public conveniences but somewhat greyer. Regardless, they could be read, were in Russian and serve to get over the point of learning!

We were back in our ambulance which seemed to be at our service all day to the teaching venue to the south of Almaty. It was down a road that had a large hole in its middle that remained for the whole two years of the Project compensated by the fact that there were apple trees in the fields alongside. What was to become our training centre was in fact part of the Health Administration Rehabilitation Centre and the Head of the Centre turned out to be another old friend from the first Workshop, Gulnara Mohamedzhanova, who was also, I was very pleased to find out, to be a participant on our programme.

Gulnara proved an excellent hostess. She agreed meals and was more than prepared to spend much time and effort ensuring fitness of the Centre for our purpose. Whilst the downstairs of the building was fully used for patients and their services, the upstairs was really mostly free and available to use as we wished. Available upstairs for our purposes were two large rooms, one of which was a good size to accommodate our course. Through the windows we could see the beautiful Alatau Mountains. Not a bad location we felt.

There were no chairs as such but only several heavy wooden seats in blocks of four. There were also several pillars in the room and some very large windows. As we did plan to show slides and videos as well as have group work, we needed to plan the use of the furniture carefully. Finally, we came up with a format of two sets of three rows of four seats each with the final one as a spare extending out of the 'corner block' we had created for anyone visiting or sitting in.

We had then a slight panic about the overhead and video arriving but both did. The OHP worked as it clearly had done so for many, many years now on a frame that was just functional and certainly not decorative. As it was of an age when if the centre was in focus, the ends were not we had to plan to move each OHP as we spoke. We agreed to bring a replacement with us next trip.

The video turned out to be a different proposition in terms of the problem it posed. It just did not work. Fortunately on site was one of those more than useful handymen that all health sector facility buildings around the world need. After several hours' effort tracing back what to us seemed indifferent (i.e. unsafe) wiring, he found a cause. We were then given through interpretation some very clear instructions on how, when, how long and in what daylight it was safe to use the machine. Fortunately, we planned to use it sparingly!

Finally, we seemed to be ready for the off at the Centre. Toilets were inspected and found to be serviceable by local standards. The proposed tea room also – another lovely view of the Alatau pleasingly. Start, tea and lunchtimes were agreed – we had a serviceable meal room on the ground floor. All seemed well for the off.

### **The Final Formalities**

Our 'social programme' included a trip to Talgar Medical Institute first thing next day where the students put on an excellent 'cultural' show for us which was followed by '*dastahan*' (full table). After brief hospital visits to the Central Hospital, the Children's Hospital and Kapchagai where in all cases we came to meet proposed participants. We only need to meet the three from the Rayon Hospitals and we had met the whole cohort of twenty.

To accord with local custom it was necessary for us to have a formal opening ceremony on the first day of teaching and we all duly took our places at the head of the training room behind a number of tables that had been rearranged for us. A very thin guy with a very thick sheepskin hat arrived fairly early on – he turned out to be Kurmangazy Begali, the Head Doctor from Kurmantinsky Rayon and one of the Rayon participants. Two other ladies arrived both deputy Head Doctors from two other Rayons. Others arrived from the Ministry and various other institutions, some I knew, many not and we were ready to start the proceedings.

Before this I was formally introduced to the Ministry representative who would be speaking at the opening ceremony. He had been one of the many Sergeis I had met at the Workshop and indeed one of those with whom I spent many late hours discussing the issues of the world somehow without an interpreter but with the benefit of whatever was available – usually vodka. He was still the same, crumpled shirt, very tightly knotted tie showing his top shirt button and one of those zip up the front, multi-patterned, tight-fitting, long-sleeved pullovers that gave him with his rather unkempt beard a rather dishevelled look.

I was never sure then what his role was but always seemed to have some form of a watching brief. I was still not clear now. However, it was for him to give the State's 'blessing' for all to proceed. I felt it best to acknowledge knowing him and formally asking him how he was and avoid mentioning our informal late-hour activities of some two years previously. I seemed to have got this about right, as he seemed to wish to ensure more social distance than before.

The ceremony went ahead as it seemed as planned. I say this because I was not always sure what the correct procedure was. Galina was over the other side of the room interpreting and I could not always check with her through the accustomed manner we had developed of quick whispers. Erkin Durambetov started proceedings hoping that much would be learned about health management practice in the UK that could be transferred to Almaty. Sergei discussed in some depth the health problems that the country faced and the shortage of resources and hoped that much of the learning could be dissipated through the new country of Kazakhstan as a whole.

I said my piece as I remember very similar to that given when I made any of the many toasts that were required in Kazakhstan - how delighted to be here and meeting again so many old friends; how pleased to have been able to gain the funding for such a prestigious Project programme; how much we were looking forward to working closely with the Health Administration; how much we hoped that they would learn much and that we too would learn much about Kazakhstan at the same time. And so forth – remembering to thank individually all the dignitaries for what they had said and thank them for coming. And finally, wishing all the candidates all good fortune on the programme. However, I did feel a little emotional – so much effort finally being rewarded with so many people present whose company I had enjoyed at the Workshop some eighteen months before.

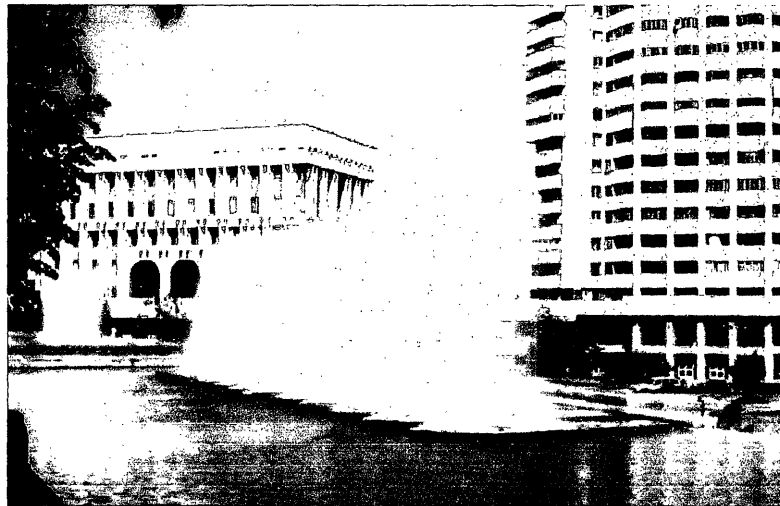
I hoped that what I had said did not duplicate too much those that had gone before me. However, I am sure that the excellent Galina would as she always did, made appropriate adjustments through her interpretation. Again I insisted on a few photos being taken and suddenly all departed and after a rearrangement of the furniture, we were left to start the programme.

## Chapter Seventeen – Almaty: City of Fountains

Readers may be surprised to find a further chapter devoted to Almaty in a volume manifestly about management development. But there are good reasons for such an apparent overindulgence. I was ever conscious of the need not to impose ideas on the cohort but help them to come to conclusions. This was proving a harder principle to maintain as the Project progressed. To overcome this I found value in walking through and around the city and to remind myself of the importance of remembering where I was.

It ensured in effect that, being crude, that through the Project I did not become part of that management consultant process that flew in, dropped its message and flew out again. There are too many 'would-be gurus' in management development with their pet solutions who practice this these days – who in effect feel that they have little to learn in return. I found getting to know Almaty well, of great value in maintaining guarding against this.

As I did state, Almaty is not a classically pretty city and has much of the appearance of other 'under-kempt' ex-Soviet cities that I have visited. But overall it is clean and safe, during the day at least, with many parks and trees. But those who live there do think it is a beautiful city and I noticed in my years there, many improvements to brighten up to create a more Kazakh the city.



*Photos 17.1 to 17.3. Examples of the range Fountains in Almaty that seem to exemplify the City and State developing confidence. None of these were working when first I arrived in 1994*

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Over the five years of my trips there, Almaty was certainly working to lose its drab Soviet heritage and I would always try to take the same routes every trip as a tourist camera in hand, not just because they were familiar but to review and enjoy what had developed since I had last been there. Almaty was, I thought, a 'phoenix coming out of its Soviet ashes'.

### **Why the City of Fountains?**

I remember noting particularly as I walked around on the last visit the numbers of fountains there were operating now. Many were those in parks and the gardens of institutional buildings that had previously been neglected but there were also several new ones in and around Republic Square in particular. Unlike the City of Apples', the title 'City of Fountains' is my own creation from those last walks but others too seem to see Almaty this same way: -

*"Crystal jets of the fountains ring in the squares, parks and gardens of the Kazak capital. The never-stopping murmur of aryks in the streets of the city, of the trees of the orchards bending down under the weight of the juicy fruits are generous gifts of the mountains. Mountain streams rushing down the slopes of the Zailiysky Alatau carry life-giving water to whatever can grow on earth. The green verdure of the capital, the fruit gardens, sweet smelling in spring blossom and at harvest time, are generous gifts of the mountains too especially the famous Almaty apple orchards" (1)*

### **Shopping and the Joys of Jibek Joly**

Almaty retail is either through shops or brightly coloured kiosks. Kiosks exist all over central Almaty where pedestrian traffic is high. These are sole trader concerns selling nearly always the same things – wine, 'champanski' and beer, vodka and soft drinks, biscuits and sweets, cigarettes, lottery tickets, novelty items and newspapers and magazines. Amazingly, there was rarely any variation in price regardless of the kiosk you visited.

There is also a good range of shops, as you would expect in any large City. Over the years they had developed to include many more fashionable dress shops with Western designer clothing and prices. But many of the traditional shops selling basic commodities were inside larger buildings where set up, despite a common entrance, was a collection of individual stalls. This initially did rather confuse my Western supermarket mentality. On my first visit to buy supplies of wine, drinks and so forth, it took me some time to twig that I needed to pay for goods in one area before moving one to the next!

Sometimes you did find surprising things in the shops. Again on my first trip, I was surprised to find a brand new sports car in one that otherwise sold western packages foodstuffs and soft drinks. But this was a one of the few then single owner supermarket style shops that were gradually developing over the years. There are also attractive shops all around the southern parts of Almaty as well as in the streets approaching the larger tourist hotels and Republic Square particularly on Dostyk Avenue. But my favourite shopping street, Jibek Joly, was a short way from our apartment and some days I would just go there to collect fresh bread and supplies of fruit.

Jibek Joly was and I am sure still is really was a source of exotic treasures, particularly cheap local art. It was fun on a bright day looking at the varied collections of art along the walls all to as good a standard to my less than expert eye as say Montmatre but with the added mystique of the orient often included. I could spend ages just choosing a small example for a friend and then enjoy it so much find, I would be looking for a replacement a few days later as I had decided to keep it.

Jibek Joly over my years in Almaty gradually developed into a very picturesque street with several statues and ornamental lighting. It also became completely 'pedestrianised' and it was enjoyable when there was time just to sit on a bench and watch whole families go past with children enjoying ice cream and other treats just as we do in the West.



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*Photos 17.4 and 17.5. Jibek Joly (The Silk Way) – a shopping precinct for pedestrians only and a great place to buy local art for souvenirs and presents*

### **The Central Farming or Green Market**

Then further on from Jibek Joly, my walks began to pick up the periphery ranks of the Central Farming Market (normally called the Green Market). In fact little changed in and around the Green Market over my few years there and I had the sense that it was one of those institutions that would remain largely unchanged as it was hopefully for several decades to come.

The market area also had one small multi-business shops and a range of kiosks as elsewhere in the City as well as individuals, usually women along the street outside selling all sorts of items – handmade knitwear, garden produce, just a few flowers or vegetables, newspapers, bread, poly bags, shoes anything it seems in increasing rows along the kerbside. It seemed that they could wait an eternity for even the smallest sale. Clearly business viability was of a different dimension here than the West as yet.

The finally, a great sight for the tourist – the market area itself. This was divided again into stalls or even a number of individuals trading behind a single stall and by product. Thus you had the great meat area where whole animals or large parts of them, recently butchered, were hanging up awaiting customers to negotiate price and quantity of cut; the individual vegetable areas of potatoes, cabbages, carrots and tomatoes, flower areas, egg areas, honey areas, milk areas, nut areas and so forth. A complete crescendo of colour and activity for the camera. However, I found it prudent to ask first to take a camera shot. Some would turn their backs. It was always worth taking care not to impose.



*Photos 17.6 to 17.8. The Green Market is a great place to explore – here the entrance, an apple seller and caviar stall.*

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My favourite area in the market was the fruit stalls with all their varieties of apples and pears all well polished and piled high. Almaty 'King, Lord or City of Apples' was clearly in evidence here. But there was a second reason why I tended always to veer to this quarter. Strangely, for these stalls, the women traded caviar – a small tin of black caviar for six dollars and red caviar even cheaper.

Whenever I arrived at my usual stall here, I was greeted like an old friend with big smiles and hand gestures and a search for appropriate tins with appropriate dates that were demonstrated to me. Through my regular trips, I really increased the liking I had already developed for caviar and even now whenever a visitor from Russia or Kazakhstan comes over for a visit, they know that it is the present to bring me that will be most appreciated.

### **Panfilov Park**

A favourite part of my walk was through the 'Park Named After the 28 Panfilov Guardsman who saved Moscow' or more simply Panfilov Park. I often felt this to be the heart of the City especially as it was rather equidistant from the Green Market and its thousands of shoppers and Republic Square with its fine public buildings and hotels. This was the most exciting part of the city that I saw on my first trip over as it somehow for me seemed to exemplify much of the history and culture of Almaty or even Kazakhstan itself. Every visit thereafter seemed to rekindle somehow that same initial pleasure for me.

Coming from the Green Market, you enter through the sprawling Soviet arch of the Officer's quarters or Club and ahead of you is the main memorial itself – the war or 'glory memorial' in some texts, commemorating giving it an ever fuller title than the park, the

*"... .. 28 soldiers of an Almaty infantry unit who died fighting the Nazi Tanks in a village on the outskirts of Moscow in 1941" (2).*

The scene and the central monument itself are as I heard Americans described it 'awesome' – a word that unlike Americans I rarely use. It is powerful, full of Soviet confidence and strength. Colin Thurbon was similarly clearly impressed although perhaps more cynical: -

*"At the end of the memorial avenue... I approached a sculptured triptych raging with outsize warriors wielding grenades and bayonets. It was one of those soulful hymns to glory and sorrow that scatter the battlefields of western Russia with a proud melancholy. I stared at it with disquiet. Far from the pain and chaos of real war, these inflated heroes – impossibly grim and muscled – breasted their plinths in a Socialist Realism which stopped reality dead and turned their action unimaginable"*  
(3)



*Photo17.9. The Sprawling 'Officers' Club' Archway - the eastern entrance to Panfilov Park.*

The Victory Memorial is a must to see when in Almaty together with its eternal flame commemorating the fallen of both the Civil War of 1917-20 and the Second World War, in the FSU's case, of 1941-45. The photos included here show the Central groups of figures but do not do the memorial real justice. It is far larger than shown and impossible I found to photograph in its entirety.

So impressive is the memorial that you have to be careful not to miss the small Museum of Kazakh Musical Instruments to the right. It is built in a more 'traditional' wooden style although I found this fact strange as traditionally Kazakhs did not build as such at all, I was given to understand. Regardless it is a fine and attractive building and I was lucky once to be taken there to enjoy a trip around and renditions of several of the instruments by a locally revered professor of traditional music.

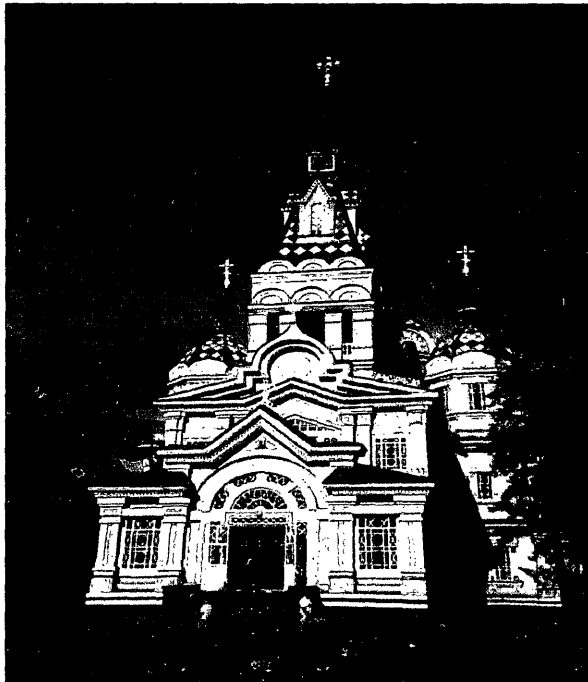
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A short walk past the War Memorial is another of the main attractions in Almaty, named when I was first there the Zenkov Cathedral after its original architect and then still used as in Soviet times for book storage. It was pleasing to see that it was back in use as an Orthodox place of worship in 1995 and the guides and maps are now referring to it as the Voskresensky or Ascension Cathedral. Again an extremely impressive building, the largest wooden construction in Asia with no a nail in it I am assured. It is a wonder spectacle on a summer's day to see it catching the light. Again, Thubron is quite cynical: - \_

*"Even the gingerbread cathedral, tossing up spires and domes scaled like fantastical fish, inhabited its parkland with a florid innocence, as if a child were celebrating God. I imagined it built of brick or stone. But when I tapped its walls and pilasters, they gave out a thump of stuccoed wood." (5)*

In the summer the area surrounding the Cathedral is covered with roses and there is an area on one side too that has attractions for young children – horse rides, balloons and ice cream stalls. It is also worth going inside the cathedral to view its icons. Obviously, the décor is new but none the less impressive despite this. I was surprised to see the number of worshippers there who were clearly taking full advantage its return to original use and of its reborn splendour.



*Photos 17.13 and 17.14. The Splendid Zenkov (now Ascension) Cathedral in sun (front view) or snow (side view) ever a fine site and now fully returned to Orthodoxy*

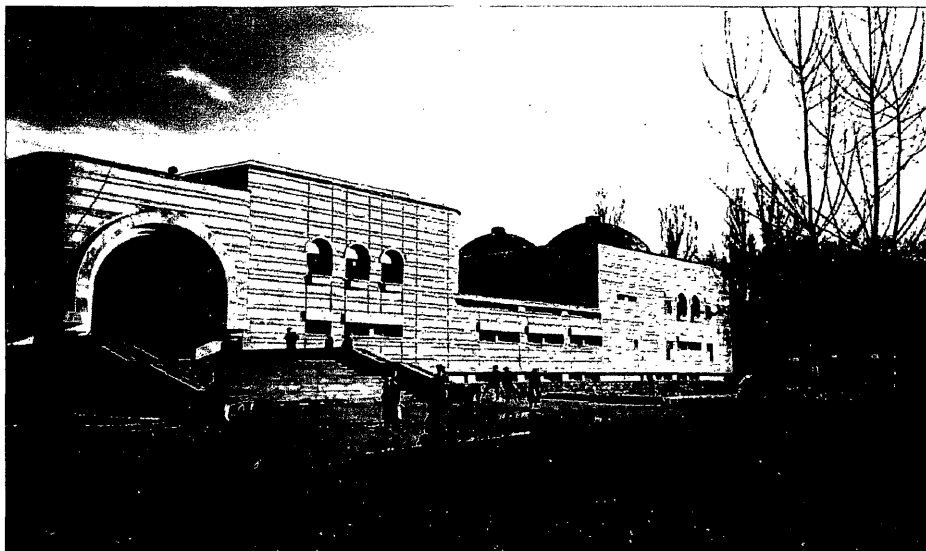
#### **Arasan Bath House**

Another of Almaty's great spectacles is immediately located as you leave the far end of the park after looking back at glimpses of the great Cathedral through the trees, the monolithic Arasan Bath House. You approach through sellers of oak leaved branches and other paraphernalia that the locals use in the bathhouse to cleanse and tone themselves within its large marble portals.

Over the five years of my trips there, Almaty was certainly working to lose its drab Soviet  
heritage and I would always try to take the same routes every time as a tourist comes in here



I must admit that on my first visit I did enjoy the gentle, polite thrashing across the back by an oak leaf branch by one of the younger senior surgeons of Almaty City Hospital. However, on my last visit, my host, a doctor from the same hospital, seemed to have other ideas about levels of hospitality and brought from the sellers an object that resembled a large scrubbing pad, one of those made of entwined stiff nylon shreds, and used this enthusiastically to scour my back whilst I was in the shower. I could not sit back in a chair for the next three or four days! I would here mention that John also suffered in the Arasan on another visit. He burned his feet on the scalding steam room floor. I narrowly avoided this same fate as a kind local lent me a pair of sandals. We learned to take flip-flops for other visits.



*Photo 17.15. The imposing Arasan Bath House said to have cost the whole City budget for two tears to build*

The Arasan is as the guide suggests 'a favourite Almaty relaxation spot' with Russian, Turkish and Finnish baths where the sexes are separated and you wander between the activities naked unless you are a masseur whose signal their status by retaining your Y-fronts. However, the Arasan is not always simply for washing, cleaning and pampering yourself as any simple soul like myself would think. The majority of its customers seemed to be groups of men (women had a separate entrance) sitting around on benches and in other seated areas sharing friendship and hospitality, id one evening with Aman as our host. We joined with other group's there flor what is known as a relaking 'boy's night out'.

#### **Along Dostyk Avenue**

If Panfilov Park was my favourite place to wander, it was closely followed by a trip up to Republic Square. Sometimes I made my way directly there from the apartment across through Old Square, past the very Soviet Parliament Square, into the Park with the 'Empty Lenin' (a plinth where Lenin's statue now removed had once proudly stood), past the central post office and through to the Museum of Geology on Dostyk Street.

The Museum 's shop was a yet treasure house for gifts, not only jewellery with precious and semi-precious stones but also art ware from near and far. But like all shops in this area as custom grew it moved to new premises and I could not find it on my last visit. Suddenly, this favourite tourist place was gone when I had taken a list of requests from friends for particular stones to buy there.

From here, the route was onwards across and up Dostyk Street, a major thoroughfare with trams of all eras, old and new, still running, some of the former with their engines exposed or mudguards only partially attached. Sometimes the buses still full of passengers were laid up by the side of the street with their drivers underneath fixing them. However, over the years the more dilapidated vehicles were replaced by the newer ones and fewer street-side repairs were required as a result.

The new Jambal statue is now on site at the top of Dostyk Avenue just before the Kazakhstan Hotel. The hotel is usually worth a visit now, I found, if for nothing else but its toilets. It was in the early years easily the tallest building in town and I often used it as a reference point when wandering the streets although newer hotels like the Hotel Ankara now rival it. In style it is Soviet but with local appendages in its décor and displays and again has a useful tourist shop. Within the complex is a burger bar, 'Shaggies', one of Almaty's 'attempts at a western style eating house' that I must admit I did never try

Also, in the complex a large Korean restaurant worth visiting in the evenings for its floor show. The service here was an attempt to copy the excellent standards of customer service and attention found in the Far Eastern and in this it was fairly successful. Staff all greeted you very politely and the female attendants in particular are all encouraged to bow gracefully as you would find in real live Korean and Japanese restaurants. Fine if all the young lades concerned are around five feet, dark haired and oriental in feature. However, one of the waitresses was very occidental with a mass of blond hair, stacked high on her head and shoulders in the Russian manner and stood what seemed a good foot or more above the others. It seemed a little out of 'sync' when she bowed in eastern style, as politely, and as gracefully as she could at the end of the line as we entered her hair almost sweeping the floor.



*Photo 17.16. Staff at the Korean Restaurant in the Kazakhstan Hotel. It seemed strange to see the tall Russian blonde waitress bowing so low, far-eastern style.*

From the Kazakhstan Hotel, it is a short walk to the statue of the famous Kazakh thinker Abay (Kunanbaev) and behind him, the impressive gold cantilevered roof (my understanding of construction is limited however) Republican Palace where I would be try to make the ballet whenever possible. I always remember that first trip around the city in the daylight. We stopped here to see the work of the several artists displaying on the steps nearby. I bought three interesting pieces for not too many dollars and have them still hanging at home.

### **The Central State Museum**

Then on towards the Republic Square itself, a very wide area dominated by the whistling of baton swinging police determining the direction of traffic and pedestrians. It is ever wise to conform to their wishes, I felt. I was never once, along with all the locals, inclined to do otherwise. I would cross the Square and usually make straight for the State Museum another of Almaty's imposing and impressive buildings, clearly Soviet but incorporating, I understand, many local features,

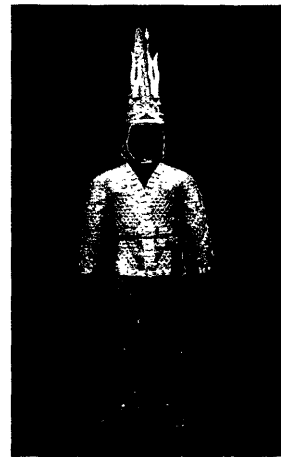
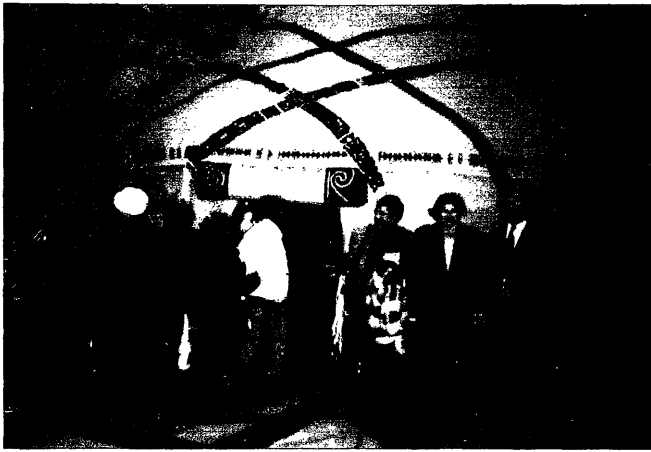
The building, in the south of the City opposite the President's Palace, apparently in keeping with the traditions of Central Asian architecture with its blue domed roof and columns construction, seems clearly Soviet in design. However, it is a real treasure house of interest boasting some 200,000 exhibits. The upstairs was once dedicated to Soviet achievement but this had been replaced when last I visited in 1997 with an exhibition of the political developments happening in Kazakhstan and the relationships with the other former Soviet Central Asian states.



*Photo17.17. The Central State Museum – a real treasure house of cultural interest and enjoyment!*

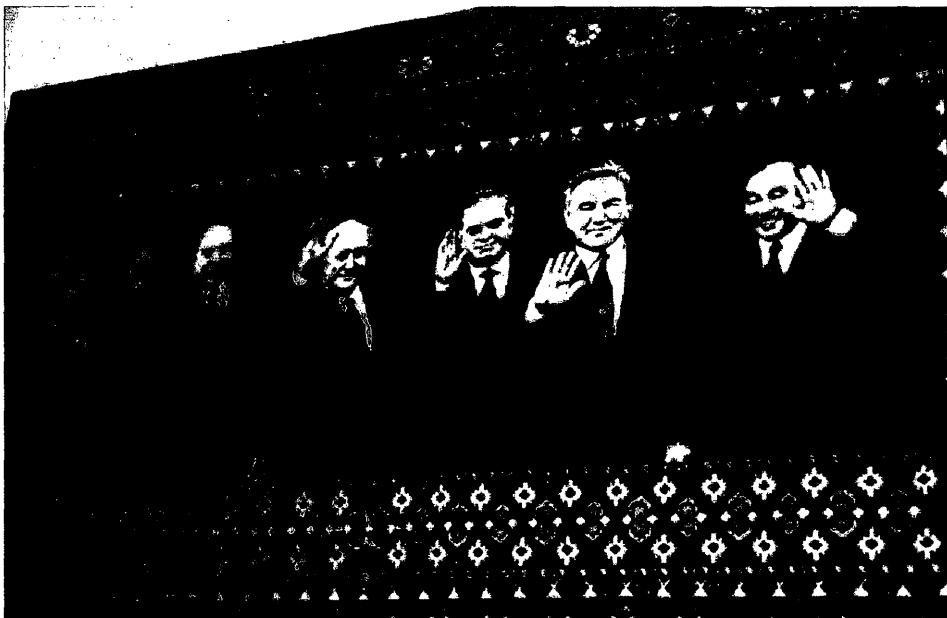
However, even more of interest is are the downstairs exhibits linking the archaeology, anthropology and early history of Kazakhstan and containing vast numbers of relics, including gravestones, weapons, household items and regional costumes. Here lies Kazakhstan's most important treasure, the Golden Man, so important that one of the first developments in the 1990s was to develop an area in the ceremonial Republic Square nearby with its main feature being an enlarged version of the Golden Man atop (somewhat like our Nelson I thought when first seeing this) a single column.

Downstairs, the Museum rooms cover geology, archaeology and early history and are well worth a visit especially to see the replica Golden Man adopted as a state symbol since independence. Particularly impressive is the model of a working 'yurt' with at 'smokehole' working and some of the many very early gravestones found to the south west of the state. The foyer level contains a traditional Yurt with all its furnishings and many interesting cases of Kazakh art and culture. Also on this floor is one of the best shops for local art and artefacts – again an entrapment for me every time I visited.



*Photos 17.18 and 17.19. Inside the Central State Museum – Visiting a Kazakh ‘Yur’t in the Central Hall and the 5000- year old Golden Man Replica, now a state symbol.*

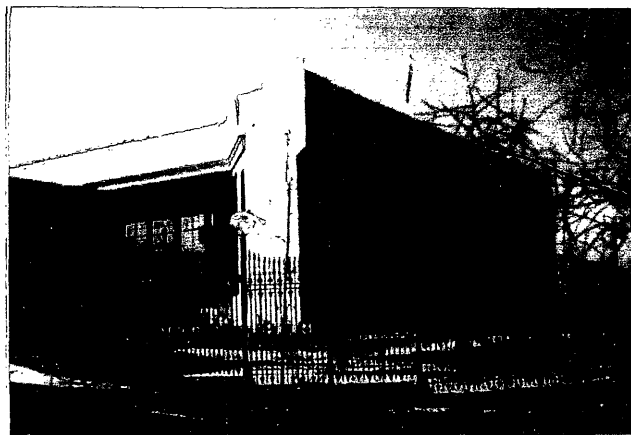
There has however been a change upstairs. The rooms there were dedicated to Soviet achievements have been changing its displays. Often these are of aspects of Kazakhstan’s developments and relationships. One magnificent exhibit here I saw on my last visit was a picture of the five FSU central Asian Presidents apparently in good cordial harmony with ex-President Gorbachev.



*Photo 17.20. Carpet in the Central State Museum depicting the unity of the five Central Asian FSU Presidents with ex-President Gorbachev.*

### **Republic Square**

There are several fine buildings opposite and alongside the State Museum – the strangely eastern Republican School Children’s Palace further up the hill and facing you, the opulent Presidential Residence, a square structure of glass and concrete behind very imposing railings. Be wary, however, this residence is always heavily guarded and ‘nyet photographa’ is strictly enforced although I did manage to take before realising this was not ‘encouraged’.



*Photo 17.21. An 'Illegal' Photo of the Presidential Palace.*

Returning, you enter the Square itself and crossing the road, see the column to the Golden Man statue somewhat a reminder of our own Nelson's Column in structure. Around the statue area a number of very attractive, new monuments and fountains, which were completed just before my last visit. I used nearly a reel of film on them trying to catch not only 'their essence' but also the reaction of the local people who were clearly impressed by the new artefacts to their independence. Opposite is the heavily Soviet and imposing 'Government House' with again careful monitoring of any visitors who approach to closely.

Also in the area are several other high and impressive buildings that lacked lustre for much of the time I was there. One was the previously Soviet state monopoly Gum shop, now divided into numerous small stores and the other two looked to have some connection with TV having clearly been used to broadcast major messages from large lit screens covering their upper storeys. Doubtless, they are now back in operation more than likely following 'globalisation' pushing out advertisements for western or locally made 'pseudo-western' products.



*Photo 17.22. The newly created column and surround to the state symbol of the Golden Man – the same that has a replica in the Central State Museum.*

From the Square, it is then pleasant, to start to wander downhill again, aiming back towards Dostyk Avenue and possibly visiting the large and imposing Dostyk Hotel, maybe look at the shops opposite and then down again towards what I often feel is the finest building in Almaty, the Academy of Sciences. This large and imposing orange-yellow building with its large doorframes picked out in white has less of the Soviet and more of the Central Asian look about it with some fine decorative work surrounding it. Then I would continue down, past the statue to the Kazakh scholar and explorer, Chokan Valikanov, through a pleasant walkway and back to meet often for lunch.

### **Rapidly Changing Almaty**

Almaty is a developing city and I could detect the differences on every trip I made. It was of course to lose its status as capital to the more centrally placed Astana soon after my departure but knowing this did not seem to affect its growing and increasing confidence or the level of civic improvements taking place. There was a distinct affluence developing in its shops and restaurants beginning on my last trip in 1997 to rival the magnificence of the buildings and areas I have described above. I have tried here to indicate the levels of change I saw happening between my visits there in the 1990s. Clearly the pace of such was accelerating and I am sure this has been the case since.

Increasingly, there are concerns that Almaty is no longer a safe city. I did discuss this earlier but rather than ethnic conflict, the debate has become focussed on the growing mafia presence. As with the potential racial conflict I was conscious of this just the once. John and I decided to try the restaurant at the Almaty Hotel for a meal for a change. All the tables were taken by 'over smartly' dressed men in groups clearly into conspicuous consumption. We waited for attention but were not even served with a menu. I had my suspicions reinforced as we left by the 'alluringly dressed' attractive ladies sitting in a row in the lobby outside. John asked for the headwaiter and complained. His reply was apologetic. Clearly we were in the wrong place at the wrong time and were being informed as politely as possible that this was the case.

Generally, in the times I was there, Almaty was hospitable rather than a threat. We did visit all the major buildings and sights, including others I have not mentioned, as they were beyond walking distance – the State Art Gallery and Theatre, the Circus and many other hotels, large and small. For certain, we were of interest and often would be approached as such but always politely. When in shops, I do not remember any attempt at dishonesty. When we sat in restaurants, people would engage us when they could especially in the summer when we could sit out on the pavements.



*Photo 17.23. The Impressive Academy of Sciences.*

Perhaps the city is becoming less safe as a result of its growing wealth. Certainly, this is in keeping with the affluent cities in the West. But I shall ever think of Almaty as a proud city coming to life before my eyes and demonstrating the ability of Kazakhstan to form its own clear national identity – a little more Kazakh than before perhaps but retaining proudly some of the finer Soviet heritage. As its pride grew this could clearly be seen in the increasing number and splendour of its fountains.

Jeanne Whalen, writing in the FT recently, however, also noted this phenomenon noting albeit by different attributes, this process is continuing: -

*“The People of Kazakhstan have quickly taken to their warrior ancestors, renaming streets and erecting monuments in their honour. Kazakhstan’s drama theatres in the capital of Almaty have staged plays in recent months portraying the lives of Attila the Hun, who conquered Rome in the 5<sup>th</sup> century, and his descendent Ablai Khan, a more diplomatic character who in the mid-18<sup>th</sup> century preserved the independence of the Kazakh people by placating their two domineering neighbours – Russia and China.”(6)*

These legendary warriors of the Steppe may prove valuable role models, but how closely they are to the Kazakhs is still a matter of debate. Genghis Khan was regarded as a Mongol not a Kazakh or a Turk. But this the article suggests is due to the Russian interpretation of history. Other records suggest he was a Turk and thus related to the Kazakhs. Quoting an interview with a Bolat Atabayev, Director of the National Drama Theatre, his brutish nature has masked his other attributes: -

*“He established a great empire without trying to destroy individual peoples or governments... and did not attempt to wipe out religions or even local leaders so long as those conquered paid their taxes on time. When a person is a nomad he respects nature. It is a clean way of living unlike settled living. Genghis Khan was not humane but I cannot say nature is humane either... .. Shota Valikhanov, a Kazakh who claims to be a descendent of Genghis Khan says: -*

*“A different epoch is upon us. They were the children of their times. It is our duty to continue in their honour and do all we can to build our society... ’ (7)*

She continues that audiences gave the drama concerning the less ‘notorious’ Ablai Khan, perhaps a more relevant symbol today, rave review - again in the works of the theatre director: -

*“Beset with a foundering economy and an uncertain future, Kazakhstan needs all the heroes it can get... They lifted their heads after watching it. Art should do that. It should give hope.” (8)*

### **Saying Goodbye**

I remember as though it were yesterday, my last walk around the City. It was after the last Project programme visit ‘*dastahan*’. The Kazakhstanis had all said that I would return soon which is perhaps a way of saying ‘au revoir’ rather than the clear ‘good-bye’. We did not want to be sad. Our relationships were too close for that.

This as I wandered through my favourite haunts – Republic Square and looked up to the State Museum, down Dostyk Avenue passing the Kazakhstan Hotel and into the Park with its Cathedral, Music Museum, Archway and the Victory Monument, two clear sets of thought processes were happening – one backwards and one forwards.

I was clearly feeling a little emotional knowing it was good-bye. As a result I thought back to all the wonderful relationships and experiences we had had together – the cohort and ourselves that have formed the substance of this volume – where we had laughed, where we had struggled, when we had wondered if all was well and when we had realised it was. I thought of the successes and was clear that these did outshine the failures by a good margin albeit difficult to prove.

But as indicated more and more I was observing the changes that had clearly been happening in the five years. New monuments and statues and the many new fountains I have already mentioned; the increasing affluence in the shops and in the cars now on the roads even if not in the roads themselves; old buildings revamped like new and a differing skyline with new hotels and offices reaching for space and crowding the views of the Alatau; perhaps even a new sense of openness on the streets with people interacting much more along the streets. “Would this continue into the future?” I did ask myself.

#### **References**

1. Rollan Seisenbaev's Club 'Almaty' (EL Publishing Centre, Almaty 1997)
  2. Colin Thubron 'The Lost Heart of Central Asia' (Heinemann 1994)
  3. See (2) above.
  4. John King et al 'Central Asia' (Lonely Planet 1996)
  5. See (4) above
  6. Jeanne Whalen 'Warrior Ancestors are Reborn as Role Models' The Financial Times July 1 1999
  7. See (6) above.
  8. See (6) above.
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*Photos 7.8 and 7.9. Erkin Durambetov speaking at the official Project opening ceremony with myself and two Kazakhstani officials looking on. After the ceremony, a photographic record of the participants, guests with the Programme Team*

### **Second Programme Steering Committee Meeting**

One evening. During the first workshop and towards the end of our visit, we did have a formal Steering Group meeting chaired by Derek in the Marco Polo Hotel – one of the more ‘up market’ places recently built in the city. Really, this meeting with Natalia, Erkin and Victor Dolzhenkov, the Oblast Deputy Akim and another programme participant, in addition to ourselves, recorded much of what we had agreed at the initial meeting in Erkin’s Office and the details of the programme delivery to date. We followed this by hosting a formal buffet meal and the evening finished with dancing. I remember waltzing around with Natalia. We were both smiling and perhaps inwardly both realising that we were rather pleased with our achievement.

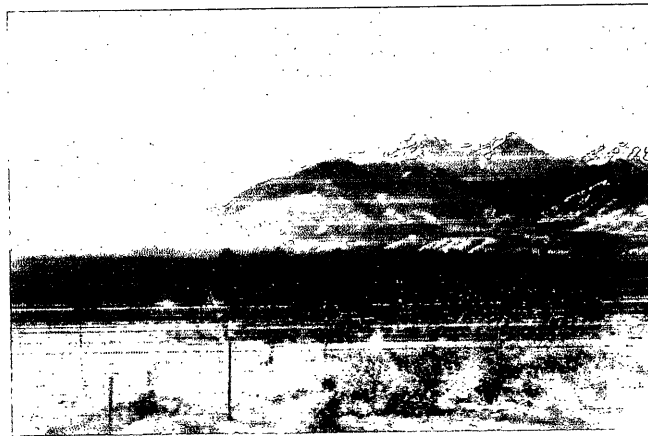
The first workshop did finish with its own ‘*dastahan*’ at the Rehabilitation Hospital and I must admit I was very relieved that it had gone without too many hiccoughs - so relieved that perhaps I toasted just a little too much. We were flying that evening and many returned with us to our flat for more toasting. All had gone well and the project would be I was now confident a success. It came hard when Bolat rang the doorbell for us at about one in the morning to conduct us to travel in our ambulance to the airport and home. I was exhausted but on a high as well.



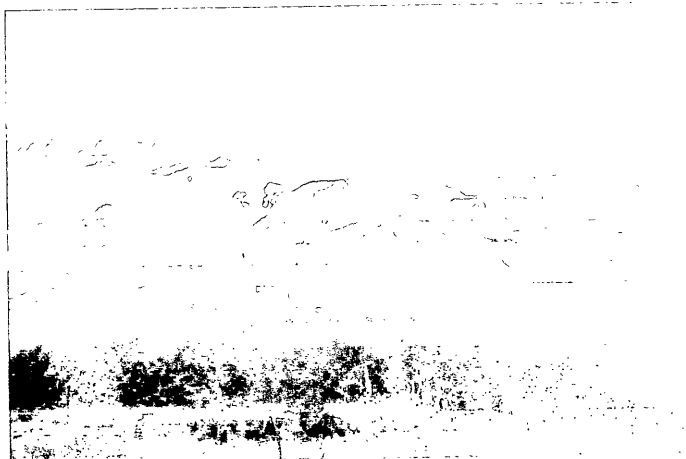
*Photo 7.10. At the Marco Polo Hotel after the Steering Group Meeting during the First Project Visit. It was a wonderful evening of eating, drinking and dancing and helped develop our relationships greatly.*



*Photos 7.11 and 7.12. 'Dastahan' on the Final Evening of the First project programme Workshop – there was so much food that after the participants and team had had more than their fill, the Rehabilitation Hospital Staff and their Families tuck in. I was pleased to be asked to go and meet them.*



*Photos 7.13 and 7.14. The Spectacular Panoramic View of the Alatau Mountains from the Upstairs of the Rehabilitation Hospital – ever a Treat especially on a Sunny or a Snowy or Really Any Day.*



## Chapter Eight – Almaty: ‘City of Apples’

Almaty is not necessarily one of those wonderful cities but the more you get to know it you get to gain the sense of what an interesting city it can be. Whilst it does not have the glamour of Samarkand, Bukhara or even Tashkent in Uzbekistan, there is much fascination when walking the streets and visiting its shops, museums and cafes. Almaty is not necessarily affluent but it is proud and not so much inspirational but still demonstrating great culture and art. As I have said, I always found Almaty a safe city to walk and I was ever happy just to discover to see the mix of Russian and Kazakh buildings and the greater mix of people. Importantly, I found that my knowing the City helped me to develop an understanding of the context we were to be working within.

Arriving in Almaty is normally by air via KLM, Air Austria, Lufthansa or more recently British Airways such flights leaving their home base be it Skipol, Schwechat (Vienna), Frankfurt or Heathrow in the evening and arriving around four in the morning. This is not necessarily a bad thing. There is less hassle at that time than normal at the airport with no Kazakhs travelling with their normally large, carry-on, plastic laundry bag sized luggage accompanied by many friends and relatives to see them off. Sometimes whole families of twelve or more would be present to see one relative off through the narrow barrier. Negotiating that ‘passage’ was left for the way home when hopefully, as a result of the overgenerous hospitality, you will be in excellent mood for surviving the crush at late evening departures.

Almaty airport seemed to be the slowest institution in the new Republic in catching up to the realities of post independence. On my first trips, it appeared the airport had only the capacity to handle one flight at a time but later trips proved that they were making some clear advances here. Clearing passport control was improving slowly and there were on later trips some trolleys, albeit rusty and bent, and requiring a US Dollar for rent. The narrow exit after usual FSU delays at customs and the necessarily detailed review of your declaration form, is thronged with hopeful taxi drivers all in a rather a mix of western and local attire, pushing at the small opening to ply their trade. Before you ever escape airport arrivals, you have already realised you are in a far different world from whence you came.

The drivers exhibit fur hats, thick leather fur-collared jackets along with jeans and trainers. Most of these drivers are clearly Kazakh with rounder more oriental heads, narrower oriental eyes, yellow complexions and very dark features. Although not aggressive or impolite they are all looking to hold onto their spot in the queue for customers and thus are reluctant to move as you press to get through to meet your appointed chaperon. It is a joy when you finally reach your usual transport, in our case the Health Authority’s ambulance.

Rarely are rides from airports to your accommodation enjoyable. Usually you are tired and you are always so on arrival in Almaty. On first seeing Almaty this early in the morning, you could be disappointed as it will be in the dark as it was on our first visit as you travel along those type of dilapidated streets that are a feature of many cities in the FSU. There are a number of industrial workings on the route back and what appear to be hot water pipes running alongside the road.

People live either in the traditional, crowded areas of wooden, single-storey homes or in the Soviet style high blocks of flats and neither are normally particularly attractive. There are very few offices or shops en route. However, you can detect in the gloom of early morning a few trees and bus shelters along some of the roadsides and many rusty vehicles and carts and many stray animals. First impressions are not positive!



*Photo 8.1 – Our Drivers, normally working in shifts, on the Ambulance we travelled around Almaty in for much of the time when visiting.*

### **Our Accommodation and Home**

After the first of your Project visit, where we found ourselves as I have said rather out of town, we moved nearer to the centre renting a small second floor apartment down on Ulitsa Jeltoskan (as it appears on our tourist map) in a block more hideous than just unattractive. But it was central, modest, clean and fairly typical of the many flats we visited – full of books, elaborate vases and ornaments, jars of homemade pickles, and heavy wooden furniture. I gather that what was paid to its owners for our rent for a week or so was as much as some people received in wages for a year!

It had windows looking out onto the small square or rather larger courtyard that was the centre of the whole block around. There were some twelve birches, a misshapen piece of metal ware presumably once a children's play frame of some type and a number of cars, most of which seemed to be in action during much of the day and sometimes the evening and even during the night.

It did suffer however from a few what Americans call roaches, you could smell their presence and we were careful to put all food we had into polythene bags to discourage their own adventurous wanderings whilst we slept or were out. The toilet also although sanitary was of Soviet functional rather than Western very particular standard. We would bring our own soft tissue paper as well as our own proverbial bath plug. Often, we would try to use the facilities of the better hotels in preference.

On one trip, the poorer toilet standards generally really got to me. Not only in the flat but also having asked for the toilet in a couple of hospitals and been shown in both cases and well used, but accurately so, pit and at another location been taken out to the back of a field in a jeep, to resolve my concern, not normally that pernicky, I felt justified.

Indeed, the lack of western standards in toilets had got to me to such an extent on that trip that I began to look forward to our flight home and the joy of the immaculate toilets at our connection in Vienna Airport. We arrived and I headed straight for my longed for 'dream location' despite slightly hobbling and using a walking stick due an arthritic knee, only to have the visit ruined by the over empathetic and overenthusiastic attendant ushering me into the ignominy of the disabled cubicle!

### **But Still Better for Knowing**

But despite these limitations, I really enjoy the city and was always happy at the prospect of spending time there. In fact, I am often accused of being defensive about the attractions of Almaty but whenever I show photos of street scenes at home to colleagues and friends, it seems that they always remark on the untidy features they see – older vehicles, lack of road maintenance, drab buildings not recently painted and so forth. Hopefully, this book will help change that impression.



*Photo 8.2 – Most of Almaty's streets are full of drab, 'functional', Soviet era buildings*

Almaty does seem, also, to get a bad press from our travel writers often who have often dropped in for a short spell after seeing those exotic cities of Uzbekistan mentioned above. Geoffrey Moorhouse suggests that it has 'little elegance' and apart from one or two streets and features' was otherwise

*"... a city of relentless public grandiose without a trace of charm". (1).*

Even the Lonely Planet guide suggests a little harshly: -

*"...it is not old nor exotic nor even very Kazakh" (2).*

Colin Thubron, too, a writer who I normally admire, shows a certain ambivalence to the city noting that it as it was originally a Russian city it is full of: -

*"... soulless hotels and war memorials'*

but now suggesting that it belonged to no one. Its streets, he suggests: -

*"... might be renamed after special khans who had ruled the steppe a century or two ago" and "ministry facades be veneered with pseudo-Turkic motifs' but the Kazakh culture had no one urban expression".*

He concludes that there is some survival of Kazakh past that is: -

*"Squashed among the stucco and concrete, a few timber survivors, carved with gables and filigreed eaves, evoked a homely, unceremonious place like a frontier village."*

And sadly, as a result of Kazakhstan's independence, Almaty is just an: -

*"... alien city had floated into their hands..." (3).*

But this is no way to perceive the City. If you are looking for fine, centuries old sights or the acceptable embellishments of romantic cultures that would appeal to the West, Almaty is not ideal. But Almaty has an appeal even a fascination that is different and it reflects its history well. It shows little concern that it has been dominated by the Russian and then Soviet 'Empires' in that it does value all its heritage whatever that is. It is an 'eclectic city' in its ability to preserve and enhance what it has inherited. As we have seen already, Kazakhstan is after all the nation of 'a hundred ethnicities'. It has arguably a city and culture that is trying to reflect this.



*Photo 8.3 – The Powerful Soviet style Parliament Building one of the many of its type in Almaty*

#### **Poor Showing on UK Holiday Programme**

As suggested, Kazakhstan is a place as yet that rarely attracts the news but that interest is growing. Perhaps this is because I am more familiar with the City, when in the UK I listen and watch out for any mention. But for example, one evening there was a feature in one of our holiday programmes on Almaty. Yet again, I felt it achieve less than justice for the City of Apples.

Much of the initial interest, naturally, focussed on it being ex-Soviet and showing the Soviet structures and war memorials around Panfilov Park in the Centre. It then focussed strangely on Gorky Park, a standard local park with the normal flowers and lake with ducks and only perhaps one real feature, a big wheel that moves so slowly that you pay a 'tenge' or two and go round once. I know this because Natalia and I, with an interpreter used it as a quiet place to discuss the Project. Clearly, they were interested then in the potential of skiing fairly cheaply at Shymbulak in the Alatau above the Medeo Olympic sized ice rink and moved onto this fairly quickly to demonstrate the winter sports facilities tossing in some footage of local agriculture in national dress to conclude.

The film crew were obviously staying in the Otrar Hotel for their brief stay and looked for local sights around there, missing much of the interest that the city has to offer. This is sad because it showed few of the better parts. It is beginning to realise a confidence, despite losing its status as capital of the new Republic and sadly this was not portrayed. The programme badly needed some understanding of the City, some introduction to the interest and culture it has to offer.



***Photo 8.4 – A not too inspiring street scene in front of the Otrar Hotel looking to Panfilov Park. Yet the arches of the restaurant opposite are of interest as is the restaurant itself that was very Kazakh at the time in terms of ambiance and menu.***

And then again, you could argue that there is much true art in the city but not necessarily in the form as we expect as Western tourists. There is art for sale everywhere in the museums, in the streets, in shops and art to suit all tastes. More of it often adorns the larger buildings internally and externally stretching over the wide blank spaces. There is much art and culture to be seen in the parks and in the activities of the people. Once you know Almaty, you realise it is much more than a drab city to visit.



***Photos 8.5 and 8.6 – Art is in the Streets and in the Buildings all around the City. Natalia and I before Kazakh mosaic art on an office building in the city centre and in front of Russian folk art in the Children's Hospital with Gulmira and Mary.***

### **Not an Old City**

Almaty was modelled as many new European cities were at the time on Paris and still retains its criss-cross of boulevards that makes finding one way around especially if you do as the locals do when asked direction, they check the direction of the Alatau mountains and work from this. One thing that I did find strange, I must admit, my geographic sense being based on the topography of Great Britain, was that were above the whole Himalayan Mountain range and its offshoots the Alatau and Tien Shan and trying to come to terms with remembering the mountains were to the south and not the north as felt normal for us from the UK. Often I have walked in the reverse direction than the one needed as a result.

Almaty therefore does not really have many true connections with the romance of the Silk Road, as one would want perhaps, it was really nothing other than a minor outpost for it. One of the souvenir books I was given suggests that in medieval times, when the route was full of merchants, Almaty was just a the city of mud houses of the farmers and craftsmen together with many 'yurts' (the round Central Asian tents) spread over a wide area linking it to an early fortress to the Great Silk Road. (4) Another travelogue suggests it was originally 'the site of a Silk Road oasis' (5) but this might just be fanciful exaggeration.

But today, we can arguably find three or even four 'Silk Road' connections. Firstly, there 'Jibek Joly' (The Silk Road in Kazakh), a street to the north of the central area that is mostly 'pedestrianised' and is the nearest thing Almaty could offer as a Western shopping experience. Secondly, as mentioned, you can buy souvenir books entitled the Silk Road in hotel lobbies and tourist shops. There are also mentions of it in the local museums although not in great detail. And you can see portrayals of it in the art that you can purchase if you so wish.

Almaty is not an old City for one essential reason it could be argued, the Kazakhs were until recent times the traditional migratory peoples of Central Asia living in temporary camps traversing the great Steppe. The modern city, based on the fortress of Alma Ata, was built by Imperial Russia in 1854 upon the small Kazakh trading post of Almaty, ostensibly as part of the process of 'civilising' (a euphemism of the Imperial days) these Kazakh nomads. Although renamed Vierney in 1867, it returned to the name Alma Ata following the creation of the Soviet Union, returning again to its original name of Almaty soon after independence. Both the Alma Ata and Almaty name derive from associations with apple and I have the names variously translated as 'City of Apples', 'King of Apples' and 'Father of Apples'.

Clearly apples are important to the City and its history. For example, Trotsky was banished to Almaty in 1927 after losing his battle for the Soviet supremacy with Stalin on the death of Lenin. His wife, Natalya, missing Moscow, did leave some vivid descriptions of Almaty and its apples: -

*"We rented a peasant house from a fruit-grower on the hills with an open view of the snow capped mountains, a spur of the Tien Shan range. With the owner and his family, we watched the fruit ripen and took an active part in gathering it. The orchard was a picture of change. First the white blossom, then the trees grew heavy with bending branches held up by props. The fruit lay in a motley carpet under the trees on straw mats and the trees, rid of their burden, straightened their branches again. The orchard was fragrant with ripe apples and pears."* (6)

Any traveller is constantly reminded of Almaty's connection with apples. The first example I found was the apple blossom decoration on the teapots in our rooms at the sanatorium when we arrived for the first Workshop. But it is abundant in the City particularly in all the local arts and crafts outlets in the city where still life paintings of apples and even more so apple blossom are a regular theme although in terms of fine art it is often deemed as 'children's (meaning apprentice) work'

Indeed, we were at the Authority's own Rehabilitation Centre on the southern edge of town with its splendid view of the mountains, in the midst of apple fields. It was a beautiful setting, despite the drab functionality of the building itself, which we saw in all seasons and weathers sadly but autumn and thus never saw the apples on the trees themselves. However, they could be seen and bought in all weathers it seems on any trip to the Central Market or at the stalls and sellers around the city.



This makes sense and does explain temperatures that can range from 40 above in summer to 30 below in winter! But looking on the more positive side, this perhaps does give Almaty the best of both worlds. You need only to travel for thirty minutes to the south, rather than north, even in summer to be in the Alatau Mountains themselves. To the north itself you approach the bleakness of the open Steppe.

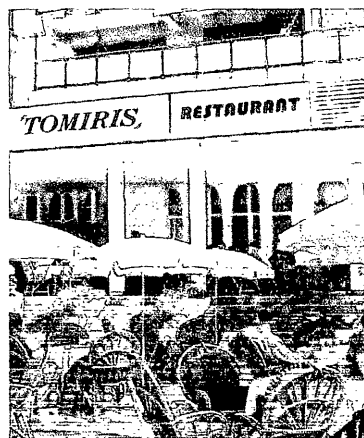
### **Eating Out**

One of the real pleasures of Almaty was its range of restaurants. In this it is truly cosmopolitan. On our first trip, at the end of the workshop, we were treated to a visit to the 1001Nights (actually spelt 1001 Night), an Arabian or Lebanese restaurant. My first taste of caviar was that night and was not just a few black spots on a cracker and it proved a taste I truly began to enjoy.

There is also restaurant opposite the Otrar Hotel on the edge of Panfilov Park that I visited on one of those rare evenings when I was on my own. No problems, I felt, I had been learning some Russian. But the menu was in Kazakh. However, a few bubbling sounds with the cheeks from the waiter and my agreement did mean that I had for starters a plate of both black and red caviar and some smoked salmon. The next course followed my agreement to arms bent at the elbows and flapping and a more traditional roast chicken and local vegetables.



*Photos 8.11 to 8.15 – Almaty is a great place for a variety of restaurants. The more traditional Eastern European with classical music, an American styled Steakhouse, the Turkish or Lebanese 1001 Nights, the local Chinese and the more Mediterranean Tomaris suggest the wide range*



Chinese fairly frequently at the several restaurants around town the food was ever fairly ordinary for Chinese, little Schwezuan, in other words, but good variety including whole river fish I remember. We did each in Czech restaurant, and Italian, Turkish, Russian, Georgian and many, many Kazakh restaurants where food was laid before you in 'Dastahan' banquet style.

Two stories I do tell about restaurants need to be included here perhaps. The first concerns, a newly opened Western Style steak house which had as its major advertising above the We ate doorway, the mock effect of the front half of a full size, red, 50s style American car, headlights, fenders, steering wheel and all presumably a Chevy. Inside the waitresses wore tartan (plaid for Americans) shirts and very short, jean shorts and even cowboy hats. Impressed so far, I ordered 'steak piquant'. This arrived to reveal a rather chewy piece of untrimmed meat with traditional English salad cream on the top – evidently salad cream was considered a simple of Western decadent cuisine!

The second was when John and I entered this very large restaurant with several waiters in full attire and much shrubbery in the room and a stage up front. We were shown to our seats and then realised we were on our own in this vast hall of a place. I ordered 'house shashlyk' which was mincemeat on a skewer and was OK as I recall. But what I do remember is that a band arrived on stage, clearly one of those groups of hopefuls who will never really make it. They were in fact dreadful, embarrassingly so for a country with so much fine musical practice. After a song or two the lead singer came up to us. We smiled but kept our heads down and our hands out of our pockets. Finally, she turned said something loud and direct to the band still on stage, the 'music' stopped and all trooped off presumably in a huff at having no reward for their efforts!

#### **Trips into the Alatau**

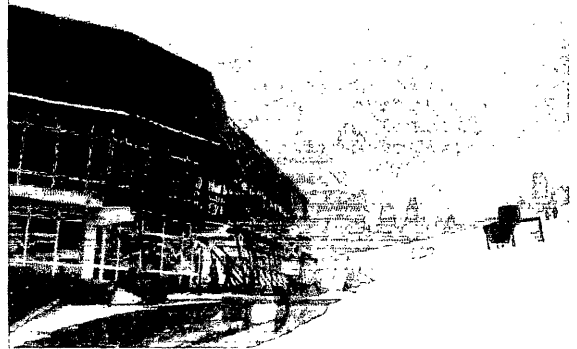
My first ever trip out was during the first Workshop visit when we were after three days of sorting out for the conference in the Sanatorium, whisked off by coach to Medeo (or often Medeu) with its huge and distinctly Soviet Ice Rink. The road up to Medeo is fairly sharp but only about twenty minutes from the City itself. It travels through woods of silver birch and fir and passes many 'dachas' including that of the President as well as pleasant restaurants.

We found that a trip to Medeo was always on our 'social programme' during every Project visit we made to Almaty often eating at the restaurants on the way up during later visits. Two I remember well. The first with Zhanaidar and the Kapchagai 'Boys', was built over a running stream, a symbolic Kazakh place to eat I gathered where we ate local barbeque and the second memory was a feast in a glorious hunting lodge style restaurant where Gulmira was host. On both evenings we ate and drank extremely well as ever with music ever being present and it was not long before we fell into sang, Russian, Kazakh or event the Beatles to celebrate our comradeship!



*Photo 8.16 and 8.17 – The view from Medeo into the Alatau and looking downwards to the carparking and facilities*

It was then possible as we did once with Gulmira and Mary and her husband travel on further up to the skiing area of Shymbulaq with long ski slopes right by the hotel there. On the day we travelled there, we had a snowstorm having just left the sunshine in Almaty an hour or so before. Mary was very pregnant at the time and had to take great care on the slippery slopes up to the Hotel Shymbulaq area where we visited an excellent alpine restaurant and was able to eat 'mountain food' with its two important ingredients - smoked meat and locally gathered mushrooms. I remember remarking that in the restaurant that the whole area had the feel of Central Europe and I was told that it is know locally as 'Little Switzerland' which appears to neither any injustice.



**Photo 8.23 and 8.24 – A trip to Shymbalaq on a very snowy day – John with Gulmira, Mary and her husband and the ski lodge and slopes themselves that day.**

#### **My Reflections from the 'Managers in White Coats' Article**

The following is taken from the interview article I was asked for by a local newspaper during the first Project visit regarding my liking for Almaty and all things Kazakh. It is always essential in these circumstances to ensure you are as polite and as positive. Fortunately, I did not have to observe such convention, as I could state what I truly felt. However, the reporting is not always as accurate as we would expect and a certain slant was given on British conservatism. However the extract is interesting in its reflection on my views of the city at the time: -

*"Finally Steve, tell us about your impression of our country, of your meetings with our people.*

*"Steve. I like Kazakhstan. After my previous project I was thoroughly exhausted as a result of so much work and so many meetings. But I said to myself that I would certainly return to this country and waited impatiently for this project and here I am now.*

*I like your city. I have very much enjoyed visiting your cultural attractions - and your mountains are quite simply wonderful! I have loved going to your Arasan baths. Sadly we do not have these baths in England. The English are a rather conservative nation. I have also noticed that your people enjoy nothing better than to simply sit together and drink tea. Brits are much more solitary. I promise, however, that if ever Kazakhs travel to London we will take tea together and all will be most welcome."*

**(8)**

### **Final Observations**

All those we met in Almaty seemed somehow proud to be part of the city even dear Galena, our Project interpreter, who was one of those Russians who really wished to get back to Moscow. It was not uncommon for local people to come up politely in restaurants, shops, galleries or even in the street and speak to you when they realised that you were from London and they could speak a little English. They would always ask you what you thought of their city and when you spoke in positive terms, they would always beam reflecting a clear civic pride in what Almaty has to offer.

Clearly the people of both Almaty City and the Oblast around were proud of the City, its heritage, its mountains and scenery, its wide streets and many fine buildings, its arts and its ability to grow a variety of fruit particularly the apple. As I suggested at the beginning of this chapter, it was important for the success of the Project to realise this and even better to add not only awareness but also experience of all that the city had on offer. Our participant would always ask regularly and with great interest where we had been and what we had enjoyed during our current visit to the city and would be very pleased to hear that we were getting to know Almaty well. On reflection, this was clearly a critical part of local relationship building and the 'but the real work is done down here' process!

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4. Rollan Seisenbaev's Club 'Almaty' (EL Publishing Centre, Almaty 1997)
5. Olga Talanova 'Republic of Kazakhstan Photo Album' (Almaty 1996)
6. From the Diaries of Natalya Trotsky, quoted in Kathleen Hopkirk (see below)
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## Chapter Nine – Getting Underway at Last!

I was pleased that we had had a relatively easy time in our negotiations with Erkin and the Almaty Oblast managers – the keys here were the preparation and team participation as well as the goodwill from networking during the original Workshop to ensure the warm working relationships that are a necessary prerequisite to developing business in Kazakhstan.

Within that first week we slipped into a clear daily pattern for the travelling to and arriving at 'Rehab Centre' as we now termed our Project training centre. We were picked up at the flat by the ambulance sometimes with some of the local participants and often Galina already on board. Normally, I would be offered the honoured front seat as the team leader alongside the driver and would normally accept it especially as it gave a better view than in the back where part of the windows were painted up to maintain the privacy of any normal inmates and the seating was on a bench and sideways which did cause occasional sliding up and down.

Often, we would then collect Bota en route from her parents' home up in the 'respectable area', as Galena termed it, on a new estate above the Central State Museum. We would then journey around the outskirts of city towards the Rehabilitation Centre and towards the Alatau Mountains – being able to admire that spectacle another advantage of seating the front! We came fairly quickly to know every bump on the roads that like much of the City were overdue for maintenance. We would then skirt the grounds of the Centre itself seeing how the apple trees in their perfect rows were progressing and finally into the Centre's small car park. There was a rather large dump to our left as we entered often maintaining the interest of local dogs I mentioned before.



*Photo 9.1. Apple Trees around the Rehab Centre were planted in set rows. Strangely, we were never there at the right time to eat any of the produce.*

Once all had disembarked, we would go straight to Gulnara's large office on the first floor, smiling at the patients and their relatives, we happened to pass trying to offset the rather staring effect demonstrating their clear curiosity. Each morning, in the office was a large samovar that was always boiling. There was always a member of Gulnara's team waiting to offer us a chance of reinforcing our limited Russian: -

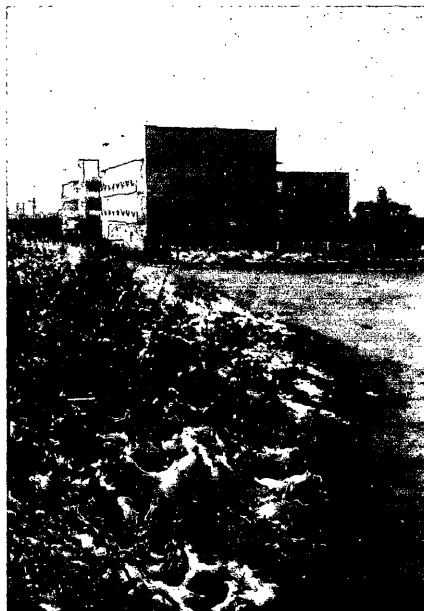
'Chorni Chai?' (Black Tea) I would be asked, the staff knowing that this is what I would drink on arrival. (Sometimes local milk was a little too thick for my taste and having black tea saved giving any without offence)  
'Da, da, da' (Yes). I would reply positively - 'Spasiba' (thanks)  
'Preshalsta' (that's OK or you're welcome)

We would then both smile at our success in Russian conversation albeit limited. Even achieving this level of interaction with the staff at the centre was appreciated by them as well as enjoyable for me.

Normally there would be a plate of small deep fried doughnut-type balls (their name begins with a 'b' but can I remember it), hot from the oven and delicious often with other little delicacies and even chocolate biscuits. Also sometimes we were treated to little fruit sweets that according to their wrappers came as from Moldova or the Ukraine. A great way to start the day especially with the view of the Alatau before you through the large panoramic window of the office.

### **The Programme's Vision**

As we planned, the Programme had essentially three workshops to be held in Almaty to be followed by the study visit to the UK and then a week of evaluation back again in Almaty. These workshops were designed as the basic building block to the success of the Programme and that is what I am pleased to be able to confirm they proved to be.



*Photos 9.2 and 9.3. The Rehab Centre where we delivered the workshops was not an attractive building but it had great views even in late autumn when the snows came! The first floor balcony was often used by the 'Kapchagai Boys' to have a smoke as well as greet others arriving after them.*

The three workshops had been developed along a model of thinking in management development I had created as a result of my years with similar programmes for the Open University - one of those models I have developed over the years that I began to refer to subsequently as one of my 'mega-models' in they could be used to structure whole areas of debate and development areas and encapsulate fairly wide levels of understanding.

As can be seen, the model is constructed on four concentric circles –

- you as a manager (your experience, expertise and approach)
- your team (its selection, development and motivation and teambuilding)
- your organisation (its structure, culture and ability to change)
- the environment (or context in which your organisation needs to exist)

The argument developed is simply that change is happening continually in the environment and that organisations need to keep pace with that change. But organisations in themselves cannot create that change only the people within them. Thus organisational change happens most effectively as a result of teams within the organisations developing positive responses to or even anticipating change. Such effective teams can only come into being if well led by a proactive manager with motivational leadership qualities.

Thus the structure of the programme of workshops in Almaty was to look briefly at the environment and changes happening mostly through initially gauging the ideas that each participant had for change in their own area. Thereafter we could use a PEST analysis to look at the political, economic, social and technological changes affecting the hospitals and care services of Almaty Oblast generally. We could also then use a SWOT analysis to review the organisation's strengths and weaknesses in coping with such changes and the opportunities and threats they offer.

PEST and SWOT are, of course, fairly standard tools and many of the participants would have experience of using them from the original Healthcare Workshop. After moving through this model fairly briefly, the three workshops dealt with the three topics of self-development, teambuilding and organisational change based on business planning respectively in line with the model.

### **Teaching Style and Flexibility**

Based on my experience of the two previous workshops I had been involved with in Almaty, we knew that the participants were unused to learner facilitational styles of teaching although of course many of the participants had attended these. We discussed with the cohort at the outset, the processes of developing group discussion and they all agreed to this, even suggesting that it would give them variety in learning and would take feedback from us to improve their skills here. I had a feeling that they had already been briefed on this probably by Natalia. Regardless, they were keen to try and their teamworking proved to be one of the successes we had in the programme.

Our thinking became based on half-days which would follow roughly the cycle of input from John or I and Derek at the first workshop followed by teamworking or other interactive activity, linked to the topic and designed to not only reinforce the understanding but allow the participants themselves to apply the major points to their own service or practice. Finally, the cohort would come together again to discuss findings and any issues. A fairly standard routine but ensured not only that they applied the learning but also started to develop the evidence needed for their portfolio.

Derek was keen that at the outset we should also gain from each of them their thoughts for the projects they wished to undertake during the course of the Project programme probably following the Oblast's new healthcare strategy. He could then start looking to the competences they would need to develop and from this establish for each participant a learning agreement.

This initial approach we felt would ensure the practical focus of the programme and that we could also begin to work to KHF 'logframe' outcome requirements still very much on our minds. Thus, we had developed before we set out to Almaty the Workshop programme starting out with undertaking this analysis and then planned to move into issues of the role of managers and effective self-development. We were pleased with our plans – they made sense.

However, this caused a local hitch. The processes of training needs analysis were completely unknown in Kazakhstan. Training to them was education and education was taught from day one. It was crucial Natalia told us that we start off with a clear pedagogic beginning. In other words, she felt it necessary to have a tutorial to start off the programme. We felt we had to oblige. We looked to our plans and teaching materials, rearranged them, spread them around and then planned to include the needs analysis now in the week. We could cope we said to each other, we were flexible. As it turned out, this would prove one of our greatest assets!

### **An Interesting Start Anyway!**

Thus the first session would be after introductions a lesson in the old sense. As it turned out, it did not start that way. We had in the end attending eighteen participants of the twenty; Erkin and Victor in view of their status would not be attending but would take copies of our handouts. This was obviously, the way things worked locally. It would not have been politic to intervene.

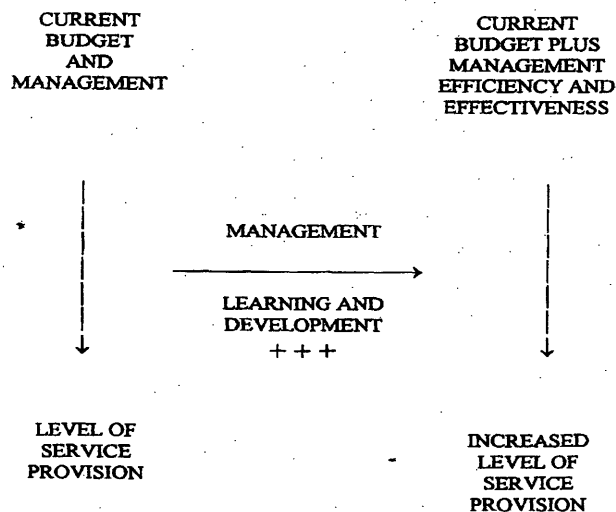
As the cohort began to arrive in the room we had developed into the training room, one of the participants whom I had not yet met, Aman Kazyhaev, Chief Surgeon at the Central Clinical Hospital approached me at the front. He seemed somewhat angry judging by his voice and the way he was pushing his index finger at me to emphasise his points. Obviously, I had to wait for him to stop speaking so that Galena could translate what was happening. I thus could not respond and had to remain cool.



Evidently, he was asking for his surgical instruments. I was rather flabbergasted to say the least. I asked him via Galena why he was expecting these. His reply was that all he needed to improve his output was better resources and as we were from the West and discussing management obviously this is what we had brought with us to support him. I was not sure how to handle this. Obviously, something had gone awry with the recruitment process and I noticed that Natalia was clearly annoyed in the corner but was not coming to my aid.

I suggested that he take his place and I would explain to all what we intended to help them to learn and the reasons behind the programme. Aman sat and was now commenting fairly loudly to his own Head Doctor, Bolat who on his part was taking little notice. No time for the fancy icebreakers we had planned. This issue had to be resolved now. In terms of our own credibility, much hung on how I handled it I felt.

I decided the way out of this was to introduce at the concept of efficiency. Off the top of my head, I developed a model to explain efficiency, not the best, certainly not textbook but it held Aman's attention for enough time to get the principle across. Did he now understand what we were intending on the programme to get more from the same resources by careful management, I asked through Galina and held breath. He would see he said and went quiet.

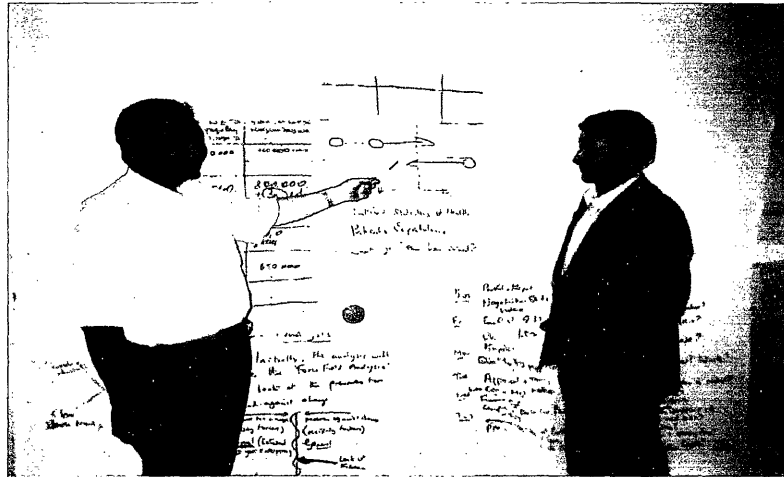


*Figure 9.2. Hastily developed 'Efficiency Model' of the value of management learning in response to Aman who had expected Western handouts*

Despite this strange start the rest of the day went fairly well as I remember. We had decided to use the opportunity here hold to an extent to our plan and to look at change issues locally introducing those old standard yet still valuable models PEST and SWOT analyses. These were explained and groups formed to actually apply the models. After a little explanation and some encouragement, leaders were elected for each group and they starting working on the models.

I was obviously watching Aman carefully and as the session went on Aman seemed to begin to get become involved. Pleasingly, there was some laughter coming firstly from the group he was in and he seemed to be at the Centre of it. This air of laughter then spread to the other groups. They continued working but were clearly also enjoying the process. To my great delight then, Aman stood and tacking the pen starting to lead his group.

The day thus finished on a positive note. The feedback from the groups was excellent in terms of their understanding and their application and they confirmed that they had enjoyed the learning process. As the session was breaking up, Aman called Galena over to me and apologised. He explained that he had been told the day before by Natalia that he was to attend, as a late replacement and that was all he knew about this programme. She thanked me for dealing with his outburst and said that he had enjoyed the day. In fact he asked that I take his photo with the analysis he had led his group to develop.



*Photo 9.4. Aman now over his initial 'concerns' and happily demonstrating some of the team's efforts on the first day to his colleague Askar. There was an early appreciation of learning through working in teams.*

Later in the evening, Derek, John and I were deliberating on the successes of the day. We obviously, discussed the issue of Aman's anger. Imagine that happening to the leading surgeon in the shire in the UK we all thought, to be told he must attend a training programme by a mere manager. We agreed that the BMA would never recover from the shock!

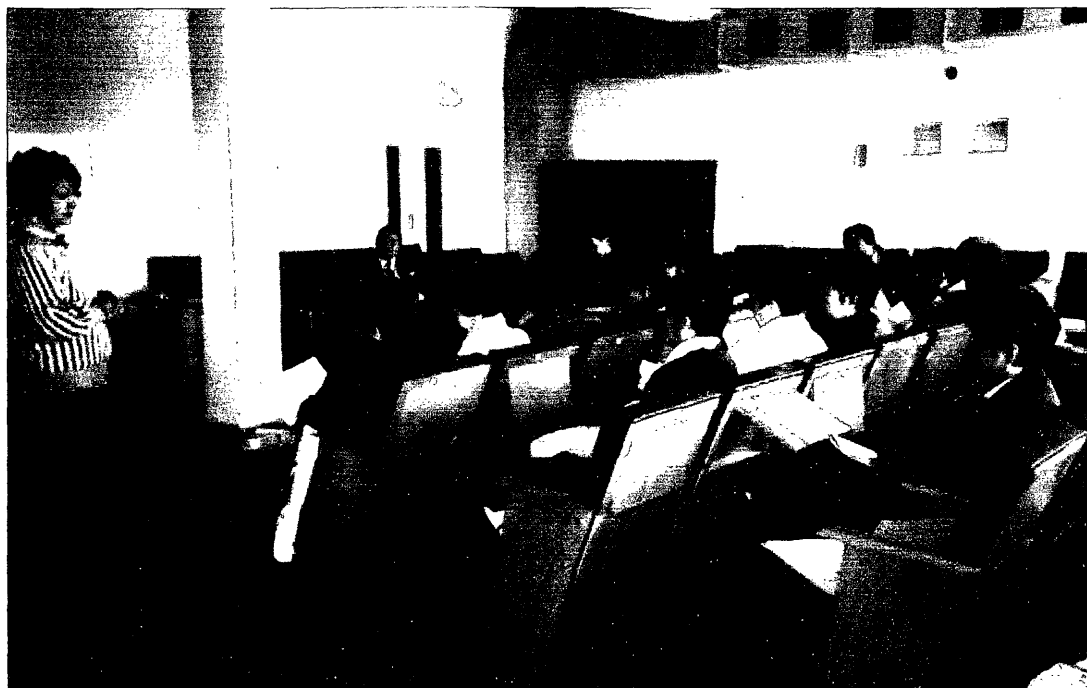
#### **Seating by Gender and Status**

For the training sessions, we had set six benches in two rows of three at right angles creating in effect a 'corner' with a gap between in which we had placed a seventh bench. This sounds more confusing than it was. However, this is not the interest. What happened when the participants sat down was interesting.

The seating clearly had to reflect both gender and status and once set the seating arrangements were to hold constant for every day of every workshop. Nobody moved. Gender seating was quite straightforward with the males taking the left six benches with some on the seventh bench that partly protruded out of the 'corner' and the females took up their places on the right hand set of benches.

In terms of status, Bolat Dzhumashev, Head Doctor at the Central Clinical Hospital sat on his own on the front bench on the left and to the right of the bench, which he occupied on his own. Behind him in the second row Aman Kazymbaev, fresh from the haranguing reluctantly took his place in the space clearly left for him. Behind him again sat Askar Abdrimov, Head of Neurology at the same hospital but clearly junior again. On the same bench sat as Aman, i.e. the middle bench, sat Kurmangazy Beg-ali, Head Doctor of Kurtinski Rayon, presumably he held the same status but at the other end just in case.

On the woman's bench on the front row sat Natalia as Deputy Oblast Chief with Gulnara Head Doctor of the Rehabilitation Centre and Gulmira Utebaelieva, Head Doctor at the Oblast Children's Hospital. Behind them on the second row somewhat crowded sat Bakhsha Akhmetola, Deputy Principal of Talgar Medical College, Mari Michelova, Head of Somantics at the Children's Hospital, Natalia Korotina, Deputy Head at Issyk Rayon and Raisa Paltuisheva, Chief Nurse at the Clinical Hospital as well as the two female participants from Kapchagai Rayon, Natalia Kurasova, Chief Pharmacist and Gulzhahan Baidulova, Chief Nurse. Row three was empty.



*Photo 9.5. The 'Ladies' Side' at the tutorials – the participants sitting by gender and by status.*

The rest of the men, the four male participants from Kapchagai sat on the 'protruding bench' in a row – the nearest being Zhanaidar Musin, Head Doctor, then Victor Kim, Chief Surgeon, thereafter Eric Baizhunsov, Deputy Head and Vitaly Kim, Head of Paediatrics. Vitaly was in fact the youngest in the cohort and thus had to sit furthest away it seemed. As it was his job as a result to act as wine waiter at all social events throughout the whole programme, maintaining at high levels of wine and spirits in our glasses.

Age was thus a third factor operating here but there did seem to be a further one that we could never fathom. On the 'female' front bench also sat Kulnara Mavsheva, a mere Deputy Head at Kasheslov Rayon and not as a result of lack of space on the second bench. She held some social standing in Kazakh culture evidently to enable her to take up such a position. Something perhaps to do with the 'clan culture' it seems but I was never clear.

Strange as this seating proved, I felt it best not to try to change anything. We had them all there, apart from the senior managers who as I said had made their own 'status arrangements'. They could all hear what was being said and see the front, as long as we avoided moving behind in pillar that stood in the middle of the room. In any case there had been enough conflict dealing with the Aman's problem.

## **Second Day Absenteeism**

The next day started with real concerns. The ambulance bringing in our team had arrived at the Centre on time despite the sudden overnight snow and drop in temperature – a common occurrence in Almaty due to its intercontinental position. However, none of the cohort apart from Gulnara was there and she was tied up it seemed with a range of Rehab Centre issues.

A few then did arrive but when we started we had just four and none from the three main hospitals. Clearly, we were concerned. We felt that yesterday had gone well but perhaps not well enough and they 'voting with their feet'. Perhaps we had not been convincing the day before of the value of management for them. Natalia was not there either to consult. We started to consider the options. Perhaps a phone call to the Know How Fund to explain that it had all gone 'pear-shaped'. Perhaps an early flight home and an abandonment of the programme altogether, we feared.

But after an hour they began to arrive. First, Gulmira and Mary from the Children's Hospital, then the contingent from the Central Clinical Hospital and finally the Kapchagai group and later again Natalia and Gulnara arrived in the training room. They all apologised profusely and asked to be forgiven. As it transpired they had had to go to their hospitals that morning to arrange contingency actions in view of the first real snow of the year and the unexpected drop in temperature meant in effect that had to arrange resources for the boilers to go on. Natalia had had the same issue at the Oblast offices. They were very sorry. We hastily rearranged the day's programme!

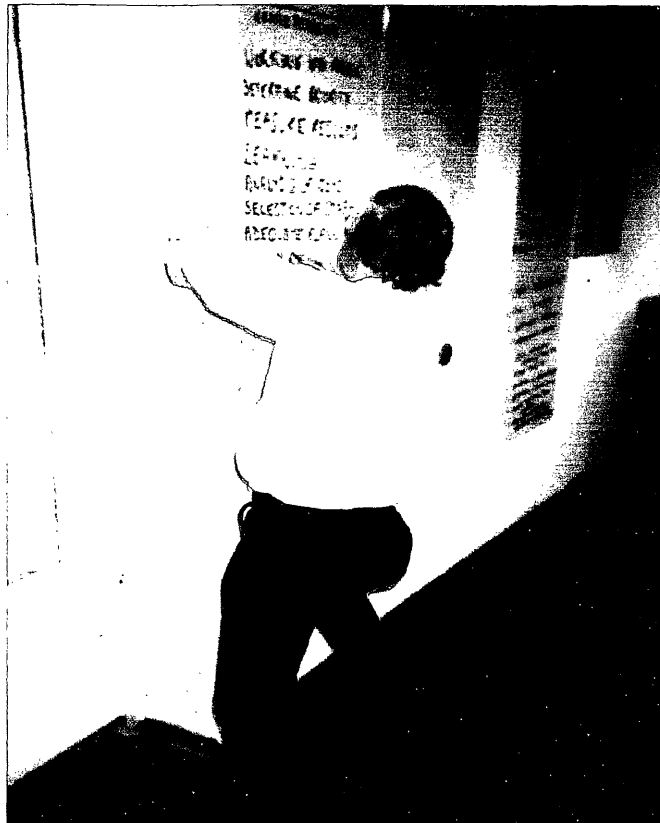
## **Developing The Learning Analysis**

Day two although hurried went fairly well. We looked at learning styles and other activities around self-awareness, experience and skills that they did seem to find interesting and we helped the students in effect reflect by comparing their results with each other. We realised that it was going to be difficult throughout the programme to gain criticism from them. We could not 'listen in' so easily to group discussions and in any case they were far too polite and only wished to please. This latter factor became a problem on day three.

For day three of the first workshop, we planned to now undertake the training needs analysis that Derek confirmed was necessary for the work based learning process to start. In effect, it would follow on from what we had been doing so far and help the participants think again about their own strengths and weaknesses in experience and skills for undertaking the management changes they needed to effect as a result of the newly introduced Oblast healthcare strategy.

To set this up, we felt that they needed to further their general understanding of management - what in effect was meant by management and what activities combined to achieve its effectiveness. I had already had concerns at the lack of awareness here not only through Aman initial entry 'into the fray' so to speak but also from Vitaly who stopped me in the corridor the previous evening and politely said through interpretation that he was enjoying the programme but still not clear what management actually was.

Derek came forth with an ingenious answer to this. He interviewed me in role-play as a manager and drew from this the activities I undertake in this role in the UK. This enabled me to talk about a whole range of issues – planning and objective setting, budgeting and resource allocation, handling information, communication, monitoring and developing quality and in particular developing the team and myself. This seemed to give them some understanding at least and I then put up the translation of the then recently published MCI Management competency elements for NVQ level four to reinforce this. We then developed a list of management competences that health managers needed – some crucial to all like business planning and some optional ones depending on context for example recruitment and selection that not all of them undertake.



*Photo 9.6. Derek recording learning outcomes generally during the needs analysis session held later in the week than planned.*

After an hour or so working through this input, we asked them to work in groups, discussing their individual changes and looking to the competences they needed for this. In effect, what we hoped would start to happen was that they would produce the projects that they would be working on during the programme and the competences they as individual managers would need to develop to achieve their changes.

When they returned to the main group, rather than analyse their own needs they all felt they said so inadequate that they wish to learn about all the competences. Whilst they were thus clearly keen to develop as managers, they had rather missed the point. However, it served another purpose. I asked Vitaly that evening if he now understood what management was and he smiled back and said through Galena that he was very clear. We were also able that week to look to self-development issues in relation to these competences and throughout the programme to refer back to them to introduce activities.

#### **Reflections on the First Visit**

Generally the week's teaching went well we felt. As my reflections at the time show, we felt there was a definite buzz around the room growing as the week progressed. The changes to the programme and the hitches we had encountered were all to be expected when working in another culture especially one as different as that in Kazakhstan. Language had not proved a problem, Galena's calmness was a bonus and she was proving a real asset to our team. Such feedback was thus doubly pleasing. These same reflections in my report back to the Project Steering Committee confirm our success: -

"I felt early on that the ability to deal with issues 'on our feet' was important and our 'team teaching' excellent. Many concepts were taken on board by the local participants especially those who did not really understand management at all. To this end, I feel we achieved an understanding of the notions of management efficiency, management planning, management by objectives, interpersonal communications and some history of management thought - good pegs for hanging future inputs on!" (1)

Clearly, such success was based on the relationships we had formed and there being goodwill from both sides as a result. Already, the learning and social programmes were entwining into one entity it seemed to continue to reinforce these relationships. Again as I wrote in my report back at that time: -

"We had wonderful hospitality throughout - events to be treasured, singing the Beatles in that excellent Kazakh Restaurant with Gulmira, the Student Concert at Talgar, enjoying the Cultural Museum again through the eyes of Derek and John, the happy ambulance 'teamrides', standing on the Steppe with Zhanaidar and the 'boys', the restaurant with Aman and the wine from the soldier, the walk through Panfilov in the snow, shopping with Natalia, the excellent last meal which Gulnara's team had prepared and then eat after we had finished, 'chorni chi' ever being available after the previous evenings excess, the view of the mountains from the window of the Rehab. Centre, etc etc etc.

Perhaps for me, it was the enthusiasm of the student group on the last day - I found it difficult not to be emotional, I wish I could remember what I said in my speech. Sometimes you can see things clicking with students. They are such an able group, this was happening all week, you could see it happening before your eyes - language is no barrier to learning if you so wish!"(2)

Perhaps all a little gushing but I did have a tear in my eye at the end of the first visit. After all the work that had come into getting there, the results were proving worth the effort. Derek was pleased to have been part of the process and that we had received from each a copy of their learning agreement happily signing up for their learning outcomes which they had started to analyse from their individual needs. Again, it was probably most placatory on their part than valuable but it had happened. In addition, the local meetings had gone well and the local structures seemed to be in place for developing the projects and for networking.

As I think back now, the old truism of teachers learning more than students was more the case perhaps in Almaty than anywhere else I have taught. Managing that first workshop and the two later ones depended on our willingness to unlearn and be flexible as much as anything else. By focusing on the needs of the cohort themselves it helped us to come to terms with a whole new culture and the effects of this on its work approach, practices and skills.

#### **'Managers in White Coats'**

Below is a translation of my interview, under the above headline, with a local newspaper during the first workshop of the Project. It does have some 'inaccuracies' and 'local bias' - Derek's new role as an health service trainer would worry him for example - but it gives an insight into the general interest being given and the questions that were of interest.

*"A project is currently underway in the Almatinsky Region on the role of management in the health service. This has been organised by the management of the health services in Almaty, Middlesex University and the British "Know-How" fund. We interviewed the leader of this project, Steve Collins.*

*"Steve, tell us a few words about this project, which brought you to Kazakhstan, and our province particularly."*

**Steve.** *"The fundamental aim of our programme was to raise the effectiveness of the treatment of patients by introducing certain management strategies in your hospitals. We will be teaching these to the medical workers. But if I may speak about the origins of our project. Our first seminar took place in Kazakhstan in 1994. During this an agreement was undertaken to develop a programme of managerial reform in the hospitals of the region around Almaty. It's true that it took a while for the project to get off the ground while we waited for finance from the British 'Know-How Fund'."*

*"Please tell us about yourself and your partners."*

**Steve.** *"My role is to lead the programme teaching team in Almaty. In England I work as the administrative director in the field of management for Barnet Health Centre. We are concerned with the rehabilitation of patients after serious illnesses - we have our own establishment and also look after patients at home. My partners are experts in the field of management. The director of the project is Derek Portwood, a professor at Middlesex University. He trains experts in the field of health service management and also teaches management to governmental groups. John Charles is also a health services manager. He has the widest range of experience."*

*"The concept of management, especially in the health service is rather new to us. Surely it is vital to our hospitals and clinics?"*

**Steve.** *"Quite. As far as I am concerned, modern hospitals cannot function without it. More than ever at this point in time when there are so many problems in your health system. You have to now think about how to get the maximum result from the minimum expenditure - and this is the ultimate aim of the teaching. Naturally we have our own problems in the health service in England; I would go so far as to say they have worsened in recent times. In England today the health service is being pressurised by the lessening number of personnel, of whom much more is expected."*

*"I am aware that in your hospitals a great deal of money is spent on heating, sanitation, and petrol. We have a manager who ensures that the hospital's budget is divided up between paying medical personnel and for the hospital's infrastructure. This is a topical issue for you. Recently our hospitals have begun to have to pay for the land, for the plot, on which they are built. The population now consists of a greater number of elderly people who, as we know, fall ill more often. The so-called waiting lists are much longer than they previously were. And this is precisely where management must help"*

*"You also have the same situation as us: both private and state healthcare?"*

**Steve.** *"Yes. The NHS covers state treatment - but not in all areas. Dental treatment, for example, is chargeable. Also, the patient themselves pays for prescriptions. Children, the elderly and the unemployed all receive free treatment in England."*

*"Is there something in particular in England that causes your health service to differ from ours?"*

Steve. "We have GPs, for example. Each of these doctors could serve 4000 members of the population. This doctor is the first port of call for a person who falls ill. He/she then decides which specialist to send the patient to in order receive the necessary treatment and in emergency cases selects the most suitable hospital. Aside from this the GP knows not only where the patient will be most effectively treated, but also where this will be cheapest. In England today the GP who is an autonomous manager has taken the place of the old style GP"

"I have heard that open universities are popular in Great Britain today."

Steve. "Yes. These universities were founded some years ago for those specialists who wished to learn and raise their professional qualifications yet who live far from academic centres. People over the age of 22 may study at these universities and there is no upper age limit. Every student is assigned a tutor, who manages their course, meets with them often and sets examinations."

"Thank you for the interview Steve. I wish you success with the project and hope that the words "manager" and "management" become as familiar to our medical personnel as they are to the English". (3)

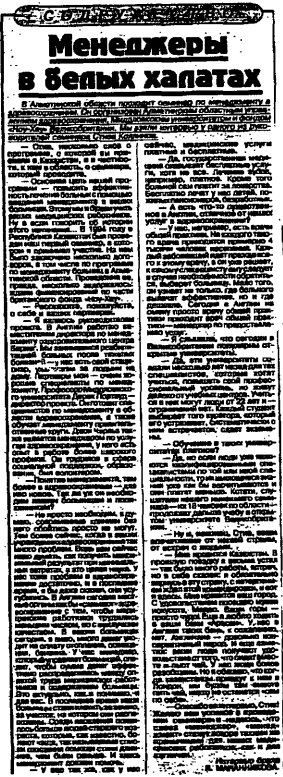


Figure 9.3. Cutting from the local newspaper 'Fiery Alatau' (20 November 1996) my actual interview with reporter L. Manannikova about the Project and management teaching in England generally. Some of it has been written under 'local licence' and other parts problematic in translation – these latter were not attempted.



The whole article is included above although some of the discussion, where there was complete confusion and extreme bias has not been included as in effect it made little sense. However, as the article does suggest there was real interest as well as local concern with the role that management plays in the health sector and what changes we would see happening as a result. The question of the Open University where both John and I have experience was a strange question to face in the context of the interview. Perhaps they were just curious about the term although I suspected that they wished to pursue the possibility that university education is not free in the UK as it is in the FSU.

#### **And More Socialising!**

We would always have lunch in the restaurant downstairs during the days of the Workshop and Gulnara was keen to arrange us dishes that we would enjoy. I remember a particular Georgian soup that I enjoyed and also buckwheat was more interesting than it looked. There was a lot of pasta and chicken and rice and generally we would not go hungry. Indeed sometimes I might skip lunch as the food was like the hospitality already often too much.



*Photos 9.7 and 9.8. We gradually began to get to know the participants better during the first week and we appreciated the number of ladies we had in the group. The first photo shows Baksha from Talgar Medical Institute, Natalia Kaidakova, Gulmira, Head of the Children's Hospital and Gulnara, Head of the Rehabilitation Centre. The second shows me having lunch with Gulshahan and Natalia Kurasova both part of the Kapchagai Rayon contingent.*

Every evening during the first Project Workshop we were taken out to socialise. We were taken to restaurants in all corners of Almaty as well as up to Medeo and of course to Kapchagai by Zhanaidar and his team. These are recounted in my report above. But I must enlarge of one evening particularly. We were being entertained by Bolat in Central Almaty in what seemed a more traditional restaurant. Suddenly two bottles of wine were brought to us courtesy of the lieutenant on another table. He explained through Galena that he was so pleased that the Cold War was over and he just had to welcome us here to his country and hoped we were enjoying the hospitality. A warm gesture indeed to help build relationships in the new era at the end of the Cold War!



*Photos 9.9 and 9.10. Dining out with Bolat. Bolat and Derek toast each other with the generous officer with Bolat's Deputy Head and myself*

### References

1. Almaty Hospitals' Management Development Programme 'Personal Reflections on the Initial Visit' by Steve Collins, Project Team Leader (Oct 1996) – see appendix D.
2. See (1) above
3. From 'Fiery Alatau' (The newspaper's correct title is difficult to translate to any effect) – 20 October 1996. Translation by Katherine Abbott (June 2003).



*Photo 9.11. A photo with the Project Monitoring Group before we left from the first workshop visit. Sadly Natalia was to leave the Oblast soon after this.*

## Chapter Ten – Teaching and Learning

The last chapter dealt with observations and experiences from the first of the Project workshops and this chapter will follow on by reviewing events the second and third of the planned workshops. Whilst sticking with the 'concentric circles' model as our vision as seen in the last chapter, we were also including much more about the structure and workings of the NHS in the UK both to promote further health sector related debate and application of the theory to practice and to help the cohort prepare for the UK Study Tour. As with the last chapter, rather than focus too much on the detail the programme we were leading, the content of which is known well in the UK in any case, I will attempt to analyse what we learned as the programme facilitators.



*Photo 10.1. One of the photos taken of the Cohort outside the Rehab training centre during the Second Visit Workshop*

### **Natalia's Departure**

There was one major change to the cohort however. Erkin had now taken promotion as a Deputy Minister of Health and although he would be staying with the Programme as a participant, Natalia who had not come to agreement on her role with the new Head of Oblast Administration replacing him, had moved on and would not be participating any more. This was seen as a blow to the management of the Project generally.

We understood that Bolat had taken on her roles as Deputy Head and Project link person in addition to his role as Head Doctor at the Central Clinical Hospital. However, we did hear that the new Head of Administration was not so keen on 'Western intervention' as he saw it. We were concerned that without Natalia whether the Project would continue. Regardless, we would work on planning the next visit until we heard otherwise. As it turned out after some wranglings that we will discuss in more detail later, we were able to continue much as before.

### **The Importance of the Project Work**

For the first Workshop, following the basic principles of working based learning as well as to help gain evidence of achievement against the 'logframe', Derek and I had agreed that we needed to ensure the range of project work the participants intended to pursue and include in their final portfolio. This had, however, proved rather a shock to the cohort and on reflection perhaps we had expected too much from the Cohort at such an early stage.

Certainly some of the Cohort were already involved in what we would consider Projects as we saw them. We knew that some of the Kapchagai team with Eric taking the lead were looking to set up primary care through the training of existing specialist doctors into more general practice. We also knew that Gulmira and Mary were looking to develop a business planning approach at the Children's Hospital and Kurmangazy was looking to develop his hospital out in Kurtinsky Rayon into a specialised TB hospital for the Oblast. In addition, Baksha from the Talgar Medical Institute was looking to develop new curricula of study possibly including some basic management ideas.

But beyond this, for the rest of the Cohort, project ideas needed stimulating. The old Soviet central planning system that had ever determined the processes and outcomes and locally these were merely just carried out as far as was possible. It would take time for this approach this system had created to break down in our cohort, as it would generally in the economy, and in effect the empowerment of more local managers to become really effective. It would take in other words, some time for 'unlearning' to happen.

### **Visiting the Workplaces**

It was felt as a result that the second visit needed two phases – the input session mainly around team development but including primary care and the workings of an NHS Trust would take place as planned but prior to this for Derek and I to visit all the workplaces to start putting a little pressure on the participants and their individual projects and also perhaps identify some team projects as well. This we understood was all agreed by correspondence with Bolat before we left and he said he would accompany us on these visits. But events did not turn out as we planned.



*Photo 10.2. Women's Day Lunch at the Central Clinical Hospital. Derek and I are toasting the doctor who had sung so beautifully at the Women's Day lunch we attended.*

Our first day of visiting was to the Central Hospital where we planned to meet Bolat with Aman, Askar and Reisa around lunchtime but as it turned out when we arrived the last three were, we were told by Bolat, too busy to stay too long. It was we discovered Woman's Day, a public holiday in Kazakhstan, and they had many local duties to perform. Reisa did join us briefly for lunch but the last we saw of both Aman and Askar was then in the corridors holding bunches of tulips to hand out to the female staff in their areas of responsibility. A charming local but for us a counterproductive custom we felt.

Instead of discussing potential projects, we found instead that Bolat was inviting Derek, Galina and myself to attend the formal lunchtime event for Woman's Day with many of the hospital doctors and then to go along to the cabaret session set in the afternoon for the staff. As ever, as spokesperson I was required to make a toast at the first and more a speech at the second, with Galina as ever interpreting and doubtless ensuring we said the appropriate things! The first day was thus spent very pleasantly spent on good relationship building but little else.

We did have more success the next day with Gulmira and Mary at the Children's Hospital who were clearly developing their business planning, particularly looking at bed reduction following the recent change of funding to per capita and no longer by bed. I thought back to my first Kapchagai visit and this issue being raised by Zhanaidar and I knew he and Eric would be pleased that this was now the case. Needless to say, we were invited to another excellent lunch during the visit.



*Photos 10.3 and 10.4. At the Cabaret in the Afternoon at the Central Clinical Hospital - there were several acts with some glorious soloists taking part. It was a family day and many of the staff brought in their children.*

The rest of our visits continued as opportunities to provide hospitality and cement new and further relationships than to worry too much about projects and work issues generally. In the afternoon, after visiting Gulmira and Mary, we travelled to Kashelov Rayon Hospital to meet Kulnara Mavsheva and we were invited to have lunch at a local school with her team. It was important that the senior staff at the Rayon Hospital had an opportunity to meet us she explained. As ever we were made to feel honoured guests and, although not understanding the reasoning necessarily, felt obliged to oblige!



*Photo 10.7. 'Dastahan' in the local primary school with Kulnara Mavsheva and her team from Kashelov Rayon Hospital*

However, the principles of the Kolb and Fry 'Learning Cycle' model we had discussed were clearly remembered by them or at least some of them. (1) They also saw the value of Covey's model of 'Seven Habits for Effective People' and could see their own needs here. (2) They also agreed that through the 'Johari Window' they understood that greater openness on their own part would lead to valuable feedback from others. (3)

They had also realised the importance of managing their time more effectively and of having clear objectives. We asked if any had set themselves objectives and a certain levity returned in terms of 'doing less work', 'having a good life' and from the men's side, 'marrying many women'! Pleasingly, the female participants did not react here to the last response, as was clearly the intention.

John and I were concerned that the cohort had not really moved on that much and were still seeing the programme as 'a bolt-on' in effect even more of a break from the routine of work rather than offering them opportunities to improve their skills and practices as heads of service and thus managers of people. Despite these concerns, we needed to move on to teambuilding. Perhaps we could try to come back to self-development less formally through conversations at break times.

For the second workshop, I had developed a model specifically to try to link up teambuilding with the healthcare reforms now being implemented basing this on the Kolb model introduced at the first Project workshop. I went over this with the cohort and judging by the questions they asked, they could relate this to their new roles. The programme would cover managing conflict, team leadership and team roles, recruitment, appraisal and training thus looking at the 'group experience' part of the model in particular. The learning vehicles for this would include role-plays and reflective exercises. Hopefully, by the end of the week they would be able to link the importance of developing and then involving their teams in the processes of change that were to happen.

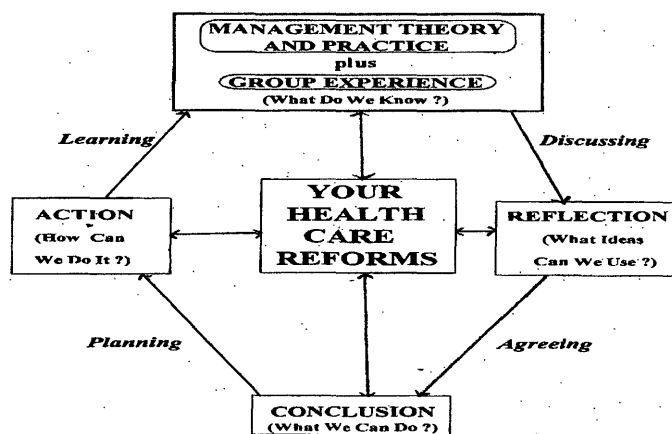
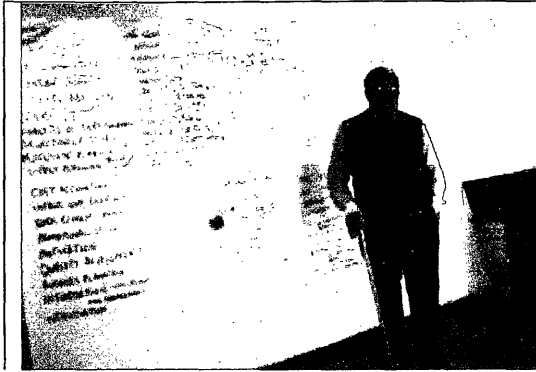


Figure 10.1 – The Outline Model for the Second Visit Workshop suggesting the need for team learning to help develop the implementation of the new Government health reforms.

### Second Visit Input

We lead off with motivation theory. This led to an interesting debate as they were aware of 'Taylorism' and the need for efficiency from the first Workshop and my 'discussions' with Aman (4) – in fact this was mentioned and Aman feigned the aggressive pose he had used in response I remember. Through this the discussion moved to the Hawthorn Studies and on its familiar route to Maslow's levels (5), Herzberg's Motivating and Hygiene Factors (6) and then on to for this standpoint to crucial McGregor's 'X and Y' Management models. (7)

I saw puzzled looks on faces all around the room at this point. This more 'people-oriented' approach was something clearly unfamiliar even alien to the thinking as leaders of teams. Taking the opportunity that had arisen, I asked why they were puzzled. The replies I received were intense, often interrupting the points others were making in mid-flow. The outcome was that they were themselves aware that there could be different styles of behaviour to the authoritarian 'X' but never realised that it was part of good management thinking and practice to use the participative 'Y' style. In the Soviet area they had been expected and encouraged as head doctors to be dictatorial and little else. They would be pleased to adopt the 'Y' model they said, as they could see the sense. We saw this as a real breakthrough for them in developing their thinking and for us as agents for change.



*Photos 10.11 and 10.12. Suffering a little from a gammy knee, a photo beside student work and John teaching with the aid of the overhead projector - brought from London as a present to the Oblast to update theirs that was rather falling to bits*

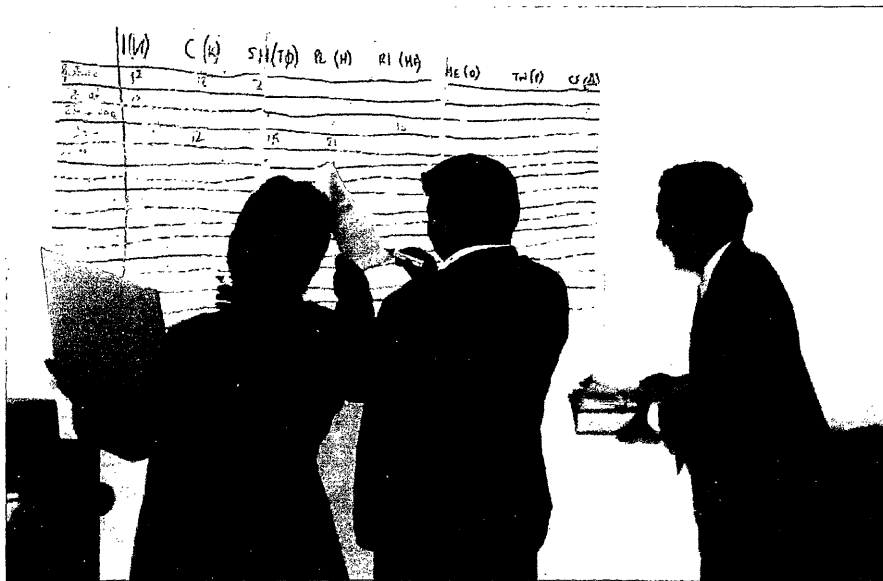
Not all the week was as successful. Using teamworking itself, to decide on job and person specifications for mock selection role-play proved difficult initially. We had set up three groups at random which turned out as a male, female and mixed group. But participation was not at the level it had been at the first workshop. As I put it in my visit report to Steering Committee on return: -

*"Teamworking was also tried but this was used to some extent as an opportunity to smoke outside, leaving in the men's group the more junior to present back. In the women's group far better teamworking happening and in the mixed group again little happened.*

*Days Two and Three to some extent dealt with the problem of valuing teamworking by direct inputs on the need for sound organisational and interpersonal communication and its value to organisational development. As a result later teamworking exercises improved with mixed groups working together. The 'Belbin' teamworking exercise helped considerably in this respect and created much interest."*

*(8)*

We restructured the groups a little but the real agents for greater active involvement by the cohort as a whole were the Belbin Self Perception Inventory (9) and the communication exercise that John introduced called 'Shepherds and Sheep'. With the Belbin exercise we encouraged them all to complete the exercise as normal but to record their results on a chart on the wall setting out the points scored for 'chair', 'plant', 'shaper', 'teamworker' and the rest. This created much interest and amusement to the whole cohort not only in finding out the categories each of the participants belonged to but what these signified. There were many jibes as well as thoughtful nods at the truthfulness of these findings for others!



**Photo 10.13.** *Zhanaidar is clearly amusing Eric here about a finding on the 'Belbin Exercise Wall'*

The playing of the game of 'Shepherds and Sheep' after the success of the Belbin exercise was one of my dearest memories of the programme as a whole. We really did not stop laughing during the whole process at their responses to the activities it involved. The cohort was divided by John into three teams each with one 'shepherd' and five or six 'sheep'. In the car park outside we had set up a 'sheep-pen' by placing several chairs together to create a sort of enclosed area. The groups were told that the blindfolded 'sheep' would be placed around the field (car park) and the shepherd by using a series of pre-arranged sounds would guide his sheep into the pen.

In the UK this game usually finishes in chaos and often a lack of success even when the blindfolds are taken off! As the groups thought about the communication signals, however, I detected an air of confidence here. John took out the first group for whom the rather quieter Askar was to be the 'shepherd'. He whistled and groaned and all his 'sheep' carefully placed all around the field by John were in the 'pen' in double quick time. Our confusion at this was a great general source of amusement to the cohort.



**Photos 10.14 and 10.15.** *'Shepherds and Sheep' with Askar easily guiding his sheep to their 'pen' and the Eric being a 'secondary shepherd' causing problems to the amusement of the on-lookers.*



Then all was revealed. They were a nation of shepherds they said and by tradition they learn such signals when young. We joined them in their amusement of our ignorance but wondered where to take it from here. This as resolved by Zhanaidar who suggested that they should plan their own version. Kurmangazy, now the unfortunate 'shepherd' had to compete with several other 'shepherds' around the field intent on confusing his instructions to his flock. We tried to wrap up the session at the end of the day on the importance of non-verbal communication but made little progress. But it proved a valuable day as the participants realised that management training could be fun. Our stock with the participants had risen by many points. Utter chaos perhaps but great teambuilding.

#### **The Success of Role-Play**

One more game was to amuse us all at the end of the second visit. This was the role-play exercise where management and unions try to resolve their conflicting interests. We had discussed this with Gulmira to confirm that this would fit into local context and we went ahead. Bolat, naturally, was elected by the group to head the management side with Zhanaidar and Kurmangazy in support. Mary took the lead for the workers with Eric and Natalia Kurasova on her side.

They had to resolve the issue of flexible working to allow mothers sufficient time with their children, an issue going on at the time in both the UK and Kazakhstan if I remember rightly. Both sides were given clear briefs, management to be worried about the disruption and expense, labour to be concerned about it as a 'human rights'. Mary proved a real star that day – she would not back down despite all the subtle and less than subtle pressures that the management group put upon her especially Zhanaidar with his excessive body language and shouting. In the end, Zhanaidar resorted to appealing to the audience and encouraged even greater mirth rather than the support he was seeking for his case. Mary won the day.



*Photo 10.16. The Role Play Management and Union 'Conflict' Meeting where Mary is about to win the day and achieve a victory for the workers despite the tactics of intimidation by the management side!*

### **Major Reforms Are Announced**

The major reforms in the structure and processes of the Health Sector in Kazakhstan that had been expected were gradually being implemented by the Ministry of Health and were now slowly cascading through to the Oblast and Rayon plans. This was a crucial event as I noted at the time and included in my report back following the second workshop: -

“The major issue to note is that there have been major reforms in the Health Sector in Kazakhstan, effectively changing the funding base from bed to per capita, introducing medical insurance and moves towards the development of family doctors. On several occasions it was pointed out that the effect of these reforms is to create a more 'British style' Health Service in Kazakhstan. Funding, however, remains a problem within the system -state funding reducing, medical insurance still developing, private income still very small in percentage terms and 'humanitarian aid' being used where possible.

Each Oblast is required to submit its own plans to reform its own health service and the plan for Almaty Oblast is currently awaiting approval.” (10)

We knew this to be the case as Victor Dolzhenkov did attend in the first days of the second workshop in his official capacity as Deputy Akim (Mayor) rather than as a participant on the Project programme. Victor was a tall, likeable man with a clear presence. We had met on a couple of occasions and I felt we got on well. He was letting us know of his interest in the Project and was seeing if all was going well. He confirmed that he was receiving copies of the overheads and was following the discussions we were having through these.

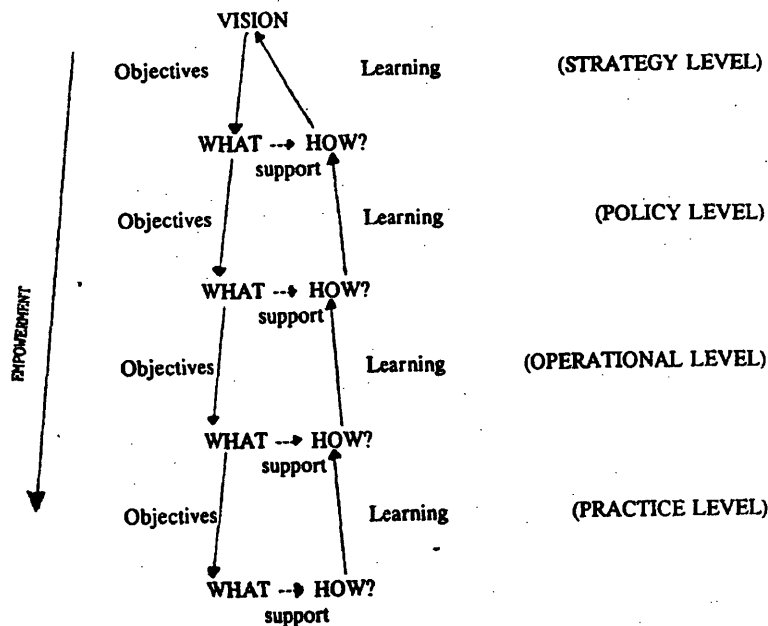
Victor was such an important man that his arrival at the Centre was in fact announced to us during a training session by one of Gulnara's team. As he walked into our training area, I noticed several of our participants moved to stand. He asked me directly how things were going and I did ask him for input on changes as far as he knew them.

Clearly, we needed to tap into these more to ensure a sufficient range of projects for the whole cohort. More importantly we needed to ensure that our inputs were aligned to the new strategy as far as we could. Few copies of the document actually existed and I gathered from Bolat that it was rather a tome. Needless to say there was no translation existing.

Viktor then spoke to the group directly and outlined what was being planned. He mentioned that our Project programme would be important to the process as it did involve creating much more local management capacity. I began to realise that Viktor did have awareness and even knowledge of Western management thinking as he was clearly demonstrating this as he spoke, alluding particularly to the concept of empowerment in his talk. Overall, he concluded, it was now certain that the national plans would radically reverse the old practices of central planning.

This was a godsend and too good an opportunity to miss. As we often found ourselves doing, we changed course that day after Viktor had left and explored the whole notion of empowerment and the principles of 'management by objectives'. I hastily drew on the flipchart the model below, another of what I like to term my own 'mega-models', those that could integrate of range of management thinking.

The model itself proved invaluable as it led to a discussion on how the state, oblast and rayons can maintain common direction by ensuring how local managers achieved fitted into a central vision. We then considered how this ensures a move away from controlling activities or 'how things were done' by protocols to controlling outcomes or 'what was done' by their agreement objectives or outcomes which allowed local initiative to operate.



**Figure 10.2. Model of Empowerment through Objectives controlling 'what is to be achieved' within an organisation (SBC Associates Original) rather than 'how things are done' as happens in any bureaucracy.**

Importantly for us it was the opportunity to reinforce the fact that all there would now need to develop their own local plans and these could be the projects needed for the portfolio. Some of the Cohort now seemed to understand that the programme was not just about attending lectures and gaining a certificate as under the old Soviet system. They began to realise that it could have real value in helping them achieve the new State planning approach requiring local managers to make many more decisions based on their local understanding. They began to perceive, in effect, that the ideas we were promoting were no longer to be treated as 'take it or leave it' general interest. It was for real in it was clearly of direct benefit to how they needed to manage in the future. Victor's input had provided a very useful, albeit fortuitous breakthrough.

#### **Reviewing the Second Workshop**

Thus, by chance factors maybe, the second visit proved a success as I noted in the visit report but it did rather leave a number of issues ready for workshop three.

*"Teamworking had improved in the group and relationships with the group and the team had improved even more. There are still outstanding a number of areas of underpinning knowledge, however, to be included in the June programme - quality and customer care, training and development, appraisal and feedback systems, negotiation, health and safety, presentations skills, information management, budgeting." (11)*

There was still as suggested the problems of project identification and we were beginning to feel that we were really expecting too much from the cohort and also from ourselves with the limited time available and the areas as above we needed to cover. Perhaps we would continue to encourage them but propose portfolio completion more as a voluntary rather than expected Project outcome – it was not after all in any case a 'logframe' requirement. But this did mean we needed to look again at the type of certificate we would be issuing.

### **The Third Programme Visit and the Theme of Business Planning**

The events of the second workshop really set the tone for the third workshop. There was a greater sense of enthusiasm this time. Less attempts to sidetrack or take time out and much more work completed as a consequence. In effect, the participants were moving away from the normal, often too flippant student behaviours you are inclined to get in teaching when students are clearly going through the motions into an approach that was much more intense. As a result many of the activities we were able to complete in some depth.

Saying this, I did note that, as in the UK, showing videos on health and safety where people were slipping on the floors, patients falling out of beds, accidents were happening in the car park was received amid large amounts of laughter. It seems an accident to another is still viewed as slapstick and thus a legitimate cause for humour. I remember one comment back was that I see you have the same problems in the UK as we have here!

Clearly, the key component for many of the participants in the programme was the business planning input we were to deliver in the final workshop in Almaty. We looked again to the PEST analysis and redrawing this found that there were many more change factors being identified than even the few months before at the first workshop. Obviously the Central Government and Oblast policies were beginning to take effect here as my third report back to Committee suggests: -

*“The evidence would suggest that for Almaty Oblast Health Administration, health sector reform not only continues but also is to some extent accelerating. Each Oblast is required to submit its proposals for change to the Ministry of Health for approval. At the time of the visit, Almaty Oblast was about to do so. However, the changes contained in the proposals were being implemented ahead of such approval.*

*The main changes being effected are: -*

- the development of a more community rather than hospital based healthcare system*
- the reduction of hospital beds and bed times*
- the merging of hospitals and facilities*
- the revision of services to support local needs*
- the development of local family doctors' practices*
- the development of income from fees for private services” (12)*

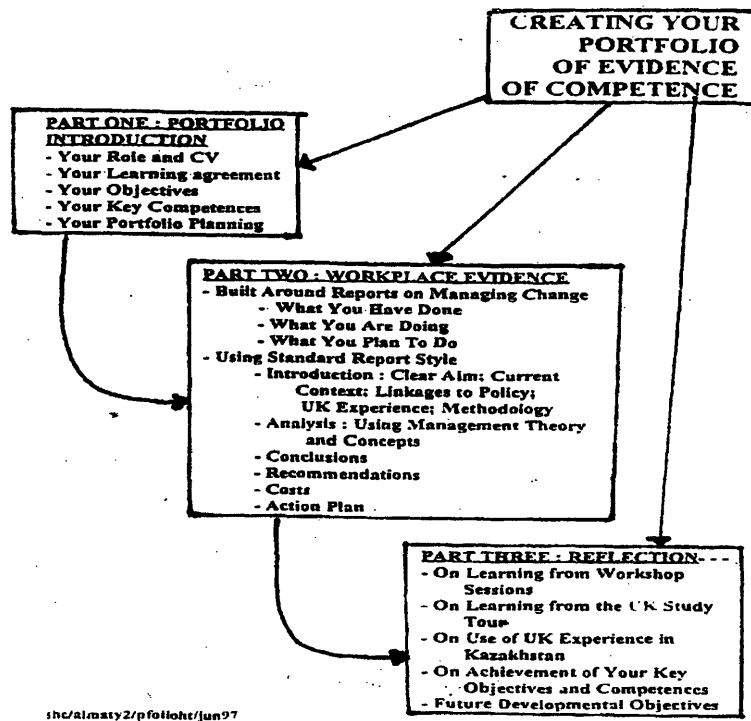
We used a standard planning approach here to suggest how to introduce a business plan incorporating again the basic gap analysis model as had been used before — Where now? Where to be? How to Get There — and considered the value of a clear vision and objectives, the need to anticipate resource needs, how to prioritise, action planning and the necessity for evaluation. Within this also suggested the need to develop the plan in consultation with all stakeholders — what we call today the ‘inclusive’ approach. (13) The cohort worked hard in teams during the week discussing and developing business plans. In fact, so successfully that John and I agreed to change from the planned activities we had prepared and devote a further day to help them creating and improve their hospital or individual service business plans.

A little time was then taken to review the move towards a more insurance-based system that was being planned for Kazakhstan generally. Concerns also existed about the need to improve quality and to how to change expectations by reducing beds and bed turnover times. The need to set up GP clinics was now being given high priority and indeed Eric had produced a paper for us on this and he discussed this with his colleagues. Others realised that this was the basis of the materials they needed to develop. John and I felt we were now at least seeing before us some of the fruits of our labours. It would please Derek to know that at least some projects were now in the offing.

That week we also looked at information management and discussed how the IT revolution was affecting us at that time. We looked at quality management and customer care and the effect of the Patients' Charter. (14) We also looked briefly at performance management as we call it today but then more simply as appraisal as well as training and development and made the links back to motivation.

We had hoped to cover budgeting during the week but found we had little time but I felt we had set the scene and discussions on this and financial management generally with the Trust were planned for the forthcoming UK Study Tour. The Trust had now come on board through the efforts of my colleague Jo Fawcett with the new Chief Executive. They were looking forward to hosting the cohort for much of the time during the UK Study Tour. Things were coming together nicely it seemed.

We also encouraged them to develop portfolios and went over the model developed for the visit given below. We reminded them that they needed to develop as much reflection as they could when in the UK suggesting a diary might be of value. They also needed to think about what they wanted to ask their mentor and indeed had them writing to their mentors short letters for us to take back with us.



**Figure 10.3. Model setting out the stages of Portfolio Building (SBC Associates original) used during the third workshop to try to develop some understanding at least**

**Looking Ahead to the UK Study Tour**

The forthcoming UK study tour was clearly on their minds during the third workshop. Clearly they were excited about their forthcoming visit to the UK and we felt we must give some preparation for this. We talked about London and showed them where Heathrow was and the M25 and the Boroughs of Barnet and Enfield. We had taken out brochures from Middlesex University for them showing the University grounds at Trent Park where they would be staying. I had even found for them some tour maps of London written in Russian at the London Transport's shop at Victoria Station.

We talked about Wales and our trip there that John was planning. This led, of course, to their clear interest in the gossip about the Prince of Wales to interest in the Royal Family – it was surprising how much they knew about each of the members, mostly the scandals of the time. They made little effort to hide their smirks. We turned to sports and again some had surprising knowledge, ‘Come on Chelsea’ coming from Zhanaidar as we discussed football, knowing my lifelong support for Tottenham Hotspur!

### **Local Embassy Support?**

The KHF had asked that we visit the local British Embassy in Almaty during the third visit for a brief chat about how things were going and Bota arranged this for us to go there after the day’s programme was complete. Graeme Loten had left Almaty and I felt that there was only mild interest really from them and they were somewhat ‘going through the motions’. However, they had many marketing items from a recent trade fair and said we could take what we wanted. This added to the stock of background materials we could give them especially useful as much of this was also in Russian.

We were able to hand round plastic carrier bags with UK crests on, more brochures, pens and so forth and many odd knickknacks for their children. The Embassy also promised us what they termed a ‘useful introductory video’ that they despatched to us next day. As we were looking to fill the ‘film spot’ to end the day at the workshop and we put it straight on without checking. This proved to be a mistake. As trainers we should have known better!

The video was about the UK but was hardly the ‘tourist sights’ and sounds we had been led to believe it would be. It showed a firm who were developing heraldic motifs for individuals and then a second clip about ‘falconry’. I saw the group looking to us and John and I were shrugging our shoulders in response. They had been looking forward to ‘seeing the sights’ but hid their disappointment by making good-humoured quips instead - during the falconry sequence of ‘we see you use little birds in the UK we use eagles!’ was one I remember. We tried to suggest that we had brought the wrong video but I feel that they knew the real truth. Perhaps they were even pleased to see that the UK public sector could be as inefficient as an FSU one!

### **Third Visit Feedback**

My report back to Steering Committee after this trip is interesting in reading it through again in that I was able to take a slightly different approach. It seems more business oriented in style reflecting the more positive approach of the participants in our third and final Almaty workshop. It links more to the outcomes required of us by the KHF ‘logframe’. This was pleasing as there had been some concern expressed by the KHF from reading our reports that our progress on the first two had been ‘little and not enough’.

For example against the requirement that the programme link in with local change programmes: -

*“The Project Team have deliberately developed workshops of management understanding directly related to the Reforms by ensuring discussion of management concepts in terms of these Reforms and the selection of teaching to support their implementation.” (13)*

Again as an example, against the need to create actual change in three hospitals, I quoted from participants input – in fact the heads of the three hospitals concerned: -

*“Evaluation of the feedback clearly indicates that not only are the principles of management being understood by the tutorial Cohort but that these are being implemented. The following comments are indicative: -*

*"We shall continue to study management, especially how to distribute resources, draw up budgets and calculate costs. We can now draw up business plans and we began to use our knowledge in everyday work. I'm going to share my knowledge with my colleagues to improve communication skills and form a good team." (Gulmira Utebalieva, Head Doctor, Oblast Children's Hospital)*

*"I think they (the seminars of healthcare management) are very instrumental of improving medical services and speeding up health care reforms.... I am trying to implement my theoretical knowledge of management into practice at Kapchagai...I have held several workshops for my staff...we discussed ways of saving finances, of using them more effectively....."*

*As a manager, I have found it interesting to learn more about management in Britain - especially interaction with staff, planning of employment, drawing up business plans and calculating the costs of medical services. The Workshops are very much in line with health care reforms in Almaty Region. (Zhanaidar Musim, Head Doctor, Kapchagai Rayon)*

*"During the course I have learnt about the British healthcare system management and training of personnel..... We need managers of healthcare to make it more cost-effective and efficient." (Bolat Dzhugashev, Deputy Head of Oblast Health Administration and Head Doctor, Almaty Central Hospital)" (14)*

I did feel that concentration on the 'logframe' was causing some fragmentation of the original vision and as a result some lack of integration of the Project programme learning overall: -

*"The weaknesses of such a breakdown is that it tends to perceive management changes can take place in isolation. Obviously, this is not the case. Good management practice requires an integrated approach. Many of the above developments will require improvements in other factors. Other feedback material suggests that there is for example, a clear concern about the motivation of staff and how this needs to be improved to achieve results. Similarly, there is a concern for setting standards and objectives to control improvements. Also, changes in the process of decision making are recognised as necessary." (14)*

### **Intervention by the New Head of Oblast**

During the third visit there had also been some problems as a result of the change of the Head of Oblast. Whilst fortunately, this did directly affect relationships with the cohort or our programme of learning, it lead to discomfort in John and I. Omirgali Kenshibek, the new Head, was proving to be of the 'old school'. He wanted to show us he had the final word and he did say to me directly that he could close the programme if he felt inclined to so do. The change in personnel had clearly proved we felt a backward step for the success of the Project. As my report back also puts it: -

*"There is evidence of local planning taking place although the hierarchy still tends to wish to control changes. Indeed, at the outset of this visit, there was an attempt by the Oblast Head to adjust Project arrangements previously agreed. It will take time for a different management approach other than 'top-down' to become accepted, understood and commonly practised in the Oblast, as anywhere. 'Tokenism' to the new ideas and practices is possible." (15)*

He was clearly looking to change the participants travelling to the UK Study Tour by replacements with his own nominees. As it turned out, Erkin, despite his new role was still a participant and I am certain he was able to 'veer him away' from such interference. It was interesting that although he attended the Study Tour as Head of Oblast, in effect taking Natalia's place, by the time we returned for the evaluation visit a few months after he was no longer in post.

#### **Saying Farewell at the last Almaty Teaching Session**

Such 'political concerns', worrying as there were at the time, cannot ever replace the real pleasure we all experienced at the ending of the last Almaty workshop. John had suggested an 'evaluation wall' be put up so that everyone could leave their feelings as to how it had gone. As ever, the participants being Kazakhstani used this as an opportunity to develop relationships, write 'pleasantries' about us as their guests and include some humorous comment about each other. I remember well there was a drawing of Kurmangazy, with a fez on, going home to his Rayon riding a camel! I again sought an explanation but clearly it was lost on Galina as well as John and I.

However other sketches and comments were very clear and very complimentary. One I well remember were two hands shaking with the simple words 'Steve' and 'Eric' written below. This and the other kind thoughts rather 'brought a lump to my throat' and I thought, rather subjectively, that whether or not we achieve all the detail of the KHF 'logframe' to their satisfaction and whether or not we receive in superb portfolios was not the concern.

What we had clearly achieved was an ever-increasing amount of management developmental learning and amazing amount of goodwill. It was hard to stay objectively focused all the time in Kazakhstan. We had also taken full advantage of opportunities that had come our way to develop understanding. Only by maintaining a holistic overview could we have ensured such flexibility and such success!



*Photo 10.17. Even the 'Evaluation Wall' became a 'Friendship Wall' in the hands of the cohort.*

As ever there was a superb 'dastahan' and as ever an excellent 'toast' by everyone present as they called forth in sequence by Bolat. We were always well stocked with drinks by our 'wine waiter' Vitaly and Gulnara as ever supervised the preparations for the evening and it was of its own very high standard – the table was indeed fully laden with a great delicious foods. We all gave out presents as ever John and I actually received full-length Kazakh handmade coats that evening. Our respective London and Wales souvenirs looked paltry beside them. Our hosts never seemed to worry about this! At the end we wished each other bon voyage and looked forward to meeting in London for the study tour.





*Photos 10.18 and 10.19. The Third Visit 'dastahan' with Gulnara 'overseeing' all; Gulshahan and Natalia pretending to be ready for the 'off to London and the UK Study Tour'.*

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1. D.A. Kolb and R. Fry in C.L. Cooper's 'Theories of Group Processes' (John Wiley 1975)
2. Stephen R. Covey 'Seven Habits of Highly Effective People' (Simon and Schuster 1992)
3. Joe Luft and Henry Ingham 'The Johari Window; A Graphic Model of Interpersonal Awareness' (Proceedings of the Western Training Laboratory in Group Development 1955)
4. after F.W. Taylor 'Scientific Management' (1912)
5. A. Maslow 'A Theory of Human Motivation' Psychology Review Volume 50 (1943)
6. F. Herzberg et al 'Motivation at Work' (Wiley 1959)
7. D. McGregor 'The Human Side of the Enterprise (McGraw-Hill 1960)
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10. See (8) above
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14. DHSS publication 'Patients' Charter' (1991)
15. See (12) above

## Chapter Eleven – The Value of Modelling

Since becoming involved in management development some thirty plus years now I have believed in the value of modelling and practiced their development because as we say ‘one can replace a thousand words’. Using models can, I have found as a teacher, help achieve understanding very quickly and had collected over the years many ‘textbook’ models as well as developing quite a few of my own. We found throughout our time in Almaty, how crucial both this collection and of my experience of modelling proved to our success.

As suggested input sessions were kept as short as possible to allow as much time as possible for group work and application of the ideas. Yet we had to get across some of the complexities of current management thought and practice through interpretation and in a culture that had just come out of nearly a century of pure bureaucracy. We found that the answer was using models. But the value of models to the Project went beyond this.

We used models not only to help the local programme participants on the Project develop their understanding of western management models but used them as a communication process throughout our time in Almaty. We have, in fact, already discussed, in previous chapters, many instances when models came to our aid – for example to explain the inputs and outputs of the project to Erkin and his senior managers and as a result gain the Oblast’s agreement to proceed. Below can be seen the Russian version of this model that we had translated (see Figure 7.2 for the original) to develop understanding with the whole cohort.

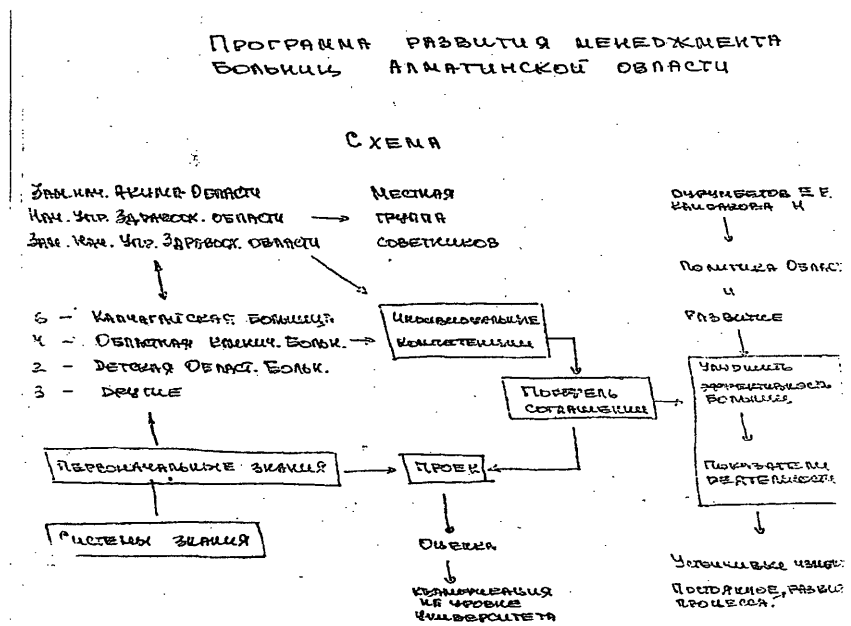


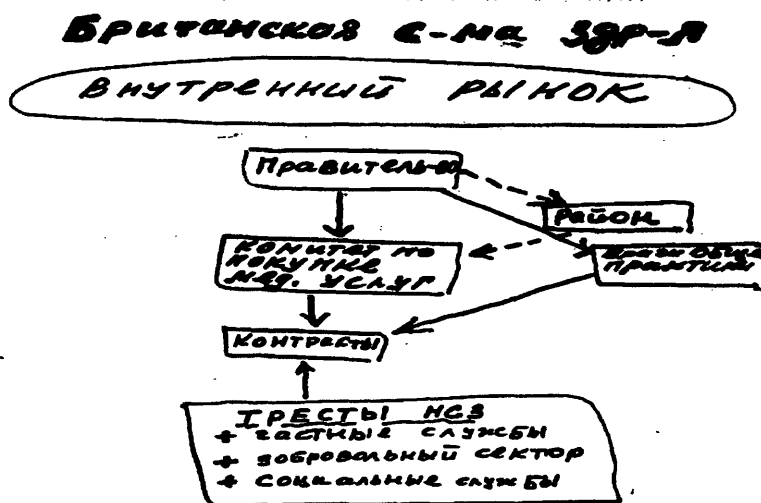
Figure 11.1. Programme Structure Model hastily translated ready our Oblast meeting. (1)  
(English Version is at 7.2)

I had also used a spontaneously drawn model (at figure 8.2), for example, to explain to Aman what he would gain from the programme rather than his new surgical instruments.. The ‘concentric circles’ model (Figure 8.1) had been used as basis of understanding the thinking behind the programme’s structure and other models had been developed to explain the links between our programme and local health reforms and even how to develop a portfolio. I had in addition as a further example used the CATWOE model (chapter seven) to develop my own thinking about the Project.



### Learning from the First Healthcare Workshop

The value of models can also be their spontaneity. We had used many models at the original Healthcare Workshop – some like mine prepared before we left and ready as overhead slides but many drawn on the spot either just before a presentation, see the example below, or even during it. I mentioned my role of sitting alongside Duncan at that first workshop and drawing models for him to ensure we could respond to the questions being asked of us.



*Figure 11.2. A Hastily Translated Model of the UK NHS Internal Market developed quickly prior to his presentation by Duncan Nichol at the First Healthcare Workshop in 1994 (2)*

In fact we had won the contract for that Workshop based on the ‘gap analysis’ model (Figure 1.1) and included it in the Workshop Workbook. What proved interesting, at that first Healthcare Workshop was that when the local teams reported back to the main body with their findings they too were using models. They had merely copied our practice but I suspect more likely that they too were used to modelling as a sound method of communication.

Sadly, I did not save many of these although one I held onto was where one of the participants had modelled of the structure of healthcare in Kazakhstan to demonstrate the lack of national financial coordination because of the fact that they had three bodies involved - the Ministry of Healthcare, the Ministry of Finance and a new Republican level body being proposed at that time, the Medical Insurance Fund. This one I remember well. It led as all good models do to a long discussion in this case whether in fact there were four bodies involved as it needed to also include the Ministry of Education who managed the budgets of the Medical Institutes.

The important lesson here for us was the flexibility of modelling and its value beyond that of communication alone. In fact I did save the many models I had developed and translated for the first Workshop and used these again for the Project.

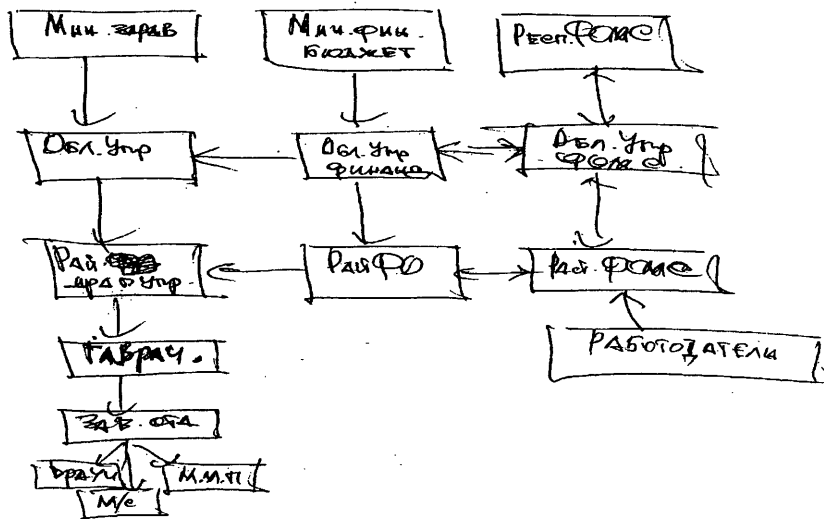


Figure 11.3. An Example of Local Modelling - The Different 'Strands' of Authority in the Kazakhstan Health Sector Structure (3)

**Simplicity of Concept**

Models are about simplicity and can often adopt pictorial elements to achieve this. Many simple models were used and discussed within the cohort and they were then asked to state their findings from these. Although it led to some levity, they seemed to enjoy this process and were quick to see the relevance to their own working environment.

The model by Charles Handy, for example, developed a model to help our understanding of organisational culture using a range of pictures. Once we had outlined their qualities, the cohort quickly grasped that the 'Role Culture' was the bureaucracy that they had been working within and still were. They also recognised 'Power Culture' suggesting that this often existed at the Head of Oblast level for example. Bolat smiled. What did please us was that they immediately recognised that 'Team Culture' was to be aimed at by them.

They had little understanding of 'Person Culture'. However to my surprise John did suggest that at times I could be idiosyncratic and thus could be an example of this and he gave some humorous illustrations he had observed in our co-existence in the flat in Almaty. To my concern they grasped the concept and I had to rethink my previous notion of representing team culture. The cohort enjoyed this interchange.

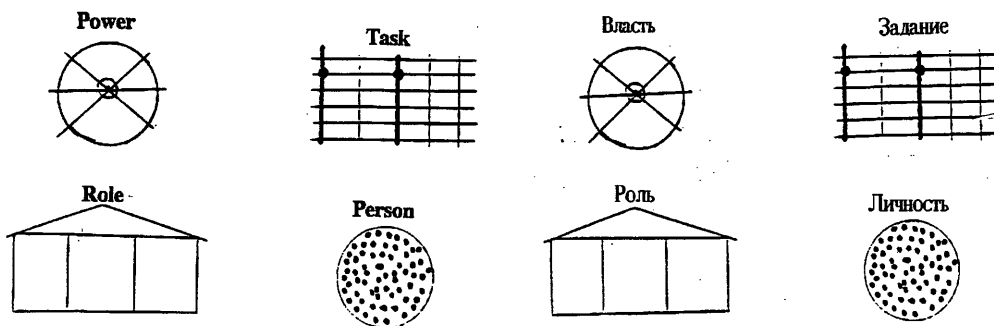


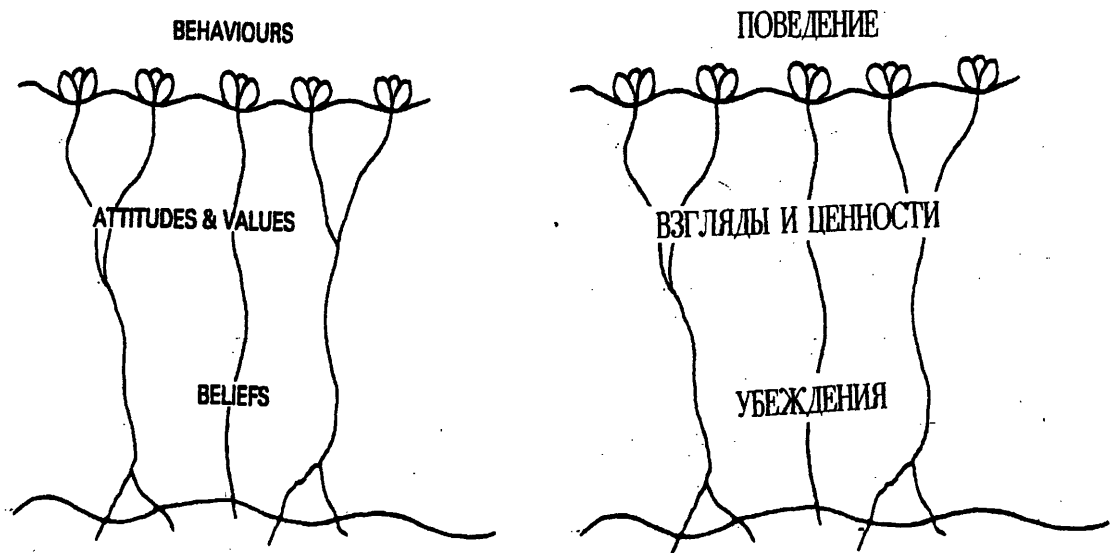
Figure 11.4. Charles Handy's Four Organisational Cultures in English and Russian (4)

Even more pictorial when looking at organisational culture theory 'Kilmann's Lily'. This gave the cohort a fairly easy insight into the depth of culture in organisations and how it manifests itself at the surface. They also realised from this that culture was deep-rooted and it would be hard for them to change it. I remember following this up by asking the cohort why they sat as they did – men segregated from women and in hierarchies. They said that they did not know why this was but agreed it was symbolic of their culture.

*"But would you like to change?"* I asked them generally.

*"No!"* they responded as one, *"We have always done it this way we do not know why but would feel uncomfortable."*

We were now able to pursue the problems of change that they were experiencing with their staff. Often change is strongly resisted because of some cultural factor, the true reasoning long forgotten or at least needing revising. They agreed as here that they would have resisted any change we decided to impose on their seating patterns.



**Figure 11.5. Kilmann's 'Water Lily Analogy' Suggesting the Depth of Organisational Culture - again in English and Russian (5)**

We also included in this same session, the famous Johari Window and spent some time looking to see how we as a group could open up our 'façade' to others so that they would be willing to increase the feedback of our 'blindspots' that they gave us. Some lively debate ensued. What I do remember at the next break was Gulmira approaching me with an impish smile. Gulmira was ever willing to try out new ideas and had a great sense of humour, 'I will tell you things if you will tell me things' and suggesting a meeting to do this. I did not have to double-check to see if she was being serious or not.

Models in effect are often trying to simplify complexity. One of our teaching objectives was to help local understand fairly facets of the NHS particularly those now being brought into play. The model of the 'internal market' already mentioned above is an example of this representing fairly simply a complex organisation pattern and was as a result fairly quickly grasped by participants both at the first national Workshop as well as by our own cohort.

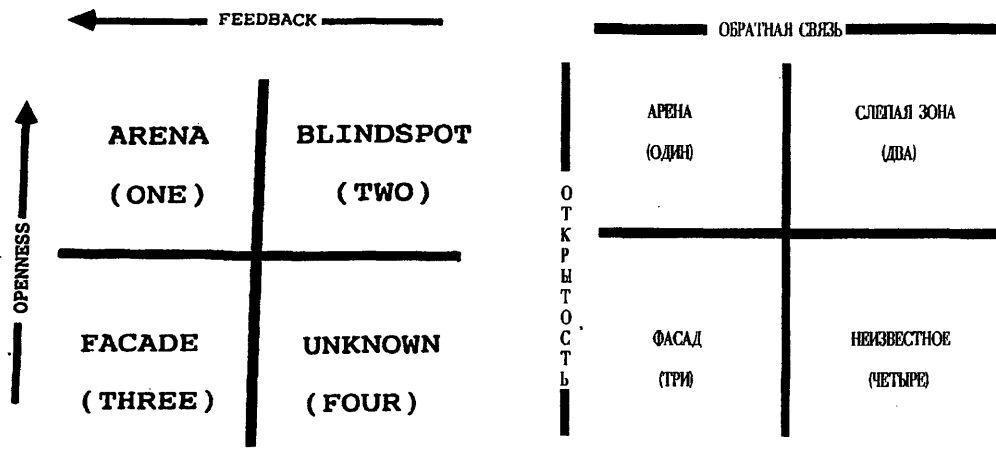


Figure 11.6. The Johari Window in English and Russian (6).

We found for the model below, a Russian representation of Maslow's levels of motivational need of value. They had had problems with the topic as already suggested. However, by reviewing and criticising the oversimplicity of the model the cohort began to realise that motivation was an individual not a general matter as bureaucratic thinking tends to suggest. They took on board that it was not always money that motivated their staff although they felt that more money could have a positive effect. Hardly surprising, we felt considering the low pay currently prevailing in the health sector there at the time.

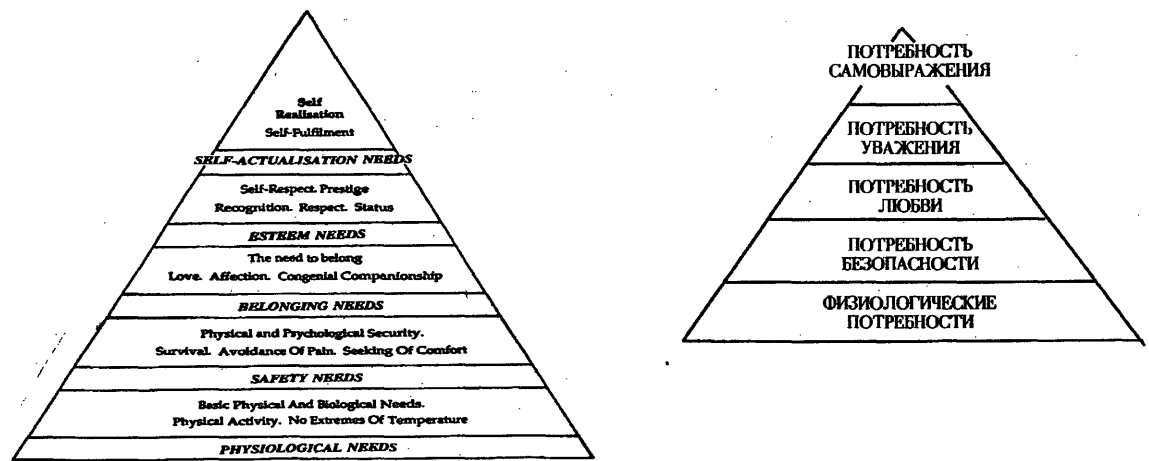


Figure 11.7. Maslow's Hierarchy of Needs in English and Russian (7).

Similarly, the discussion following the explanation of Mintzberg's 'Planned and Emergent Strategy' model enabled us to make the point that no planned strategy will survive change in tact. This then lead to a effective discussion on the reasons for the inefficiency of Soviet planning in that it attempted to stick rigidly to the initial plan regardless of change and indeed regardless of local context. The acceptance of this was another breakthrough for the programme. It enabled them to realise the need for local planning.

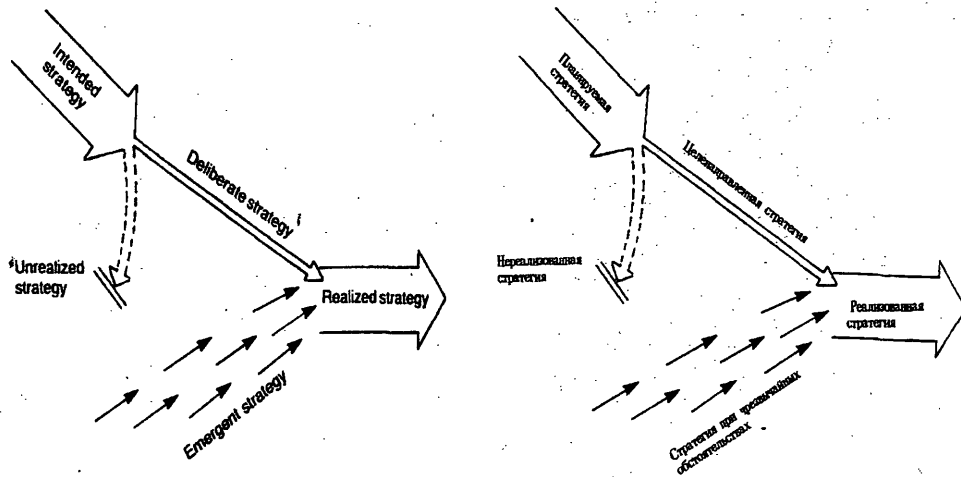


Figure 11.8. Henry Mintzberg's *The Planned and Emergent Strategies Model* (8)

Models also proved valuable in achieving our principle not to teach but to help the cohort learn. They allowed us to illustrate Western management thinking but not leading them into our preconceived answers. As can be observed from the above and from what follows, they were able to think through the consequences of the models for themselves. Of course, not all the models we had translated proved as valuable in terms of understanding and application as the above. Many or possibly most were discarded. However, we began slowly intuitively to realise which were more likely to be successful.

### Introducing Dynamic Modelling

We had introduced the idea of dynamic modelling originally by explaining the Kolb Learning Cycle and we used a number of models that illustrated this value and many proved effective. I remember drawing on a flipchart a number of occasions the basic 'control loop' to reinforce its value to effective management. Below is a slight variation of this suggesting the stages of 'initiating – diagnosing – planning – implementing - evaluating and back to initiating' again. From this the group picked up the point we had been making that all management activity needs to be controlled by the initial setting of objectives and final evaluation against them.

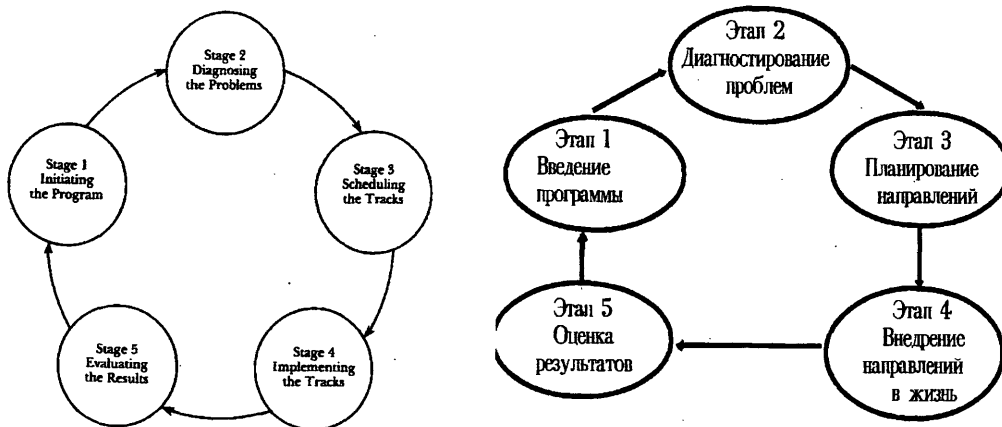


Figure 11.9. Kilmann's *'Control Loop' in English and Russian* (9)



*“On reflection, we were really looking to establish more what has been described as a learning ‘community of practice’ (Garner and Portwood) rather than a developing understanding in a discrete group. However, we needed to develop in the group a sense of a sense of ‘action learning’ (Revans) to be able to continue the program in the absence of the UK team from Kazakhstan. Reflective, work based, portfolio learning and development had to be at the base of our programme as its ability to develop what has been termed ‘praxis’ (Schon), recently described as developing the ability to ‘mesh practical and intellectual capabilities.’” (17)*

On the subject of learning communities, Pauline Armsby had written just before this: -

*“In work based learning, research and development and reflective practice are located within the real social and work based community that gives them meaning rather than in a hypothetical or devised scenario.” (18)*

In the last analysis, we had used modelling to help the creation of that learning community. For us to help and support them to challenge their mental models and as a result become a learning community relied heavily on our having the trust of the cohort to so do. This we had gained and the effective learning that resulted can only be the result of the strong relationships we had worked to form from the outset. As a result we had perhaps helped them to take the first steps along the road to developing a healthy and thus learning organisation.

#### **Modelling’s Value - Conclusions**

A number of models have been deliberately included here to illustrate the scope, range and method of using models in the delivery of the programme. We used many for each visit and probably these amounted now to some two hundred or so. They did cost much in time and money but proved well worth the expenditure overall.

Modelling is a two-way process and we encouraged our students to use it in their portfolios, workplace and our training. One example I only found just before going to publication is below. It was felt important by the Kapchagai group that we understand the Kazakhstani Health System as it had become. It makes little sense now but did through interpretation at the time, as it was a dynamic model in the sense of adding to it as the discussion proceeded.

What we did find was that the more complex the more the more it fell on ‘stony ground’. The ‘conversation model’ below being a clear case in point. Really on the poor translator gets any praise for including that one – it is far too complex. Certainly this was true of the written material as well. The more writing the less discussion seemed to result. The following point in particular was made in my paper, which I still feel apt: -

*“The advantages found here prove their known worth in that they are not linear as is written and spoken language and they can overcome all communication problems”. (Cameron) They can, as a result, process, often on a single page, the complexity of ideas as existed here and be used as the basis of developing understanding in a range of contexts and languages.” (19)*

But they went further than this: -

*“They proved their value in bringing into more a ‘single mind’ the diversity of the stakeholders in the project. Particularly important when you consider meeting the Almaty Oblast Health Administration with the issues of translation to consider. Once models were displayed and explained, despite the need to translate Russian to English and back again, within a short time, fingers were pointing at different aspects, trying to resolve in their own mind the detail they needed to know within a general climate of acceptance.” (20)*

## References

1. See 'The Value of Modelling to the Development of Work Based Learning in Almaty, Kazakhstan' by Steve Collins from 'The Impact of Work Based Learning' Conference Papers of the Work Based Learning Network of the Universities Association for Continuing Education, 14-15 December 2000 at Fitzwilliam College, Cambridge.
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- 14 - 15. See (13) above
16. See (1) above
17. Texts referred to in this paragraph are: -
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18. Pauline Armsby 'Methodologies of Work Based Learning' in SEDA Paper 108 'Work Based Learning and the University; New Perspectives and Practices' (SEDA Publications, Birmingham 2000)
19. See Steve Collins (1) above quoting Sheila Cameron 'The MBA Handbook' (Pitman London 1991)
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22. 16. From an original BTEC National Textbook I used some twenty years ago – source not retained

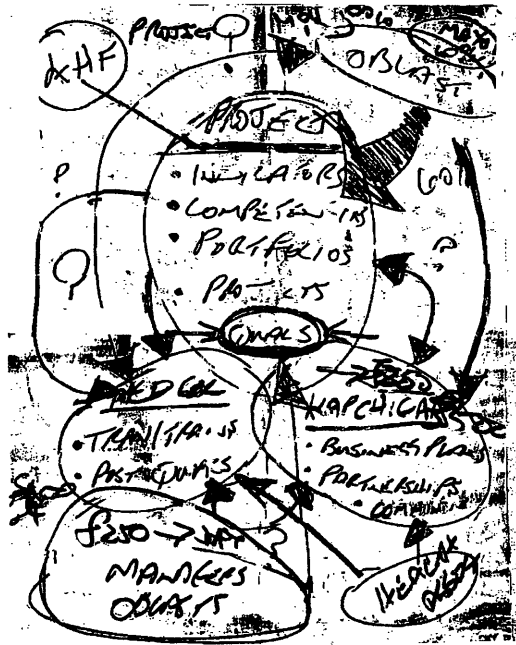


Figure 11.12. Copy of a 'Dynamic' Flipchart Model Developed by the Kapchagai Group of Current Change processes Happening in their Rayon Health Sector. (21)

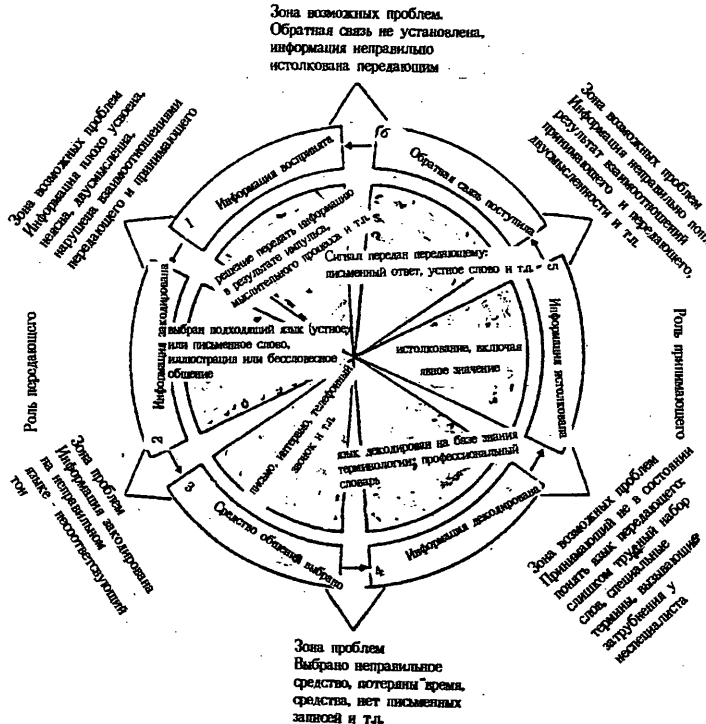


Figure 11.13. A Model of Two Persons Interacting.. This one here was a little too complicated perhaps. However, by using the six stages of the process as numbered (1) message conceived, (2) message encoded, (3) communications media selected, (4) message decoded, (5) message interpreted and (6) feedback supplied, it proved of value in understanding the importance of feedback. (22)

## Chapter Twelve – The UK Study Tour

Whereas the workshops were the core of the Project, the UK Study was to be its highlight. Certainly for the Cohort who were clearly thrilled at the prospect of a trip to the United Kingdom. Indeed, one wonders how much enthusiasm there would have been at say the first Project workshop for the Programme without such an incentive! The fifteen regular workshop cohorts participants, plus Erkin, Victor Dolzhenkov and the new Oblast Head, Omirgali Kenshibek, were to have sixteen days in the UK to learn as much as they could from our health sector, see some of the sights and receive back some of the hospitality they had always given us.

John and I had given them much information about the UK as we could and there was to be 'per diem' payments for them out of the budget to help them survive the expenditure. Accommodation was booked for them in Middlesex University's glorious Trent Park campus with John having arranged similar accommodation in central Cardiff for the last few days of their tour.

John, Jo and I had spent some months planning the tour to ensure the maximisation of their time in terms of visiting a range of hospitals and meeting a good number of personnel to help them visualise more the UK health sector programme as well as understand other institutions – education and local government in particular. In addition, they would visit London and Cardiff.

Planning in effect meant mainly many hours on the phone to bring people on board and ensure the detail as well as overcome the qualms and attempted last minute revisions from the Committee administrators about expenditure which led to some cancellations including sadly visits to Stratford-upon-Avon and an 'Olde Englishe' Banquet at Hatfield House. Regardless, they had a packed study tour and surprisingly all went fairly smoothly.

### Arrival at Heathrow

The party were flying via KLM and would arrive early in the morning of 19 August. Omigali Kenshebek, as Oblast Head had continued to threaten to change the participants despite our pleas. We were thus not certain exactly who would arrive.

Gradually, they came through the gates. First Bolat and Aman with Askar following pushing the luggage trolley, the sense of hierarchy prevailed even when in the UK it seemed. They shook hands with me and were clearly tired. They asked where to smoke and I suggested they went outside which they did leaving Askar guarding their trolley just inside the door and watching for any instructions.

Slowly others emerged, the guys from Kapchagai themselves, in a group with enthusiastic shakes of the hand and lots of smiles and hugs. Then, then all the seven ladies who had clearly travelled together. I was becoming surrounded by weary but very happy people. I then spotted the three 'seniors' Erkin, Viktor (Dolzhenkov) and Omigali together with Kurmangazy and welcomed them more formally. They had been no adjustments to the party. All those we had expected and wished to greet had arrived.

As we shared in the excitement of their arrival, a tannoy message rang the terminal. It was from 'Golden Boy Coaches', the normal Middlesex University coach company that I knew had been contracted to ferry the group to and from, asking for a University representative to come to the information desk. I went over and found Bota there as well. The bus was actually outside the door and the driver concerned about a getting a parking ticket. We hurried them into the coach along and Bota was to see them into their accommodation. I promised to look in later in the day.





*Photo 12.1. Finally all members of Cohort were collected up together at Heathrow for the UK Study Tour and were ready for the off!*

I went up to Trent Park about 2.30 and was told that all was quiet but that the Kapchagai chaps were all in Zhanaidar's room probably playing cards. I knocked on the door and found they were playing cards. I had promised them at the last workshop many trips to visit 'pubas' as they called them when they came to England. There was a rush of activity when I suggested that I take them now. We went to the Cock and Dragon just down the road in Cockfosters.

It was a lovely sunny day and as we drove the short distance to the Cock and Dragon we passed a cricket match-taking place. This fascinated them and I tried to explain the details of the game but neither Even Eric with his fairly good English could not follow that much of the explanation. I knew this because they just smiled. In the pub, they tried several different drinks. Clearly did not get on with bitter suggesting that lager was real 'piva'. They found cider much to their taste. Unsurprising as they were of course from Almaty, the City of Apples. They even joked that they should start manufacturing it when they went home.

#### **The Formal Welcome**

In the evening Middlesex University together with the rest of the stakeholders held the formal welcome for their Kazakhstani visitors. It was to be held in the main building, a very impressive grand mansion with its Doric columns, frescos and formal gardens. The Kazakhstani party were clearly impressed with the building as I collected them up to take them down the hill from their accommodation to the welcome. Clearly, the seven ladies, in particular, had been looking forward to this event and had spent much time dressing up in their very best.

As we arrived, the men went into the hall and the ladies of to the rest room to tidy up again. I held on for them. As they emerged each complimented the others on their looks and I took them into the hall where they certainly made a show. Gradually, everyone intermingled with the canapés. My old friend Martin Taylor was there as the formal representative of the Know How Fund and now our contact point there. I was pleased to hear that he now had a permanent post. He knew many of the party well and there was much hugging and smiling between he and them.



As I said I had left Barnet Healthcare NHS Trust some months before but it was good to meet with old Trust colleagues. Many of them had been participants on the management programmes I had managed and were now acting as mentors for the group. I tried to link some of them up together that evening. I also met many people I knew from the University and we exchanged the normal pleasantries. I was conscious to thank them for showing interest.

Gradually, we all sat down. At the top table then sat Martin from KHF, Murray Duncan, Chief Executive of Barnet Healthcare NHS Trust the University Vice Chancellor Michael Driscoll, Erkin, Viktor and Omigali from our cohort and leading proceedings, rather than Derek, the Chair of the Project, one of the administrators. I was a little taken aback at this.



*Photo 12.2. Formal Signing of Letters of Partnership – Erkin Durumbetov with Barnet Healthcare NHS Trust Chief Executive Murray Duncanson and Professor Michael Driscoll, Vice Chancellor of Middlesex University*

I looked at the guest list on a seat at the rear and found that both Derek and I were listed as simply 'project consultants'. I was appalled at this I must admit. The formal speeches began and it was only when Erkin spoke, fairly late on, that the Project programme team members were even mentioned. Clearly, from this the briefs given to all speakers by the administrators had rather limited in giving credit. I had hoped the evening would be a celebration of the efforts the team in particular had made. Clearly this was not going to be the case.



*Photo 12.3. Five of the six cohort ladies relaxing with Aman after their presentation at the University following the Opening Ceremony*





Afterwards, Michael Driscoll, the University Vice Chancellor, who I knew from previous times, did come up to me and have a word, thanking me for the efforts I had put in. Zhanaidar also came over with Eric who had seen I was annoyed and said knowingly that they do not know the work that you and John do. That was kind.

### **Visiting the Trust and Many Hospitals**

The Trust having recently agreed to become a partner in the Project to take on three roles for the visit. Firstly, to conduct the party to many of its twenty-odd sites giving access to observe first hand much of the range of healthcare that it delivers; secondly, to take a share in providing hospitality whilst the cohort were here and thirdly, through the Director of Finance to input into the learning programme the finance and information management elements, in particular to outline the purchaser-provider contracting procedures and thirdly to provide formal hospitality.

Jo and I had arranged the programme to ensure that they made all the hospital visits early in their visit as we had Bank Holiday affecting the later part of the programme. Additionally, many other Trusts had through Jo had agreed to take part in the Project by nominating mentors and arranging such visits and we had to also ensure that as a courtesy they all had a visit. Thus the first few days were very tight in completing such visits.

First off, second day, was a finance input session at Colindale, then a look around Colindale Hospital itself, followed by visits to local Health Centres and facilities for patients with learning difficulties and the Trust's palliative care unit. The third day, was then a tour of other Trust facilities that included two community hospitals, Finchley Memorial and the newly completed Potters Bar, a further session of finance input ending with a meeting with the Trust Board.

Their fourth day was the party was divided into three and were arranging for the courtesy visits to the other Trusts. The 'Seniors Party' were being taken by the Trust to Watford General and Mount Vernon Hospitals and then back to the Trust's mental health unit at Napsbury; a second group mostly the 'Kapchagais' were going off with Jo to Homerton General Hospital and I was taking a party, mostly the ladies, over the Thames to Optimum Trust in Lewisham.

I met all for breakfast on their second morning after their formal presentation at Trent Park the night before. They all seemed fairly active, they had enjoyed the previous evening and were ready to go. Later in the day, I joined them in the evening and they were beginning to flag just a little. This tiredness had grown on their third evening but they were still jolly and talking about what they had seen. However, the next evening they were clearly and visibly 'hospitalized out' – indeed the Senior Party had asked to cut short their visit and not go to Napsbury.

My own small group had enjoyed their visit to Lewisham, not so much for the McDonalds that they had all asked for but did not really like, or for the hospital visit where they saw much of which they had seen already but for going over Tower Bridge. I took the hint. I did explain to them the problems of logistics we had had and thanked them for bearing with us. I then suggested that I take them up to London by tube. Suddenly, their tiredness was lost – they were smiling again.

I had driven to Trent Park that evening with Linda so that she could meet the people she had heard so much about. Trent Park has a long driveway but is then at the end right on Oakwood Underground Station. My partner Linda came with me to meet the cohort of whom she had heard so much took my car and gradually ferried them to the station. I took them into the station and taught them how to buy tube tickets and use the access machines and then we were off. They were clearly excited.

### **First Visit London – Friday Evening**

It was rather like taking out a school party – we travelled in Indian file through the stations and up the stairs alighting at Piccadilly Circus. Out come the cameras immediately with the ‘wows’ clearly indicating that after all they were here in what was to them the now glamorous city of London. I still have a sense of pride in showing people around as I have with many Americans, Canadians and Russians and others over the years.



*Photo 12.4. Cohort members were very excited at the first trip out to London and their first experience on the underground!*

We travelled in file as we moved onwards through Leicester Square to view Nelson’s Column, the Fountains and Lions in the beautiful warm evening. . I remember when we reached Trafalgar Square that someone grabbed my arm. It was Gulnara, overcome by the moment.

*“Oh!” she said, in good English and almost in tears, “I love London and I love Steve too”.*

I shall never forget the moment. Gulnara rarely spoke in English but it was, I realised, a spontaneous thank-you for organising the programme and ensuring the visit. For many of them a visit to London was clearly something they could only dream about having during the years of Soviet restrictions. For them, London must have seemed a long way away and now almost suddenly they were here.

I noticed that the file behind was becoming shorter. Erkin had visited London before and did not come with us and nor did Omirgali as he felt unwell. Viktor (Dolzhenkov) by this time had taken his leave to explore on his own. Also Zhanaidar and Eric could not resist the pleasures of the video games rooms en route. And we were to lose more. But that was '*nyet problema*' as they said, they could find their way home.

I asked them where they now wanted to go. They replied politely through the areas that I knew well. I took them through the old Covent Garden Market area where I used to have an office via the Old Curiosity Shop near 'my old school', the LSE and then as it was now quite dark, we settled for a drink in a bar in the Waldorf Hotel at the Aldwych. I had realised before what had seemed to be an importance in Kazakh thinking of relating places to people that they knew.

We had a couple of drinks in the Waldorf and I remember Aman in particular sitting in a bar stool with his broad Kazakh smile revealing a range of gold teeth ablaze holding a beer high and toasting himself as I think he said 'the Lord of London'. We were all amused. This is what they had dreamed of seeing and being part of, albeit for a short while short while only.



*Photo 12.5. Aman 'Lord of London' at the Waldorf Hotel's Bar.*

### Saturday Morning – Return to London

After the informal, unscheduled 'London walkabout', the schedule was now to meet for the formal 'big bus' tour of London on Saturday morning. Jo, had fixed this a special bus with a Russian interpreter, and travelled with her with her new baby daughter, Natalie, just a few weeks old Natalie proved to be a cause of great interest throughout the tour. The Kazakhstanis could not believe that she was not kept wrapped up all the time being so small. The nurses in particular discussed this at length as a learning point to take back home with them.

Again, we travelled by tube and progressed in a 'crocodile' from South Kensington Station to the V and A. Due to the crocodile going at the pace of the slowest component, we were rather late in arriving. Fortunately the bus and interpreter were still waiting and we set off at a fairly brisk pace. We sped, as far as it is possible to do in London, along the major thoroughfares with Kazakhstanis rushing from side to side of the vehicle as another landmark of interest was spotted. Although the tour was cut short due to our lateness, we managed to stop at several of the main tourist points – St. Paul's Cathedral, Tower Bridge, Houses of Parliament and finally Buckingham Palace. As with normal tourists, each stop resulted in cameras being exchanged and many photos taken.



*Photo 12.6. Eric, Victor and Vitaly at Tower Bridge during the more formal tour by bus*

Returning to South Kensington all stated to disperse to go shopping and I was invited by Zhanaidar to join he and Eric, Victor Kim and Vitaly for the rest of the day. I asked them what they wanted to do. They did not seem certain. We took as I remember a strange route as a result.

I lead them first to Harrods – not a normal haunt for me - and into the food hall and they were duly impressed and laughingly referred to 'western decadence'. And whilst there visited the small Harrods 'puba' for a couple. Then we wandered through the streets finishing in Oxford Street as they asked if they could shop for presents for their kids. Games reviewed, seen and then purchased. Another trip to a 'puba' at Cambridge Circus before making our way back.

Fortunately, that morning, I had warned Linda that we might have guests. I phoned her and arranged for us to be collected at Lower Edmonton Station and we would get a Chinese takeaway for them. It was a lovely evening and after a good look around our home, we sat and drank wine on the patio. Clearly, the Chinese was not entirely to their taste, possibly a little spicy but they did eat some and we shared more 'piva' and some wine.

Suddenly, they started throwing coins and even notes over the small wall at the front of the patio and into the garden. Linda just laughed. I was amazed. I asked what was happening.

*"Well" explained Eric, "It is an old Kazakh custom when visiting a house of friends for the first time."*

It was a charming gesture from charming guests. I had enjoyed showing them London and repaying in some small part the hospitality we had always received in Kapchagai.

### **Meeting the Mayor Enfield**

The Study Tour was very crowded and indeed parts are difficult to recall! However in we did arrange a visit to meet the Mayor of Enfield. We collected in his Chambers and being informed he was delayed, the cohort were to look at some of the regalia and paraphernalia that goes with the role and take advantage of the fine buffet that had been laid on for us. Again cameras were exchanged so that photos could be taken of themselves against the Coat of Arms, the mace and other ornamental trappings.

Finally, the Mayor arrived, a short, stout and jolly man with his shorts hanging out of his trousers. He led us all into the Council Chamber and having been presented with a Kazakh conical hat politely insisted in wearing this whilst sitting in his seat above others in the Chamber. A little comical I felt but the Kazakhs seemed to feel this was a compliment. He welcomed the party from Kurdistan as we walked through and I quickly whispered 'Kazakhstan' in his ear. There was an apology and the usual statement of the time that these changes in Russia were confusing.



*Photos 12.7 to 12.8. Aman, Askar, Reisa and Bolat under the Arms of Enfield; Gulmira explaining some technical issue to the Mayor in his Chambers*

In the Chamber, however, working through interpretation, he explained his role and how the Council operates. He gave an outline of the main roles and cycle of meetings. There were several interesting questions from the Cohort and he dealt with these in some detail. There was much interest in how he became Mayor and surprise that he would be in post for just a year.

Finishing with formal part of the visit, we return to his chambers and he invited us to return to the buffet and the wine that was on offer. He again apologised for being late and then further apologised for having to leave early. He suggested that the Cohort could take home more from the buffet if they wished. They looked to me and I nodded that this was for real and not just politeness. The Mayor then looked to me in surprise as they cleared all the remaining plates and the wine boxes leaving the table bare. I gather they were stocking up for their ready for their later evening meeting that they usually at Trent Park to discuss the day. We both shrugged our shoulders slightly and smiled!



*Photo 12.9. The Mayor of Enfield in his Kazakh felt hat with the Cohort in the Council Chamber*

#### **The Famous Party at Our Home**

One evening I was really looking forward to was the evening they would spend at my home with my friends. I was very conscious that Kazakhstani culture suggests that visiting homes is critical to relationships and thus I hoped for a good night. There was no need to worry!



*Photos 12.10 and 12.11. The host is ready to meet them suitably culturally 'attired' and the Cohort are fascinated by the garden – "all for your family alone?" they asked.*

They arrived promptly at 7.30 the evening and by 8.00, the cohort and my own friends had overcome the 'communication barrier' and the serious partying was well underway. Zhanaidar took charge of the hi-fi and had the 'common language' of Michael Jackson and others at full pelt. The 'senior' members meanwhile had taken me out into the garden to test the vodka they had bought and toast.

Soon everyone was into the dance. Viktor D. seemed to shine to Linda and soon they were dancing cheek to cheek as he tried to photo them together – doubtless an FSU dating tactic! My dear friend Ray had been round dancing with all our ladies guests in the first hour and then went immediately started round two. A Conga started up from somewhere with my dear friend Jean, who I gather had been previously concerned about meeting former Soviets, taking the lead. Erkin, normally so careful, was in the middle of the floor challenging the younger ones to follow his steps.



*Photos 12.12. and 12.13. Linda, the hostess meets the 'senior party' in the garden prior to the initial vodka party and Gulzhahan clearly enjoying a bop (as did they all!) with my old friend Ray.*

Perhaps 'worst' of all was Aman. I had invited Ray's daughter, Katherine, along with Linda's sons and my niece to come along particularly as she had studied Russian at Bristol and could help with interpreting. Aman clearly 'taken' with evening overall and her skills in particular, evidently not only proposed to her but also suggested they had a child soon as an excuse for him to visit London regularly. Fortunately, Katherine politely considered it a cultural misunderstanding and suggested that it may not prove possible. She was kind enough to help with some of the translation for this book later.

The coach to collect the party came too soon and although many photos were taken, I did want to have a group photo taken of the event. My old friend Robin still laughs when he tells of my calling everyone back of the coach for this.



*Photo 12.14. A Few of the revellers after the 'Do' at our house!*



Clearly the evening had been a great success. As they kindly said when leaving, they felt it was the best time. They remembered all my friends that evening but by nicknames they clearly picked up from us – 'James Bond', 'Mister Mafiosi', 'Puppet without Strings' and the 'Cornish Womble'. They asked me to explain the reasons for such and laughed as I told them the silly origins. My friends too remember the Kazakhstani sense of fun and enjoyment of the evening and still speak of it five years on now.



*Photo 12.15. Attending to a Finance lecture at the Trust next morning came hard!*

Overall, the cohort stood up to the pace of the tour well, ever willing to take everything in their stride. The next morning was really was the only one where they did rather waver. Many of the men particularly looked rather ashen next morning and they blamed this on the bottle of Icelandic Vodka that I happened to have in the house, a present from my buddy in the States who regularly flew through Reykjavik on his visits from 'over the pond' rather than the many they had brought with them. Having a financial discussion at the Trust probably did not help them.

### **The Cardiff Leg**

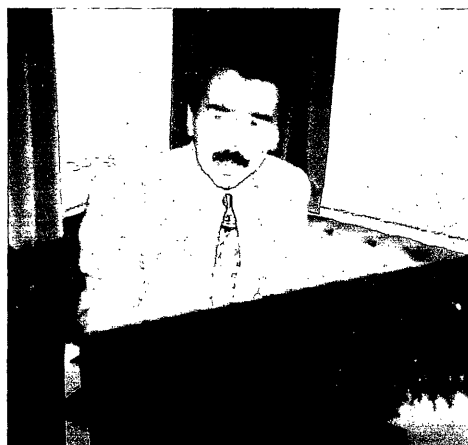
John had worked hard and arranged a splendid Welsh leg for their visit. He had arranged University accommodation in the centre of Cardiff and for meetings and visits with the local branch of GPs, the local branch of the Institute of Management, Cardiff University, the Lord Mayor of Cardiff, two of the more prestigious local hospitals, the local ambulance service and a trip to see the developments taking place at Cardiff Dockland.

Again there are many fun memories. Particularly, the meeting the Lord Mayor, a charming, down to earth man who admitted that he was not sure where Kazakhstan was but was not concerned. We had tea with him at the Mansion House and Eric spied his grand piano. Could he, he politely asked, the Lord Mayor was overjoyed. He gave him an excellent rendition of a classic Kazakh song.

The Mayor presented Erkin with a rare bottle of Welsh whiskey, which in true Kazakhstani style was consumed by all on the coach as they were leaving. I was using my own car and stayed on to thank the Lord Mayor on their behalf for his hospitality.

*"I am sure that the whiskey won't go to waste!" he commented. "Thanks you for bringing them."*

However, I was not so impressed with the National President of the GPs despite the fact that she had travelled from London to meet them at the afternoon discussion being held with local GPs. She was clearly what we call a 'medical elitist' asking first if I was a 'medic' and finding out I was not chose from then on to ignore me. The cohort noticed this and thought it funny asking if the doctors in their group should be as rude to their managers to follow UK practice.



***Photos 12.16 and 12.17. Meeting the Lord Mayor of Cardiff at Mansion House where Eric could not resist the sight of the Lord Mayor's grand piano***

The discussions generally with the GPs in the afternoon had gone well and there was much accord. Similarly, the dinner in the evening with the University medical faction and the local British Institute of Management combined. The Institute who were paying for the event had not organised anything in terms of seating or speakers and it was pretty chaotic initially. However, once we sat down, I asked Eric to sing for us and then kindly, an ex-navy man offered to sing in reply for the Welsh as he put it. This broke the ice. Thereafter we taught the local managers and the medics the FSU custom of toasting. It led to some fine stories.

Regardless, I detected some discontent from Omirgali. Everyone seemed to be holding for entertainment it seemed. He refused to make a toast, rather breaking with custom, as I understood it. I suddenly realised the source of his discontent. In Kazakhstan, a guest rather than the host always takes the chair and he wanted to have a turn at this. In the initial chaos I had forgotten this and on being asked had taken the role on.

#### **Visit to the Mid-Glamorgan Ambulance Trust**

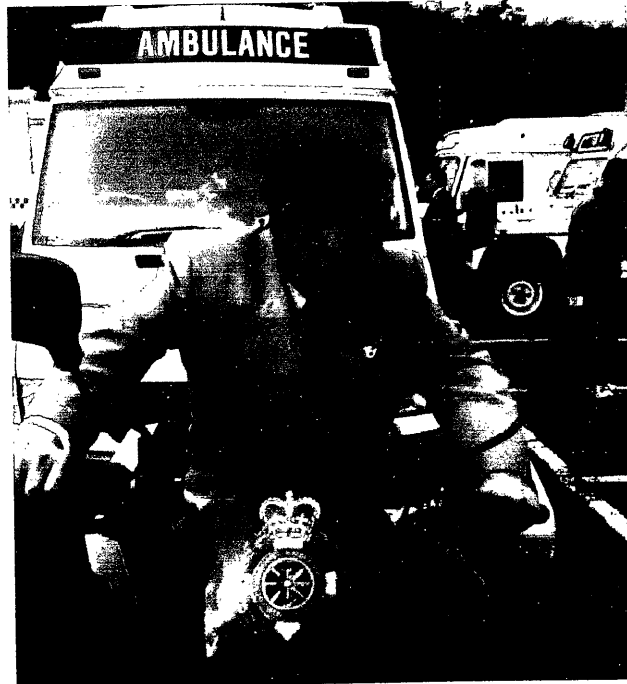
But the next day we could make amends. Omirgali dressed up very smartly this day in readiness it seemed because he seemed to realise we would. We visited the Cardiff Area Ambulance HQ where we found on display a large range of their emergency equipment ready to inspect.

The Cohort really did enjoy this visit and not only was everything available for them to see demonstrated but for them to try out. They were in and out of ambulances and other vehicles and I think that none of the men were able to resist sitting astride the powerful motorbikes on display. They were asking many questions about costs and found out that all vehicles were replaced every three years. They did ask if they could have the old ones sent to Kazakhstan as they become obsolete!



*Photo 12.18. Omirgali Kenshebek formally thanks the Cardiff Ambulance HQ Chief*

After this, we went inside and had a talk on the procedures and actions when dealing with different types of emergencies. During this, as a kind gesture, each participant was presented with a limited edition replica matchbox ambulance. Omirgali was then invited by us to make the response and present traditional souvenirs back. This had been engineered by ourselves and the cohort to help him overcome his disappointment at missing out as chair the evening before.



*Photo 12.19. Even the normally sedate Bolat cannot resist a chance to try the equipment!*



*Photos 12.20. Group shot of the Cohort with staff at the Mid-Glamorgan Ambulance Trust.*

#### **A Visit from the Welsh Male Voice Choir**

John had arranged for the final evening in Cardiff was held in one of the splendid Student dining halls and where an excellent dinner of Welsh Lamb Steak had been ordered. The steak had as normal been trimmed of all fat. I noted many of the Cohort looking at this and smothering their steak with butter. I asked Omirgali who was sitting near me about this – we were now back on speaking terms. He explained to me through interpretation that they needed their fat on their meet to face the cold winters.

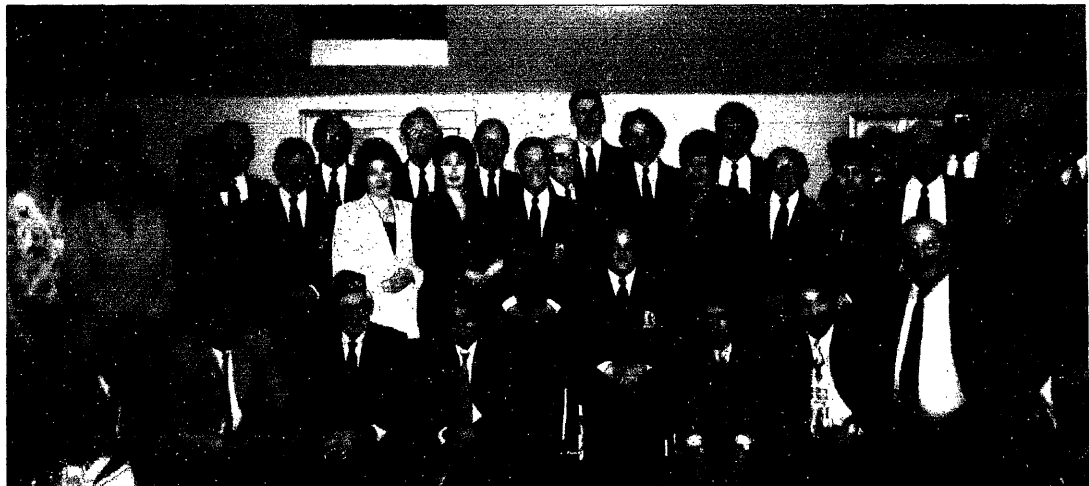
This evening was to be my last evening with the cohort in the UK whilst they were on their Study Tour and I was beginning to feel overawed. I had been with them everyday and I was feeling tired. But it had been a great experience and I was very proud to have been its instigator.

I was invited to speak that evening after the meal. I noted a real hush around the room. It was one of these situations where a formal speech than a toast seemed to be required. I reviewed briefly the history of the Project going back to when it was went back to the beginnings of the vision for the Project with Natalia and Zhanaidar. I thanked the cohort for coming and for maintaining the pace of the trip.

I thanked John for his part and the rest of the Team mentioning all those involved by name. John was asked to make a toast thereafter. He said a few words and then announced a real surprise. In trooped twenty-odd members of the Welsh Male Voice Choir – what an excellent end to the leg. The cohort were clearly impressed and thanked them for such an honour.



*Photos 12.21 (above) and 12.22 (below). The Welsh Male Voice Choir entertaining us on my last night with the Cohort in the UK and a group shot with the Cohort.*



### **Shopping Extraordinary**

I could not leave this chapter without mentioning the fun the Cohort had in our stores particularly the clothing stores. Almaty shops as I knew had little to offer compared to the goods available in the UK. Many come with money from relatives and friends to buy goods for them as well and add this to the 'per diem' payments we were giving them meant that they had the funds to have a spree. As a result we were required to create in their programme as many 'shoportunities' as we could.

The ambulance staff at Mid-Glamorgan mentioned an inexpensive clothing outlet just down the road from their station. They were indeed keen to stop and shop, this may be the ideal place to spend up before they went home. At first they were as ever rather cautious and checking prices. Once they had confirmed good value many went straight to purchase cases and set about filling these to overflowing. It was intended as a short but proved to be one of the longest.



*Photo 12.23. Kurmangazy, Mary and Baksha returning to the halls of residence in Cardiff with much additional luggage.*

#### **Learning from the Study Tour**

So much happened during the UK Study Tour and rather than continue to describe it in such detail as I have so far, perhaps a change of approach to complete the chapter and look to capture the Cohort's main points of learning from their UK visit. Evaluation forms were given out periodically and reflection discussions held every two or three days in addition to their own less formal evening sessions.

In addition the events already described they had visited a local college, seen the local private Nuffield hospital, had several other trips to for shopping, met their mentors, had evenings being entertained by the Trust, by the University and by members of the Team – they had had as wide experience of the UK's public sector as we felt possible in the time. The feedback we received was very positive. They were clearly enjoying the enjoying the UK overall and all the varied activities and had reinforced many of the major learning points at the workshops. Indeed, we often discussed situations still remaining in the NHS of the time where management was not working effectively.



*Photo 12.24. Group shot following the visit to the Nuffield Hospital in Enfield. The Cohort admired the facilities greatly and were well entertained but did reflect after about their surprise at the inequalities that existed in healthcare provision in the UK.*

From my discussions with them, they had found the UK much as they had expected and many said that they would like to work here to develop this understanding further. They had learned, as was planned, much about our health sector and had been surprised, for example, at the extent of our community work. They were in addition very surprised to see the differences in service standards and provision that seemed to exist between public and private and inner and outer London and did wonder if their proposals for an insurance led system would increase these trends that were already existing in Kazakhstan. There was also much technical and specialised learning by the different professional members I was also pleased to hear.

The written feedback did confirm that they had gained some clear insight into the overall work our health sector which was, of course, one of the important 'logframe' requirements: -

*"When listening to lectures and visiting family practices, I understood the structure of these institutions, the work of their staff which gave me a lot of knowledge of the system of healthcare in GB." - Zhanaidar Musin.*

*"(I gained) a lot of information on the distribution of resources. Efficiency, accessibility of dependent institutions and availability of funds for them for authorities." - Gulnara Muhamedzhanova*

*"I have gained a lot of practical experience and theoretical knowledge and, what is more important, have seen with my own eyes how the system of healthcare works." - Bolat Dzhuvashv*

*"A patient goes to the doctor and the doctor decides where it is better to treat him, where he can get the most effective help. In this way the funds of hospitals and those of doctors/fundholders are used, most effectively." - Mary Mikhailova*

However, although the written feedback received was as ever not extensive it was sufficient together with discussions around the issues raised at reflective sessions to find that three other main areas of understanding had developed from the stay point of understanding had occurred in primary care, professional status and, I was pleased to say, financial management.

### **Primary Care Feedback**

Mary and Bolat's above comments also make it clear that meeting GPs and seeing practices in operation had proved of great value. In Cardiff, we had taken the whole Cohort in small parties to visit local practices and I had also taken Bolat with Omirgali to visit my own GP in Enfield. They had I remember there been interested in how IT was being used to maintain patient records and in the referral system. They had even met the GPs President of course.

Primary healthcare had been throughout the Project a constant area of interest. Eric had already written an extensive paper planning its implementation in Kapchagai Rayon and all the other Rayons were we know looking to this end. We had discussed the issue many times at the workshops and even developed a slide show to try to facilitate understanding but obviously seeing it 'live' was still of more value: -

*"Family doctors brought medical services closer to the people and, in this way, improved the status of healthcare" - Natalia Kurasova*

*"We understood that general practice within the fundholding system is a form of business which satisfies both parties." - Gulmira Utebalieva*

The feedback generally confirmed that the low status of nurses in Kazakhstan could well be raised as an important lesson from the UK Study: -

*"We are going to broaden the range of responsibilities of nurses, raise the qualification of nurses with the help of standards and tests which we are taking with us from Britain." - Gulzhahan Baidulova*

*"The bulk of the work is done by nurses" - Kurmangazy Begali*

*"Nurses have a very wide range of responsibilities. Looking after patients and their treatment is carried out by nurses - they are highly qualified. Continuous training of nurses is important." - Baksha Akhmetova*

### **Financial Management**

The third area that showed up in the evaluation forms was the value of discussions whilst here with the Trust and others on the financial management in the UK health sector. Although, there had been a number of sessions on the topic included in the programme with the then Trust Finance Director and his team and opportunities taken to pursue such discussion elsewhere, I was not sure of its effectiveness. Gladly, it seems, it had been of real value: -: -

*"Finance management in GB is different from ours. I learned about how the budget was calculated, what part of it goes towards wages. I particularly liked that every clinical director of each clinical unit is responsible for its resources and can select personnel." - Gulmira Utebalieva)*

*"It is necessary to introduce the system of calculating financing per patient" - Bolat Dzhuvashev*

*"We learned much from the changing forms and through structure of financing of certain items of the budget" - Viktor Dolzhenkov*



*Photo 12.27. Viktor Dolzhenkov receiving a memorial plaque from Enfield's Chief Executive. Viktor particularly wanted to look beyond health care to the range of local authority activity.*



Viktor's comments here do not really sum up the understanding he had acquired whilst here. I had, in fact, arranged for him to meet and spend a day at our local Civic Centre in Enfield, where he and the other cohort 'seniors', Erkin, Omirgali and Bolat, were able to discuss with the then Chief Executive and many of his team, their functions and concerns and role of local government in the UK generally.

Again, Viktor spoke little English and it was only when on our last visit back to Almaty some months later that he had been speaking to Bota and she confirmed to me how valuable that visit in particular had been. He had taken back with him many useful insights, Bota confirmed.

### **A Successful Trip**

Overall, from the feedback received it was clear that our hard work as a team had paid off and that as a result the Study Tour to the UK had proved successful as I was able to confirm in my report afterwards: -

*"At all events during the Study Tour, the Kazakhstan participants were received well and with great interest. They themselves were excellent 'ambassadors' for their country. This goodwill could well result in a range of linkages, beyond the Project itself, being formed. Firstly, the possibility of Almaty Oblast and Enfield London Borough was considered and awaits a letter from the Deputy Akim; a second, 'train the trainer' Project has been requested by the Oblast and a letter sent some months ago to the KHF; a highly experienced GP practice nurse has written asking to work in Kazakhstan; the Institute of Rural Health have written to form links with Almaty; Kazakhstanis linked with the Project have enquired about work in the UK; other Projects and links are being considered. It is important to the successful outcome of the Project that such linkages are encouraged." (1)*

Sadly, not one of these possibilities came to any fruition. They needed 'championing' more perhaps. Kazakhstani culture often meant that gaining objective feedback was ever a problem for us. However, I could always rely on Bolat for shrewd and honest feedback in summarising the value of what he had observed and experienced. I was delighted to receive the following for him: -

*"The Management Development Programme is very well devised and I think it should be further developed and implemented in Almaty's health institutions. Everything we have seen we had in our Soviet system, though we have lost or forgotten something, but it will be easy to introduce it at home...More emphasis should be made on family practices, general practices, make these services more flexible, supply them with diagnostic equipment and treat patients on the spot - this would save a lot of money... Actively train our medium-level medical personnel to become managers." (2)*

I remember saying good-bye at Heathrow. They were late in arriving because they told me they needed to pack all their extra luggage. They thought that they could take it all on board as hand luggage they said as was common in the FSU. They were fortunate in that their late arrival meant that the KLM staff had little time to discuss and the considerable extra numbers of cases and holdalls went through. They had clearly had a great time and all thanked me for the trip and looked forward to seeing me again in Almaty for the evaluation. I reminded them about reflection for the portfolio and about completing the final evaluation forms. You will have time on the journey I suggested. I remember thinking that I would be lucky.

## References

1. Almaty Hospitals' Management Development Programme 'Report following the UK Study Tour 17 August to 1 September 1997' by Steve Collins, Project Team Leader (Oct 1997)
2. See (1) above.



*Photo 12.28. At Middlesex University, after the meeting of the Cohort with their mentors from a range of Trusts in and around London. Some are sporting University caps they were given during the visit. The mentoring process did not go as well as we had hoped in the planning mainly due to a shortage of both time and interpreters. However, both sides seem to enjoy at least meeting their counterparts from foreign parts!*

## **Chapter Thirteen – Project Evaluation**

Even when you know training and development events have gone well and valuable learning has been transferred, there is ever the problem of proving this. This was particularly so in the case of the Project as we were looking in effect to three even four different sets of outcomes. Crucial, of course, was the need to design our evaluation processes to ensure that to satisfy in all respects the more immediate KHF 'logframe' outcomes. But we also needed to look at successes of individuals as they were expecting certification. There was also a need we felt to evaluate the sustainability of the Project over the longer term in line with its original vision and look to the effect on the health sector over the longer period. Finally, to look at how well the work-based methodology had worked in a transitional economy.

### **The Problem of Compromise**

The Project Steering Committee did have many discussions around these four areas of need. My own view was that we needed to take several routes through based on a more qualitative approach through interviewing as well using the portfolios and presentations. The 'administration' were less uncertain wanting solely to concentrate on the KHF requirements looking to opt for a quantitative approach. This seemed to me a case of the old fallacies of statistics that 'numbers cannot lie' and 'numbers for numbers sake'.

Finally, we come to a compromise. I was to look to the qualitative approach, develop some initial questions to send out and then assess learning application with all candidates individually through a structured interview. John was to develop a series of quantitative tools that would form the basis of our report back to the Know How Fund based on a second interview process he was to run at the same time. Both sets of interviews were to be recorded and reports made back on the various areas of evaluation needed. But I still remained concerned that this mix of ends would cause confusion. My concerns proved founded.

I was remained worried about the amount of written reflection and portfolio input that we would receive in portfolio form for our formal evaluation visit to Almaty six months or so after the UK Study Tour that would satisfy the longer-term outcomes. Eric Baizhunsov did hand us a copy of his report implementing primary care in Kapchagai Rayon on our third visit and we found this of great worth in itself and as portfolio evidence. I did try to suggest to the rest of the cohort during their UK Study Tour that this was a good example of what they in turn needed to be producing for their portfolios.

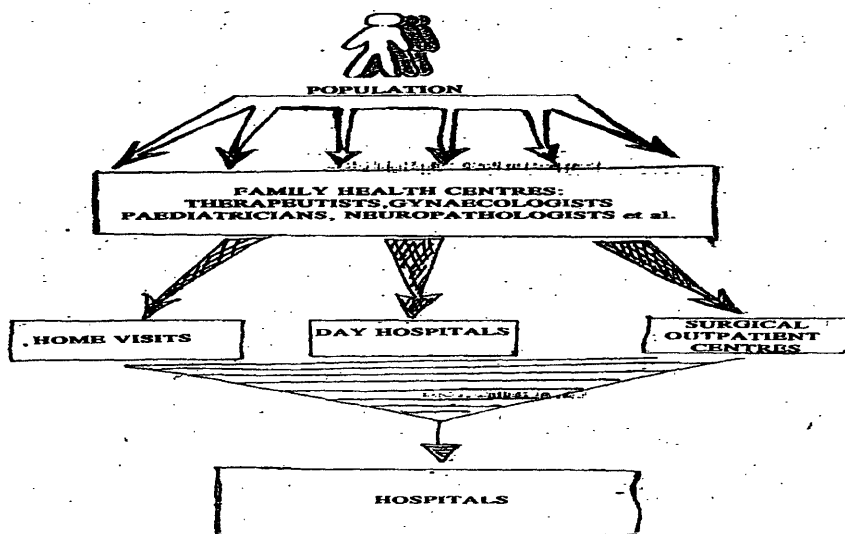
But despite this, I realised that the point was not really been taken on board by many of them. I knew them well now and the fact that they merely smiled, suggested a clear of conviction. Their concern was for certification and many still assumed in FSU style that this would result from attendance only especially as many of my colleagues they questioned about the process concerned only about satisfying the KHF demands were only focused on the needs of the shorter term evaluation process for the KHF that did not involve a portfolio completion to any real degree. A clear case of mixed messages would result mixed results, I felt. For the longer-term evaluation processes, I would have to be happy with what I could get it seemed.

### **Eric Baizhunsov's Report on Primary Care**

When I looked at Eric's report initially, I was very pleased. Even though still in Russian, it was clear that he had used management approaches learned during the workshops. The report was also structured as a management report with a clear introduction containing aim and context followed by analysis that clearly reviewed the current inadequacies of the provision and looked to options following the guidance we had suggested and contained what appeared useful models.

Once translated back in the UK Eric's use of a management approach was confirmed in the writing as well with a number of western management concepts being used. Eric saw that the existing system of local centres in the Rayon in the larger villages rather than a central general hospital approach that had been standard in the old Soviet system, that had been in place since 1992, as successful in terms of holding the rising infant and maternal mortality rates but as inefficient in other aspects.

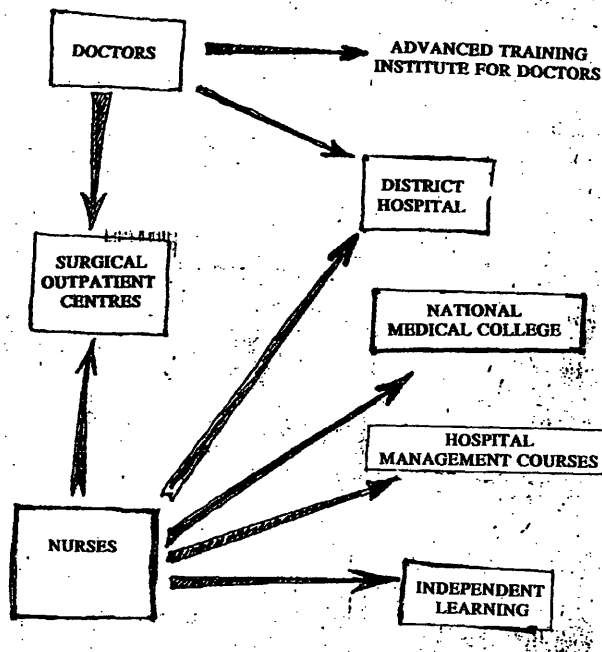
He saw the weaknesses of each doctor maintaining their specialism and thus their own record system as wasteful of resources. He also felt that it led to fragmentation of activity rather than allowing monitoring of the effectiveness of ongoing treatment. Eric was in fact suggesting the key worker approach he had seen in operation in the UK, not only he said to look to a more 'holistic' approach to patient care but also ensure the greater motivation of health staff themselves. He was looking to break down the existing lines of demarcation between doctors and the nursing staff as well as between the specialisms of the doctors themselves. In effect, Eric was suggesting a general practice system that as far as possible made each local health centre become more of a 'one stop shop'.



**Figure 13.1. Eric Baizhunosov's Model of the New Family Hospital System translated when after we returned to the UK after the third workshop. Eric had already set in motion plans for developing primary care in Kapchagai Rayon before the end of the Project and was using management models to develop implementation. (1)**

He also discussed the reorganisation of resources finance and staffing to support this model and considered the change approach to achieve it. He reviewed the option not to retrain the existing specialist doctors to take on a wider range of roles but an alternative, transformational approach: -

*"It therefore seems reasonable to provide a gradual transition from a system of local health centres to a system of family health centres to a system of family doctors. It is very difficult to determine the duration of this transition and it may be that local paediatricians, therapists and midwives are gradually replaced by a single specialist – the family doctor. This will take place as soon as the economic and financial advantages to be gained both from the hospital's and from the local doctor's points of view are understood but definitely not through coercion because in that case the quality of service could deteriorate during the transition period." (2)*



*Figure 13.2, Eric Biazunosov's Model of Workforce Development in translation. This he saw as important in terms of his moves to primary care. It challenged the bureaucracy of existing training provision and also included nurse development as part of the process.*

#### **The Final Evaluation Visit to Almaty**

When we arrived for the final evaluation visit the following May 1998, we found, as I had feared that many of the cohort had achieved little in terms of developing portfolios of evidence. In fact only Gulmira, Mary and Kurmangazy had such available. In addition we had Eric's report and Bolat presented me with a pile of reports and suggested that I can sort these out for myself! Mixed messages had prevailed it seems.

Baksha did apologise explaining that a recent death in her family had meant she had not been able to develop her portfolio. Gulnara, Gulzhahan and Zhanaidar had also they explained changed their roles and thus felt that it would be of no value to them submitting old papers! But Gulnara did give me a folder of papers as we left. Overall, clearly the value of reflective portfolio learning and development had not embedded itself as much as we had hoped.

However, it did make it doubly important that the structured interview sessions that John and I were to hold acted as a sort of contingency factor in this area as well and thus were full and rigorous. Part of John's system was to measure achievement against the original core competences and he interviewed the entire Cohort, apart from the 'seniors', Erkin, Viktor and Omirgali who had now been replaced as Head of Oblast anyway.

John had clearly worked hard to develop his framework for 'measuring and quantifying' success. Yet, as I felt might happen, the process tended was 'over-structured' and seemed to limit evaluation to a process of 'box-filling and ticking' rather than gain real depth of insight. Put another way, more time seemed to be spent maintaining the detail of the paperwork than evaluating. Further, it could be said to be looking to confirm what it was intended to confirm. Perhaps I am a little harsh here but re-reviewing the paperwork again, most of it does seem to offer little value now.

The measurement against the 'logframe' outcomes and the process used a one to four categorisation for each. It struck me here again there was a tendency towards 'swans rather than geese' as mostly fours were awarded with threes otherwise in just one or two cases. But perhaps, I am being too critical. It served its purpose it seemed. As far as I was aware the KHF were happy with these results.

### **The Qualitative Evaluation Process**

My own evaluative process, as agreed by the Steering Committee, took to the qualitative based initially on a range of questions asking what they as individuals had learned, what they felt the most valuable, what they had been able to put into practice and what problems they were experiencing and so forth. This was developed as a handout, translated and sent out to Almaty some weeks before. I was pleased to see that many who had not developed portfolios had completed this and did bring it along. Many suggested this was their portfolio evidence with that smile that means they knew that they had opted out of what was required.

I interviewed each individually for about an hour over three days. Galena proved invaluable in the process suggesting often where she thought I might need to rephrase questions. We found the process exhausting but rewarding in terms of insights, which will be discussed at the end of this chapter generally. This process enabled the longer-term outcomes to be assessed as well as being used as the basis of certification as we shall also see.



*Photo 13.1. Baksha discusses her development as part of the structured evaluation interview*

I was pleased to see that we did have full attendance at the evaluation events apart from Omirgali although we did meet him later from a brief evaluation chat. I felt it correct that he should have this opportunity although he had little influence on the outcomes of the programme. If nothing else it confirmed there were no hard feelings.

### **Influencing the Higher Levels**

Zhanaidar did arrive despite his new role as Presidential Advisor on health issues and being based now in Akmola. Seeing Zhanaidar was particularly pleasing as he confirmed he was utilising course ideas in this new role. He confirmed that the Kazakhstan government was still looking to continue to develop a more mixed model of provision and within this proposing a strategy for medical insurance. We had continued throughout the project to monitor the health reforms being considered at national and local level to ensure our programme could where possible support their implementation. It was good to see Zhanaidar taking ideas back in turn.

But our potential influencing of national thinking we found had other outlets. We did have confirmed to our real delight that the ideas and concepts and learning from the UK were seeping into the national system when both Erkin and Viktor Dolzhenkov, a little to our surprise, presented themselves for my evaluation interview. Neither had attended the workshops although they had they both confirmed gained much from the UK Study Tour. Both proved eager, to speak about concepts they had gained through reading and looking at course notes. They had done this they said to keep pace with 'progressive ideas'! I wondered how much truth there was here.

Erkin was, of course, now also working at national level as a Deputy Minister of Health. He discussed the incoming Health reforms at great length realising that the course programme had confirmed their view that the development of primary care practice was a priority. He had also realised that health promotion was a similar aim that could go hand in hand with this. He clearly agreed with Eric that there was a major training need here.



*Photo 13.2. Erkin and Victor with John during a break in the structured evaluation interviewing.*

Erkin confirmed that he had been reviewing the concepts of 'management by objectives' from the course. There had been a realisation that they nationally needed to empower locally and felt that this process was a way to achieving this. For there to be an improvement in the levels of healthcare, he maintained, there must be measurement of performance and system of payment by results.

He had also realised he said the value of teambuilding and that this needs to happen to develop confidence locally. He realised the value of mixed team development whilst in the UK on our study tour, feeling that he had gained many insights from working alongside operational specialists. He finished by confirming that management development programmes along the lines our programme were a must for the future development of the national health sector in Kazakhstan. A pleasing finding indeed!

I must admit I was impressed and pleased with Erkin's interview. His feedback in effect could not really have been better. He was not a man to say the right things for politeness sake necessarily and his continued support for the programme had been of real value.

As the press photograph of the event below shows, I sat between the British Embassy Second Secretary, whose name escapes me now, and Victor but soon it was realised that I needed to have Galena be moved next to me rather than at the end of the table next to me to allow continuous interpretation of the presentations and my subsequent questions to the presenters. Practicality had to prevail over custom here I commented.

There were five presentations planned, Bolat for the Central Hospital, Gulmira for the Children's Hospital, Eric for Kapchagai Rayon, Gulnara for the Rehabilitation Centre (although now also in a new role and she discussed more changes at the Presidential Hospital than in the Centre) and Kurmangazy for Kurtinsky Rayon Hospital. All the other participants had been asked to input as team members into these presentations and I gathered from them and conversations later that in many cases they had.

Each speaker had a different emphasis. Kurmangazy for example spoke of the development of his hospital's business plan and the development of specialised tuberculosis care services within. Gulmira also spoke of the development of a business plan but more on the supply side planning to increase the provision of services through training, pay and efficiency measures. Eric of course discussed the development of primary care and the development of 'family doctors'. Bolat really spoke about developments at Oblast level following the national level reforms and indeed his support of primary care. All the presentations included management references and models I was pleased to see I remember and in our questioning John and I were able to refer these and develop evaluation further.



*Photo 13.4. Raisa helping Kurmangazy to prepare his presentation.*

Again to my surprise, also prepared to present were Erkin and Victor who said they had especially booked the time to do this. The British Embassy representative was highly impressed that we had a Minister and a Deputy Akim so doing – a piece of evaluation of the success of the programme in itself she suggested. The truth was more that they had found out on the Cohort's own 'grapevine' that it may be wise, in addition to an interview, for them to make a presentation to ensure a certificate. This may have been clear manipulation here on my part but I did feel justified to ensure the value of any certificates we were asking Middlesex University to issue. Both spoke of projects they had been managing and again ensuring they used management concepts from the programme.



The presentations were well received by all dignitaries, the Embassy, participants, the press as well as John and I. The press were fascinated by the developments it seems both in management and local services and very keen to interview everyone after the event in particular the cohort members and ourselves. The translation of part of the following article, which can be found, afterwards confirms the press interpretation of the value of the Project.  
(5)

*“Many people today understand what is meant by the term ‘management’. But exactly what this term means in medicine is now understood by eighteen leading doctors and nurses in our region. Over the course of two years they have been learning about management in the health service. The project has been financed by the Know How Fund, set up by the British Embassy.*

*The project’s goal was to familiarise the medical workers of the region with new approaches to management in medicine. Eighteen doctors and nurses from three hospitals – the regional clinical, Kapchagai Regional Hospital and the regional children’s hospital. The training is now over.*

*Our medics have greatly improved their knowledge. After their stay in England, in which they spent time in British hospitals in discussion with British doctors, our medics discovered how the British health system is organised. Experts representing Middlesex University and Barnet NHS Trust led the training of our doctors. This training organised by experts, included group discussion on problem solving, teambuilding exercises and specialised exercises in training methods.” (6)*



**Photo 13.8.** Cohort members enjoy a ‘cup of chai’ during the Presentations Event

### **Overview of Learning**

Listing the activities and ideas we had found by evaluation were used by the cohort could prove rather tedious to read as such and as a result this chapter finish with a generalisation to suggest the main insights that I found overall. These were pleasingly fairly wide ranging.

As has been seen above, the project programme had been greatly influenced the need to develop primary care centres. In developing these, I found from my interviews that the management practices of strategic development, business planning and managing by objectives had also been taken on board. They also understood what was meant by empowerment and how this followed on. Linked to this was a clear awareness of how organisations need to react in a commercial world. All had taken on board the need to ensure more of a marketing approach than previously.

Linked to this was the need to change their approach to managing their own personnel. Many had to use objective processes for recruitment and selection and were beginning to look to appraisal of existing staff. Many expressed the view that the key to increasing quality and performance was linked to the motivation and therefore development of staff. They all saw training in both appropriate clinical and management approaches essential and would be looking to development of plans to that end. Some had already started these in their organisations they confirmed. In particular it had been taken on board that the role of nurses could be developed much further than they were currently.



I suggested initially considering the use of the core competences on the first workshop but I felt we had not the accuracy of evaluation to be as precise as we needed. As a result, I developed a list of categories covering attendance, submissions, support and so forth and set out the achievements of each candidate against these. The solution was accepted and certificates based on this were dispatched. (9)

By this means, we were rewarding in effort fairly. Gulmira for example had achieved all nine categories which was fine as she had probably been the most active and diligent on the programme; Kurmangazy, Baksha and Gulnara achieved eight; Eric and Bolat seven; Zhanaidar and Mary six and all the rest five, including Erkin and Viktor with Omirgali three.

We never really did look at the time to report on the longer-term effects of the Project. Perhaps it could be argued that this is the intention of this volume particularly with its final chapter looking to this as it does in its evaluation of health sector and management developments in recent years based on the increasing amount of reports and recent reporting and debate now emanating from Kazakhstan. I felt that until this was done, the Project results were only half finished.

#### **Bolat's Feedback**

I thought I would hold back the rest of the local press article above until the end as in many respects it does seem to sum up, at least for me what the project had achieved. Bolat had been quoted in the article as follows: -

*"The teaching was very interesting and for this we are very grateful to the British Fund. What has the programme given us? Most importantly we have begun to look at everything from a different perspective. The value of this work is that we are now able to make changes in our practice. We have learnt to use our resources more effectively and successfully and to develop a different style of leadership.*

*Now, for example, as the manager I have a more precise view of how I deploy those who work under me. I have adopted the principles of teamwork. I can set tasks and targets more precisely and draw up a vision for the future." (10)*

I was really delighted when Galena translated this for me next day. It gave me a real thrill to see it for the first time in actual print when asking for a written translation from Katherine Abbott in preparation this chapter. The article, out of interest, concluded by stating that there was a sense of satisfaction in the British camp also -

*"...they say they too have gained from this mutual venture". (11)*

In terms of experience, expertise and skill within the compass of management development learning co-ordination and project management there was much in this. But it was also was of those few opportunities that can come along in life to really challenge learning capacity and to 'widen horizons.' I also think of the quote from Hamel and Prahalabad that I enjoy so much: -

*"How often do I lift my haze out of the rut and consider what is out there on the horizon" (12)*

My experiences in Kazakhstan were certainly a way I personally had achieved this.



*Photo 13.9. A final group photograph with members of the British Embassy who attended the Presentations Event.*

#### **References**

1. Eric Baizhunsov ' Development Plan for Family Health Centres in Kapchagai' (unpublished 1997)
- 2 and 3. See (1) above
4. Press released from the British Embassy in Almaty for the Know How Fund (May 1998)
5. Article by H. Zhdanova in the Almaty Oblast Regional Paper 'The Alatau' (May 1998)
6. Translation by Katherine Abbott (Mar 2003).
7. Almaty Hospitals' Management Development Programme – 'Project Assessment – Final Report' John Charles (September 1998)
8. See (7) above.
9. Almaty Hospitals' Management Development Programme – 'Notes for the Joint Report on Final assessment and Evaluation' Steve Collins (May 1998)
10. Bolat Dzhugashev's Project evaluation - see (5) and (6) above.
11. See (5) and (6) above
12. Gary Hamel and C.K. Prahalabad 'Competing for the Future' (Harvard Business School Press USA 1994)



*Photo 13.10. Our interpreter, Galena Vlasenko, so important to the success of the Project and who became a good friend. Her accuracy was crucial for the evaluation stage. She was a Russian and really wanted to leave Kazakhstan. She was later able to get an exit visa for the USA and we sadly lost touch.*

## Chapter Fourteen – Lessons for Project Management

Managing developmental projects as we were required extra elements of communication, planning and teamwork and within the latter trust and honesty. Indeed, I remember using one of the new, and then very few, project management guides on the market at the time and became very conscious of the thinking of its author Dennis Lock on this: –

“A well motivated group can be a joy to work with. A badly informed group, with vague responsibilities and ambiguous levels of status and authority, is likely to be poorly motivated, slow to achieve results, costly to run and extremely frustrating to work with.” (1)

We were an odd mixture of people in different stakeholder organisations and with clearly different perspectives. We had UK team members in Cambridge, North Wales and Derby as well as London and all with differing commitments and approaches from fairly laid back to rather too directive. We came from a mix of stakeholder organisations and all clearly had our own agendas to fulfil.

Thinking back and reviewing the project correspondence, I did seem to realise fairly early with the Project Steering Committee my concerns that overall management structure and composition had potential for conflict but this as an issue became lost among the concerns for funding and developing and agreeing the programme with the Oblast.

There is always one problem with this. Even raising the issue of the need for teambuilding can in itself be seen to be counterproductive. Certainly, some members felt when the issue was raised that it was a comment on their abilities. The common view was that it would naturally happen as the Project progressed but it did not and the result was an unnecessary amount of conflict. The mistake of assuming from the outset that we were all rational people and that consensus and commonsense would prevail proved erroneous. From hindsight, I wished I had pursued the need for teambuilding more vigorously.

Gradually, the Project Delivery Team that I led and the ‘Project Administration’ based in the Kazakhstan-UK Office moved into conflict. Throughout the discussion of events I shall continue to refer to them as purely ‘Administration’. The aim here is not to renew past disagreements but to reflect and learn from the process. Hence those who became in effect adversaries will stay in anonymity.

### Poor Systems of Decision Making

One cause here was that regular communications were lacking and insufficient from the outset. We had problems meeting on enough occasions and for long enough to agree all the decisions needed as a group to make and as a result these started to be made by individuals. Many fell to me to make with deadlines to meet yet I found myself being criticised by colleagues for making them. In turn, I felt colleagues in the ‘Administration’ using this as an opportunity to take decisions that proved fine for their purposes but that ran contrary to the needs of the Project Delivery Team. Conflict was increasing consequently.

I had sent out a note fairly early on after the first visit to the rest of the Committee expressing my concerns -

*“Could I at the outset say that the fact that our next meeting is not until 5 December (and then I believe from (one member) there is some doubt about this) and this concerns me. It will be six weeks after the first visit that we meet. We need to be working as a Team on a number of issues as it seems that I am picking up too much on my own at this time. Perhaps this is inevitable. May I suggest that we forward plan our future meetings to avoid this” (2)*

As well as the lack of enough regular contact within the Steering Committee there were similar gaps in our communications with the Cohort in Almaty. Because I could not write in Russian, it was the responsibility in the first instance of our 'administration' to do this but there were delays in the process. I knew we needed to be regularly chasing them but could not seem to be able to ensure that messages I wished sent would be translated in sufficient time. I expressed this concern in the same note: —

*"I am also concerned about the Almaty group themselves and our lack of communication with them. I have asked (for) an interim Fax to Natalia but do feel we need to act to write to each student concerning the local development of projects."*  
(3)

The lack of active communications systems was affecting in addition any forward planning that took place. One instance I remember well when I wrote concerned about dates for the second visit especially as gaining a visa could take nearly one month each time we visited: -

*"I also gather that there has been some confusion over the dates of the next visit - John states he is only available 17 to 28 March. This date is OK by me. Could (Administration) quickly check please with all of us to confirm this date and also at the same time confirm the June dates for the third workshop of 9 to 29 June. Presumably we will travel Austrian Airlines? Can we have multiple entry visas please?"* (4)

In fact there was an issue in the end. Our plans for Derek and I to visit the first week of the second visit and then for John to travel out for the second week went awry and as a result I stayed in Almaty for three rather than two weeks. Whilst, no real hardship and I was royally entertained as ever, being away for longer than needed was wasteful. Had we met more regularly, our forward planning would have improved I am sure.

The lack of meetings also affected the planning of course materials ready for each visit as I also noted: -

*"We also need to look to planning the input sessions for March and June and preparing materials. Our lack of readiness on the first trip was inevitable in that we were asked to include a teaching programme just before we went and had not planned for this as such this visit. Whilst this went well enough, I would like us to be a little less 'hand to mouth' in future."* (5)

The fact I felt I needed to write tells that there was frustration at the inadequacies of the system. Too few meetings and thus too much control by an 'Administration' that did not directly feel the effects of delays in place of coordination and planning was beginning to develop rifts between members of the Project Steering Committee. As the Project progressed, rather than consensus developing, conflict was not just festering beneath the surface it was moving into the stage of direct, open hostility.

### **Increasing Conflict**

I see from my records that I wrote again to the Project 'Administration' expressing my concerns fairly strongly I find. The conflict had now reached the stage that letters I was receiving were beginning to lose the normal courtesies that are observed when one organisation writes to another and were becoming much more 'direct' even rude in tone. As I wrote in July after the second visit: -



*"I am sorry that I had to come back to you in 'stronger' terms but I am seriously worried that we work well and positively as a team. Further, this is a joint project and I have to ensure the involvement of the Trust and ensure the coordination of its activity. You must appreciate that there are always issues around 'sensitivity' and 'politeness' in all organisations. This Trust and our emerging team are no exceptions. Hence, my expressed concern to you at an early stage." (6)*

And again in the same letter, I was becoming clearly concerned about the fact that we had reached a position that I felt that Project Steering Committee process had in effect broken down with any decision made there not being correctly recorded: -

*"I have been concerned not only at the above issues but also the fact that after a team meeting, you issued a fax altering what had been agreed. We must, in all good management, make the team the decision-making body and make decisions and amendments there and there alone. I am also concerned that the Trust has been faxed again for an urgent response. You must appreciate that it is not always possible (indeed not very often possible in our changing climate) for us to drop other action and respond. Cancelling meetings at the last minute is a similar concern." (7)*

The overriding problem as I saw it then was clearly a question of more regular meetings. I was still optimistic that with these, better coordination and teamworking could result -

*"These concerns, I am sure, can be resolved with more regular team meetings - the one we have had has been insufficient to date. There are many issues we need to look at and agree jointly. I am sure we can work out the ground rules of how we work as a team and how to maintain them. I suggest we need to discuss this early next meeting." (8)*

It was clear to me that the 'Administration' were now working to a clear 'win/lose' agenda, trying to maintain even increase their the own influence by undermining mine. Direct bad-mouthing happened and 'unprofessional asides' to others were being made now. Something had to be done for the sake of the success of the Project. I felt I should use my experience in management understanding to try to build bridges. 'Ignoring' and then to 'smoothing' had not worked. My next tactic was thus to confront by asking for a meeting.

We started rationally by listing the administrative issues that had been causing problems and I went on to list the actions we agreed to undertake. However, sadly, the response moved all too quickly to confrontation with many actions that we had agreed being denied and the meeting turned from this to an opportunity to harangue me for every supposed misdeeds.

Gradually what came through listening to what became a tirade of accusation was that the problem was an issue of status. I had not been recognising perceived standing correctly in the opinion of the 'administration' that was after all based at a University. My belated request of 'a joint need for teambuilding' as a follow-up on my part came back similarly with 'well I get on with everyone else, it is only you I have any problem with'. I suggested that this was because my role put me more in the firing line especially as the others come to me when there are problems as the Project Team Leader was rejected as trouble making.

There was little point in pursuing this strategy for overcoming debate and I withdrew. I would try to alleviate in future I felt. I clearly had been acting on the Project thinking that equality of all prevailed and it was not. We had really needed at the outset to sort the basic issue of ranking, not important to me but now evidently so to others.

I vowed to myself to try to show a little more of the respect 'Administration' felt was its due in future much as it rankled me and did not respond to the 'sniping' that continued to cover up further efficiencies affecting plans made for the third visit and the UK Study Tour. But the antagonism grew worse. Finally it did finish with a stand up row one evening.

I felt I had no choice when this happened but to involve the formally Project Steering Committee, as it had come about as a result of another 'mishap'. I was able to do this by drawing the Committee's attention in my report following that event: -

*"How the existing Steering Group and Project Team deal with these 'follow up' issues needs to be considered especially with the 'conflict' that has existed. Without overburdening the issue, one major disappointment throughout has been the poor teamwork. This is especially a concern as this is, after all, a management development project. Some decision-making has not always valued or possibly not understood the importance of involving other roles and expertise. It is important, even now, that every member of Steering Group and Project Team is clear about their role and responsibilities and carries these out as agreed and, at the same time, understands and respects the roles, responsibilities, expertise and efforts of the other members." (9)*

But this resulted in little positive effect other than trying to damp down the hostility. By then relationships had really declined and there was a distinct lack of trust even suspicion within the Project Steering Group itself as a consequence. It had reached the stage where sides were beginning to draw up. Derek as chair by now had written to all members appealing for calm. Following this line he suggested at the next meeting following the Study Tour that as there was just one event left in the Project, we should try to maintain professional respect and complete the Project work effectively as everyone had much to lose otherwise. We took steps as a result to keep all interaction to a minimum and completed the Project work with further incident.

#### **Using the 'Seven 'S' Framework**

At the end of the Project, I was asked by Derek to evaluate causes of the management conflict that had resulted and I submitted a paper to the final Steering Committee meeting. (10) Much of the Report was based on the 'Seven 'S' Framework' developed by Pascale from the original McKinsey Model (11). This was an attempt, as I suggested at the time, to be constructive and objective and I felt was resulting was interesting document that if it had been produced at the outset might have suggested potential problem areas we faced.

The model helps any manager focus clearly on all the important management factors looking at the overall 'fit' of these as an entity. The reflections under each are given below: -

#### **1. Strategy (Plan of action leading to the allocation of resources, over time, to reach identified goals)**

*"In terms of strategy, there was, in the main, clarity due to the planning involved in the original submission. The latter clearly set out what it planned to achieve and how it would achieve it. Each stage of the Project had clear actions to be undertaken. At the request of the Know How Fund, a log frame was developed of the outcomes of the project and how these were to be measured. There was some debate through the course of the project of amending these outcomes due to changes in personnel or situation, or the realization of the project itself. There was some confusion and debate as to the exact interpretation of these outcomes."*

**2. Structure** (How the separate entities are tied together, the way of organisation and decision-making)

*"In terms of structure, the project management moved from the team basis, originally envisaged as the decision making process, to a more power centred model (Handy) (12). This was the result of a number of factors - the lack of Steering Group meetings and the Kazakhstan-UK Centre becoming the centre of all communication being crucial. The result was a more hierarchical structure and some apparent changes in the role of members. In terms of teambuilding, the Steering Group, as a team, failed to pass the 'norming stage' (Tuckman) (13)*

*Norms for decision making needed to be agreed at the outset of the Project. Delegation through agreed budgets and targets could have offset the centralizing processes. The lack of the full involvement of the Trust in the initial stages of the project also inhibited the development of a team approach. The local Management Group in Almaty needed a clear line of involvement to be nurtured by the Steering Group, its purpose needed to be clear. This did not happen and, following a change of personnel, it effectively disintegrated. A team administrator on the ground was perhaps a better option."*

**3. Systems** (How information moves around the organisation, the routinized processes)

*Systems tended to follow structure in that they became centralised as a result of the clear norms of behaviour required. Communications between team members and with Almaty, both formal and informal, were insufficiently developed to ensure sound joint decision-making could take place (Mintzberg) (14) Communications tended to develop into a 'wheel' with the Kazakhstan-UK Centre being pivotal. Processes became formalized which inhibited discussion and involvement of all stakeholders in the decision making process. As a result, the system for decision-making tended not to involve all parties and was often counter productive - two separate groups being involved in the development of the UK study tour being an example.*

*Team members were not aware of the state of finances and thus further limited in their decision-making. It could be said that the development of the project was rather in 'leaps and bounds' for many members due to communication tending to happen only at the development of a further stage."*

**4. Staff** (The 'demographics' or range of the personnel groups involved overall)

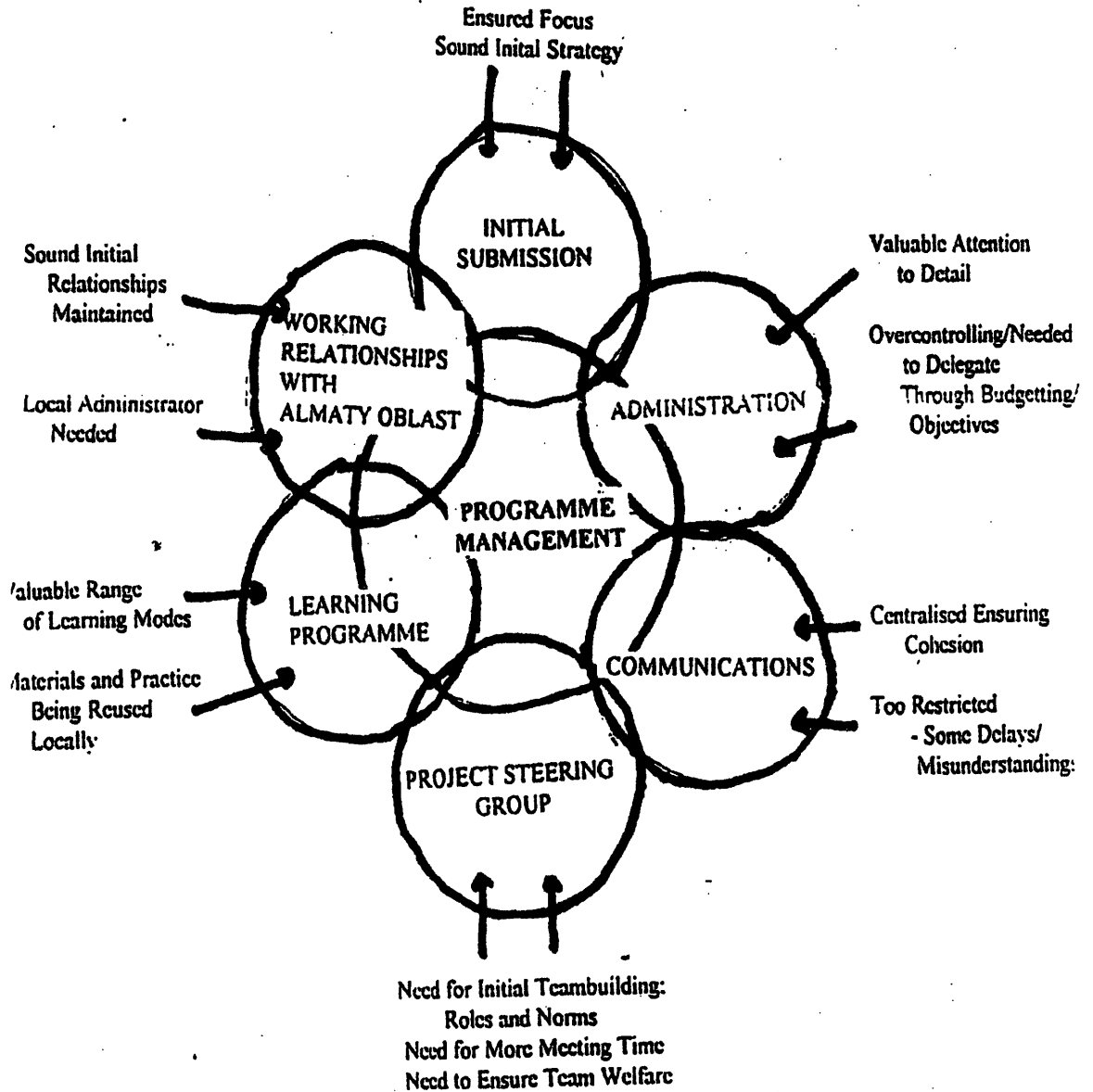
*"The range, ability and capability of staff/personnel involved in the project was wide ranging. It was therefore to be expected that, throughout the Project, there would be differing perceptions, approaches and expectations from a range of professional viewpoints. There were several occasions when such led to misunderstanding even conflict. Again, it would have been of value to address these beforehand by ensuring that the expectations of all staff were understood and that roles within the project clear, recognized and accepted. The tendency to expect University based collegiate relationships to be able to cope with the diversity of staff was optimistic."*

**5. Style** (Patterns of behaviour of the management in achieving the organizational goals, the culture)

*"As the project progressed, there was an increasing tendency for a more directive style of management to be tolerated and used. Decisions were often made and then ratified at Steering Group Meetings. As is common in such organisations, the needs of the administration began to outweigh other needs an example being where the method of evaluation of the learning programme was changed, rather at the last minute, causing confusing to the latter in terms of the development of participant portfolios."*

**6. Shared Values** (Overarching purposes an organisation and its members dedicate themselves)

*"The factor of shared values refers, in effect, to the balance between 'task' and 'people' orientation (Blake and Mouton). (15) Increasingly, there was a tendency for the Project became 'task orientated' with a preoccupation with outcomes, standards and short-term objectives. These was thus an imbalance with the 'softer', 'people' values of respect, fairness and ensuring continued motivation being less regarded. The fact that Steering Group Meetings often concentrated purely on administrative issues exemplifies this."*



**Fig.14.1.** A model of Project management findings following 'Seven 'S' Framework' Analysis (July 1998). The model, from a report of the time, depicts the main issues arising from the above demonstrate all the main findings from the analysis as well as others mentioned in the report. (16)

7. Skills (What the organisation and its key personnel do very well, its distinctive capabilities as derived from the other six categories)

*"The Project needs to be seen successful in that it achieved its overall objectives within its budget and its time-span. This meant that attention to detail was crucial goodwill with the Cohort and particularly its managers was crucial here. A range of people had an opportunity to be involved and this again took a great deal of organisation, which was managed by individual team members. Conflict did exist within the team but it did not affect the final outcome. In this, it could be argued that the organisation was able to maximize its existing skills." (16)*

#### **Summary of Other Report Findings**

The above analysis does find the problems already covered – communications, teambuilding and planning in particular. In fact the report mentions the issue of teambuilding specifically and how this led to a lack of further Project work in Kazakhstan or elsewhere.

*"There was not a sense of the teamwork required to create the synergy to 'meta-mize' in any way, i.e. to achieve new capability beyond and above 'pre-project' levels. Little beyond the contract was achieved. No further contracts were gained or even further work developed beyond the identification stage. There was a lack of marketing skills and any sense of entrepreneurship beyond the project itself. The project was originally seen as an opportunity to develop further contacts and work. 'Mega-mizing' skills were not developed to enable this to happen." (17)*

It also mentions the lack of liaison in Almaty since the departure of the Natalia, the Oblast Deputy Head, as our contact and thus the loss of 'programme drive' between UK visits by many of the local cohort members. Her own style had been perhaps too directive and doubtless this would have improved as the programme moved on but it did mean that Cohort members did meet and address some of the issues needed. Bolat was clearly stretched in too many ways to achieve fully what we felt was needed in the role. Other programmes had used a local administrator and perhaps this would have been of greater value to this Project as well. Extending Galena's role could have been a possibility.

A further issue was the lack financial management had also been identified with budget lines not being created initially and expenditure decisions not being agreed by the Steering Committee and led to some arbitrary decision-making as a result. Finally, planning processes were considered and the use of simple devices like a Gantt Chart to set out timescales and priorities of events could have been used.



***Photo 14.1. The Cohort relaxing during the Project programme. I did start to reflect fairly early on what we were learning about management whilst in Kazakhstan. There was much we could learn about communication and developing relationships!***

### The Report's Main Finding

The main finding of the report was that there had been a need for clear role descriptions and expectations to be agreed initially to avoid the ambiguities that often resulted. This had resulted in 'Administration' taking centre stage rather than the Steering Committee and looking to control all processes too much. Sufficient trust did not exist for this to be tolerated especially when there was a tendency to develop a blame culture as inefficiencies developed.

In addition, 'Administration' being the Project's sole link with the Know How Fund were able to 'interpret' its guidance too much and, using Lewis and Lawton's original model, to maintain a single focus on the 'Sponsor' it rather lacked focus other 'Faces' that were necessary to ensure sound, well rounded team development, particularly as the model suggests, 'Team Welfare'. (18)

The result instead of developing a 'team culture' as was probably the need here, 'Administration' being administration had looked to reproduce a hierarchy or 'role culture' and operated when this was failing through the needs of the Project adopted 'power culture' instead. Agreement on clear roles at the outset may well have helped developed the 'team culture' required. (19) It may have needed much negotiation but it would have saved much anguish which by good fortune and sound intervention had not really affected the outcome of the Project overall.

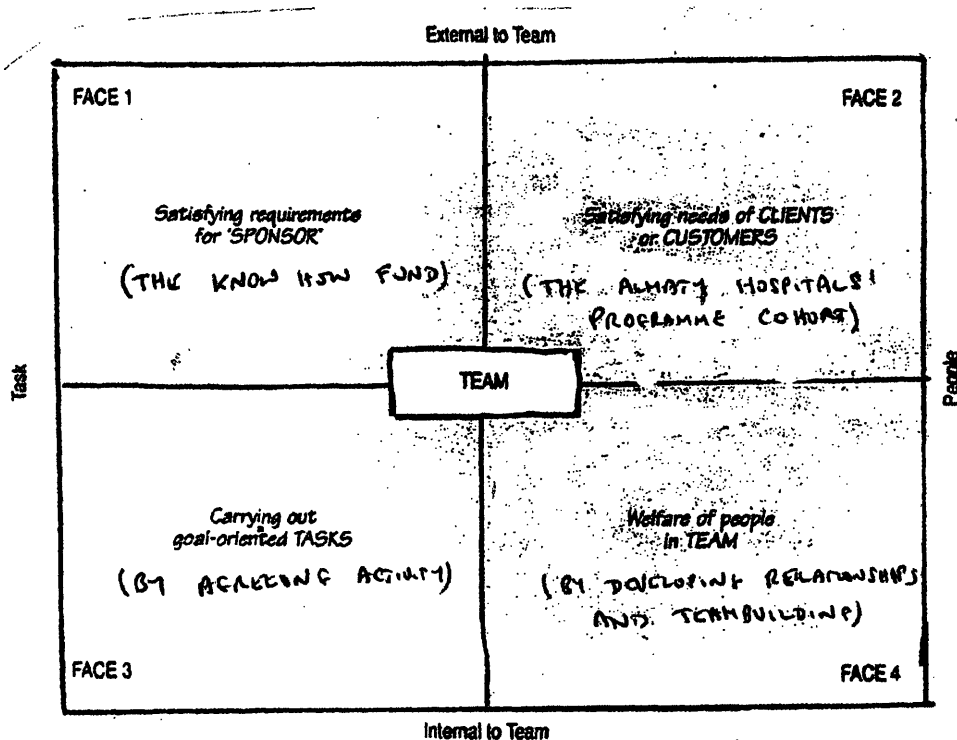


Fig.14.2. My Analysis of Team 'Faces' following Lewis and Lawton's Model (1998)

### Reflecting on the Conflict

Clearly, we had needed to look to teambuilding initially and through this looked to develop the understanding, respect and trust if not the synergy needed for the intensive relationships that would be the case during the course of the Project between the structural elements and the institutions involved. It was expecting too much to expect sound teamworking to evolve and had led to the anguish discussed.

The analysis and my current review make it clear that the more diverse the membership and the organisations involved, the more effort must be placed initially on teambuilding and the more the role expectations must be agreed as part of this. Thinking back on this now it is a question of developing the trust needed at the outset through developing the processes of social interaction needed to carry these into the more formal working relationships.

It was ironic really, in hindsight, to see that the Project management here in the UK was not really modelling the many of the lessons it was delivering in Kazakhstan. The growth of good interaction to ensure rapport before operations begin is fundamental. We cannot sit in our own little rooms and assume good management will happen. Our Kazakhstani colleagues were aware of this and realised that social communications and consensus building was needed initially. The lessons of 'but the real work is being done down here' are made clear by our own failures in managing the Project. Perhaps, this could be viewed as the result of the practice of a survival tactic to ensure trust with others when conspiring to 'circumvent' the stringent demands of the Soviet system to achieve its often-impossible targets. Perhaps there are other reasons.

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1. Lock, Dennis 'The Essentials of Project Management' (Gower 1996)
2. Almaty Hospitals' Management Development Programme – letter to all team members from Steve Collins, Project Team Leader, 16 November 1996.
- 3 - 5. See (2) above.
6. Almaty Hospitals' Management Development Programme – letter to Project Administration, Middlesex University from Steve Collins, Project Team Leader, 5 July 1996
- 7 - 8. See (6) above.
9. Almaty Hospitals' Management Development Programme 'Report following the UK Study Tour 17 August to 1 September 1997' by Steve Collins, Project Team Leader (Oct 1997)- see Appendix H
10. Almaty Hospitals' Management Development Programme – 'Review of Programme Management' by Steve Collins, Project Team Leader, 16 July 1998
11. Richard Pascale 'Managing on the Edge' (Penguin, 1990) (following the developed from the original work by Athos, Peters and Waterman for McKinsey and Co. in 1976).
12. Charles Handy 'Understanding Organisations' (Penguin 1976).
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14. Henry Mintzberg in 'Structure in Fives: Designing Effective Organisations' (Prentice-Hall 1983)
15. Blake and Mouton's 'Managerial Grid' (in Advanced Management Office Executive 1962)
16. See (10) above.
17. All above seven quotes – see (10) above.
18. Lewis and Lawton's 'The Four Functions of Organisations; Where Does the Individual Fit in?' (Journal of Strategic Change, Vol. 1, 1992)
19. See (11) above.

### **Opening to the West**

Kazakhstan was locked away for centuries from Western influences, by first its geographic location in the often inhospitable heartlands of Central Asia and then by the politics of successive Russian and Soviet regimes. However, following the collapse of the Soviet Empire at the end of 1992, already by 1995, when I first arrived, there were many overseas political, social and business delegations in evidence, Americans, Germans, French, Japanese, Turkish and so forth taking over large office blocks and looking to develop trade and relationships required for this.

This whole interest from the West is based of course on its potential wealth also discussed earlier but was and still is, in its turn, encouraging a greater awareness and understanding of the region and in particular Kazakhstan. Such interest is now developing beyond business. Much of this is generated by travel writers who have visited this region and return to the West with 'experiences of the mysterious' and put them to print. There are also tour operators such as Hayes and Jarvis, organising parties mostly to the exotic cities of Uzbekistan or along the old Silk Route but picking up interest in Almaty en route. The nearby availability of skiing in Almaty is a further source of Western interest and opportunity for understanding.

Consequently, Kazakhstan is building many grand hotels as well as using its new luxurious offices where Western men and women can meet with local businesses whilst in Almaty for discussions about trade agreements and to set up the joint stock companies and partnerships or relax and consider more mundane matters of the best sightseeing available and which to visit. These factors increased by access to the media and new technology and increased travelling to the West in their turn has meant that Kazakhstani peoples not only become used to Westerners and their ways very quickly but have used such opportunities for learning the processes needed to operate more effectively in the global marketplace and thus to start to catch up with the West economically.

And what is important to note here are the skills that it is able to use to achieve this. What is being argued in effect is that Kazakhstani, in part at least, are able to use a great natural capacity and capability they seem to have, to forge the many and varied relationships it needs to create the basis for their progress towards modernisation as we know it in the West. Within such relationships we can observe the skills of networking they operate and learn in our turn how to improve our skills and practice.

It was suggested at the end of the last chapter that these networking abilities fairly common in the FSU to form the trust needed to outwit the overburdening demands of the rigorous systems of universal planning (3) but it is argued there seems to be a far deeper 'social mechanism'. With great circumspection, it could be argued perhaps that the need to develop and maintain relationships in Kazakhstan is a 'cultural survival' adapted from the nomadic times that, prior to forced Soviet urbanisation, passed less than a century ago. Such a conclusion is, of course, impossible to prove entirely but reviewing any evidence for this can also be a way of reviewing other observations and understanding about the indigenous culture of Kazakhstan and what it thus means to be Kazakh.

### **Kazakhs and Islam**

The same Western travellers to Kazakhstan, be they businessmen or tourists, are curious, understandably with such events as we are experiencing today, about the extent Kazakhstan has become Islamic since independence. Kazakhs when pressed do claim to be Moslem and there are a few Mosques, a very few. In fact, it seems that Kazakh culture maintains more the heroes and 'philosophy' of its 'traditional Steppe heritage' than any real Moslem belief. In the many galleries and exhibitions I visited, I saw few paintings that displayed any Moslem content and the one mosque I did visit albeit it was new, did not look to have any use at all. I remember, as further evidence of this, that when talking about the departed, Kazakhs tended to suggest that spirits transcended into the skies above, a more 'nomadic' than Islamic notion.





*Photos 15.2 and 15.3 (above) and 15.4 (below). The emphasis on smiling was difficult to capture on camera as being photographed in Kazakhstan was seen as a seriously business still. However, I hope that the above to give some evidence that there are no such things as half smiles in Kazakh social interaction. Here are smiles from Zoya (15.2), who gave me regular massage whilst at the Rehabilitation Centre, and eventually from Kurmangazy and Zhanaidar of the Cohort (15.3) who learned to smile for the camera as well in addition to member of the medical team at one of the many hospitals I visited whom I had met before (15.4). I naturally smile much and seemed to encourage this process.*



I also broached the topic of different smiling behaviours with members of the Cohort whilst having lunch one day. Our relationships allowed us to explore and agree that Cohort member's smiles did depend on their ethnic backgrounds. I did suggest, mostly in jest, that this ability to smile must be a survival from the nomadic days when a small clan group travelling for days on the Steppe without meeting others would suddenly meet another. Such immediate smiles could be a strategy of ensuring relationships and thus be a survival tactic. Once this idea had been interpreted by Galena, looked back at me and rather than laughing at it out loud as I expected them to do. It was for them as it was for me a thought, just a thought.

### **'Dastahan' is Crucial**

Forming relationships with Westerners was clearly crucial for all in Kazakhstan whether ethnically Kazakh or not because we could offer access to knowledge or goods and materials badly needed locally. I have mentioned already for example 'Moi Brat', an ethnic Kazakh delegate I had met at the National Workshop who badly wanted to form links with the West to gain understanding of how we dealt with pollution. Another example from the same event was Bayen, again an ethnic Kazakh, who was allocated as my personal interpreter at the same. She later phoned me directly at my office back in the UK asking about placements on a business studies course in the West for her colleague. Still another a College professor who fed us sumptuously it seemed as a prelude to ask us to pursue educational contacts for her.

But all these examples were not solely ethnic Kazakh. There was I remember, another a woman, an ethnic Russian, working in a hospital who had asked for Western medicines to treat her sick sister and others of all races who wanted to exchange local products from Western goods. However, such hospitality and friendliness in Kazakhstan was not solely for immediate return. In fact it would seem to be quite the reverse. The vast majority of it was sound networking clearly very common in Kazakhstan based on well-practiced interactive skills to ensure longer-term relationships and understanding. I suppose it could be argued that all such behaviour is looking to achieve a return – in the case of the art gallery friend, for example, could be that he wanted to practice his English - but I do feel this went much deeper than this. It was practiced by all it seems regardless of any apparent return in the longer let alone the shorter term.

A fundamental social mechanism for the '*dastahan*', the basis of all entertaining and hospitality and practiced by all in Kazakhstan. It happens on a grand scale it seems at any excuse whenever guests are visiting or celebrations are happening. Whoever we met and wherever we were taken to meet them, invited us to sit at the loaded or full table that is the feature of '*dastahan*'. It was clearly a device for creating and reinforcing social relationships and promoting informal networking that could be developed or not in later days if chance dictated further meeting or need. Maybe a naïve Western interpretation, but our skills in the team of accepting it and being willing to participate fully were as I have already suggested earlier at the heart of our success with the Cohort and for, the Project as a whole.



*Photos 15.7. Any free time was ever seen as more opportunities for my hosts to promote networking and its 'agent' 'dastahan'. Here as another opportunity in a local hospital with its staff I was yet but soon to get to know*

I say this because I remember thinking when I had some spare days together during the second visit, I had notions that I might travel off to Ulan Bator, capital of Mongolia or to Irkutsk, that of Siberia and although having checked airlines and found that the cheapest route to either was by flying back to London was then thinking more locally - perhaps Tashkent in Uzbekistan or Ust Kamenogorst or Chymkent, both elsewhere in Kazakhstan, Bolat clearly had other ideas. I was their guest and there was more socialising to be done and more informal local relationships and understanding to be formed. In other words more 'dastahans' to attend in Almaty instead.

### **Experiencing a Kazakh Wedding**

The highlight of this 'social programme' was Bolat's invitation for me to go with him to a traditional Kazakh wedding and this I saw at the time was a great opportunity to observe and enjoy local culture. It proved to be yet another example as we shall see that Kazakh culture had much more to do with the traditions of its long nomadic past than that of any comparatively more recent Moslem belief. It was also another example of informal relationships being created through the extravagant process of 'dastahan'.

What a day that was, a real treat, one of my favourite memories from all my time in Kazakhstan. I was driven, by car by Bolat's own driver and in his official car rather than the normal ambulance, to the Green Market building and taken upstairs. Galena, of course an ethnic Russian rather than a Kazakh, was with me and also like me a little unclear as to what was to happen.

After briefly being held initially in a reception room on the first floor. After observing the touching of the bride by the 'dobra' and shaking hands with the hosts and the now married couple, we were ushered along into a large hall. Bolat turned out to be a near relative of the bride or groom that day and, as a consequence of this fact, we were all placed quite high up one of the three branches of tables, which extended some way down the hall. The number of guests in total seemed to be some four to five hundred, maybe more - we were placed in effect in the top fifty so to speak.

I did ask Bolat through Galena why so many people were here. He explained that this was not abnormal really as all Kazakhs had large numbers of relatives even when the wedding was within one family group. I come from what is regarded as a large family in the UK having some thirty direct first cousins but cannot really claim blood ties to more than say one hundred and fifty or so and not all would be invited anyway to such a wedding only those perhaps with whom I had had recent contact. It seemed clear from these numbers that family relationships existed were calculated on a different basis for Kazakhs and that those relationships were maintained regardless of recent contact. It was again when I read Gleason more recently that I had a better insight into this: -

*"By European and North American standards, Central Asian families do not seem to have clear boundaries. An outsider, being hosted by a rural Central Asian may be introduced in sequence to a surprisingly large number of people with the explanation that they are the host's brother.... the concept of brother in one language does not always translate well into another... (and)...this suggests that the Central Asian family is related to large kinship structures, namely to clans or even to tribes.*

*A tribe is an extended family, that is, a genetically related network. The tribe stresses affective sentiments, the personalistic quality of loyalties, and the obligations that accompany family relationships. Clans are yet larger extended family relationships that accompany real or putative blood ties...." (5)*

On the table there was a rich fare of traditional horse and other meats and the large bowl of salad that was always decorated beautifully to show all the different ingredients before just after sitting down being taken by one of the ladies stirred up into a mixture before eating. There was beer, wine, vodka, brandy and soft drinks. There was a compare wandering between the lines of table introducing the events in the indigenous language. I knew this because Galena, not being a Kazakh speaker, was finding it difficult to translate all that was being said. By good fortune I had been placed near another local professor, whose name I forget, who could translate and offered to interpret for me. Galena, sadly feeling she felt she had no useful contribution to make left soon after we were introduced. I became it seemed the only non-Kazakh there – a real honour I felt.

I noticed after a while and another round of introductions and smiles with those sitting opposite that the top table consisted of just four persons – the bride dressed in a more Western style dress and not the traditional wedding attire which included a long conical headpiece, together with a bridesmaid, similarly in a more western dress, as well as the groom and presumably his best man, in normal western suits. They were after a short while asked to stand, which they did for most of the time following, to receive the first ‘blessings’ from their parents what proved to be the first of many as all present were to become involved resulting in the quartet spending most time as was clearly custom standing.

The compare attired finely in a white jacket and carnation and was now orchestrating these proceedings as the ‘master of ceremonies’ with energetic gesturing and use of the microphone to invite orations in clear order starting at the top ends of the tables. Gradually as those at the top, the two fathers and two mothers gave their ‘blessings’, then sisters and brothers I would imagine and then on presumably aunts and uncles, cousins and so on, were called upon. Bolat then gave his oration as an ‘uncle’ as did my new interpreting professor friend as an ‘aunt’ as she put it. I, sitting between them, was given a glance by the compare but fortunately he moved on to give invitations further down the tables.

Suddenly, interrupting the sequence say a third of the way down the tables, there was an announcement and I followed the crush as all trooped out into a second large room where an orchestra struck up mostly with Western dance tunes. Unlike at British weddings where embarrassment ensues with nobody wanting to be first, here dancing began immediately and I despite my excuses of an arthritic knee, found myself dutifully taken the floor with my lovely interpreter and following her, many other ladies present. It was it seems it Kazakh culture, the custom here of the women to invite the men. I was somewhat pleased when, having completed every dance in the next twenty minutes or so, we were ushered back to the dining tables to resume our places.

The first session had it appears really been as starters, and this sitting, denoting the importance of the occasion, began with a number of sheep’s heads being carried in held aloft by the waiters with all of us clapping. I was aware of the importance of the sheep’s head when before I had been honoured with an opportunity to slice the meat from the skull and pass round, in the process giving the wrong parts to the wrong people. This time fortunately the local people took charge and no such mistakes could arise.

Meanwhile, the ‘orations’ restarted and moved further down the line of tables with bridal party again on its feet. Again an hour of more wining, dining this speech making began to take a different form. Groups rather than singles were now moving up the spaces to be nearer to the bride and groom and were reciting poetry and even singing traditional sings with their audience on most occasions joining in. Then again it was again out to the other room for more dancing.

This time I was lucky enough to be asked by the chief bridesmaid to dance. She was attractive, charming and spoke excellent English using even that Kazakh smile I have talked off. She told me that she had been trained as a doctor but now worked as an airline attendant for Kazakhstan airways, confirming the drift in public sector salaries that was sadly taking place. Fortunately, the two dances we performed were waltzes and thus, despite all my efforts and my now aching knee I was able to do myself reasonable justice. When we finished, she very politely thanked me for the dance.

The dance then took a new turn for me. I was a little unclear as to what was happening having temporarily lost my interpreting academic to somewhere else in the hall. A large lady had gone onto the stage and had sung a couple of local songs in extremely good voice. Clearly, she was not only a relation as she was placed on the top end of one of the tables but a local 'diva' as well. She sang so very well, as all seemed to do that day and in Kazakhstan in general, and all clapped. At the end of this she remained on the stage beside the band and dancing began again.

Immediately, I was whisked up to undertake a foxtrot at furious pace and to be dragged so doing up and obviously up before the diva's scrutiny. Our dance here really only had two characteristics, frenzied and uncoordinated. I could in no way keep up with the pace of my older but clearly fitter partner. Finally, after an eternity of pain in knees and the other joints, the dance finished and we all clapped again. I thanked my partner ready to depart to go to sit down but she held me where I was.

After a short speech by the diva, clapping commenced again and my partner pulled me towards the stage for an unexpected prize. Such hospitality I thought and received my gains amid nods, smiles and clapping generally. Finally finding a seat to first recover and then check my reward, I found it was a cellophane packed white shirt. Sadly, as it had a collar size of 14, at least 5 below what I took even then, I was never to wear my 'trophy'! But that of course was not the point. I was a guest from far away and it was essential that I won a prize regardless of whether my 'dance floor prowess' merited this or not.

Before I had completed the recovery process, it was back again to 'dastahan' and the sweet course. As well as being great meat and dairy food eaters, Kazakhs do have a remarkably sweet tooth. It was now becoming difficult to do justice to the quantity and variety that had been helped onto my plate. A few glasses of wine and more vodka helped a little. The oration groups were now getting larger and noisier and judging by the laughter and certain feigned embarrassment just a little ruder. Not difficult to guess the topic with all four still standing and clearly often amused.

However, there were some polite songs in between and rather fortunate as it turned out for me. The compare was now wandering slowly back to the top end where he had started and looked to me probably checking that I now had enough local 'courage' to thin to participate. It was my turn if I wished it but the choice was mine, my interpreter confirmed. I mentioned to her that in the UK I was not regarded as the best of singers. She said that there was no need to worry, as they would enjoy anything now. I hoped so. As it turns out I had nothing to fear.

I was offered and took the microphone. Bolat showed me that he was pleased that I was so doing by his usual gesture of clasping his hands together and raising them with the usual broad smile. I said a few polite words to the bride and groom, which my new friend translated to them, and at the same time, I thanked all parents for the kind invitation and everyone there for their hospitality and tolerance, stating I felt very honoured to be there and that it would be a happy memory of my time in Kazakhstan that I would hold dear for the rest of my life.



***Photos 15.8 to 15.13. At Bolat's 'niece's' wedding although with only a crude understanding of how relationships are calculated this my Western rather than Kazakh interpretation. Regardless, a really exceptional experience despite my own signing and dancing!***

***The bride's veil is touched by the 'dobra' for good luck (15.8); the bride, groom, best man and bridesmaid must stand during the orations by all the guests even me! (15.9); a group of guests orating the happy couple (15.10); Bolat's 'cousins' from a village to the north, I was told (15.11); Dancing was automatic and Bolat enjoyed this as they all did (15.12); my place next to Bolat with my new Kazakh interpreter next to me (15.13).***

I could put off the moment no longer. The room was surprisingly and politely hushed and they were clearly hoping that I would sing. I explained that although I was from London, I had some proud Scots ancestry somewhere in my blood and I would like to sing them – the ‘Skye Boat Song’. Perhaps the last choice I should have made and rather sadly confirming that I was more than a little ‘overcome’ by excesses of the occasion. I gave it full gusto, making up some of the words as I went. All continued looking my way and paying close interest. I finish to loud applause.

My friend suggested that as they liked it so much, I should do another. I spoke with her translating and said that although I enjoyed being in Almaty and here particularly, I did feel a long way from home and I would then sing them a London song. I began ‘Show Me The Way To Go Home’ and feeling bold and stretching the memory as well as the vocal chords gave afterwards its parody ‘Indicate The Direction To My Abode’ even taking slight steps now. More applause and I felt that I had repaid my obligation and as I was on top, to push my luck no further. I thanked all briefly and sat down.

There was soon after this some movement again although I was assured that it was not the result of my renditions. Those opposite us were particularly kind saying through the my new friend that they had enjoyed meeting me and hoped that one day I would be able to visit them in their village some kilometres north of Almaty. We had been conversing when we could through our new interpreter and the turned out to be what was described to me as ‘village folk’ from distant parts and Bolat did know them but had not met them for many years.

This added to my confusion at the time about the basis of relationships in Kazakhstan with wondering how they were so high on the tables in that case. It seemed to me that this was some form of clan related calculation and whilst I was never really to come to understand completely how these function, I can give some observations about clans and their importance perhaps to social networking.

### **Clan Relationships**

In conversation you find that Kazakhs will often refer to their own clans or suggest, for example, others are behaving typically of theirs. They always appeared to know instinctively who belonged to which clan. It was it seemed a common issue in their interactions with each other. I did try to pursue it with Bolat at the wedding and others in the Cohort when I had any opportunity but the response was always that warm smile and a change of topic.

A report I found, by Dixon and published as part of the Post-Soviet Business Forum series of RIIA, seemed to confirm my confusion was not unnatural. -

*“The degree of cohesion amongst the Kazakhs themselves is a theme that is receiving increasing attention both inside and outside the country, although it is a subject that is almost completely opaque to foreigners.” (6)*

Gleason, however, again threw some light on this analysing what he termed ‘clantocracy’: -

*“Clan identification is not language based since it assumes a common language. Clans may function within large communities that appear, because of language similarity, to be national communities. In reality, however, a ‘clantocracy’ is the foundation of national consensus. In Central Asia, nations are relatively recent constructs superimposed on the much more important and fundamental clans.” (7)*

Thus in effect, clans themselves were the basic of social organisation in Kazakhstan prior to Russian intervention and their consequent imposition of the nation-state model. We were given to understand by the Kazakhs that there were three major clans or as ‘zhuzes’ in Gleason’s work.

Allworth, however, uses a different term 'jiz' instead doubtless as a result of some quirk in translation. Allworth confirms the Kazakh names of the three clans as the Great Horde ('*Ulu Jiz*'), Middle Horde ('*Orta Jiz*') and Little Horde ('*Kishshi Jiz*') and that they were originally each

*"...led by a separate Khan until Tsarist Russia abolished this title in 1845." (8)*

We knew again from discussions locally, that each clan had different attributes but we were not always sure what these were. Returning to Dixon he suggests: -

*"The three Kazakh hordes, or 'Zhusii', have different traditions, histories and territorial allegiances; a Kazakh proverb says 'give the Starii (Great Horde) cattle, give the Srednii (Middle Horde) a pen, and give the Mladshii (Small Horde) a sword. Although geographically the Zhusie are now somewhat intermixed, traditions and blood relations remain important and have a pronounced influence in political and economic life." (9)*



Thus according to Dixon clans do have some importance in the 'life chances' of the Kazakhs still today promoting some local form of nepotism. Martha Brill Olcott, however, does suggest that although clans are still significant, the extent needs to be held in question: -

*"While the role of clans in Kazakhstan can be overstated, clans (or a sub-ethnic) identity have become an important source of patronage in Kazakhstan, since a person's clan identity has gone from something people sought to conceal to a source of public pride." (11)*

She notes that in a poll in 1995, 39 % of respondents believed that belonging to a particular 'zhuz' was important in getting a job or promotion. But she does point to the fact that rather than seeing clan membership today as a strict consequence of birthright, clanship has transformed into a more flexible social device: -

*"Family is as important as clan but in the end, most important of all is to be part of a patron-client network. Non-Kazakhs, people of mixed ancestry, Kazakhs who do not know their family history and those from the 'wrong horde' can all work their way into a successful patron-client network... The presence of these patron-client networks helps to sustain a pattern of official corruption and to put all who lack good connections at a considerable disadvantage" (12)*

This seems to make some sense to us now. Clanship today in Kazakhstan can be considered perhaps more today as having adjusted to become one serving the same social functions of inclusion and exclusion and patronage as the mafia, masons and old school tie social institutions of the West for example and exist in almost all societies in one form or another to promote the concept of 'It is not what you know but whom'.

This then suggests there are good reasons behind the Kazakh ability to wish to promote relationships. The clan traditions have promoted that ability to be able to look to developing close relationships within a wider community than immediate birthright. They have in this now reached the stage that they have engendered skills are required for networking in the world they find themselves in today, such skills perhaps being in advance of our own in the West.

### **The Russian 'Blat' Networking**

My crude explanation of the value of clans as a mechanism for promoting those relationship-building skills required by all organisations in the third age has been challenged recently by finding a small book by Alena Ledeneva entitled 'Russia's Economy of Favours'. And the more so because I did discuss this with my Russian friend Anatoly Podobedov whilst he was visiting the UK earlier in the year and he suggested that its concept of 'Blat' did describe well the practice of networking in Russia even today. He maintained that it is something we would find hard to comprehend in the West. According to Ledeneva: -

*"Interestingly, everyone knows what 'blat' is about but few grasp its essence. One reason is that the term means different things in different contexts, irreducible to some common ground; 'blat' is the acquaintance or friend through which you are able to obtain some goods or services in short supply, cheaper or better quality. Also, 'blat' is a reciprocal relationship which people call 'ty - mne, y - tebe' (You help me, I help you).*

*'Blat' is also about using informal contacts, based on mutual sympathy and trust – that is, using friends, acquaintances, and occasional contacts. 'Blat' also takes place where one organises a job for another, or where on equal conditions the one who is known or recognised gets chosen. Sometimes 'blat' means influence and protection, all kinds of 'umbrellas' ('kryshi')... (13)*

Later, Ledeneva goes on to explain the importance of 'blat' in the economy suggesting it to in effect 'personalise' the bureaucracy of the command economy, even to 'become a significant factor in keeping the command economy afloat': -

*"The informal ways of dealing with the system were perceived as the most natural, simple and efficient. There was no trust in the formal channels of information or reliance on generally provided level of services. One had to be advised or recommended to be sure of doing the right thing." (14)*

This reminds me of the reasoning we discussed in this context earlier in this and the last chapter. Overall she suggests: -

*"'Blat' became an everyday pattern of behaviour and mentality penetrating personal relationships such as friendship." (15)*

Overall, on re-reading the text, 'blat' would seem to be manipulation of social relationships to economic ends. To some extent, there would be some of this involved in the excessive hospitality and friendships created but I do not feel it is entirely this factor. Russians are often very generous but not generally as excessive as the Kazakhs in this. They are perhaps like us a little more calculating and looking to developing relationships possibly to promote the immediate benefits of 'blat'.

My own experience does suggest that the approach in Kazakhstan is much more altruistic than the concept of 'blat' found amongst Russians and although one still of promoting closer business social relationships than we normally look for in the UK for example but often more longer-term social than shorter-term economic in their expectations.

Perhaps taking this even further, it may be argued today that Kazakhstan may be benefiting from the experiences passed down by both Kazakh clanship traditions and the Russian 'Blat' relationship practice. It has a consequence, an even greater natural capacity as a result of traditions perhaps reinforcing one another and as a result to build those relationships required by any modern economy as it enters the third age. It has potentially the social understanding and skills required to network that we, in the West needed to learn from observation and understanding the practices of networking and relationship forming in Kazakhstan.

The first lesson here is to concentrate on creating informal interaction and understanding and not assume these will automatically happen as we here tend in the West to think will be the case and behave accordingly. We can learn it seems so much from observing the practices in Kazakhstan it seems to achieve the new skills management needs for communicating and networking and creating change in today's world. This is the clear lesson I have gained from my years of reflection following the curiosity created by that statement made back on my first trip to Almaty - 'But the real work is being done down here'.

## References

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3. See for example the Ukraine in Wanner, Catherine 'Burden of Dreams' (Pennsylvania State University 1998)
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5. See (4) above

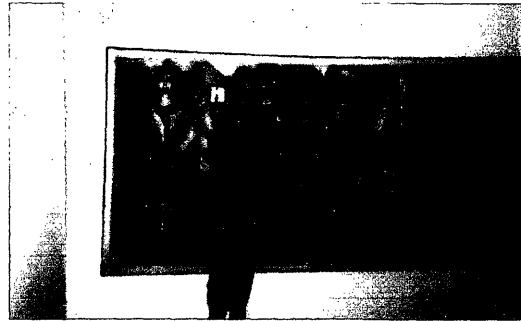
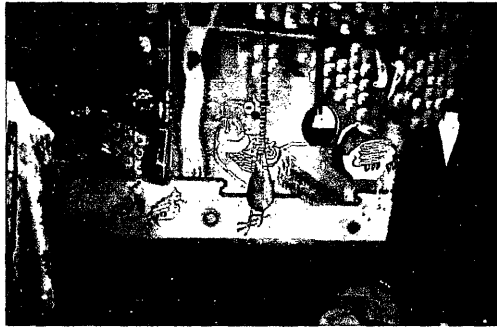
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7. See (4) above
8. Edward Allworth ed. "Central Asia; 130 Years of Russian Dominance, A Historical Overview" (Duke University Press, Third Edition, Durham and London, 1994)
9. See (6) above
10. See for example Shaykh Zaymullah Rasulev in Jo-Ann Gross ed. 'Muslims in Central Asia' (Duke University Press 1992)
11. Martha Brill Olcott 'Kazakhstan Unfulfilled Promise' (Carnegie Endowment for International Peace, Washington, 2002)
12. See (11) above
13. Alena V. Ledeneva 'Russia's Economy of Favours: 'Blat', Networking and Informal Exchange' (Cambridge University Press 1998).
- 14 - 15. See (13) above



***Photo 15.14. This school party outside the central State Museum found I was from London and rushed over to meet me. I ran out of 'visitkas' (business cards) that day! They were curious, polite and interested as I found almost every person I met in Kazakhstan to be. Even at that young age, they were practicing it seems the skills of networking and relationship building regardless of being ethnically Kazakh or Russian or even another grouping.***

## Chapter Sixteen - 'Going with the Flow'

Wherever you are in Almaty, you are very aware of a strong cultural tradition that seems to have remained purely Kazakh. You cannot but notice a pride in its arts, music and literature which although sometimes adopting their 'less subtle approach' were surprisingly unaffected by the Russian and Soviet hegemony of the last century of so that seems to have made inroads in most other areas of life. The City has many outlets for its arts - galleries, museums, and shops and often there are yurts, the central Asian round nomadic tents, in the streets and parks being used for promotions or fairs. Souvenirs depicted such tradition are abundant - pictures, recordings, carpets, jewellery, clothes as well as the more traditional and highly decorated dolls, camels, utensils, plates with felt pointed hats being especially popular.



*Photos 16.1 and 16.2. Kazakhstan is full of fine art and crafts. The best places to visit this are in the Central State Museum or in the National Art Gallery. However just walking the streets and visiting public buildings makes you aware of the natural Kazakh skills and love of the arts.*

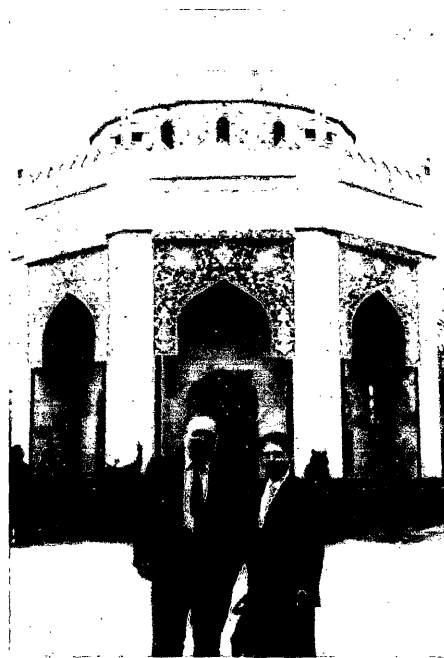
I was lucky enough to be taken around the galleries and museums to see the art itself. One basic form attracted my crude eye as different from anything seen in the West. Basically, I would describe this as a series of concentric lines running together and built into what seem to be traditional shapes and forms that was pleasing to the eye and clearly a skilled process but not easy to interpret from our Western perspective. Sadly, we had decided not to take the many opportunities that came to buy original works. I am sure now that their value would have escalated.



*Photos 16.3 and 16.4. Kazakh traditional figures often adorn public buildings inside or out - sometimes influenced by Russian or Soviet style yet nearly always retaining local content - here from a hospital and the Almaty Central Post Office*

Music is also an important tradition and there is great pride in being able to play and sing well to the 'djobra', a two stringed form of lute that is regarded as almost sacred. From our cohort, Eric was one excellent player, as was Idris at Talgar Medical Institute but we met others at the Oblast Central Hospital, at the Regional Hospital in and one of the delegates at the original Workshop for example. Indeed the national hero is the musician Jambal revered for his ability to compose almost spontaneously. His recently statue exists not far from the Kazakhstan Hotel.

John and I were taken some thirty miles from the City and still within the Oblast to visit his tomb by Bolat as part of 'our social programme'. Bolat explained that there had been a festival to celebrate his centenary some two years or so beforehand and that there had been yurts in the nearby fields for miles! He indicated this with arms outstretched and clearly glowing with pride that he had attended. Jambol's tomb, built in traditional blue and white mosaic was clearly a place of reverence and peace as well as sheer beauty. Indeed, I still have, amongst my many, many presents, the rug with his portrait woven in lying on the floor in my study at home.



*Photos 16.5 and 16.6. Jambal the famous djobra player is still revered in Kazakhstan as his recent statue in Almaty and his Mausoleum out in the Oblast confirm.*

Literature is also important and the poet Abay Kunanbeyev, normally referred to just as Abay, is particularly revered. There is an imposing statue of him outside the Republic Hall near the Kazakhstan Hotel and his works, unfortunately only ever published in Kazakh, can be purchased at almost any of the newspaper and bookstalls around the City.

Abay's importance is to the Kazakh peoples as peoples is because of two roles. As a writer, he not only wrote original works, both poetry and prose and translated greater writers, Pushkin, Lermotov, Schiller, Goethe etc, into Kazakh becoming as a result the founder of modern Kazakh literature and written literary language. His second role, not unconnected with the first, was as the great 'enlightener' and statesman of his time, the 150th anniversary of his birth was celebrated in 1995, with all his energy subjected to the formation of a clear Kazakh culture. (1).



### **The Expectation of Participation**

Fortunately, I enjoy arts and traditional culture generally but even for me the pressures to maintain the 'social programme' and its schedule became strenuous sometimes affecting the Project programme itself. I was thus taken on most trips to the Central State Museum and on many occasions to the State Art Museum. But this is really only the proverbial tip of the iceberg. Art is part of the Kazakhstani peoples and is admired and practiced by all. All more local events, trips to hospitals and institutes as well as people's own apartments would normally involve music and dancing and our participation was often required as a form of politeness.

The story so far has been replete with instances of this. Indeed, it can as rather a shock at the initial Workshop although we did manage to render a passable 'Ol' McDonald's Farm'. Another instance, in the last chapter, where I was required to sing and dance at the wedding despite my what I have always understood to be flat voice and my gammy leg. Every time, we saw someone arrive and perform in local dress we knew that sooner or later you would be required to take an active role as well. It became second nature as was toasting at all events. Fortunately, the joy of your hosts in your participation rather than your achievement and there is no real come back if you do not succeed as was all too often the case.



*Photos 16.10 to 16.14. Examples of local entertainment that is always available – a nurse performing at one of end of workshop 'dastahans' and a student show at Talgar Medical College. After such events, our participation is required, as can be seen.*

### **Kazakhstani 'Hospitality' Features on BBC Radio Four!**

Recently, I was half-listening to BBC Radio Four one Saturday morning and during one of the programmes, it may have been 'Home Truths' or 'Excess Baggage', I heard Alma Ata mentioned and pricked up my ears. Strange, I thought to hear the outmoded city name but listened on to the story that turned out to be a frightening and overwhelming event but with an ending that confirmed that someone had come to understand the basic approach to Kazakh hospitality. As I remember this story went as follows.

*"A businessman or official did not have his car and had arranged with his customer or client to borrow a car and driver to get home rather than take a chance on finding an official taxi as it was getting late. Outside the building, he saw a man in a car who beckoned him over and he checked only one person was in the car (a security measure in Kazakhstan) and sat in the front seat. However, he became concerned as just before they set off a second man did get into the back seat.*

*This concern, as he put it, was then expressed as they passed through his area of town. The additional passenger shown him the front end of a revolver and they continued to arrive at a suburban block of flats – one of the thousands that surround all former Soviet cities. He was taken to a flat on the second floor.*

*However, his concern was eased a little when the flat door opened and he saw a young girl of maybe nine years of age followed by another woman approaching middle age and smiling, welcoming him inside. There he saw a table full of good food and was invited to sit and take part of 'dastahan'. His two fellow travellers joined him pouring him and themselves copious beer and vodka. Clearly, it all became more relaxed as the evening bore on and his little Russian and there smaller English meant some limited conversation but nothing about his eventual end.*

*The meal took some hours and took its 'natural toll' of him. He was invited to sleep in a single bed in the only bedroom and the other two men slept in the same room, on a temporary camp bed and the other in a chair. Next morning he awoke and the two men began drinking again and insisted he join them until the evening when they retired to the same sleeping arrangements.*

*Finally on the third day, when it was clear that the men intended to take him back to his accommodation, he managed to ask of them why they had taken him thus. The one in the rear made it clear that his wife wanted to have an Englishman in their home to share their hospitality and they had selected him. Why not ask an interpreter to ask him rather than go through this process, he posited. Their reply was to the effect that had they done this, the interpreter would want to join them for the meal that would mean extra cost and problems with accommodation.*

*Despite the scare of his predicament, he arranged to meet the family again and had several meals with them and went out with them on trips around the City and he is still in touch with them...." (2)*

### **The essence of Going with the Flow**

I thought long and hard to try to come to terms with this story. I concluded this rather dramatic example of Kazakh hospitality could perhaps be an extreme illustration of the traditional Kazakh approach to relationship building. It demonstrates perhaps, albeit in a most excessive form, the need, in response, to adopt an approach a 'social survival technique' that I termed 'going with the flow'. Events would arise in Kazakhstan that we could not necessarily rationalise from our Western understanding that often involved excesses of



Kazakhstani hospitality and the only approach was to 'just go with it' or potentially cause offence.

Not always easy of course, especially in the example above, and I am sure most Kazakhs would suggest that was really going to far. But it is related, I am sure, to the traditional Kazakh need for informal interaction and hospitality that allows informal and then formal, positive relationships to be created. We, in the West tend to expect the reverse formal introduction and informal relationships slowly developing after that. I am surmising here. But certainly, I found out that 'just letting things happen' was a way of avoiding stress. I was ever suggesting to John that when events took at strange turn in the programme that 'going with the flow' was the only way to cope.

The example also demonstrates a wish to contact the West. We had restricted our cohort to twenty but there were many others wishing to meet us interested within and outside Almaty Oblast Health Administration. Classes would often be interrupted for the day to ensure that we could attend a '*dastahan*' on time in a participant's home, or a friend's home or even at the local baths where Aman had decided to take us. Here we would reinforce informal relationships again and meet others to start the process, as it seemed to me.

It seemed that Kazakh culture like the Steppe itself where the culture would have developed, had a sense of timelessness that was so contrary to our need to achieve objectives by set times no matter who they upset. When such events arose, it was useless complaining or even reasoning from a more Western standpoint. Here was just one answer; we had to 'go with the flow'.

#### **My First Experience of 'Going with the Flow'**

Learning to 'go with the flow' was learned very quickly on my first visit as has been recounted. The initial night in the Bar where the singing began and the toasting began. I was in their hands and following their instructions, I felt safe but rather overwhelmed. In fact the whole week where I gained sleep where I could between bouts of meeting delegates in their rooms for late night imbibing and early morning working to ensure the programme went as required – again a need to go with the flow.

I also learned in that early period that 'going with the flow' meant in Kazakhstan, the need for flexibility. I think back to the session on management that had originally been planned where Duncan Nichol, as NHS Chief at the time, was to give an overall national perspective and the delegates really wanted to know what this would mean for them at the coal face and I as the more operational guy had to takeover the speaking role and Duncan my more supportive role. A double whammy so to speak, unprepared initially and in a strange relationship with my ultimate corporate boss, many levels above.

Perhaps, the classic example here, however, was the Sunday after the end of the Workshop finished on the Friday and we had spent much of Saturday clearing up and collecting ourselves. This was covered briefly earlier on but is now looked at in more detail in the context of the importance of learning to 'go with the flow' needs to happen more quickly than we might think. Because of the need to ensure a fair share of the hospitality to everyone, I had finished up eating four meals – going with the excess of flow indeed. But I gained credit then and not the accusation of gluttony that would be attributed from Western thinking.

And then on the next day, of course, the next day, I was to have a different and even stranger experience, my first visit to Kapchagai, that I recalled in an earlier chapter – my first trip out onto the step with a driver who could not speak English, to meet Doctors I barely knew and to speak at length on the local TV. We had to leave at seven. The 'flow' of the day before saw me through. Clearly, I had now the benefit of a major tool to overcome the generosity that is so prevalent in Kazakhstan.

### Michael – A Suitable Case?

Galena, our wonderful interpreter, supporter and friend, throughout the programme, decided one evening that I must meet her friend Michael, as I would enjoy his company, she confirmed. We travelled to Michael's single storey wooden house in the suburbs by local taxi i.e. by flagging down a motorist and offering them money. We finally found his house in the middle of a single-storey estate of wooden local housing. Michael was clearly eccentric – probably the most so I have ever met. His house's exterior alone tells you this – its wooden surface was white painted and covered with paintings of Egyptian deities.

Michael himself was an elderly but fit man with shoulder-length white hair and sweatshirt and tracksuit. Most of his small garden was taken up by a Greek folly full of Egyptian statues. His main room was covered with some excellent paintings; the upstairs loft space was in effect a museum of all sorts of artefacts he had collected – chain mail and helmets, porcelain, pottery a whole range of items he had collected and clearly cherished. He apologised for having little that was British but did produce one or two coins and a small commemorative vase as I remember – perhaps the 1952 coronation.



*Photos 16.15 and 16.16. Galena took me to meet Michael was clearly an intellectual and an eccentric. His upstairs was a museum of all sorts of treasures from around the world, valuable or less so, and downstairs an art gallery packed with treasures saved from Soviet repression. I was lucky, not everyone is always welcome.*

He showed me round with interest and pride. He himself had been an officer in the Russian Army and had escaped from a German prisoner of war camp he explained, showing me his officer's cap. But more surprises were in store. The whole staircase I notice was like a wine-rack, several dozens of bottles but none with corks in. This he explained through Galena was his filing system. Each bottle contained notes about particular events and happenings, which would one day form his autobiography.

He then showed me a small hiding place in the small hallway and said that this is where he hid valuables from the Soviet police. I asked what sort of valuables.

*"Writings"*, he said clearly dismissively, albeit in Russian.

*"What writings"*, I asked, my interest aroused.

"Oh!" he replied again clearly dismissively.

*"Things like a handwritten copy of Solzhenitsyn's Gulag Archipelago to keep for safety."*

The whole discussion reminded me of Ray Bragbury's *Fahrenheit 451* that I had read many years before where the State banned and literally burned of all literature. But he said the paintings were of more value. He was also keeping these for more enlightened times and hoping that his house would eventually become a museum to post-Soviet enlightenment. The new State had asked for them but he wanted to hold on to them for this.

We drank some tea and some beer. Galena explained that Michael was pleased to meet me. He was careful whom he met and often turned down opportunities for example to be on state TV to discuss art, literature and share his knowledge. I wondered why. He felt he said that they were not ready for him as yet and would probably scoff at him. He sometimes attended previews of exhibitions and advised however.



*Photos 16.17 and 16.18. Some more of Michael's collection of art that filled every space on the walls) and his 'filing system' of bottles where he saved his thoughts about various topics and events. I wonder if there was later a bottle for me – the first Brit he had met? I would be really flattered!*

We ate a modest fare that Galena in the main had brought with her – tinned sardines, black bread, boiled eggs and preserved wild mushrooms. The latter were much revered by the four of us, his daughter-in-law having joined us from next door. Galena explained that it was a traditional occupation to collect and store wild mushrooms all over the old Soviet Union. Her husband, a Ukrainian by ethnicity, was so passionate that he would go to his own secret location in the mountains to pick them at their best, leaving very early in the morning to ensure he was not followed. I met him later when dining at Galena's apartment. Another great character, a professor of nuclear science, as I believe, teaching at one the main university in Almaty.

To this repast, I added a half bottle of whisky one of the batch I had brought with me for such an eventually. This too was revered and afterwards I am certain that the bottle went upstairs into the museum. Sadly, I did not meet Michael again. However, I did pass on to Galena a few items I collected for him on the next visit – books and coins and a few souvenirs from Heathrow on the way out, a tin of tea and so forth. I would I have liked to have added more but weight is ever a problem. However, I gather he was delighted.

### **Idris Akhmet – A ‘Kindly Rogue’**

I could continue talking of the characters I met but will limit my discussions here to just one other. A great friend, Idris, Baksha’s husband and the Principal of Talgar Medical Institute. He was ever smiling and ever looking to mischief to amuse. Whenever we visited Talgar, there was a huge pageant show put on by the students of traditional dancing, singing, playing the dobra, acrobatics and so forth.

His ‘mischief’ worsened every trip. During my first visit, we meet for ‘dastahan’ as ever one evening, Bolat, Natalia, June, he and I. We sat in a yurt on stage on the floor to enjoy this. I was talking at length to Natalia trying to settle programme details before the departure. He moved immediately, to June, put his arm around her and sad through the translator also there, now you have your woman and I have mine – embarrassment and giggles all round. I just laughed and apologised for limiting my dialogue to business with Natalia.

The next visit to Talgar, he called me up on stage after the normal pageant, handed me a dobra, sat me down and asked three of the prettiest to join me.

*“A photo for your wife”, he explained in a polite form of devilment “I am sure she will then understand why you visit Almaty so much.”*



***Photo 16.19 – An example of Idris Akhmet’s sense of fun. A photo for me to show Linda of my reasons for visiting Almaty so much.***

But the third visit was him at his worst. We were a large party at ‘dastahan’ as ever with several of his staff with us. He asked me to toast Natalia and then noticing my precaution said that it was normal to finish the glass - large vodka when toasting a lady.

He then toasted each lady there, about eight or so, in turn and insisted again that I must join him. Again, on the first to his wife Baksha, I was cautious.

*“Oh no!” he said, “You cannot finish your glass to one lady and not all the others, they will be offended.”*

I made it back that evening but remember little until the disaster I felt through my whole body next day when I woke. Maintaining the ‘flow’ was hard work all that day and the next as I recall.

Idris was an excellent host who we met several times through the Project usually At the Institute but once in some fields near the site of the signing of the original Declaration of Alma Ata some 20 years ago now concerning the need for universal primary care. (3)



*Photo 16.20. Bota and her husband, Galena, John and I were the guests of Idris with Baksha and her colleague Natalia near the actual site of the signing of the Declaration of Alma Ata.*

The location of the site of the declaration signing was small wooden platform, a field or two higher than where we sat, that was now derelict but in a significant location because, we were told it location between two small mountains. I asked the names of the two mountains and Idris replied that it was right for Baksha as a woman to reply. She blushed deeply and spoke to Galena – finally blurting out ‘breasts’ to us before hiding here face in embarrassed shame. The place where were sitting in was evidently known locally the ‘Valley Between the Two Breasts.’

The old rogue Idris was up to his pranks, creating embarrassment and humour again whenever the opportunity arose. But he clearly held in terms of his guests that this was appropriate location for us as part of our mission, as it had been the declaration giving support to universal primary care. With Idris’ past record for humour I was not sure whether to believe any of this. Bolat said later that he had attended the original conference there and thus perhaps it was so. But I remain unsure.

#### **Celebrating ‘Nauryz’ in Kapchagai**

By our third visit, we had become quite used to interruptions in the Project programme we had planned in advance. This time the cause was the need to celebrate ‘Nauryz’ or Asian New Year. Early in the afternoon, we were whisked off Kapchagai ready to attend this event there on the next day. Yet again we had to revise our programme and saw it as ever as a nuisance. However, John was now learning my approach of ‘flow going’ as he called it and we learned to cope.

We were taken at ten precisely next morning to a field just outside the small town where several Kazakh ‘yurts’ had been erected in a large local field creating a grassy ‘square’ in the centre. We were taken to a prominent ‘yurt’ that Zhanaidar informed us was sponsored by the

local hospital and required to sit on the ground with our legs under low tables, full of 'dastahan'. After this event, we walked round within the square with our hosts, watching various side shows outside each of the 'yurts' within the square shaking the hands of all we meet. This was clearly an opportunity for each to offer to each other present the greetings for the time of year.

On returning to more 'dastahan', just as at the wedding there turned out to be three courses of this, all including several vodka toasts. During the second round, I was asked to carve again, as 'the most honoured guest', the head of a roast sheep. I had fortunately been afforded this privilege a couple of times before and took this time careful advice as to whom to allocate the ears, tongue, eyes and other delicacies. We sang songs as we could, not knowing all the words or tunes, with either Eric or the ladies in the centre or even me leading. WE were asked to participate of course. I think I did 'Maybe It's because I'm a Londoner' – as ever I was told I had a good voice and even half started to believe it.

Again, the whole day was a real treat for us to see and enjoy such participation. We had our own interpreter that day, an American student who was teaching at the local primary school. As ever, we were subject to the curiosity of the local Press and both John and I were interviewed. How did we like Kazakhstan? Was this our first trip to Kapchagai? How had we enjoyed 'Nauryz'? Did we have anything like this in London? Normally not difficult questions but when following much vodka and many toasts the more so.

John even tried riding a local horse and it did gallop off with him astride. I was just a little concerned but a whistle from its owner and it returned. The only problem I saw was convenience or 'inconvenience'. Port-a-loos had not yet arrived in Kazakhstan and when I made my request for directions, I was whisked off in a four-wheeled vehicle out onto the Steepe to find a suitable, open location there where shrubs let alone trees did not exist.

The day was splendid with local and colourful costumes and everyone seemed in a good mood. The day finished with many speeches from the local dignitaries and songs led often by young groups of females either on the central stage and from within the 'yurts' themselves. In our own 'yurt' only the men sat around the edge and the women provided fare from the centre. Kazakhstan still has a little catching up to do in terms of gender discrimination I felt.

The event, I was told, had been banned during Soviet times and had only recently been revived. Clearly, all the locals saw it as an expression of independence and they were clearly relishing this. The famous 'polo' of teams competing for the stuffed sheepskin was being held a field or two away but was considered far too dangerous for spectators to be anywhere near to see sadly!

I think that day, I really began to feel really relaxed despite the unfamiliar surroundings. It is certainly a day, I look back on with great pleasure and one, like the wedding, that I would remember all my life. It may well have been the first time that Westerners had attended such an event in Kapchagai although apart from the press, we attracted little curiosity it seemed. Perhaps by learning to 'go with the flow' we had made ourselves less conspicuous and able to join events more without feeling too self-conscious. Certainly, I felt this to be so.



*Photos 16.21 to 16.26. A magnificent day at Nauryz ('Asian New Year') in Kapchagai with plenty of eating and drinking, singing and dancing – even horseriding for some! A magnificent day all round!*

### **The Problems of the Social Programme**

Another day, Zhanaidar took the lead in suggesting as it was hot that we had another 'social interruptions' so that he could take us swimming. This was countered by the fact that the Embassy staff were making a polite visit but it took some persuasion not to finish too early. Fortunately, so and this proved to be more than just a polite visit. However, I gather that the report back to the KHF would be positive.

Our ability to cope with the flow of hospitality did mean that everyone on the programme had their chance to share hospitality with us. We were taken to all of the best restaurants in town – certainly the traditional ones. We ate in the ski lodge up at Shymbulak and the beautiful wooden building half way up on the road to Medeo both with Gulmira and Mary. We ate at several restaurants in town belonging to 'relatives' of our programme team, either near or very distant – see above.

We had '*dastahan*' at a small farm, en route to Kapchagai where Viktor Kim kept his pigeons, a resplendent 'farmer's meal' with fresh garden produce and lots of river fish and cream. We ate at hospitals, colleges, school halls as well as Presidential retreats and wherever and always it was impossible to refuse the hospitality! Gradually, we became used to avoiding some of the foods and even some of the drinks to ensure we could continue with what was ever a hectic social schedule, without giving any offence.

On our very last day, we ate in a field, with staff from the hospital putting on a further pageant. This was with Omagali, with whom I had never really struck a chord and this seemed mutual. However, the culture of Kazakh hospitality overcame such feelings of course. The Kazakhs have a strong feeling for nature and that afternoon listening to nightingales and other thrushes and linnets and finches is something again I shall treasure. It seemed to epitomise much of the spirit that is so often demonstrated by all the people of Kazakhstan.



*Photos 16.24 and 16.25. 'Dastahan' in the open fields listening to the nightingales on our last full day. Our host Omirgali Kenshebek with Galena and her son; Bolat said we had 'our own nightingale' with us and indeed she was another who had a really beautiful voice*

### **References**

1. Olga Talanova 'Republic of Kazakhstan Photo Album' Almaty 1996
2. From John Peel's Programme 'Excess Baggage' BBC 4 Radio, (2002)
3. See for example Brian Abel-Smith 'An Introduction to Health: Policy, Planning and Financing' (Longman 1994)



## Chapter Eighteen – The Longer Term Value

I found a copy of the interview I gave way back in November 1996 to Middlesex University's internal newspaper 'North Circular' after the first Project visit. Among basic information about where Kazakhstan was, who the team was, who were the participants and what we were trying to achieve, I was struck by the following: -

*"Project Team Leader, Steve Collins, described the cordial welcome extended to himself and his colleagues. 'Great hospitality is the trademark of these people,' he confirmed. "Although work based learning is a new style of learning, and they are not used to team-work learning, they seemed to enjoy it. It was sometimes hard to get the message across that we were not there to give them extra resources, but rather to improve their efficiency in what they have through improvement management techniques." (1)*

Clearly, this reflects my response to Aman's initial, 'challenging' request for his surgical instruments mentioned above. But somehow goes beyond this and could be seen more in the light of a guideline we pursued throughout the programme. We were in essence helping the cohort come to terms with the importance in their own managerial context of efficiency with some overlay of effectiveness. It was in effect about helping them to learn to make decisions the best use of resources in effect.

But there was a further consideration of the lasting effect of the Project learning in Almaty and Kazakhstan generally, of sustainability in effect. The importance of such as an outcome was rather quashed by the Know How Fund in the 'logframe' that was finally agreed. They were more interested in shorter-term objectives and being fair to them, they did need to ensure immediate achievements to justify the expenditure in the short-term. However, it was part of my original vision when originally drafted the Project outline and remained part of my philosophy throughout the implementation of the Project programme itself.

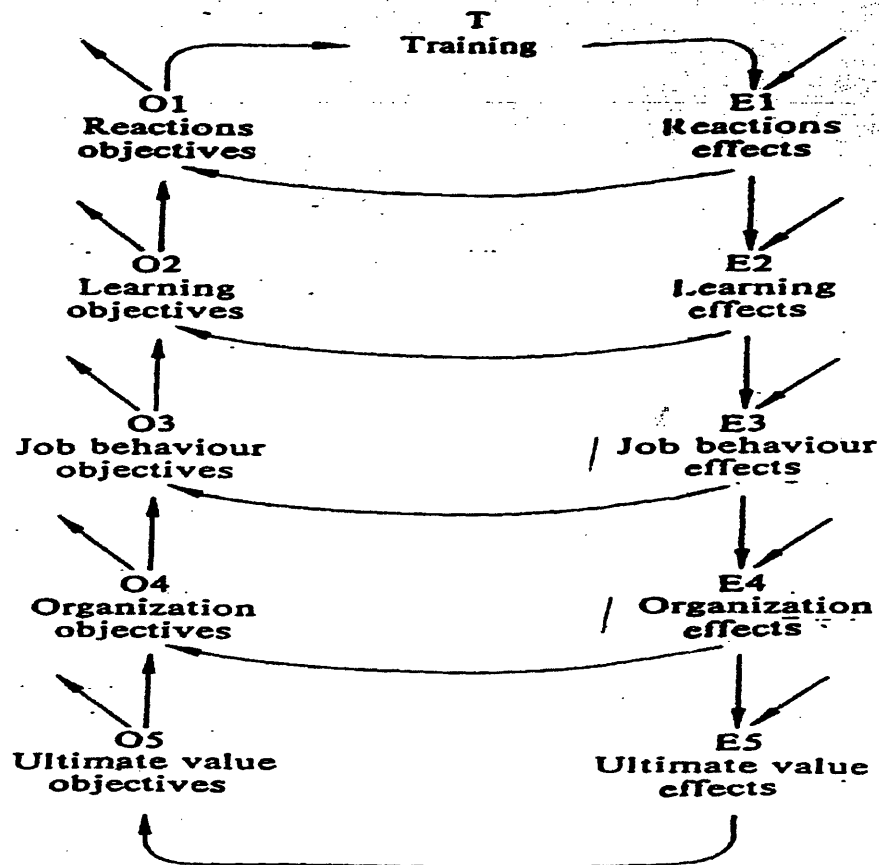
### The Problems of Longer-Term Evaluation

Training and particularly management development training is always faced with issues of justification of lasting value. It is often a matter so difficult to prove that it in effect is forgotten. Thus the value of training and development becomes a matter of trust and belief rather than judgement and measurement – either you believe in it as a longer-term solution or not rather than look for evidence of success.

Looking at this another way, if an organisation has been successful, how do we know it is the result of any management development programme not some other intervening factors. I often see this in terms of the late Goon Spike Milligan's deliberately overstated memoir '*Hitler - My Part in his Downfall*' and let me illustrate why this is the case. (2)

Overleaf is Hamblin's model of evaluation that has shaped my thinking for the last two or three decades. The model's initial value to training and development is that it reminds us not to take the benefits of training and development as read and there is always need to try to evaluate even if this proves problematic. The second lesson is that if we ensure the shorter-term effects have happened, the longer-term ones such as sustainability do have a chance.

In terms of the Project, we checked the first three levels, by ensuring initial understanding during the training event itself often by question and answer (*reactions level*) and then retained understanding by continued reflection sessions throughout the programme (*learning level*). Evaluation of the third level (*job behaviour level*) to ensure transfer and application to the workplace was via the work-based portfolios, by the presentations given and the evaluation interviews to complete the report back to the Know How Fund.



*Figures 18.1. A.C. Hamblin's Five Levels for the Evaluation of Training. (3) The first two, E1 and E2 took place during the programme and the third, E3, at the end as the basis of our report back to the KHF. This chapter looks to the last two, E4 and E5.*

The final two are those that consider the lasting or sustainable outcomes. 'Organisational effects' (E4) really means evaluating the change that has resulted from training to the organisation itself, in other words has the programme learning permeated throughout and the fifth, 'ultimate value' (E5) considers the effects on such factors as efficiency and effectiveness, profits, market share, labour turnover, management philosophy and improvement of service.

The difficulty is here the fact that training may have had some minor effect and may even have been a major contributory factor but you can never be certain. In other words it comes impossible at these two higher levels to eliminate the many other intervening 'variables' and be able to isolate and measure with any degree of accuracy the training's overall contribution.

At the end of the Project, partly because of these difficulties and partly because we were not required to do so by the KHF, we did too little to check or report on either of these longer-term effects. The 'so what' factor came into play at the end in effect. It was suggested recently, however, that it would be interesting now to return to Kazakhstan and try to gauge the Project's sustainability within the Oblast. But much as I would love to go there and meet the cohort and my other many friends again, I have doubted not only the practicalities but also the value of how would we be able to prove anything of real value as a result.

The reality is, as often happens with these higher levels of evaluation, that the time has now gone. Observation of any such changes would be near impossible – how would we know how they have come about. It could be argued they did or did not; it is a matter of the trust and belief rather than any judgement as suggested. In any case, those we knew in Almaty have moved on as indeed have we ourselves. Another trip for me now may prove interesting to an extent but on the other hand, would most likely to prove embarrassing in the limitations of its proving success or otherwise.

#### **Developing an Appropriate Evaluation Tool**

Hopefully, a more suitable alternative approach has been developed. This builds ironically after all my concerns about this tool, on the risks that we identified with the KHF and set out in the subsequent 'logframe' - the factors that were considered as those that could well 'reverse' the value of the Project and its learning programme. These were threefold – political stability to ensure continuity of such strategy, economic growth to ensure the wealth to develop public welfare services including health and the continuing strategy towards developing a mixed economy in health care

The basis of thinking here is that if these three factors remained positive, the cascading of the learning could well have taken place. In other words, if the factors remained positive and as we had proved that learning had taken place, there would a good chance that to some small extent at least there were longer-term, sustained effects – or using the Hamblin model, levels one, two and three were present as shown in the short-term evaluation (see Chapter 11), levels four and five would most likely have been achieved as the environment rained conducive to allow and even encourage such.

One further factor is needed perhaps here that of will. Certainly when leaving Almaty, there were policies in hand, partly at least as a result of our programme, to delegate management decision-making to more local levels. This also would need to be present as a factor that would facilitate sustainability. The model below hopefully illustrates the whole thinking and the being process used now to confirm long term values had a good chance of successful integration and sustainability: -

$$\begin{aligned} & \mathbf{Political\ Stability + Economic\ Growth + Mixed\ Healthcare} \\ & \mathbf{Provision} \\ & \mathbf{x\ Development\ of\ Decision-making} \\ & \mathbf{= Sustained\ Programme\ Learning} \end{aligned}$$

*Figure 18.2. Model of the evaluation process to be used in this chapter to ascertain of the Project had the potential for sustained learning based on the three risk factors of the 'logframe' and development of local planning*

#### **Researching the Risk Factors**

The problem here is that to research this in the UK is really the problem I have already mentioned that of the lack of articles on Kazakhstan appearing in the Western press as yet. Of those that are coming through most generally concentrate on four or maybe five topics of interest. Roughly half, understandably, concern Kazakhstan's potential and management of its oil in the Caspian Sea, this is by far the major attraction for Western business interest and visits. Beyond this in approximate order are the political dealings of the Nazerbaev government, then issues around migration both in and out of Kazakhstan, ethical issues and particular the political advance of Kazakh over Russian and finally the disruptive move of the capital from Almaty to Astana.

Sheena Hassan

However, there are a few textbooks and studies also appearing and through both these and the articles there are, there is hopefully sufficient evidence to ascertain the probability of success, or otherwise, of the Project in terms of sustainability. Each factor in the model above will now be reviewed in turn.

#### **Factor One - Political Stability**

Most would agree that President Nazerbaev has pursued a successful strategy of peaceful interaction with its powerful neighbours Russia and China. As a result perhaps, despite all the issues as suggested by the summary of articles above that could have seriously affected political stability, Kazakhstan has survived and even prospered and as a result recently celebrated its first decade as a sovereign state and it did this with a society with apparently little direct conflict and with its frontiers remaining in tact

A major area of concern has always been the loyalty of Eastern Kazakhstan, the industrial area around the city of Ust Kamenogorsk. Despite a spate of migration back to Russia soon after independence, some three quarters of Kazakhstani citizens are still recorded as ethnically Russian and expected at least in a fair percentage of cases to be considering wanting to detach to become separate state or join what they regard as their 'motherland' the Russian Republic itself. However, generally speaking, the ethnic Russians that remain seem to have accepted a reversal their previously general predominance as the more powerful and lucrative ethnic grouping and thus come to terms with life at least to an extent in the new state. This is based on conversations I had in Almaty although the following item from *'The Economist'* of March 2000 does suggest otherwise: -

*"The first public sign of this shift in Russian assertiveness with the arrest of 22 young ethnic Russians, among them 12 Russian citizens, in Ust Kameogorsk in northeast Kazakhstan last November. They were accused of planning to seize local government buildings and declare an independent Russian republic. Details of the affair are still unclear. However, the city's mayor, Vera Sukhorukova, insists there is no support for separatism". (4)*

The State led by President Nazerbaev is to an extent in a dilemma here. Obviously, he is looking to take steps to promote a greater Kazakh influence in the politics, economics and life of the new state to offset the imbalance that existed before but he must ever be wary of any potential alienation let alone direct conflict such policies can cause as illustrated above. As Olcott pointed out as early as 1993, he has avoided confrontation on ethnic issues by asserting that Kazakhstan is both a multinational society and a homeland for the ethnic Kazakhs at the same time. (5). It is the lack of articles of this nature, perhaps, that would suggest that Nazerbaev seems to be successful in this ambiguous approach ever since.

An article by Pal Kosto of 1998 in *'Europe-Asia Studies'* maintains that whilst conflict continues to exist, it is rather to the extremes. His article by developing a model of distinct sections or levels of published debate, suggests a reasonably open debate in the media on many issues including nation building exists: -

*"At 'ground level', 'the polemics include a wide variety of disparate viewpoints, among which also high-pitched nationalist positions are represented. Hard-line Kazakh nationalists usually vent their rancour in Kazakh-language newspapers. These papers hardly any Russophones are able to or care to read.... On the opposite side of the barricades, most Russophone hard-liners write in the Russian media published in Moscow or St Petersburg. Russian language media in Kazakhstan are generally either pro-government or non-political...."*

*Elevated above the shadow boxing of the ground floor level hover the official statements of Kazakhstani authorities, embodied primarily in the dicta of the President and the constitutional formulae.....They are not open to overt criticism or disagreement in the public debate. Still there is a certain leeway for interpretation and elaboration on his viewpoints, which in any case are not unequivocal....*

*In between the official and ground levels we find the academic discourse on nation building and integration. This debate is largely carried out in small-circulation journals which are not readily accessible to the public, not because they are high-brow as because they are simply not on sale at regular news stands” (6).*

Kolsto perhaps agrees with the observations of David Laitin made in 1997 in ‘*Post Soviet Affairs*’ (7) suggesting that much of what is being written is more related to ethnic identity preservation: -

*“... interpreted as interethnic violence and antagonism ought instead to be regarded as expressions of animosity and conflict within ethnic groups. Nationalist agitators are devoting much time and energy policing their own group to ensure that all members walk in step and no-one succumbs to the allure of assimilation into alien culture.” (8)*

Kolsto concludes from his analysis that there is a lack of widespread conflict in the population as a whole and that the views of Nazerbayev prevail despite their ambiguity. Other Western writers, however, challenge the notion that there is any ambiguity at all in Presidential policy. For example, Timothy Edmunds writes in the ‘*Central Asian Survey*’ in 1998: -

*“Nation building in Kazakhstan has been characterised by attempts to reassert the predominance of the Kazak ‘nation’ in the political and cultural life of the republic. Constitutionally, Kazakhstan is defined very clearly as a constitutional state, the purpose of which is to provide a vehicle for the self-determination of the Kazak nation. This constitutional definition represents a clear choice of an ethnic over a civic identity for the Kazakhstani state, though constitutional provisions are made guaranteeing equal rights to all citizens of Kazakhstan.” (9)*

Edmunds maintains that as a result there has been “slow process of ‘Kazakhstanization’” in the administrative and particularly at the highest levels of government’ and continues: -

*“In terms of national revival at a social and cultural level, many old Soviet and Russian street names have been replaced by the names of Kazak national heroes, and a new emphasis on a Kazak historical stance has emerged in teaching history in schools. The official language of the republic has been declared solely as Kazak (while Russian is identified as the ‘language of inter-ethnic communication’). In addition a new language law was passed on 22 November 1996 requiring all ethnic Kazaks to know the state language by the year 2001 and all other ethnic grounds by the year 2006. A provision was made that television and radio must also broadcast at least half their programmes in Kazak.” (10)*

As an aside, from my own experience, I must admit I did find the renaming of the streets confusing especially as there had been no revised maps issued. On at least two occasions when walking the City I remembering feeling I was lost when I was actually where I wanted to be.

But the important point that these policies are whilst not necessarily inclusive to non-Kazakhs are not as ethnically exclusive as been the practice in many other new states emanating from the old Soviet Block. As Bremner and Welt suggest on the 'US Economist' in 2001, Nazerbaev and his Government are pursuing a more policies of: -

*"... 'harmonisation' which encourages the participation of Russians in all facets of Kazakh life seeks, if not their assimilation, then at least their tacit acceptance of Kazakh rule. Automatic citizenship, wide tolerance of Russian language and culture, and government subsidies to the Russian-dominated industrial sector are all components of this policy." (11)*

Returning to Kolsto, he sees such tolerance as Kazakhs playing a 'waiting game' based on what has become known as the 'demographic argument'. Whilst immigration from outside Kazakhstan has not resulted in exactly a rush with only 182,000 of the reported 4.5 million living outside 'returning' to date and emigration of Russians and also Germans and others perhaps not on the grand scale anticipated, the higher Kazakh birth rate will in the end create the right 'ethnic balance' to justify 'Kazakhification'. As he writes: -

*"The Kazakhs, therefore, will win out without engaging the Russians in direct confrontation, simply by biding their time. The ethnic battle, as it were will be fought in the bed chamber, where the Kazakhstanis will be victorious". (12)*

Evidence for such can be seen for example in a TV advert by the Democracy Fund backed by various Kazakh businesses and Sarah Nazerbaeva, the President's wife, that offered 100,000 Tenge (almost an annual wage) 'to the parents of the first 2,000 babies born in 2000'. The article significantly dated April 1999 presumably some weeks after, did not suggest only Kazakh babies but ethnic Kazakhs do have a higher birthrate. (13)

#### **Move to Astana**

Another measure that could be interpreted as 'harmonisation' rather than 'Kazakhization' is the move of the capital from Almaty to Astana (renamed from Akmola). Under the highly suggestive title 'Aaarghmola', the 'US Economist' suggested the reasoning in 1997

*"Akmola's position is rather more central and its closeness to the industrial and resource-rich regions of Kazakhstan is said to make it a better place from which to govern. It is also further away from the conflicts in Tajikistan and Afghanistan. Almaty, on the other hand, is uncomfortably close to China – and with a population of more than one million is deemed to be overcrowded. It is also thought to be vulnerable to earthquakes.*

*But the main reason for moving the capital is to take the wind out of the sails of potential separatists. In Akmola, 70% of the population are ethnically Russian, Ukrainian or German and only 30% are Kazakhs. Making Akmola the capital is intended to help guard against claims that northern Kazakhstan should really be part of Russia." (14)*

However, there are concerns that it is too remote and too unpleasant as the title of the article indicates. Photos released (see overleaf) show pleasant buildings in pleasant environment but the truth is that Astana (it was renamed from Akmola I understand this translates as 'white graves') is 'a place in the steppes that feels like the middle of nowhere' ((15): -

*"The new capital, a city with about 300,000 people at present, lies in seemingly endless flat land and is prone to strong winds and winters that can politely be described as harsh; temperatures have been known to drop to 40 degrees below zero." (16)*

The move was very much the news on my last visit to Kazakhstan in 1998. According to the local opinion, the summers were even worse as the place was plagued with mosquitoes! It is also located in the centre of the steppe in the world that is really a vast wilderness. I remembered that trip from Kapchagai to its edge and our toast to it. It deemed an endless and barren wasteland to me then! The Steppe remains a source of ambivalence to the Kazakhstanis, they both admire and fear it and have mixed feelings about the capital being in its centre as well.

**The Importance of President Nursultan Nazerbaev**

There seems no doubt that the enduring presence of President Nazerbaev has been crucial to the survival of the newly formed Republic with its frontiers in tact. He has not only provided the newly formed state or nation, as you will, with leadership but also acted, as statesmen ensuring the vulnerabilities of Kazakhstan have not been exploited.



One article I read in 1996 saw him as a 'reformer in the Thatcher mould' as a tough, hardheaded nationalist 'but unlike the Iron Lady, there is little chance of him being ousted from power.' (17). Others suggest even more permanent comparison and concerns: -

*"Although his sweeping political powers have prompted comparisons with a traditional monarchy, there is no mechanism in place for his succession, a matter of concern to foreign investors." (18)*

There is ever the concern in the West with corruption in any former Soviet State and political commentators in the West will write on any inkling of this in Kazakhstan. The Nazerbaev family for example apparently benefit in the positions that they hold and perhaps there is a hint of 'dynasty building' and certainly of nepotism happening: -

*"Mr Nazerbayev, 61, has three daughters. One is married to the son of the president of Neighbouring Kyrgyzstan, another to the head of the state oil and gas pipeline monopoly (he also controls the county's third largest bank), while the third daughter manages a conglomerate that includes most of the country's press and television. Her husband is the head of the Almaty branch of the successor agency of the KGB, the Soviet secret police." (19)*



*Photo 18.3. Out with the 'Kapchagai Boys' to toast the Steppe. Behind us we saw an unending, flat, soulless area that just seemed to go on forever.*

Another 'US Economist' article suggests that the political approach of Nazerbayev puts democracy itself in the country at risk. He is seen to be 'turning the screw' by instituting law that effectively 'all but impossible for independent political movements to register' with only three, all pro-presidential, of the existing nineteen parties expected to survive. By this process the article suggests: -

*"... political authority is concentrated in the hands of the presidential family and a handful of advisers." (20)*

Edmunds would suggest that what we are seeing here is really the manifestation of the same 'zhuz' or horde system, discussed in the previous chapter and thus that Nazerbayev is merely working to some extent at least to traditional political patterns: -

*"Rivalry between these networks for important positions is intense and, at the highest level, is seen in terms of 'zhuz' and even clan membership. Contacts in the Presidential Apparatus pointed out to me that each 'zhuz' was seen to have strengths and weaknesses in different areas of the country and administration which came about 'naturally' through geographical dominance and traditional Kazak emphasis on 'zhuz' roles... In a sense, this 'natural' decision of roles and 'zhuz' has led to a similarly 'natural' division of power in the administration." (21)*

Perhaps there is much truth in this especially taking local context into account. Interestingly, Edmunds adds: -

*"Competition for positions between these rival patronage networks has expanded from the capital to all regions of the country and has often led to those without the right connections being forced from their jobs in favour of somebody with the right 'blat'." (22)*

It is fascinating here to see that this Russian concept we have already considered in the previous chapter being used here to support traditional Kazakh practice. Edmunds continues to point out that whilst most Kazakhs admit the importance of counting back 'their forefathers for seven generations', 'zhug' is not the only factor that is creating membership of networks. In fact, non-Kazak membership does happen. The right extended family connections may not determine the pattern of your career in Kazakhstan but they do clearly help considerably. Perhaps this demonstrates a flexibility of both the practices of 'blat' and 'clantocracy' as institutions of social relationship in modern Kazakhstan society.

Our lack in the West of clear understanding here of the range of relationships that Kazakhs form and use prevents us from seeing such happenings in terms of processes of corruption in operation. Perhaps this does happen in our terms. Perhaps we should be wary. For example, one 'UK Economist' article pointed out recently that we needed to be sceptical that the Presidential Fund created for oil profits now standing at some \$22.3 billion. (23).

Is Kazakhstan yet another Philippines, Rumania or even, as we are now finding, Iraq? We need rightly to be cautious but also try to understand in its terms rather than judging by Western standards and values. After all, there has been stability in Kazakhstan for over a decade now and this certainly looks to continue. We need to look to the outcome more than the process. As far as our project is concerned such stability creates an environment conducive to the spread of management practice considered on our programme of learning.

#### **Factor Two - The Development of the Economy**

Martin Taylor, the very same chap I worked with in my early days in Almaty and now with the Know How Fund, wrote a contribution on Kazakhstan in a comparative study of FSU business cultures and his summary then was as follows: -

*"Kazakhstan has emerged from the dissolution of the former USSR in clearly rather a shaky position. In spite of substantial reserves of oil and gas and other raw materials, its economic development remains uncomfortably dependent on the Russian Federation... Moreover the legacy of the old planning system is a continuing heavy dependency on Russian technology and equipment... Kazakhstan has achieved only moderate success in its moves towards developing a modern market economy. The privatisation programme has been slow to produce tangible results in terms of efficiency of privatised former state assets and demonopolization..."*

*The emerging business culture in Kazakhstan appears to be characterised by a short-term perspective, an unhealthy spread of corruption and a preference for trading activities over production...*

*The continuing problems encountered by the manufacturing sector cause particular discomfort to many Kazakhstanis since the economy is already dependent upon imported manufactured goods and equipment... ” (24)*

On this basis, the picture is not, however, one for the development of positive management practice in any sector of the economy let alone health it seems. However, what a difference a few years can make. *'The Banker'* in March 2001 reported the following: -

*“As Kazakhstan prepares to celebrate the tenth anniversary of its independence in December, its growth is in double figures, its financial system is the envy of the region and its oil reserves are emerging as an Aladdin’s cave of riches.” (25)*

The article notes that the oilfields that are at the heart of Kazakhstan’s growth and with the location of *'one of the largest and deepest reservoirs'*, the new Kashagan oilfield, three miles down in the northern Caspian Sea, Kazakhstan’s future is clearly as the same article suggests, *'sharply brightened'* (26). With that much wealth, economic growth is going to happen regardless of other, social and political considerations. The *'UK Economist'* in June 2003 reported that growth in oil production had doubled in the last few years (27) and clearly this would account for much of this growth.

The figures indicating the changing fortunes are amazing: -

*“Following several years of falling GDP (a 38.5% decrease between 1990 and 19950 after the Soviet Union was disbanded, GDP grew by 9.6% in 2000... industry output increased by 14.6%. Investments in fixed capital increased by 29.4%...” (28)*

In addition foreign investment was rising and in oil was reported to be some 9% of total GDP. Ben Aris in *'The Banker'* summed up the position in July 2002 (29): -

*“The pump has been primed and Kazakhstan can boast to be the strongest of any country in the former Soviet Union. Having out in a sparkling performance in the last three years, the worst seems to be over as the circle of reforms and investment drives the largest of the five Central Asian states forward”. (30)*

### **The Most Expensive City in the Worlds for Travel – Almaty!**

Another indicator of the successful economy in Kazakhstan that has been reported upon is the rising cost of living for travellers to Almaty. Hotels were never cheap in the mid or late 90s when I was there and we stayed in a rented flat as a result. However, prices seem to have risen continuously since as according to a short article in *'Business Week'* at the turn of the Millennium: -

*“An interesting factoid for business travellers. The most expensive city in the world, at \$462 a day, isn’t Paris, Tokyo or New York. According to a new survey, the priciest spot is... Almaty, capital of Kazakhstan.....Western-style comfort is not cheap.” (31)*

There were never that many hotels in Almaty although many of the luxury standard were being developed before the turn of the Millennium. However, obviously the rate of development has not kept pace with the demand. The article goes on to suggest that the reason for such an increase in demand is *'proximity to huge new oil fields.'* However,

'Proximity' is rather a misleading term whereas the oilfields are to the far West of Kazakhstan. What is meant here is access with the only real route to them being to fly to Almaty, as the gateway city to Kazakhstan, and then internally back again to the Caspian Sea.

I have spoken recently to two or three management students attending the management courses I deliver at both Birkbeck and the Open University who have recently visited Almaty. They confirm that it had indeed become an expensive city with accommodation costs in particular having risen. They all confirmed that it is a more affluent city as seen on the city streets with increasing numbers of Mercedes and BMWs replacing the old and dilapidated public and private vehicles of just a few years ago. The development of the economy seems to be happening at a rapid pace from all accounts.

### **Factor Three - Developing the Mixed Economy**

Although progress are being made to privatise much of the huge public sector that Kazakhstan inherited from Soviet times, there are continuing concerns in the West about the form this is taking. Developments were viewed as uneven and corruption prone. Privatisation of the public sector was seen as a way forward but not a priority: -

*"... many within the presidential apparat consider privatisation as only one and not necessarily the most critical element for successful transformation. In fact, political stability, effective incorporation into the global and commercial structure, and expeditious development of natural resources rank higher than privatisation on the government's agenda of reform." (32).*

The first stage of privatisation of the massive public sector machine was between 1991 and 1993, following the first Law of Destatization and Privatisation of June 1991, and thus a legacy of the Soviet Union's policy of perestroika: -

*"Although some small-scale privatization of shops and retail stores had already taken place, the law was the first comprehensive attempt by the Supreme Soviet to lay the legal groundwork for the transfer to the private sector of a large proportion of state-owned enterprises earmarked for 'destatization'...."*

*"Article 14 of the law stipulated several forms privatisation; leasing; purchase of previously leased enterprises; transfer of state property on concession; transformation of state enterprises into joint stock companies or other economic society or partnership; employee buyout of an enterprise; sale to legal entities whose portfolio did not include state property; and sale through bidding and auction." (33)*

Accurate figures are not available for the numbers of enterprises privatised as a result in Kazakhstan although some estimates I have seen put the figure at 16 per cent of the total. Haghayeghi reports that the developments here were not as great as expected often due to poor drafting of the legislation and the resistance of local bodies. (34).

President Nazerbaev, upon independence, instituted frameworks to overcome these problems in 1993 and the numbers rose. By 1997, it was reckoned that some 70% of the county's economy was in private hands and this was having a 'positive impact on the economy'. (35). However, these rapid results do perhaps need to be treated with caution by investors: -

*"The result is that in almost all sectors other than oil, gas and metallurgy is a working free market. In these strategic sectors, however, ownership is dominated by a small group of people connected to the president and his family. This makes investing in Kazakhstan a political business in that personal connections are more important than the terms of contract." (36)*

One of the stated objectives of the new state was to attract foreign investment and although this was slow because of this uncertainty, in the larger, more attractive industries, oil, gas and metallurgy, it has been a prime target for joint ventures and partnerships. The results have been as high as expected but concerns continue. Ken Charman reviewed the experiences of those partnerships in 1998 and reported that: -

*"... there are poor working relationships between partners (e.g. the claimed absence of a working relationship during the negotiation process and a number of joint ventures that have had to be rewritten). This research suggests that relationships between the partners are, in many cases, not good. This is particularly important in an environment where legal support is limited and success in management has to rely on the working relationship between the foreign and local partners." (37)*

I found this insight fascinating. It did accord with my own understanding of the importance of relationships in Kazakhstan. I have often heard that Kazakhstani are noted for their lack of what we regard as business sense. Perhaps we can now understand why this may be the case. It is a question of 'where the work is done' again it could be argued.

In Kazakhstan, contracts mean little if there is no relationship it does seem from the evidence discussed. People and trust matter far more there. Whilst Western partners are seeking to draw up formal contacts from the outset perhaps their Kazakhstani partners are looking more to form relationships first. This is completely comparable as we found to that first evening in the bar at our original Healthcare Workshop. The approach is that 'we need to like and trust you, otherwise why work together'. Just as we found then, Western partners, it seems, need to look to ensure informal social interaction before formal economic understanding in business dealings in Kazakhstan.

#### **Factor Four - Devolving Management in the Public Sector**

The fourth element in our model follows on from the third. 'Depriatisation' of the economy despite its shape is clearly happening and with Western influence will start to undermine the bureaucratic thinking in Kazakhstan. At the same time, hopefully it will influence what remains of the public sector management. The concern has been as we have said that the welfare sector may not have gained from the developing economy and thus the will or resources are not there to support this. Anders Alund is one who as recently as 2001 reported to this end for both Russia and Kazakhstan alike: -

*"To date the social sector has received little attention. Kazakhstan has undertaken radical pension reform with private investment accounts...but little has been done to reform the large, malfunctioning public administration of education and healthcare...." (38)*

Similarly, the Observatory on Health Care Systems published what they termed a 'Profile' for Kazakhstan in 1999. This group, aiming to provide country-based information for comparative studies, brings together in partnership, the recognised expertise and experience from the World Health Organisation's European Regional Office, European Investment Bank, the Governments of Norway and Spain, the London School of Economics and the London School of Hygiene and Tropical Medicine. Its reports initially the decline in the 1990s: -

*"Kazakhstan, like its Central Asian neighbours, had relatively good human development indicators but these have been declining. Kazakhstan scored 0.709 on the Human Development Index in 1997, in the world group of countries with a medium level of development, but slightly below the average for transition economies. The main indicators in this index (average life expectancy, adult literacy, educational attainment and per capita GDP), all worsened during the 1990s..."*

*Over 30% of the Kazakhstan population had incomes below the poverty line (a subsistence minimum) in 1996 according to a World Bank funded National Living Standards Survey....*

*Government revenue shrank dramatically with the switch from transfers from state enterprises to tax collection from personal incomes and from corporation.” (39)*

On the basis of the above two pieces of evidence it would seem that it will take time for the previous Soviet standards in welfare to be achieved again let alone improvements beyond this. However, this same report makes it clear regardless that although decentralising management may not be happening, there is some development in strategy. The 'Profile' continues: -

*“...privatisation has been more limited in the health care system, mostly involving pharmacies and dentists; for example over 90% of drugstores were privatised by 1997... In January 1997, the Government drew up a list of 615 health care organisations for privatisation that is 8% of the 8,000 state owned health facilities in Kazakhstan...*

*The Government policy to optimise health care facilities has therefore involved both hospital and bed closures....The high proportion of beds has been reduced by over one quarter between 1990 and 1997, and the total number of hospitals has dropped by nearly one half...*

*Efficiency gains are not yet apparent... The health system had a high proportion of resources committed to expensive hospitals and specialized physicians... New management and budgetary systems are being put into place that are expected to produce greater efficiencies....*

*Kazakhstan looks to the future for improvements given the substantial natural and human resources of the country, and the opportunity to make required changes and improvements to its extensive health care system.” (40)*

Thus developments are slow in terms of funding and legislation but they are clearly on the move and in the directions that we discussed with our Cohort e.g. looking for efficiencies, development of human resources, budgetary controls and with bed closures, moves towards more primary and community care. This would suggest that our programme's learning would have had some positive feed into this approach somewhere it seems and that the Project itself was sustained. Sadly, I have been able to find more positive evidence to this end from the research other than apart from a general comment in the 2002 published study of healthcare in Central Asia which suggested in Kazakhstan: -

*“Management reforms aim to decentralise management, to introduce more budgetary autonomy and self-management to health organisations and to introduce market like practices, such as contracts between purchasers and providers.” (41).*

It could be argued that the third risk factor identified on the 'logframe' that of developing a mixed economy in healthcare had already been taken a 'reversal' by the end of the time we were in Almaty in healthcare at least. There had been plans from 1995 or so to develop a social welfare healthcare insurance scheme based on employers to achieve this and we had met several managers involved in Almaty but the plans for this were withdrawn as not viable. However, there was a continuation of the preferential system of private care through the Presidential Hospital and this would clearly develop and expand with economic growth.

Perhaps, more importantly, there is a second factor here to consider. The state had realised the inefficiencies of provision that resulted through the Soviet command planning and were looking to locally determined strategies. Each oblast, as we have discussed already, were having to develop local plans to provide for their and such requirements were moving down to rayon level below. Thus effectively, a strategy of mixed provision was being put into effect and hence the wording on the model above. This does clearly encourage the learning and skills developed from our programme to cascade as it provided input on how this could be undertaken and achieved. Almaty Oblast could become the model for this in effect.

### **Cohort Circulation**

What seems clear is that Kazakhstan's healthcare system is 'going down the UK route' and thus the ideas and practices made available through the Project programme will be of value in the longer run it seems. What is also possibly clear is that reforms to creature the changes needed. What is perhaps positive here is that we do know that many of our Cohort did move on and will be able to more than influence this general policy, have some concepts and ideas about how management could operate in a more decentralised healthcare system.

Zhanaidar Musim, for example, did move to Astana to become Presidential aid on healthcare and must be influencing thinking at the highest levels. Erkin Duranbetov too has moved on as a deputy Minister and must be able to input similarly although he did not attend that too many of the workshop days. Similarly, Victor Dolzhenkov, as a Deputy Akim, already discussing the concept of 'empowerment' in 1998.

Gulnara Mohamedzhanova moved from the Rehabilitation Centre to the President's Hospital before the end of the programme and will be able to influence resource management there as will Gulmira Utebaileva similarly on her more recent move there. Natalia Kaidakova is already there and although she was unable to complete the programme as a Cohort member due to her departure from the Oblast Health Administration early in the programme, would also be keen to follow up any Western understanding, in her role as Deputy Director.

Natalia Kurasova would find the material of immediate interest as one of the pharmacists that were privatised onwards the end of the programme. I also imagine that Gulshahan Baidulova would also use many of the ideas in her new post in the prestigious President Wife's Orphanage and such ideas could be of value there – she certainly suggested so on our last visit. Eric Baizhunusov had already begun on the process of setting up GP practices in Kapchagai and setting them budgets. In this he would be supported by Victor and Vitaly Kim and doubtless there is much interest locally in the results he is achieving.

Kurmangazy Begali I am sure is finding use for the ideas – he was always one to be looking to the future and planning and hopefully he is now in a position to fulfil this. Mary Michailova too, if she has remained in the health sector although I do wonder if she has now moved on with her husband who held a good job in the oil sector.

Of those at the Central Hospital, Bolat Dzhuvashev and Aman Kazybaev may now have retired and Askar Adromov and Reisa Pultusheva may not have found the environment there as dynamic as elsewhere but I am sure would have implemented one of two ideas from the programme that others may observe and take forward. Omirgali Kenshebek although still a hospital head doctor had reverted to the ranks to an extent; in any case he did not really allow himself the opportunity to come to terms with the course material and.

There is also Baksha Akhmetola who was planning to introduce not only new teaching methods but also management development from our programme at Talgar Medical Institute. Hopefully, she has been able to influence others generally in the clinical teaching field and so at least the next generation are aware of management and 'have some hooks to hang ideas on' when later in their careers they should move into management positions.

Sadly, I have lost touch with them. But during the Project we formed the long-term trusting relationships so much admired in Kazakhstan. One or two did network after the end of the Project but apart from meeting Gulmira's son over here, there has been none of the social contact they enjoy. I hope to hear from some of them when this volume is published. Should I ever meet up again with any of them, there will be no hesitation I am sure. It will be like meeting again on the Steppe. All I will see is that big wide smile, regardless of place and time, of recognition of our close relationship. We will on both sides realise the need to look to the relationship first and ensure that the 'real work is done first'.

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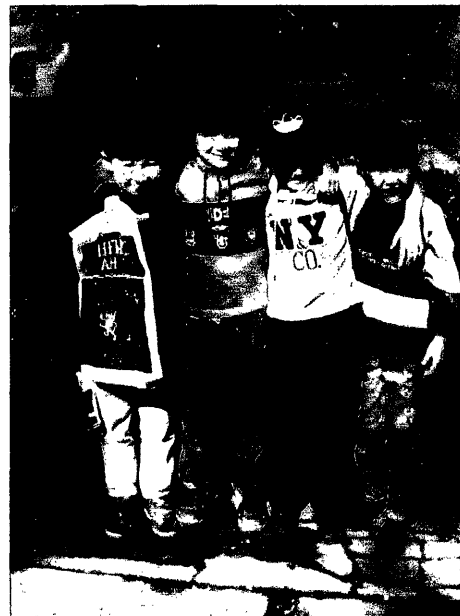


*Photo 18.4. My favourite photo of the regularly attending Cohort members with Galena, John and I taken outside the Rehab. Centre we used for delivering the programme. Few smiles but it is a formal photograph! Where are they all now I wonder? I am sure they are still developing ideas discussed during the Project programme.*

## Chapter Nineteen – Reflection: The Significance of ‘The Work Down Here!’

Globalisation as a topic for academic debate has arisen in the last few years to the forefront of thinking in our attempts to come to terms with the rapid changes that are happening to and within the world today. Within this debate and of the many texts, Friedman’s bestseller *‘The Lexus and the Olive Tree’* I have found the most useful particularly as it relates it to the fall of the Soviet Union, believing that the processes of world wide globalisation had been interrupted by the barriers set up by the Soviet and other systems of communism. Now, he suggests, these processes are again on the move, linked together by the development of a single capitalist economic model, the mixed economy approach.

Friedman discusses the inter-dynamics facing the world today in terms of two images that form the title. He sees the Lexus as the ‘age old drive’ for ‘sustenance, improvement, prosperity and modernisation’ whereas the olive tree stands for ‘everything that roots us, anchors us and locates us in the world’ and ‘provide the feelings of self esteem and belonging that are essential for human survival’ thus to be a complete person, we need to be ‘part of and rooted in an olive grove’. (1)



*Photos 19.1 and 19.2. The ‘two ages’ of Kazakhstan today. Meeting a traditional Kazakh attending a hospital appointment and Gulmira’s son Bolat and his young friends proud of their Western clothing.*

We, the Project team, were obviously the globalising force, the ‘Lexus’ in Friedman’s terms and the surviving culture, particularly Kazakh but also Russian and Soviet. The ‘Olive Tree’ represented, it could be suggested, what we were trying to understand and respect and not ourselves encroach upon. Getting to know the culture and appreciating the context was as crucial to this end as setting out our stall and letting the Kazakhs select what was of value to them rather than, as they did ask several times, what would we advise. Aganbegyan in his introduction to Fraser and Chatterji’s recent book discussing sound management education to countries in transition also makes this point. Such programmes, he maintains, must: -

*"... be designed to suit the particular needs of the individual countries involved, rather than simply adopting programmes similar to ones that have been successful at some famous university elsewhere or in some economically advanced country." (2)*

Chatterji in his conclusions in the same volume reinforces the point: -

*"It has to be made clear that that there does not exist a single model of management education for all types of ventures, for all countries and for all times." (3)*

I am certain that this was one of the keys to the success of our programme. The cohort by being encouraged through to reflect on what they had learned through their own workplace experience and were able to take what they felt of value of try it out. As I have ever maintained throughout this work, we were never to become the purveyors of the right solution and never did.

### **The Significance of the Title**

This book seems to have ranged across a number of topics but there have been some common more academic themes those of relationships and of bureaucracy. The book has viewed bureaucracy at state level through the functions and dysfunctions of the Soviet regime, at the workings of the Oblast and then at our own team trying to operate on a structured basis and looked at the interactions and formation of relationships particularly in Kazakhstan.

I found much to reflect and think about there. This chapter may be found perhaps a little capricious but it will muse perhaps of the interactions of these two themes to see what challenge could transpire and perhaps what learning could result for ourselves in the West. In so doing hopefully it will tie in loose strands and help the reader's overall conception.

It has really taken the five years or so that have elapsed since the end of the Project to come to any real understanding of the significance of this phrase that hit me so powerfully on my first visit to Almaty in November 1994. Naively, we saw our potential learning to be rather limited to developing understanding of how Western management ideas would fit into the old Soviet Union post independence. And on the more specialised side to find out how our Western 'teaching methodology' particularly, work based learning and reflection, would hold up in the 'cold climate' of traditional Soviet education practice.

However, even now, it is only more clearly dawning on me that there was a major break through perhaps for us in developing social relationships and networking in business. The phrase used early on in my first visit where our team were upstairs having a formal meeting and I was with the Kazakhstani and FSU contingent downstairs in the bar, partying and toasting, had haunted me – *"Why are your people upstairs when the real work is being done down here."* Clearly, I had been thinking about this during the project itself as I see for example when reflecting back on the first visit: -

*"Perhaps the overriding 'people issue' that pleased me most was that, unlike England where we take each other for granted somewhat and the work focus us far too much on individual achievement, in Kazakhstan there is much more a sense of the collective and the team. All relationships are thus much more valued. This is always something that I feel I have practiced in life. On this trip we met many who attended the original Healthcare Workshop or the Nurses' Workshop who remembered me and I remembered them. Investing in people is important, perhaps the major learning point, I have reinforced from working in Kazakhstan. This was invaluable in helping the achievement of so much on this first visit - a good example of 'sow and reap'." (4)*

Certainly, throughout all my Kazakhstani interactions, I had been conscious of the formal and the informal not having always the same context as ours in the West but had slowly realised the importance of this. What had never emerged from the Hawthorne Studies onwards was that although social relationships were crucial, that in management an effort to develop the informal before the formal were advantageous.

Sure to an extent we do practice this, belonging to the same clubs and meeting like people socially, creating conferences and networking and meeting informally before major meetings and committees but we still look to this as opportunities to make direct our business relationships and opportunities and this colours the interaction. We rarely start with the completely informal and then later to move the completely formal.

In fact, it is rather curious but perhaps there have been two different approaches to tackling bureaucracy. We in the West have used it to ensure formality in our relationships and activities. We use bureaucracy to govern our roles and decisions through rules and regulations and other articles of precedent. As we saw in this discussion in earlier chapters, we looked to create a formal structure and indeed felt we had made a severe mistake by not regulating the roles of each member clearly. This is the process by which we tend to ensure outcome. We then concern ourselves with relationship building thereafter.

The Kazakhstanis seem to see it perhaps another way. Their most important initial activity is to create the relationships and from this you can develop understandings and agree outcome. If you do not share common interaction initially, you will never develop the level of informality required to make any proposals work or initiative gained. They had learned that the big Soviet apparatus itself could not achieve much. It was only the understandings that they had formed, the trust if you wish, that ensured this. It is not machines that create changes but those within them. This they had understood from pre-Soviet and even pre-Russian times.

#### **A Consensus or Conflict Starting Point?**

It is all perhaps related to the old argument of whether a society perceives consensus or conflict as the natural basis of order. Marx maintained conflict the more natural but generally we tend in the West to suggest that consensus. Thus in the West we create more bureaucracy as another natural form of order and feel that there is no real purpose strengthening relationships within and where it meets society on its outside edge. Putting this another way, we allow ourselves at work to become far too process-oriented and the Kazakhs, coming from a conflict base, were showing us the value of people orientation approaches.

Kazakhstanis seemed to be interested in finding out, or not, whether you would be able to get along without any egos being bruised so to speak. If it was not to be, no contact further was made. If the intention was to progress, you were often in a greater informal stage, 'on first name terms' as we would put this, and felt natural in each other's company. Now you were in a better position to handle the necessary formal aspects of business and the conflict that could naturally occur. You do not search to agree any formalities initially to ensure the greater relationships as the initial 'building blocks', so to speak.

Talking this idea further, we have now in the West began to realise the weaknesses of bureaucracy particularly in the fact that it is mechanical and unnatural and in its stifling of relationships inhibits change. Gradually we are looking to eliminate this way of thinking as we go forward to a 'Third Age' by some new model coming to replace it be it 'ad hococracy' (5) or similar. 'Networking' has been the most recent suggestion here where, guess what, informal relationships are maintained and developed for value at some later date hopefully.

Ulrich Beck (6) is the foremost in the thinking that we are now moving to an uncertain or 'Risk Society' as we are losing the certainty of the old bureaucratic age. Ford et al have recently suggested from their studies that we need to rethink our approach (emphasis here in bold is original): -

*"A network is different from a hierarchy, or organisational structure because the links between those involved are neither fixed nor subject to ownership or overall control. A business relationship is not something that is imposed on companies in it, nor is it something that can be designed or managed by any one of them. No-one manages that network, but many have to try to manage in it." (7)*

But British Management thinking has never accepted Marxist thinking that conflict is natural in all societies and that we all need to work hard to create positive relationships and will find it difficult moving into this 'Third Age'. The Thatcher years saw a return to 'managerialism' and the right to manage as we saw fit. The notion of win-win was never fully taken on board – more one of 'you are either with us or against us' – 'us' in this sense being the supposed consensus that 'naturally exists'. Now with global markets and global interaction as a result of the 'Lexus' and the uncertainty of international relationships because of 'local olive trees', there is automatically, by definition 'conflict'.

Our fascination with the relationships that result from organisations based on the original Weberian model of bureaucracy needs ever more urgently and the replacement model of 'networking' or its like to supersede it. This 'model' requires greater organisational flexibility and much improvement in the interactive skills from those within it. It requires, it could be argued, a return to at least some of values preceding industrialisation – those of creating rather than assuming consensus. To work well in this world and the one that is coming, we as managers in the West, I suggest humbly, can learn much from the Kazakhstani approach to where they feel the real work is being done.



*Photo 19.3. The staff at the Rehabilitation Centre. Although we could only really smile at each other and say a few phrases later at the most, we had worked to develop and maintain good relations between us.*

Yet in the UK a start has been made. We are beginning to understand the need to develop business relationships in all sectors of the economy much more. Going is the old idea that there must be a visible gap between managers and the teams they lead. This I have seen for example, clearly contained in the new managements standards currently being for our National Vocational Qualifications that include 'personal networking', 'developing organisational culture', 'promoting diversity' and particularly 'developing productive relationships'. Many of these were included in the previous standards of some years but now it seems there is a much clearly and coherent message. Let us hope it will be heard!

### **Saying Farewell**

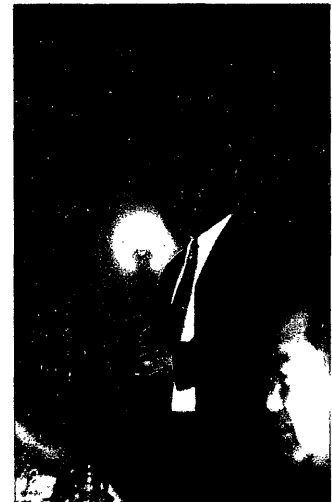
In my years in Kazakhstan, I grew to admire its people and their optimism. Some would be looking back to the good days of the old Soviet but very few. There was a sense of optimism and a real sense of pride in who are and who we could become. I can only echo June Clark's words after our first visit: -

*"The commitment and the enthusiasm of the Kazakhstan participants was an inspiration" (8)*

I was personally very sad as the project came to a close. I had been learning Russian and did try with Galena's help to express my feelings in Russian at our last 'dastahan' but found that I needed to use English to control my feelings. I kept it simple, as you must, but had retained the words I had written for the translation unused: -

*"And so my good friends, time has passed and we arrive at the end of our programme. Now we are both happy and sad. Happy that you all understand management and demonstrate this in your work. Happy that we have met in both our countries. Happy that we are good friends. Happy that you see the future positively. Sad that we now part.*

*We have shared much in two years. Many 'dastahan' tables as today. Many jokes and a little sadness. I will remember you all and you will remain in my heart always. I will go home now with so much to remember. Thank you all."* (9).



*Photo 19.4 and 19.5. The final 'dastahan' both joy and some sadness. Vitaly being the youngest being the last to toast, said was really happy to have been part of the Project and had gained much of our Western management understanding.*

It was an emotional moment and I intended this to be so. Rarely in British management circles are we allowed to express such. Through the Kazakh version of the toasting process, you learn to express such emotion and say what you truly feel. All part of the initial 'real work that must be done' and indeed must continue to retain goodwill perhaps.

### **A Great Opportunity**

I can say that I saw the development of my 'vision' for the Project as one of those few opportunities that can come to us in our lives that can ensure personal growth. Saying that I learned much from managing the Project and the learning programme has clearly been the case. That it has enabled me to review and even challenge, with due humility, the grand theories of management and organisational thinking as above is a further part.

There is no doubt that it was both for me an enabling and a reinforcing process. It has enabled me to continue work overseas with the experience of a sound approach to this. I have since worked in both St Petersburg and Moscow managing groups of management students and I have ensured that I have learned rather than just taught.

Context is crucial ever. Ensuring I understand the students approach is part of it but learning by observation is another. Just walking the streets and becoming part of the scene so to speak does give insight to support your role as a teacher in its wider role that of learning facilitation. The approach works against the tendency that the Americans displayed in Almaty of flying in, suggesting myopic answers through your own narrow and unchallenged vision and flying away again.

Recently, I met Sow Kee Khong from Malaysia again at UMIST strangely. From this chance meeting, I developed and delivered a management workshop in Malaysia with a view to making this an ongoing event. More than this there is a good chance that with the opening up of China and its wish to incorporate ideas from the West that I could be taking on project work there. I do hope so. It is another opportunity to hone the important skills of matching context to thinking and practice that I will cherish in great measure. In five years or so, perhaps a second volume to accompany this one, outlining my findings and adding the contextual background, can then add further to this field of interest.

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*Photo 19.6. With many of the first workshop in Kuala Lumpur, Malaysia in April 2003. Hopefully, this will extend to the success of the work in Almaty, Kazakhstan*





*Photo 19.7. My Favourite Photo of the Participant Group – my Friends- with John and I taken in the car park outside the Rehabilitation Centre in 1997. I shall always be grateful to them for their teaching. Still only John and I are smiling*

**This book relates the author's experiences the new Republic of Kazakhstan when creating and delivering a management development programme there soon after independence. It contains a wealth of discussion and anecdote on the issues and activities that this involved as well as many original photographs.**

**The book will be of value to a wide audience especially those with interests in comparative management development, work based learning and project development overseas. It also has academic interest in learning from Kazakhstan and its potential challenge to Western management thinking. It will further interest anyone travelling to Kazakhstan to develop their understanding of a very defined and interesting culture. Finally, it will interest anyone in teaching particularly those that enjoy anecdotal stories of the profession.**



**The Author giving yet another toast during one of many his visits to Kazakhstan. The first toast gave rise to 'But the Real Work is being Done Down Here'**

*Steve Collins has been involved in training, education and development of managers for well over twenty years, looking always to blend his wide academic understanding in the field with his practical experience of management. He has taught many overseas students in the UK as well as in France, Eire, USA, Russia, Ethiopia and Malaysia as well as Kazakhstan. He is currently involved in the revision of management development programmes nationally.*

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## **Appendices**

### *Introductory Note*

- A – Healthcare Workshop Workbook (November 1994)*
- B – My Initial Outline Project Partnership Proposal (November 1994)*
- C – Almaty Hospitals' Management Development Project Rationale  
(Updated July 1996)*
- D – Final Project Agreed with the Know How Fund (and thereafter Almaty  
Oblast Health Administration (September 1996)*
- E – My Report Back Following First Workshop Visit (15 to 25 October  
1996)*
- F – My Report Back Following Second Workshop Visit (6 to 28 March 1997)*
- G – My Report Back Following Third Workshop Visit (10 to 29 June 1997)*
- H – My Report Back Following UK Study Tour (19 August to 1 September  
1997)*
- I – My Notes Back Following Evaluation Visit (9 to 17 May 1998)*
- J – Project Assessment – Final Report (September 1998)*
- K – Personal Review of Programme Management (July 1998)*

**But the Real Work is Being Done  
Down Here!  
Developing Managers in Post Soviet  
Kazakhstan**

**STEVE COLLINS**  
(Student Number 9631935)

**For Submission to  
National Centre for Work Based  
Learning Partnerships  
Middlesex University  
As Evidence for  
DPS 5120  
(Doctorate in Professional Studies)**

**December 2003**

**Appendices – Copy One**

## **Appendices – Introductory Note**

The appendices included here represent a fraction of the correspondence that took place to manage the Project and the preceding Healthcare Workshop.

The Healthcare Workshop Workbook (Appendix A) was developed jointly by June Clark and myself although in effect I took the lead here in terms of structure and content. Although it may seem a little limited now in hindsight, it proved a most successful tool in managing the event. The delegates suggested that they found it most useful in terms of following processes and reflecting on events that were somewhat new to them.

The Initial Project Proposal (Appendix B) went through numerous drafts and redrafts by Martin Taylor and myself to eventually become the formal and final Project (Appendix D) as agreed between Middlesex University and the Know How Fund and then with the Almaty Oblast Health Administration. Barnet Healthcare NHS Trust, the fourth partner, joined in after the first year. The Rationale (Appendix C) was useful to facilitate the process being in effect a summary of the Proposal and a vision statement.

My Reports Back following each active event i.e. the delivery of the three workshops, the UK Study Tour and the evaluation (Appendices E through to I) became effectively my reflections on events as they had happened. These reports were required by the KHF but it was agreed that they needed to be seen by the Project Steering Group prior to being sent on.

The Project Assessment Final Report (Appendix J) was completed by John Charles although it will be seen that I did have major input into this document. Whilst John concentrated on the quantitative evidence I looked to the qualitative as well as to the practical issue of certification (Appendix I). I still hold a number of cassette tapes of these interviews that have been used to develop both chapters 11 and 15.

The final document (Appendix K) is my reflections at the time on the Project management effectiveness and learning that resulted. It was sent to all members of the Project Steering Group, some of whom commented but mainly as the Project had really been completed it was for information.



BRITISH KNOW HOW FUND  
HEALTH CARE WORKSHOP  
ALMATY NOVEMBER 1994



# WORKBOOK

Professor June Clark  
Steve Collins  
Middlesex University  
Copyright

Save the Children 



BRITISH KNOW-HOW FUND HEALTH CARE WORKSHOP

ALMATY, KAZAKHSTAN - AUTUMN 1994

NOTES FOR PARTICIPANTS

- 1) Welcome to the workshop
- 2) Outline programme
- 3) List of participants
  - 3.1. Kazakhstan
  - 3.2. UK
- 4) Scope and purpose of the workshop
  - 4.1. Background
  - 4.2. Workshop objectives
  - 4.3. Your personal objectives
- 5) Methods of working
  - 5.1. In popular education .....
  - 5.2. Workshop methods
  - 5.3. Planning through gap analysis
  - 5.4. Working in teams
  - 5.5. Two kinds of teams
  - 5.6. The four teamwork roles
  - 5.7. Brainstorming
- 6) Models and strategies for change: preliminary readings
  - 6.1. Health care reform
  - 6.2. Public health
  - 6.3. Clinical care
  - 6.4. Women's reproductive health

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  - 6.2. Public health
  - 6.3. Clinical care
  - 6.4. Women's reproductive health

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- 7) The change process: preliminary readings
  - 7.1. The change process: Lewin's model
  - 7.2. Beyond bureaucracy
  - 7.3. Strategic management
  - 7.4. The change equation
  - 7.5. Force field analysis
  - 7.6. Diagnosing resistance
  - 7.7. Empowerment
- 8) Action plans: worksheets
- 9) Evaluation

*"No system can endure that does not march forward..... May the methods by which every infant, every human being, will have the best chance of health, the methods by which every sick person will have the best chance of recovery, be learned and practised".*

*Florence Nightingale*

## **1. WELCOME TO THE BRITISH KNOW-HOW HEALTH CARE WORKSHOP!**

This workbook has been prepared for the following purposes:

- to help you to prepare yourself for the workshop by enabling you to start your thinking before you arrive
- to familiarise you with the structure of the workshop and the methods of working
- to provide you with your own personal record of your work which you can use during the workshop and afterwards

### **COME BRIEFED!**

Please read as much of the material provided in this work book as you can before the workshop starts. This will ensure better understanding and discussion.

### **BRING INFORMATION!**

Please complete the form which asks for information about you and your role in health care; this will help us to tailor our presentation to meet your needs.

Please bring to the workshop any written information you can on health and health care in your region. This might include information about staff, training programmes, health care facilities and projects, as well as information about your population and their health needs.

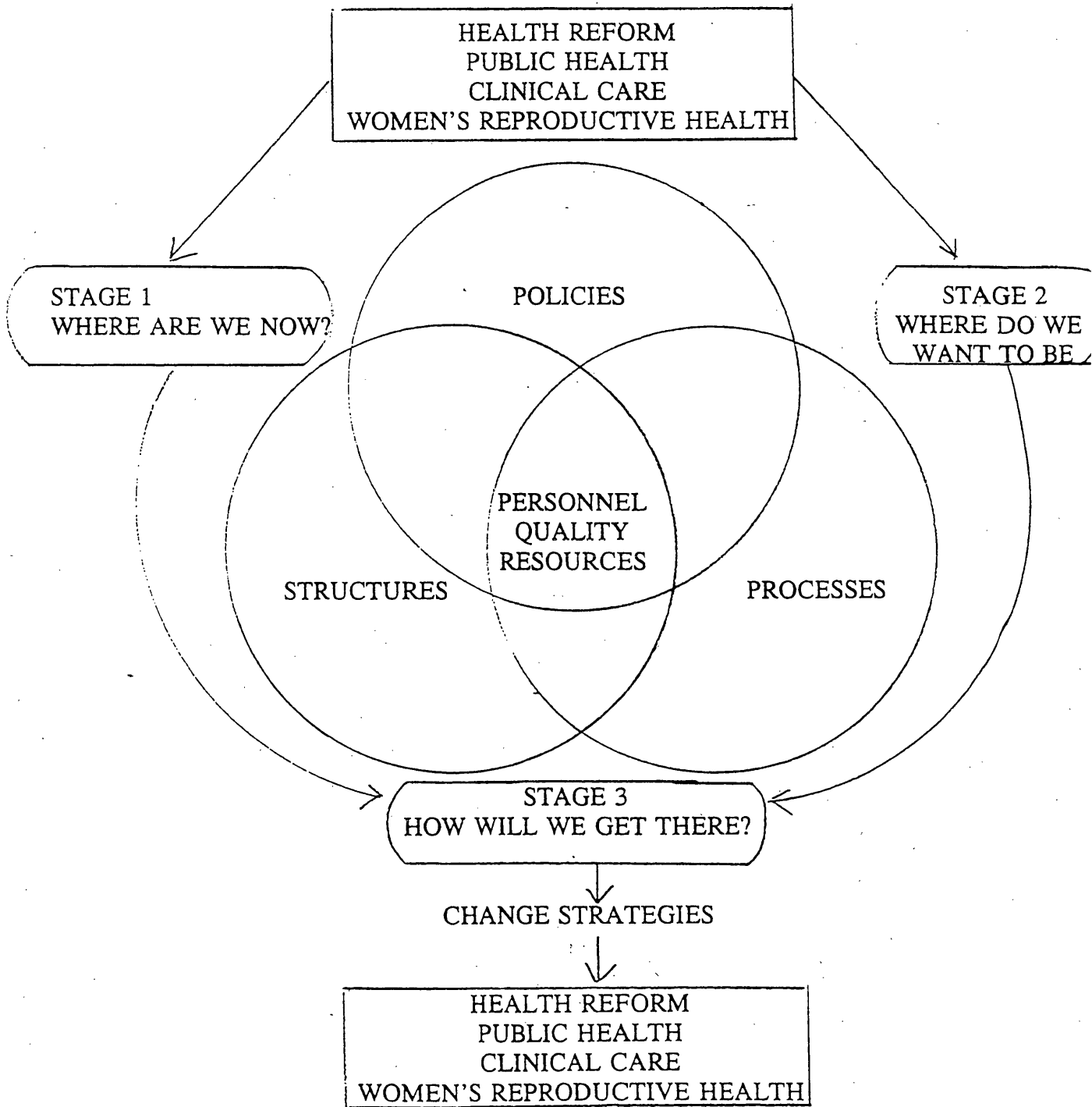
### **BE CRITICAL**

Please remember that the main aim of the workshop is to help you to develop your own plans and to do your own work in health care more effectively. If you feel the programme does not suit your needs, and if you would like to suggest any changes or additions, please inform MARTIN TAYLOR OR JUNE CLARK preferably in advance of the workshop.

**WE LOOK FORWARD TO WORKING WITH YOU**

## 2. OUTLINE PROGRAMME

The structure of the programme has been designed to facilitate the objectives set out in section 2 and the methods of working set out in section 4.



## 2. OUTLINE PROGRAMME



KAZAKHSTAN WORKSHOP - OUTLINE PROGRAMME (REVISED 27 SEPT)

MONDAY 31 OCTOBER

- AM Opening ceremony  
Welcome etc  
Welcome and objectives  
Presentation 1: Health and health care in  
Kazakhstan
- PM Presentation 2: Workshop objectives and methods  
Introduction of participants  
Groupwork (region groups): where are we now?
- EVENING: Reception
- Ambassador/Minister of Health  
British Gillian Holmes  
Dr
- June Clark/Steve Collins  
June Clark
- British Embassy

TUESDAY 1 NOVEMBER

- AM Groupwork feedback & discussion  
Presentation 3: Hospital care  
Presentation 4: Family and primary health care  
alternative models
- PM Groupwork 2 (regions):  
Where do we want to be in three years' time:  
hospital care family and primary health care
- Chris Paine  
Peter Poore  
Stephen Farrow  
Chris Birt

WEDNESDAY 2 NOVEMBER

- AM Groupwork feedback and discussion  
Presentation 5: Management of health care systems  
Groupwork (regions):  
Where do we want to be in three years time:  
management arrangements
- PM Presentation 6: Womens reproductive health  
Groupwork 4 (specialties) Where do we want to be in  
three years time:  
womens health and clinical care
- Duncan Nicol
- Wendy Savage, Susan Welsby

## WORKSHOP STRUCTURE: DAILY PROGRAMME

09.00 - 09.15	Administrative session
09.15 - 10.30	Groupwork feedback and discussion
10.30 - 11.00	Break
11.00 - 12.00	Presentation
12.00 - 13.00	Presentation or groupwork
13.00 - 14.00	Lunch
14.00 - 15.00	Presentation or groupwork
15.00 - 15.30	Break
15.30 - 16.30	Presentation or groupwork
16.30 - 17.30	Groupwork

## EVENINGS

Monday and Thursday: Social events

Between 17.30 and 19.00 members of the visiting team will be available for individual consultations; please make an appointment.

Group reporters: At the end of each day please give to the translator a summary of group's discussions.

## DAILY THEMES

- Monday: Opening ceremony; introductions; health and health care in Kazakhstan now.
- Tuesday: Hospital services Primary health Care.
- Wednesday: Health care systems
- Thursday: Proposals and action plans
- Friday: Synthesis; closing ceremony

THURSDAY 3 NOVEMBER

AM Groupwork feedback & discussion

PM Groupwork 5: (specialties) } Action plans  
Groupwork 6: (regions) }

EVENING: Social event

FRIDAY 4 NOVEMBER

AM Groupwork feedback and discussion and action  
plans

PM Presentation 10 Summary  
Closing ceremony

June Clark

### 3. LIST OF PARTICIPANTS

3.1. Kazakhstan

3.2. UK

### 3.2. UK PARTICIPANTS

The UK team are:

a) Middlesex University

Professor June Clark (team leader)  
Mr Stephen Collins  
Professor Stephen Farrow  
Professor Sir Duncan Nicol  
Dr Chris Paine  
Dr Peter Poore  
Professor Wendy Savage  
Mr Martin Taylor (administrative assistant)

b) Know-How Fund

Dr Gillian Holmes  
Dr Annie Feltham  
Dr Susan Welsby

c) Observers

Dr Adrienne Brown  
Dr Christine Russel-Hodgson  
Dr Chris Burt

### Professor June Clark

June Clark is Professor of Nursing and Director of the Centre for Advanced and International Studies in Nursing at Middlesex University, and President of the Royal College of Nursing of the United Kingdom.

Her career as a nurse spans almost thirty years in the National Health Service, in which she has held posts as a primary health care nurse, a nurse teacher, and a senior manager. Her last post in the National Health Service before moving to Middlesex University in 1990 was Chief Nursing Advisor to a District Health Authority near London.

She holds a Masters degree and a Doctoral degree in nursing, and her main interests are in primary health care nursing and the contribution of nursing to health care policy. She serves as a member of the Government's Standing Nursing and Midwifery Advisory Committee and of the Government's Clinical Standards Advisory group and she represents the UK on the European Union Advisory Committee on Training in Nursing.

Her international experience has included participation in workshops in many countries. In 1993 she participated as group facilitator in the first-WHO meeting of government nurses from the Newly Independent States, held in Almaty.

### Steve Collins

Steve Collins has nearly twenty years experience in the British public sector on the NHS, Local Government, Education and the National Health Service with roles in administration, management, lecturing and training. His current post is the Training Development Manager for Barnet Healthcare NHS Trust. He holds Masters Degrees in Personnel Management from the London School of Economics and in Social Policy from Middlesex University and is a Fellow of the Institute of Personnel and Development and the Institute of Supervision and Management.

His main interests have been in management development and organisational change. He has helped his NHS Trust to be at the Forefront of development in these areas by setting up workbased learning and systems of national vocational qualification. He is a visiting lecturer for Middlesex University and a tutor for the Open University Business School.

### Sir Duncan Nichol

Professor Duncan Nichol was the Chief Executive of the National Health Service in England until 1994. He is now Professor and Head of the Centre for International Healthcare Management at Manchester University.

Sir Duncan has had a long and distinguished career in health service management. He began working in the National Health Service in 1963, after graduating from St. Andrews University, and one of his first jobs was as Deputy Hospital Secretary at St. Thomas' Hospital, London. In the late 1960's he spent two years as an administrator with the University of Chicago Hospitals in the USA. He held important posts as a health service administrator in several parts of the UK before becoming the Chief Executive of the NHS in 1989.

He is a former President of the Institute of Health Services Management and Chairman of the Education Committee of King Edwards Hospital Fund for London.

### Stephen Farrow

Dr Stephen Farrow is Visiting Professor in Public Health at Middlesex University and Director of Public Health in Barnet, where he has responsibility for the health of a population of 300,000 people. In his previous post he was Director of an University Institute at the University of Bristol which specialised in the evaluation of health care.

His specialist fields are public health, the assessment of health need, the effectiveness of health services and health promotion.

He has worked in the United States, India and Pakistan, and as a WHO consultant in Tanzania, where he took part in a series of health planning workshops.

As a campaigner for public health causes he was a leading member of the International Physicians for the Prevention of Nuclear War and was the UK recipient of the Nobel Peace Prize in 1985.

### Chris Paine

Dr Chris Paine is a Consultant and clinical lecturer in Radiotherapy & Oncology at the University of Oxford, and is currently President of the Royal College of Radiologists. He was formerly President of the British Oncological Association and Dean of the Faculty of Clinical Oncology of the Royal College of Radiologists. In 1993 he was Chairman of the government's Review of Cancer Services in London, and he also serves on the Chief Medical Office's Working Party on the Health of the Nation, on the Government's Standing Medical Advisory Committee and the Clinical Standards Advisory Group.

In addition to his special interest and great expertise in the causes and treatment of cancer, he also has special interests in medical education and medical management. From 1984 to 1988 he was Chief Executive of Oxfordshire Health Authority.

### Dr Peter Poore

Dr Poore qualified at St Bartholomew's Hospital in 1964, and spent 7 years in hospital practice, mainly in paediatrics. There followed 5 years in general practice with special interest in paediatrics, and 6 years overseas working directly with government health services in Tanzania and Papua New Guinea. This work involved managing and running child health services from a provincial hospital base. He worked in a mission hospital in Northern Ghana. In 1978 he was involved in the National Childhood Encephalopathy study, based at the Middlesex Hospital, a research study related to vaccine risks.

He joined Save the Children Fund UK in 1983 and worked firstly on the Expanded Programme on Immunisation, (EPI) and subsequently became responsible for coordination, policy development and technical support in the health sector. This work involves extensive travel to all SCF projects, visits to project partners, and regular contacts with other agencies, donors, the European Union, the World Bank, WHO, and UNICEF.

Other commitments include teaching at home and abroad, membership of various committees, including the International Child Health group of the British Paediatric Association, (BPA) and membership of editorial advisory boards of the newsletters, *Action* and *Health Action*.

Current interests and preoccupations include future of health policy in the poorest countries, the World Bank's World Development Report, 1993 *Investing in Health* and the future role of the Non-Government Organisation (NGO).

### Professor Wendy Savage

Dr Wendy Savage is presently Senior Lecturer in Obstetrics and Gynaecology at the London Hospital Medical College and Honorary Consultant in Obstetrics and Gynaecology at the Royal London Hospital. She has also been an Honorary Visiting Professor at Middlesex University since 1991. Professor Savage is an experienced practical obstetrician, with an interest in fertility control and general gynaecology. She has several years experience working in Africa as a medical officer. She has done research towards improving the health care that women receive, including being involved in political action.

### Martin Taylor

Martin Taylor is research assistant to Dr Greg Andruz Director of Middlesex University Kazakhstan Centre. After graduating in social anthropology at Cambridge University in 1991, he lived and worked in Kazakhstan for two years before coming to Middlesex University.

Martin has made two further visits to Kazakhstan during 1994 in order to prepare for a workshop and has undertaken all administrative arrangements.



Dr Susan Welsby

Dr Susan Welsby obtained her medical degree in England and a Masters degree in Public Health in the USA, then trained as a Family Practitioner in London. In the last 12 years she has worked in various countries including Australia, Papua New Guinea, Afghanistan and Pakistan. Between 1992 and 1994 she lived in Almaty with her husband and two young children. During this period she worked on a number of public health programmes including breast feeding promotion, maternal and child health, and family planning, with various organisations including the Futures Group, Wellstart, USALD, World Bank, IPPF and UNICEF.

Adrienne Brown

Adrienne Brown is the Business Manager for NICARE, the Northern Ireland Centre for Health Care Co-operation and Development. Ms Brown has a background in health management, specialising in information for strategic and short term planning. Her experience lies primarily in the acute sector, with special interest in the planning and delivery of elective surgery. In addition to positions at the Royal Group of Hospitals working on the Resource Management Initiative, and more recently at Green Park Healthcare Trust as Business Development Manager concentrating on regional services, Ms Brown has also worked in South Africa in primary health care management. This formed the basis for her masters thesis on community involvement in health policy, for a degree in Health & Social Services Management. Ms Brown entered the UK NHS as a General Management Trainee attached to the Eastern Health and Social Services Board in Northern Ireland, and studied at the Health Services Management Unit at Manchester University.

#### 4. SCOPE AND PURPOSE OF THE WORKSHOP

- 4.1. Background
- 4.2. Workshop objectives
- 4.3. Your personal objectives

## 4. SCOPE AND PURPOSE OF THE WORKSHOP

### 4.1. Background

The KHF is Britain's programme of bilateral technical assistance to the countries of Central and Eastern Europe and the former Soviet Union. The fund provides expertise in support of the transition to the market economy, democracy and pluralism in these countries. It also encourages investment in the region through its investment feasibility study and investment training schemes. Know-How is, by definition, technical assistance and does not include capital inputs such as buildings, equipment or investment funds which are available from the International Financial Institutions and the private sector.

The KHF began in Poland in 1989 and was quickly extended to Hungary and the former Czechoslovakia. Bulgaria, Romania, Slovenia, Albania, the Baltic States and the Former Soviet Union were brought in over the next three years and total expenditure in 1994/95 is expected to be about £78 million. Funds come from the Overseas Development Administration and fall within the responsibility of The Minister for Overseas Development, currently Baroness Chalker. A contribution is made by the Department of the Environment for the "Environment Know How Fund".

The KHF concentrates its activities in a narrow range of sectors tailored to specific country needs. In Central and Eastern Europe (ie excluding Russia and the FSU) the main priorities have been financial services including banking, insurance, audit and privatisation; management training; small and medium enterprise development; public administration including central and local government advice and training; employment services; and to a lesser extent, energy, industry and environment. Except in Romania and Poland, agriculture has not been a priority. In Russia and the FSU, the priorities are energy, small business, financial services, privatisation and restructuring, food processing/distribution and health management. Some of the KHF is allocated to activities promoting good government and pluralism such as parliamentary exchanges, police training, law, media development and training, book distribution and human rights.

Management of the KHF is the responsibility of the Joint Assistance Units in the Foreign and Commonwealth Office which include staff from the Diplomatic Wing, the Overseas Development Administration and the Department of Trade and Industry. In country the programmes are overseen by small teams in British Embassies typically comprising one London-based officer and one or two local staff. An Advisory Board, chaired by the Foreign Office Minister responsible for the region, currently Mr Douglas Hogg, with members drawn from Parliament, industry, the trades unions journalism and other fields, advise on KHF policies and activities. Technical advice is given by professional advisers from ODA, the private sector and specialists in eg Employment Department and the Department of Environment. Consultants to implement KHF projects are engaged by the ODA normally through a competitive process.

Following a visit to Kazakhstan in February 1994, the UK Know-How Fund decided to launch its strategy of assistance to the Health Sector in Kazakhstan through a workshop with senior policy makers from the federal Ministry of Health and two selected oblasts, Almaty and Ust-Kamenogorsk. The workshop is the first phase of a larger programme of support to health sector reform at oblast and federal level.

Participants in the workshop (see section 5) are selected by the Ministry for Health in consultation with the Regional Health Administrator in consultation with the workshop organisers.

The objectives of the workshop are:

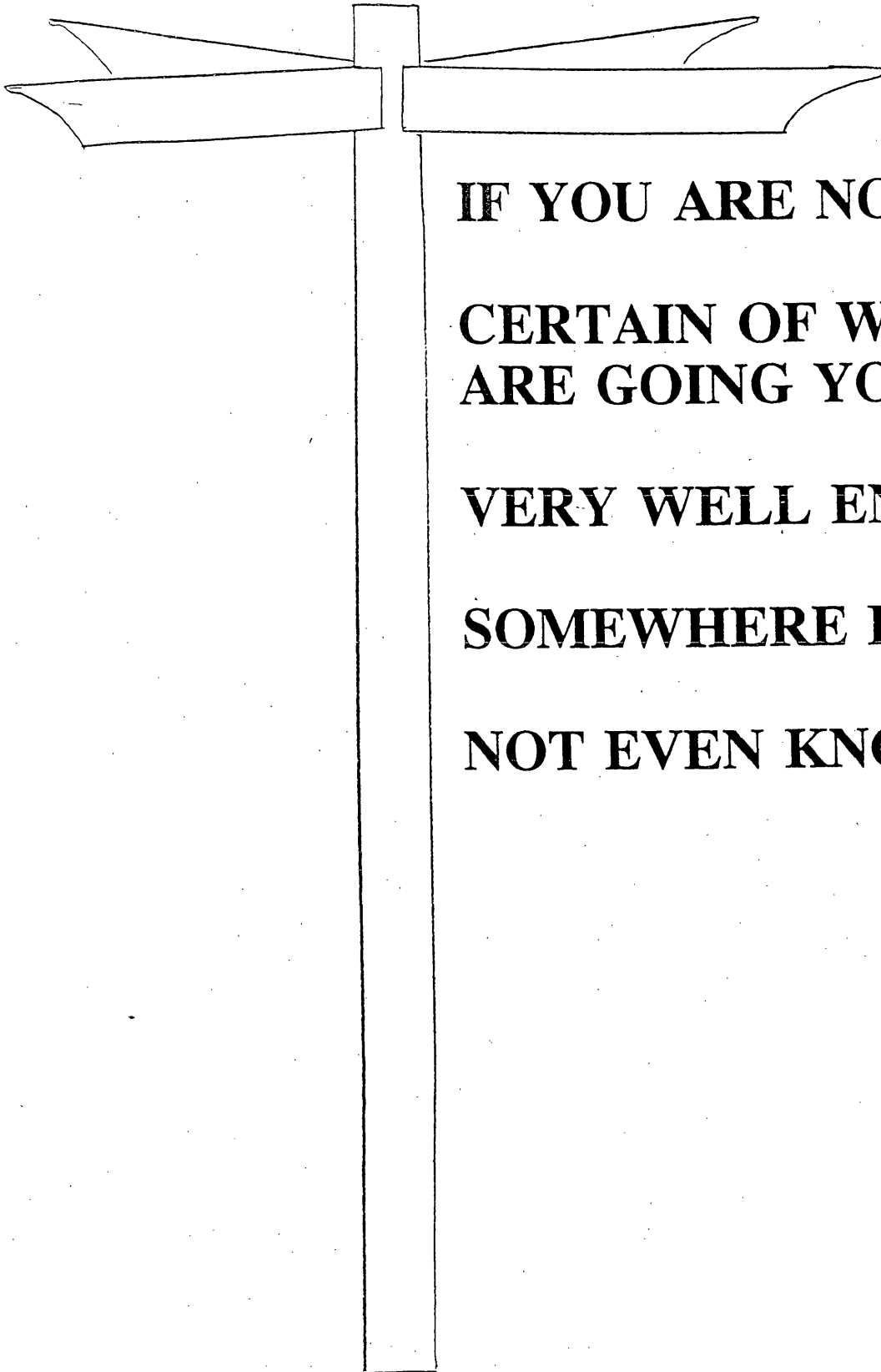
1. to help Kazakh officials from federal level and Almaty and Ust-Kamenogorsk oblasts to understand how other countries, including the UK, have set about changing the remit, functioning and structure of their health service
2. to help senior decision makers to develop strategies for change in the areas of clinical care, public health, women's reproductive health and management reform
3. to develop options for a 2 - 3 year programme of focused KHF assistance to support reforms in the areas of clinical care, public health, women's reproductive health, and management reform

## 4.2. Workshop Objectives

By the end of the workshop, participants will:-

- 1) appreciate the strengths and weaknesses of alternative approaches to:
  - \* setting priorities and health policies;
  - \* developing plans for health management reform
  - \* establishing procedures that encourage cost - effective public health and clinical practice.
- 2) design, and plan the implementation of, their own programme for reforming health care delivery and management, within the context of available resources, and with a view to developing a more efficient and effective health system at oblast level
- 3) produce options for longer term partnerships between relevant groups in the UK and Kazakhstan which will help Kazakh health personnel to implement and sustain change in the areas of clinical care, public health, womens reproductive health, and management reform

### 5.3. Planning Through Gap Analysis



**IF YOU ARE NOT**

**CERTAIN OF WHERE YOU  
ARE GOING YOU MAY**

**VERY WELL END UP**

**SOMEWHERE ELSE (AND**

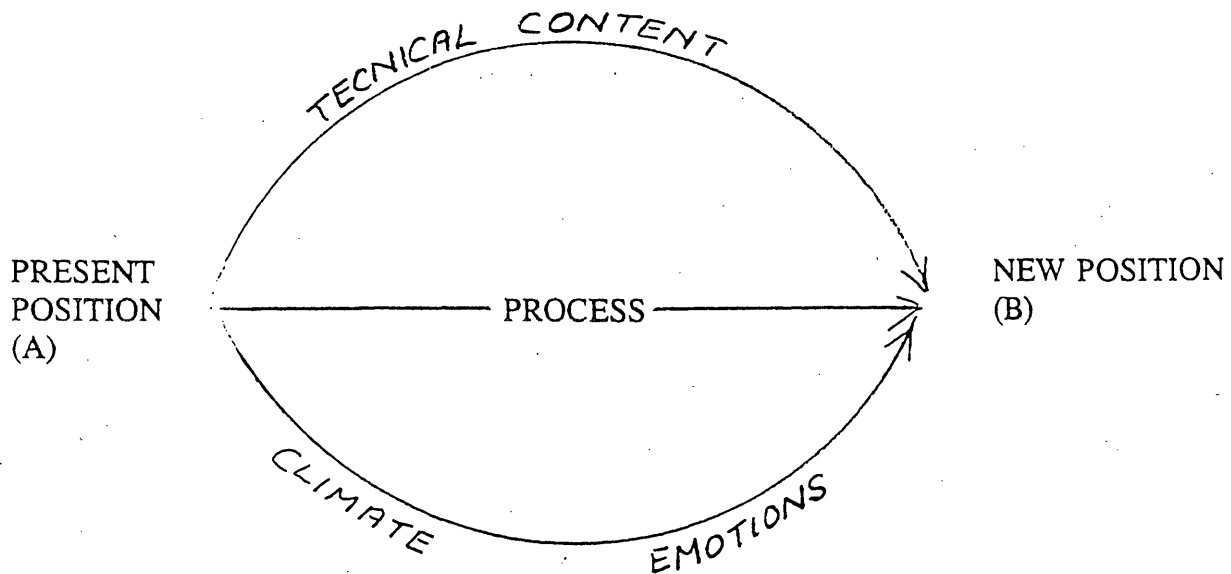
**NOT EVEN KNOW IT)**

#### 5.4. WORKING IN TEAMS

All meetings, even short discussions in small teams, are complex human interactions. To get the best results, the content needs to be clear and well expressed - but in addition, the process must be well conducted, the climate must be open and friendly, and any difficult feelings or conflicts must be dealt with appropriately. All these things have to be managed at the same time, usually by the group leader or facilitator. It is hard for one person to pay attention to these things, so it is better to share the responsibilities - eg one person keeps time, another takes notes, a third chairs the discussion.

This simple diagram shows the main strands which are present in any meeting, even if they are not always recognised or given due respect: the technical content, the process or procedure, the emotions, feelings or group dynamics. If we regard the purpose of any meeting as developmental - in other words, to help the participants move from their present position, A, to a new position, B, the facilitator must ensure that the different strands are managed effectively.

#### TEAM DISCUSSION: HELPING PARTICIPANTS MOVE FROM A TO B



## 5.5. TWO KINDS OF TEAMS

For the group work sessions, participants will be divided into teams. There will be two kinds of team:

- a) regional teams
- b) speciality teams

A regional team will consist of all the participants who come from one particular oblast. The team will therefore include people whose roles in health care are different. When you are working in this kind of team your discussion will focus on issues, strategies and solutions which are appropriate for your particular region.

A speciality team will consist of participants from all regions who work in, or have a special interest in, the particular topics:

- health care management
- public health
- womens reproductive health
- clinical care

When you are working in this kind of team your discussion will focus upon the particular topic, taking a country-wide perspective on the issue.



## 5.6. THE FOUR ROLES OF TEAMWORK

At the beginning of each teamwork session, the team must choose a Chair and a Rapporteur. A person chosen at the beginning of the week does not have to keep role for the whole week, but only until the work on that particular topic is complete.

All creative teams need a variety of experience, expertise and attributes to be effective. It is essential, to this end, to ensure everyone's contribution to the workshop that all delegates observe the roles as set out below for team participant, chair, rapporteur and facilitator.

### **Role One - Team Participant's Responsibilities**

- to contribute both your experience and expertise and new ideas and new ways of thinking to the discussion
- to listen to ideas from other team members and develop and build on them; respond to what other people say; feel free to challenge and disagree
- to give support to other group members, helping them to express their ideas
- to help to form the consensus of ideas, options and outcomes that the team reaches as a summary of its thinking.
- to support the chair, rapporteur and facilitator in their roles
- to be positive in all activity and communication

Remember "everyone teaches, everyone learns" so everyone should participate. You do not need to make detailed notes because the rapporteur will record the group's main conclusions, but you can use your workbook to record points on which you want to reflect later.

### **Role Two - Chair's Responsibilities**

- to ensure that the session starts and finishes at times agreed by the team and the Workshop programme
- to make sure that everyone participates - if necessary, ask people who have already spoken to keep quiet and give the others a chance
- to resist the temptation to fill in the silences yourself
- to encourage people to speak directly from their own experience as well as to contribute theoretical points
- to allow team participants to express themselves properly, but not make long speeches

5.6. cont'd .....

- to make sure people speak clearly and loud enough for everyone to hear
- to make sure the team and its members maintain its direction in terms of its discussion
- to ensure at suitable stages through the discussion that there is sufficient summary
- to ensure that the team's task is completed on time in collaboration with the rapporteur and the facilitator

**Role Three - Rapporteur's Responsibilities**

- to ensure that you and the team understand what kind of report is needed (ie a verbal report to the plenary group and a summary on a flip chart or an overhead transparency)
- to record the main points of discussion, avoiding the temptation to write down everything that is said
- to record the main points on a flip chart during the discussion for everyone to see and check as the discussion proceeds
- to check with the team five minutes before the end of the session that the main points have been recorded accurately
- to present a summary of your team's thinking to the plenary session; your presentation should not last beyond ten minutes

Please prepare a summary of your presentation for the plenary session the evening before and give it to the translator so that she can translate it for the visiting team in advance of your presentation.

**Role Four - Facilitator's Responsibilities** (this role will be taken by a member of the visiting team)

- to make sure that everyone understands the purposes of the session and the outcomes that are expected
- to ensure that the team appoints a Chair when the session begins
- to ensure that the team appoints a Rapporteur when the session begins
- to ensure that everyone in the team introduces themselves to the team and sets out their experience
- to support the Chairperson in his/her role

5.6. cont'd .....

## 5.7 BRAINSTORMING

One method which we have found to be useful is called **BRAINSTORMING**. It will be especially useful for this workshop where working groups will have variety of expertise and experience.

The essence of brainstorming is that you make a conscious effort to separate the generation of ideas from the discussion of them. By resisting any temptation to pass judgments until every idea has been squeezed out, you encourage the flow of ideas and allow one idea to trigger other ideas. This allows opportunities for cross fertilization of ideas without constraint.

Brainstorming essentially consists of three stages for the purpose of this Workshop:-

*1. Redefining the problem (say 10% of time available).* The group task is redefined or rephrased so as to look at it from new and interesting viewpoints. The technique to use at this stage is to say "Our problem, really is how to .....". You should try to obtain at least six different redefinitions of the problem before moving on to the next stage.

These should be written on the flipchart for all to see and each restatement of the problem should start with "How to ....".

*2. Generating Ideas (say 60% of time available).* Taking each redefinition of the problem in turn, you generate as many ideas as possible for solving it. The technique is to ask "What ways can we use to .....?" No idea, however odd it may seem, should be rejected at this stage. All judgment should be suspended. The group may wish to have a silent period for members individually to write down their own ideas before sharing them with the group. Regardless, all ideas should be shared with the group and captured on the flip chart for all to see and use them to generate even further ideas. Good humour and a relaxed environment help the flow of ideas.

*3. Evaluating The Ideas (say 30% of time available).* The time for haphazard ideas is now over and the group needs to make a shortlist of the best options in a systematic and rational way, methodically reviewing, objectively, all the ideas they have 'captured' from the previous stage.

### *Two further points*

Firstly, brainstorming is not a difficult technique. The concept is simple although it can be difficult to apply. The main obstacle is people's attitudes. The group as individuals and as a whole must be committed to making it succeed. Hence the specific roles for each member of the group have been clearly set out and we would ask that you abide by them.

Secondly, brainstorming as a tool will become increasingly useful as the Workshop proceeds through the week, ie. as innovatory ideas for change in the structure and systems of healthcare delivery can be considered. In earlier stages in the week, groups should take the opportunity to practice brainstorming even if it seems somewhat contrived and artificial.

- to give advice or seek advice from other members of the Workshop Visiting as appropriate
- to interpret concepts and thinking that may be new to the team

## 6.MODELS AND STRATEGIES FOR CHANGE

- 6.1. Health care reform
- 6.2. Public health
- 6.3. Clinical care
- 6.4. Womens reproductive health

## Notes for the Kazakhstan Workshop - Tuesday, 1 November 1994

### *Links between hospital services and family and primary care*

Different countries manage their health problems in different parts of their healthcare system, depending on their culture and traditions, their level of resources available and the skills of their health professional staff. The following presentation will discuss 'day case' surgery and will consider how certain operations are carried out in the United Kingdom and Kazakhstan. In the UK there is a campaign to shorten lengths of stay in hospital and to increase the proportion of operations carried out as day cases, that is, without staying overnight in a hospital bed.

These cases include:

- inguinal hernia
- anal fissure
- varicose veins
- circumcision
- orchidopexy
- Duprytren's
- carpal tunnel
- arthroscopy
- ganglionectomy
- myringotomy
- SMR
- nasal fracture
- cataract extraction
- squint
- bat ears
- D&C
- laparoscopy

By choosing one or two examples from the above list, the following issues will be discussed.

- effectiveness and safety
- cost
- doctors' and patients' views
- the impact on family and primary health care.

When priorities for health care have been decided, then the designs of those services should consider whether the time and the place is convenient for both users and providers of the services; whether the relationship between the user and the provider is good; whether there is confidence in the service; and whether the users and the providers have the opportunity to suggest changes which will make the service more convenient for either or both.

### **Group Work**

Each group will be asked to put themselves into the position of either a patient, (individual, family or community leader), a health professional, nurse, midwife, health visitor, doctor, paramedic), public and private sector, a financial planner (Civil Servant and politician), academic staff, (or 'other'), and to consider the following questions from that point of view:

Group 1: The users of the services - the patient and the community groups

#### **Questions:**

What do they want?

What are their main health concerns?

Where do they want these services?

What characteristics of a health service appeal to the users, at home, in the clinic, at the hospital?

Group 2: The Providers - The Health Professionals (public sector)

#### **Questions:**

What professional training and support do they require?

What facilities do they need to carry out their training?

What staff development policy is needed?

What level of remuneration is needed?

Group 3: The Health Professionals (private sector)

#### **Questions:**

What is the role of the private sector?

What is the role of the state in the private sector provision of health services?

What should be the relationship between the public and the private health sectors?

Peter Poore

Save the Children Fund UK

16 years ago Almaty hosted a famous meeting. The result was the DECLARATION OF PRIMARY HEALTH CARE. This document begins, "PHC is the key to achieving an acceptable level of health throughout the world in the foreseeable future as part of social development and in the spirit of social justice. IT IS EQUALLY VALID FOR ALL COUNTRIES, FROM THE MOST TO THE LEAST DEVELOPED, THOUGH THE FORM IT TAKES WILL VARY ACCORDING TO POLITICAL, ECONOMIC, SOCIAL AND CULTURAL PATTERNS".

This document affirms principles and values which are even more relevant today than they were in September 1978 as the distribution of wealth becomes less equitable and the number of those living in poverty grows. (*UNDP Human Development Reports 1990-1994*).

### The Provision of Health Services

The provision of health Services depends upon:

- i. Knowing what people want as individuals as well as what a community needs from a public health perspective
- ii. Defining the needs of users, providers, managers and financial planners
- iii. Recognising and reconciling different priorities in decision making
- and iv. Ensuring that adequate resources - human, financial - are sustainable.

If health services are to benefit people, then it is necessary to know what people want as well as knowing what the state can afford. It is also necessary to be able to monitor the relevance of health services for the people who use them.

Many people have an interest in the development of health services, and they may have different priorities. For example, the individual has his or her own personal needs; the public health expert will identify community and national priorities; politicians will need to address several, sometimes conflicting priorities; physicians may have a specialist interest; and the most vulnerable like the elderly, the disabled, people with AIDS, those whose voice is seldom heard, will have special needs.

Who should decide priorities for what is needed, where and when, especially when resources are limited, and how can such decisions be reached which will take account of all opinions? What techniques are available to reflect and assess opinions?



## HOSPITAL SERVICES

### NOTES FOR PRESENTATION BY DR CHRISTOPHER PAINE

"One of the great objectives of medicine is to enable people to live out the span of their life to which they are biologically adapted.

Death in old age is inevitable; death before old age is not.

For this objective to be realised, ways must be found to limit the vast damage that is now being done by tobacco"

Richard Doll 1994

#### Predicted deaths from cigarette smoking

	1995 millions	2025 millions
developed countries	2	3
developing countries	1	7
world total	3	10

Causes of death:            chronic respiratory infection  
                                 heart disease and stroke  
                                 cancers

#### What is a hospital for?

- Availability of special skills
  - medical
  - diagnostic
  - nursing
- As a resource to help the local community and care at home
- To accommodate patients when necessary
  - while undergoing specialist care
  - while too ill to be at home
  - for rehabilitation (in liaison with home)
  - (sometimes) for long term care

Group 4: The Providers - The Financial Planners, the Policy Makers, the Managers, the Administrators, the Politicians

**Questions:**

What information do they need to allocate resources?

How do they get this information?

What potential pressures may be brought to bear on this group when making decision on the use of limited resources?

What information do they require to monitor expenditure, cost effectiveness and cost benefit?

Group 5: Academics - University staff and other research groups

**Questions:**

What are their requirements of the health service and its administration?

What is the role of the university and research institutions?

Group 6: Others

**Questions:**

It has been said that health is much too important to be left to the doctors.

Who else should be involved in the discussion of health in a broader context

- Educationists, teachers, philosophers, ethicists?

What is their role?

How can this mixture of needs work in practice?

The role of the doctor/health professional - some examples.

It is generally recognised that active rehabilitation is usually more effective than bed-rest in promoting recovery.

Hospitals and hospital doctors have an important part to play in health education of patients and their families.

The job of the hospital doctor is:-

- to have the necessary diagnostic skills;
- to be discriminating in doing his best for the individual patient;
- to keep up to date
- to be aware of medicine in other fields
- to recognise that cost-effective practice helps all patients

The hospital doctor and medical management

In the past (1850-1980) hospital management was done by a team consisting of:

- the medical superintendent
- the chief nurse
- the administrator

Why didn't it continue to work well?

- explosion of knowledge
- increased specialisation
- increased cost
- failure of management by consensus

What was needed instead?

- someone in charge
- with a broad view of priorities
- to meet local needs
- and achieve local outcomes

Present hospital management systems are based on

- a chief executive
- clinical directorates

Issues to be considered

health technology

equipment - imaging, fibre optics, micro surgery

skills - increased specialisation (40 + specialties)

drugs - costs

surroundings - buildings, safety standards etc.

These advances have had an effect on outcomes - some examples. But is this for the benefit of the few at the cost of the many?

# BIRTH IS NOT AN ILLNESS!

## 15 Recommendations of the World Health Organisation

The 15 recommendations are based on the principle that each woman has a fundamental right to receive proper prenatal care; that the woman has a central role in all aspects of this care, including participation in the planning, carrying out and evaluation of the care; and that social, emotional and psychological factors are decisive in the understanding and implementation of proper prenatal care.

- ★ The whole community should be informed about the various procedures in birth care, to enable each woman to choose the type of birth care she prefers.
- ★ Information about birth practices in hospitals (rates of Caesarean section, etc.) should be given to the public served by the hospitals.
- ★ There is no indication for pubic shaving or a pre-delivery enema.
- ★ Birth should not be induced for convenience. No geographic region should have rates of induced labour over 10%.
- ★ Artificial early rupture of the membranes, as a routine process, is not scientifically justified.
- ★ There is no evidence that routine intrapartum electronic fetal monitoring has a positive effect on the outcome of pregnancy. Electronic fetal monitoring should be carried out only in carefully selected medical cases (related to high perinatal mortality rates) and in induced labour. Countries should carry out investigations to select specific groups of pregnant women who might benefit from electronic fetal monitoring. Until such time as results are known, national health care services should abstain from purchasing new monitoring equipment.
- ★ Pregnant women should not be put in a lithotomy position during labour or delivery. They should be encouraged to walk about during labour and each woman must freely decide which position to adopt during delivery.
- ★ During delivery, the routine administration of analgesic or anaesthetic drugs, that are not specifically required to correct or prevent a complication in delivery, should be avoided.
- ★ The systematic use of episiotomy is not justified.
- ★ There is no justification in any specific geographic region to have more than 10-15% caesarean section births.
- ★ There is no evidence that a caesarean section is required after a previous transverse low segment caesarean section birth. Vaginal deliveries after a caesarean should normally be encouraged wherever emergency surgical capacity is available.
- ★ The immediate beginning of breastfeeding should be promoted, even before the mother leaves the delivery room.
- ★ The healthy newborn must remain with the mother, whenever both their conditions permit it. No process of observation of the healthy newborn justifies a separation from the mother.
- ★ Governments should consider developing regulations to permit the use of new birth technology only after adequate evaluation.
- ★ Technology assessment should be multi-disciplinary and involve all types of providers who use the technology. The women, on whom the technology is used, should be involved in planning the assessment as well as evaluating and disseminating the results. The results of the assessment should be fed back to all those involved in the research as well as to the communities where the research was conducted.

These recommendations have been made in the WHO Report on "Appropriate Technology for Birth" – April 1985.

Copies of this leaflet/poster can be obtained from:-  
AIMS – Association for Improvements  
in the Maternity Services  
40 Kingswood Avenue, London NW6.



## 7. THE CHANGE PROCESS: PRELIMINARY READINGS

- 7.1. The change process
- 7.2. Beyond bureaucracy
- 7.3. Strategic management
- 7.4. The change equation
- 7.5. Force field analysis
- 7.6. Diagnosing resistance
- 7.7. Empowerment

## 7. THE CHANGE PROCESS: PRELIMINARY READINGS

### 7.1. THE CHANGE PROCESS: LEWIN'S MODEL

(From K.Lewin "Frontiers in Group Dynamics; concept, method and reality in social science; social equilibria and social change" (Human Relations Vol.1 1947)

"Change is inherently a messy business, riddled with uncertainty, emotion, dilemmas and paradox. It presents impossible choices: 'Should we do this or that?' The answer is often 'Yes, both'.

When managing change you need to be clear and certain about the things that really matter. An overall strategy is essential. A detailed plan is invaluable, but only if it is recognized that the process is not entirely controllable: you should be prepared to tolerate enough ambiguity and uncertainty to allow space for others to make their contribution.

Change is about having confidence whilst not knowing whether the change will have the desired effect:

#### Lewin's three-phase model

Kurt Lewin identified three phases in any change programme:

- **unfreezing**
- **moving**
- **refreezing**

*Unfreezing* is the phase when you work to get people to accept that there is a need for change. Unfreezing is the stage when it is essential to allow for people's justifiable pride in the way they used to do things, to recognize their past achievements. Time taken for them to complete unfinished business - almost to grieve for the passing of the old ways - can be time well spent.

The second phase is *moving* - putting the change into effect - and it requires careful planning and deliberate management.

Lewin's final phase, *refreezing*, is the process by which the new behaviours are institutionalized and consolidated. New norms have to be established. In one way or another, old and inappropriate behaviours are 'punished' and new ones rewarded. Control systems may need to be changed."

## 7.2. BEYOND BUREAUCRACY

(From "The Grieving Death of Bureaucracy" - Warren G Bennis ("Think" 1966))

"I should like to make clear that by bureaucracy I mean a chain of command structure on the lines of a pyramid - the typical structure which coordinates the business of almost every human organization we know of.

Most students of organizations would say that its anatomy consists of the following components.

- A well defined chain of command
- A system of procedures and rules for dealing with all contingencies relating to work activities
- A division of labour based on specialization
- Promotion and selection based on technical competence
- Impersonality in human relations.....

The bureaucratic "machine model" was developed as a reaction against the personal subjugation, nepotism and cruelty, and the capricious and subjective judgements which passed for managerial practices during the early days of the industrial revolution. Bureaucracy emerged out of the organizations' need order and precision and the worker's demands for impartial treatment.

### FOUR THREATS

There are at least four relevant threats to bureaucracy.

1. Rapid and unexpected change. Bureaucracy's strength is its capacity to efficiently manage the routine and predictable in human affairs. Bureaucracy with its nicely defined chain of command, its rules and its rigidities, is ill-adapted to the rapid change the environment now demands.
2. Growth in size. While in theory, there may be no natural limit to the height of a bureaucratic pyramid in practice the element of complexity is almost invariably introduced with great size.
3. Increasing diversity. Today's activities require persons of very diverse, highly specialized competence.
4. Change in managerial behaviour. There is, I believe, a subtle but perceptible change in the philosophy underlying management behaviour real change seems under way because of.
  - a) A new concept of man, based on increased knowledge of his complex and shifting needs, which replaces an oversimplified innocent, push-button idea of man.



### 7.3. STRATEGIC MANAGEMENT

- a) (From "Strategic Management" - Howard Elcock in Farnham at Horton "Managing the New Public Services" (1993)

"Strategic management is basically concerned with two main types of activity. The first is the making of strategic choices - setting the directions in which the organisation is to move in the future. The second is strategic implementation - ensuring that the organisation has the right structures, processes and culture to carry out the policies determined by the strategic choices its governors have made.

There have been many instances of strategic planning systems which have failed or lost their credibility because they have tried to tackle too many issues, analyze too much information or appease too many conflicting interests.

Because strategic choice must in essence be a process of trying to make statements about the future on the basis of which strategic management can be predicated, uncertainty needs to be reduced. Organisations can move towards the taking of strategic decisions considering the reduction of uncertainty along three dimensions.

#### *Uncertainty about the Environment*

Here the need is to acquire more information, whilst remembering that collecting information is both costly and time-consuming. Furthermore, it is likely that the closer we attempt to get to complete certainty, the costlier our search for it is likely to become.

#### *Uncertainty about Values*

Strategic and indeed all managers need to know what they are expected to achieve. They therefore have to obtain from those responsible for setting organisational goals, who in public service organisations are ultimately elected representatives, what values they hold and what their managers are seeking to realise and what objectives they should be seeking to achieve.

#### *Uncertainty about Related Organizations*

The co-operation of other departments, other public agencies, private firms and voluntary bodies is likely to be needed if strategic plans are to be carried out, but that co-operation cannot be automatically assumed. Other organizations may be pursuing different values and have to take cognizance of conflicting interests.

This kind of analysis leads to three conclusions about what constitutes a realistic approach to strategic management. The first is that we cannot plan or proactively manage everything all the time. Instead, we must adopt 'key issue' approaches to making strategic choices under which planners and managers confine themselves to tackling the issues which are most urgent and important at the present time, by seeking to reduce the uncertainty surrounding them.

- b) A new concept of power, based on collaboration and reason, which replaces a model of power based on coercion and threat.
- c) A new concept of organizational values, based on humanistic-democratic ideals, which replaces the depersonalised mechanistic value system of bureaucracy.

Integration, distribution of power, collaboration, adaptation and revitalization - these are the major human problems of the next 25 years. How organizations cope with and manage these tasks will undoubtedly determine the viability of the enterprise.

Rapid technology change and diversification will lead to more and more partnerships between government and business. It will be a truly mixed economy. Because of the immensity and expense of the projects there will be fewer identical units competing in the same markets and organizations will become more interdependent.

The four main features of this environment are:

- Interdependence rather than competition
- Turbulence and uncertainty rather than readiness and certainty
- Large-scale rather than small-scale enterprises.
- Complex and multinational rather than simple national enterprises

Adaptive, problem-solving, temporary systems of diverse specialists, linked together by coordinating and task-evaluating executive specialists in an organic flux - this is the organization form that will gradually replace bureaucracy as we know it. As no catchy phrase comes to mind, I call this an organic-adaptive structure.

The organic-adaptive structure should increase motivation and thereby effectiveness, because it enhances satisfaction intrinsic to the task. There is a harmony between the educated individual's need for tasks that are meaningful, satisfactory and creative and a flexible organizational structure.

In these new organizations of the future, participants will be called upon to use their minds more than at any other time in history. Fantasy, imagination and creativity will be legitimate in ways that today seem strange. Social structure will no longer be instruments of psychic repression but will increasingly promote play and freedom on behalf of curiosity and thought."

-Second, it becomes apparent that the strategic management process is at least as important as the final outcome or, 'planning is more important than plans'. The process of collective learning produces benefits beyond those offered by the final plan document itself. The third conclusion is that strategic management is a repetitive learning cycle not a linear progression towards a clearly defined final destination. We may have final goals in mind but we move towards them, perhaps erratically by going through a series of learning cycles not by a straight line progression through a series of intermediate states. Strategic management is therefore not like a train journey. It is rather like trying to find the right exit from a traffic island - which then only leads us into the next island!

The object of the strategic planning process and hence of strategic management is not them simply arriving at a final definition of an ideal state, coupled with a routine map of how to get there. It is rather an attempt to produce by processes of reducing uncertainty a series of statements which will guide individuals, groups and organizations in their day-to-day and detailed decision-making. Hence, the propositions promulgated by strategic planners and managers should have three attributes.

First they should be general statements about the policy objectives to be sought and the major future developments which are to be encouraged which command sufficient support to have some assurance of implementation.

Second, strategic propositions need to be statements about the future which raise actors' eyes beyond their immediate preoccupations.

Third, strategic propositions are also contextuating."

b) (From "Of Strategies, Deliberate and Emergent" by Henry Mintzberg and James A. Waters Strategic Management Journal vol.61 1985)

"Since strategy has almost inevitably been conceived in terms of what the leaders of an organization 'plan' to do in the future, strategy formation has, not surprisingly, tended to be treated as an analytic process for establishing long-range goals and action plans for an organization; that is, as one of formulation followed by implementation. As important as this emphasis may be, we would argue that it is seriously limited, that the process needs to be viewed from a wider perspective so that the variety of ways in which strategies actual take shape can be considered.

For over 10 years now, we have been researching the process of strategy formation based on the definition of strategy as a 'pattern in a stream of decisions'..... The origins of strategies could then be investigated with particular attention paid to exploring the relationship between leadership plans and intentions and what the organizations actually did. Using the label strategy for both of these phenomena - one called *intended*, the other *realised* - encouraged that exploration.

#### 7.4. THE CHANGE EQUATION

(After D. Gleisher quoted in Tony Turrill "Change and Innovation. A Challenge for the NHS" (IHSM 1986))

The key to overcoming opposition or building commitment lies in appreciating the motives of the individual or group concerned. The change equation can sharpen this understanding.

If A = the individual's or group's level of dissatisfaction with things the way they are now

B = the individual's or group's shared vision of a better future

C = the existence of an acceptable, safe first step

and D = the costs to the individual or group

change is unlikely unless:

$$A + B + C > D$$

The basis of this equation is the simple assumption that people are rarely interested in change unless the factors supporting change outweigh the costs. You may decide, after applying the change equation to your project, that the balance between A, B and C on the one hand, and D on the other, is so unfavourable that change is impossible. You may, however, conclude that courses of action are available to you to alter the balance in your favour. It is then your job either to reduce D, the perceived costs, or to increase the sum of A, B and C. Let's examine each of the elements of the change equation briefly in turn.

##### **A: Dissatisfaction with the way things are -**

If we wish to initiate a change programme, we are normally dissatisfied with the current state. We may wrongly assume that others share our dissatisfaction. If people are comfortable with the way things are, they are unlikely to support change.

##### **B: A shared vision of a better future**

For change to be sustained, the individual or group must own a vision of a better way of doing things. If the vision doesn't exist, or is unclear, then people will not strive to achieve it. If there are several different visions, energy will be continually dissipated in argument. An almost impossible scenario for generating commitment is when the vision is clear but threatens the individual or group. For example, few people would buy into a vision which threatened their livelihood.

Comparing intended strategy with realised strategy, as shown in figure 1.1. has allowed us to distinguish . . . . . strategies realised as intended - from *emergent* strategy patterns or consistencies realised despite, or in the absence of intentions.

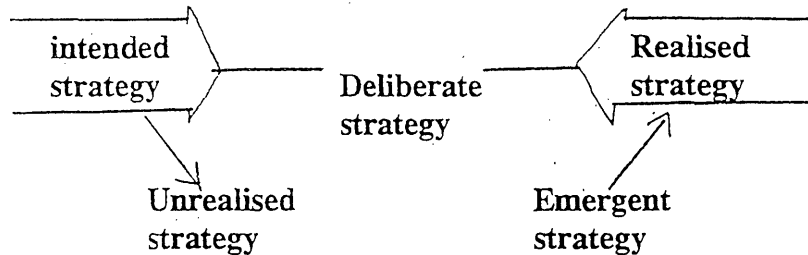


FIGURE 1.1. TYPES OF STRATEGIES

For a strategy to be perfectly deliberate - that is, for the realized strategy (pattern of actions) to form exactly as intended - at least three conditions would seem to have to be satisfied. First, there must have existed precise intentions in the organization, articulated in a relatively concrete level of detail, so that there can be no doubt about what was desired before any actions were taken. Secondly, because organization means collective action to dispel any possible doubt about whether or not the intentions were organizational, they must have been common to virtually all the actors: either shared by their own or else accepted from leaders, probably in response to some sort of controls. Thirdly, these collective intentions must have been realised exactly as intended, which means that no external force (market, technological, political, etc) could have interfered with them. The environment in other words, must have been either perfectly predictable or totally benign, or else under the full control of the organization. These three conditions constitute a tall order, so that we are unlikely to find any perfectly deliberate strategies in organizations. Nevertheless, some strategies do come rather close, in some dimensions, but not all.

For a strategy to be perfectly emergent, there must be order - consistency in action - that emerges overtime - in the absence of intention about it. (No consistency means no strategy or at least unrealised strategy - intentions not met). It is difficult to imagine action in the absence of intention - in some pocket of the organization if not from the leadership itself, such that we would expect the purely emergent strategy to be as rare as the purely deliberate one. But again, our research suggests that some patterns come rather close to being perfectly emergent when an environment directly imposes a pattern of action on an organization.

Thus, we would expect to find tendencies in the direction of deliberate and emergent strategies rather than perfect forms of either. In effect, these two form the poles of a continuum along which we would expect real world strategies to fall.

## 7.5. FORCE FIELD ANALYSIS

(From Open University Business School "Managing Health Services" - B601 Book Seventeen)

- Force field analysis assumes that in any change situation there are two sets of forces, those driving the change and those which oppose or restrain it. These forces can be written on a chart using arrows to indicate their direction and relative strengths (Figure 4). It is important to recognise that they are forces as *perceived* by the people involved in the change.

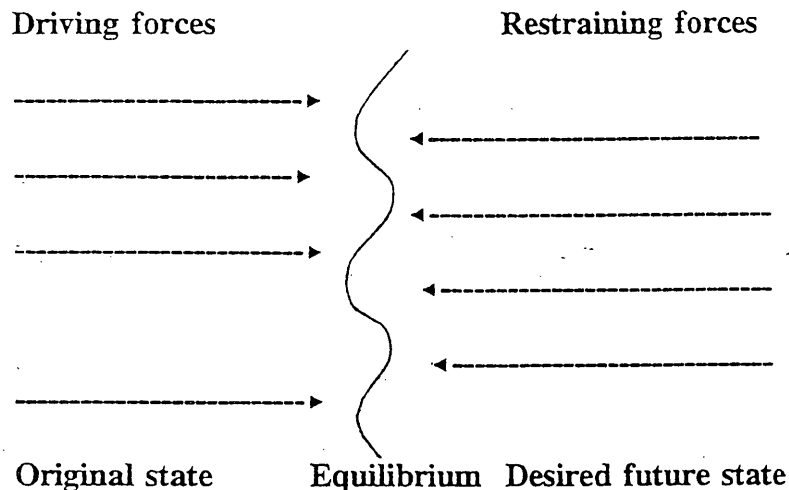


Figure 4: Driving and restraining forces

If the driving forces for change are stronger than the restraining forces, progress will be made.

It can sometimes be useful to cluster them under different headings and to use these headings to prompt ideas. Typical clusters would include:

- *personal*, e.g. a fear of redundancy, loss of competence, loss of pride
- *interpersonal*, e.g. A does not talk to B
- *intergroup*, e.g. nurses resent loss of status vis-a-vis general managers, surgeons and physicians compete for money to buy new equipment
- *organizational*, e.g. there is an overall shortage of resources, new management structures are being introduced.
- *technological*, e.g. records have been computerized, a body scanner has been installed
- *environmental*, e.g. there is a nationwide shortage of 18-year-olds, there are more elderly people, the law on mental health is amended.

The change equation - cont'd .....

**C: An acceptable, safe first step**

Even when there is a high level of dissatisfaction and a common vision which all would strive to achieve, the size of change needed and the risks involved can encourage inertia. Few of us would be satisfied with what the Health Service provides; most of us could share a common view of what better patient care would be about. Putting it to rights nationally, is another matter. Where to begin? As there is no simple answer, we settle for doing a good day's work instead, keeping things going as best we can. First steps acceptable if they are small and likely to be successful or, if they fail, easily and quickly retrievable.

**D: The costs to the individual or group**

The costs may be perceived more than real: they may be money, resources, time and energy; they may be personal and psychological, trivial or traumatic. But there will always be costs: change is characteristically painful and unfair.

## 7.6. DIAGNOSING RESISTANCE

(From John P Kotter and Leonard A. Schlesinger Harvard Business Review 57/2 March-April 1979)

"Organizational change efforts often run into some form of human resistance. Although experienced managers are generally all too aware of this fact, surprisingly few take time before an organizational change to assess systematically who might resist the change initiative and for what reasons. Instead, using past experiences as guidelines, managers all too often apply a simple set of beliefs - such as 'engineers will probably resist the change because they are independent and suspicious of top management'. This limited approach can create serious problems. Because of the many different ways in which individuals and groups can react to change, correct assessments are often not intuitively obvious and require careful thought.

Of course, all people who are effected by change experience some emotional turmoil. Even changes that appear to be 'positive' or 'rational' involve loss and uncertainty. Nevertheless, for a number of different reasons, individuals or groups can react very differently to change - from passively resisting it, to aggressively trying to undermine it, to sincerely embracing it.

To predict what form their resistance might take, managers need to be aware of the four most common reasons people resist change.

### **Parochial self-interest**

One major reason people resist organizational change is that they think they will lose something of value as a result. In these cases, because people focus on their own best interests and not on those of the total organization, resistance often results in 'political behaviour'.

### **Misunderstanding and lack of trust**

People also resist change when they do not understand its implications and perceive that it might cost them much more than they will gain. Such situations often occur when trust is lacking between the person initiating the change and the employees.

### **Different assessments**

Another common reason people resist organizational change is that they assess the situation differently from their managers or those initiating the change and see more costs than benefits resulting from the change, not only for themselves but for their company as well.

### **Low tolerance for change**

People also resist change because they fear they will not be able to develop the new skills and behaviour that will be required of them. All human beings are limited in their ability to change, with some people much more limited than others. Organizational change can inadvertently require people to change too much, too quickly.



## 7.5. Force field analysis - cont'd .....

Having produced the diagram, the first task is to examine it to determine what can be done to reduce the restraining forces rather than increase the driving ones. This seems to be against our natural instincts of pushing change through.

Some of the restraining forces may even owe their existence to previous attempts to push through change and, paradoxically, the elimination of the appropriate driving force will be helpful overall. You may, however, judge that it is important to maintain some particular driving force and perhaps, with care, increase others.

Completion of the force field analysis may lead to an onset of realism. Once you have obtained a clear view of the forces in play you may decide that your pet project is clearly impossible. Resources are finite. Now may be the time to question whether your resources would be better deployed where there is more chance of a return on their investment.

## Overcoming resistance - cont'd .....

### Explicit and implicit coercion

Finally, managers often deal with resistance coercively. Here they essentially force people to accept a change by explicitly or implicitly threatening them (with loss of jobs, promotion possibilities, and so forth) or by actually firing or transferring them. As with manipulation, using coercion is a risky process because inevitably people strongly resent forced change. But in situations where speed is essential and where the changes will not be popular, regardless of how they are introduced, coercion may be the manager's only option.

Successful organizational change efforts are always characterized by the skilful application of a number of these approaches, often in very different combinations."

## 7.6. Diagnosing resistance - cont'd .....

### **Overcoming resistance**

Many managers underestimate not only the variety of ways people can react to organizational change, but also the ways they can positively influence specific individuals and groups during a change. And, again because of past experiences, managers sometimes do not have an accurate understanding of the advantages and disadvantages of the methods with which they are familiar.

### **Education and communication**

One of the most common ways to overcome resistance to change is to educate people about it beforehand. Communication of ideas helps people see the need for and the benefits of a change.

### **Participation and involvement**

If the initiators involve the potential resisters in some aspects of the design and implementation of the change, they can often forestall resistance. With a participative change effort, the initiators listen to the people the change involves and use their advice.

### **Facilitation and support**

Another way the managers can deal with potential resistance to change is by being supportive. This process might include providing training in new skills or giving employees time off after a demanding period, or simply listening and providing emotional support.

### **Negotiation and agreement**

Another way to deal with resistance is to offer incentives to achieve or potential resisters.

### **Manipulation and co-optation**

In some situations, managers also resort to covert attempts to influence others. Manipulation, in this context, normally involves the very selective use of information and the conscious structuring of events.

One common form of manipulation is co-optation. Co-opting an individual usually involves giving him or her a desirable role in the design or implementation of the change. Co-opting a group involves giving one of its leaders, or someone it respects, a key role in the design or implementation of a change. This is not a form of participation, however, because the initiators do not want the advice of the co-opted, merely his or her endorsement.

Traditional organisations depend on power to enforce the managerial role. Planning, organising, directing, and controlling are based on authority - the legitimate use of power in the organisation. The essence of being a supervisor, manager, or executive is the ability to force others to do your bidding. As long as an organisation operates through a traditional hierarchy, power is the key to its functioning.

Power creates dependence. Employees are dependent on supervisors for their jobs, their pay, and their self esteem. Supervisors are dependent on their bosses for the same, and so on, up the organisational ladder. Power and dependence are two sides of the same coin. A traditional organisation is really an interlocked series of power/dependence relationships.

Whatever else you might say about such an organisation, two facts seem to stand out.

- It's uncomfortable to be in a position where you feel dependent on the powerful person above.
- It's more comfortable the further up the ladder you move. Your increasing autonomy and power provide compensation for your discomfort. Maintaining your power and the dependence of those below you is one of the major satisfactions available on the system.

Power doesn't vanish from an empowering organisation, but it becomes highly diffused. More important, power and dependence as a way of doing business are replaced by influence and interdependence.

Influence leads to interdependence because effective influence is always reciprocal. If I want to influence you I must be willing to let you influence me. That commits me to listen to you - to give up telling you what to do.

Helping people in managing roles switch from power/dependence relationships to those based on influence and interdependence is a major challenge in a empowering organisation.

Managing in an empowering organisation requires many roles, but five of them seem most important.

### **Role 1: managing alignment**

In traditional organisations, this role often is limited to the top few layers of managers and executives.

In an empowering organisation, the role moves downward: empowered players and teams are heavily involved in setting their own goals and assessing their own success. But everything they do must be a part of the needs and goals of the whole organisation. So the first managing role in this environment is to see that the goals of the empowered align with and further the organisation's goals.

## 7.7. EMPOWERMENT

From Clay Carr "Managing Self Managed Works" (Training and Development (USA) September 1991)

"Empowered people are like gyroscopes; You set their direction and they function on their own. For their managers, that means vastly different roles and skill requirements."

Self managed workers, especially in self directed work teams, are a lot like gyroscopes; the system empowers them and sets their direction, and then they function on their own.

Workers who manage themselves are largely immune to the normal controls of traditional organisations. Try to assert these normal controls, and your self managing workers resist, revert to more passive roles, or leave.

Successful organisations are empowering organizations. They recognise that empowerment is a process and that they must support and enhance self-management as a way of life. It's not a one time dose; it's a continuing effort, day after day, so nurture people's ability to manage themselves and maintain ownership of their parts of the organisation.

It's also important that everyone including managers, be both empowering and empowered. Most of the talk about empowering organizations focuses on workers: lower-level managers generally are identified as impediments to the empowerment process. Transition problems do exist for managers in an empowering organisation, particularly because self management means fewer traditional managers in the ranks.

It takes tremendous effort to prepare workers for their new roles in empowering organisations, the upfront training investment for employees can be mind boggling. It takes at least as much effort to find empowering roles for managers and then to direct the managers to fulfill those roles.

An empowering organisation is a team; even if it doesn't make broad use of self-managing teams, it uses far more co-operation and teamwork than a traditional organisation. Teams require players. Different players play different roles. The roles may change from time to time, but the team is in deep trouble unless everyone is a player.

In a traditional organisation, supervisors assign work, check to see that it's done correctly, confront poor performers, discipline people who misbehave, hire employees, appraise performance and otherwise manage the people who do the work. They spend the rest of their time "fighting fires" making last-minute changes to schedules, and generally running at top speed in order not to fall behind.

WORKSHEET 1: HEALTH CARE SYSTEMS

1.1. WHERE WE ARE NOW (Regional teams, Monday afternoon)

---

THIS IS WHERE WE ARE NOW

---

THESE ARE OUR STRENGTHS

1

2

3

4

---

THESE ARE OUR WEAKNESSES

1

2

3

4

---

OUR PROBLEM IS HOW TO .....

1

2

3

4

---

NAME:

## **Role 2: managing coordination**

Few players or teams work in a vacuum. The manager is responsible for coordinating efforts of different players and teams so that their efforts support each other. He or she is also responsible for distributing resources where they are needed and seeing that teams operate productively and efficiently. Finally, the manager must manage his or her relationships with other people at the same level.

## **Role 3: managing the decision process**

The complexity and diversity of the modern organization require everyone's best ideas but these ideas must be synthesized and turned into effective decisions. This often requires close teamwork. A basic responsibility of this role is to help teams to accept conflict, to use it productively, and to find ways to reach decisions that every player supports.

## **Role 4: managing continuous learning**

In successful organisations, constant change really means constant learning. The world is changing quickly: individuals and entire organisations must become more and more effective at learning.

In an empowering organisation, the manager must facilitate continuous learning by players and teams. She or he is not so much a change agent as a learning agent. This is the distinguishing role for managers in empowering environments. It's difficult to find a similar one in traditional firms. Perhaps the closest is the manager who is responsible for training his or her people.

In an empowering organisation, each player is responsible for his or her own continuous-learning management role in empowering organisations.

## **Role 5: creating and maintaining trust**

For a manager of the empowered, nothing is more important than trust. Self-management - the key to empowerment - exists only where there is trust. So building and maintaining trust is the core managing role.

The idea that building trust is a key management activity seldom appears in text books. In theory, a traditional manager could do a superb job without ever concerning her- or himself with it.

An organisation that trains traditional managers to perform effectively in an empowered environment must help them unlearn a great deal.

Unlearning is always more difficult than learning. Unlearning does not occur unless a person has clear reasons for it - and works in an environment that supports it.

WORKSHEET 1: HEALTH CARE SYSTEMS

1.3. ACTION PLAN (Regional teams, Thursday afternoon)

---

THIS IS WHAT WE ARE TRYING TO ACHIEVE

---

THIS IS HOW WE ARE GOING TO DO IT

---

THIS IS WHAT WE NEED IN ORDER TO DO IT

---

THIS IS THE KIND OF PARTNERSHIP WE WANT

---

THIS IS HOW WE WILL KNOW THAT WE HAVE ACHIEVED IT

---

NAME:



WORKSHEET 1: HEALTH CARE SYSTEMS

1.2. THREE YEARS' TIME (Regional teams, Tuesday afternoon and Wednesday morning)

---

THIS IS WHERE WE WANT TO BE IN THREE YEARS TIME

---

OUR PROBLEM IS HOW TO .....

1

2

3

4

---

NAME:

WORKSHEET 2: PUBLIC HEALTH

2.1. WHERE WE ARE NOW (Regional teams, Monday afternoon)

---

THIS IS WHERE WE ARE NOW

---

THESE ARE OUR STRENGTHS

1

2

3

4

---

THESE ARE OUR WEAKNESSES

1

2

3

4

---

OUR PROBLEM IS HOW TO .....

1

2

3

4

---

NAME:

ADDITIONAL SHEET - PROBLEMS & SOLUTIONS

---

OUR PROBLEM IS HOW TO .....

---

WHAT WAYS CAN WE USE TO SOLVE THIS PROBLEM

---

NAME:

WORKSHEET 2: PUBLIC HEALTH

2.2. THREE YEARS' TIME (Regional teams, Tuesday afternoon and Wednesday morning)

---

THIS IS WHERE WE WANT TO BE IN THREE YEARS TIME

---

OUR PROBLEM IS HOW TO .....

1

2

3

4

---

NAME:

WORKSHEET 3: CLINICAL CARE

3.1. WHERE WE ARE NOW (Speciality teams, Monday afternoon)

---

THIS IS WHERE WE ARE NOW

---

THESE ARE OUR STRENGTHS

1

2

3

4

---

THESE ARE OUR WEAKNESSES

1

2

3

4

---

OUR PROBLEM IS HOW TO .....

1

2

3

4

---

NAME:

ADDITIONAL SHEET - PROBLEMS & SOLUTIONS

---

OUR PROBLEM IS HOW TO .....

---

WHAT WAYS CAN WE USE TO SOLVE THIS PROBLEM

---

NAME:

WORKSHEET 3: CLINICAL CARE

3.2. THREE YEARS' TIME (Speciality teams, Tuesday afternoon and Wednesday morning)

---

THIS IS WHERE WE WANT TO BE IN THREE YEARS TIME

---

OUR PROBLEM IS HOW TO .....

1

2

3

4

---

NAME:

**WORKSHEET 4: WOMENS REPRODUCTIVE HEALTH**

**4.1. WHERE WE ARE NOW (Speciality teams, Monday afternoon)**

---

**THIS IS WHERE WE ARE NOW**

---

**THESE ARE OUR STRENGTHS**

1

2

3

4

---

**THESE ARE OUR WEAKNESSES**

1

2

3

4

---

**OUR PROBLEM IS HOW TO .....**

1

2

3

4

---

**NAME:**



WORKSHEET 3: CLINICAL CARE

3.3. ACTION PLAN (Speciality teams, Thursday afternoon)

---

THIS IS WHAT WE ARE TRYING TO ACHIEVE

---

THIS IS HOW WE ARE GOING TO DO IT

---

THIS IS WHAT WE NEED IN ORDER TO DO IT

---

THIS IS THE KIND OF PARTNERSHIP WE WANT

---

THIS IS HOW WE WILL KNOW THAT WE HAVE ACHIEVED IT

---

NAME:

ADDITIONAL SHEET - PROBLEMS & SOLUTIONS

---

OUR PROBLEM IS HOW TO .....

---

WHAT WAYS CAN WE USE TO SOLVE THIS PROBLEM

---

NAME:

WORKSHEET 4: WOMENS REPRODUCTIVE HEALTH

4.2. THREE YEARS' TIME (Speciality teams, Tuesday afternoon and Wednesday morning)

---

THIS IS WHERE WE WANT TO BE IN THREE YEARS TIME

---

OUR PROBLEM IS HOW TO .....

1

2

3

4

---

NAME:

## OVERCOMING OBSTACLES

### PLAN

Describe the obstacles you are liable to encounter in applying the plan you have decided upon and indicate tactics for overcoming each of the obstacles.

OBSTACLES

TACTICS

WORKSHEET 4: WOMENS REPRODUCTIVE HEALTH

4.3. ACTION PLAN (Speciality teams, Thursday afternoon)

---

THIS IS WHAT WE ARE TRYING TO ACHIEVE

---

THIS IS HOW WE ARE GOING TO DO IT

---

THIS IS WHAT WE NEED IN ORDER TO DO IT

---

THIS IS THE KIND OF PARTNERSHIP WE WANT

---

THIS IS HOW WE WILL KNOW THAT WE HAVE ACHIEVED IT

---

NAME:

## 9. EVALUATION

BRITISH KNOW-HOW FUND HEALTHCARE WORKSHOP  
ALMATY, KAZAKHSTAN - AUTUMN 1994

evaluation of the workshop  
by the participants

Instructions for questions 1 - 35

Use the following code to indicate the extent to which you agree or disagree with each of the statements made below:

**Code**

1 Strongly disagree

2 Disagree

4 Agree

5 Agrees strongly

The difference between 1 and 2 or between 4 and 5 is one of degree only.

*Example*

If you want to express your complete disagreement with the statement, circle the **figure 1** as follows (1) 2 4 5

Please feel free to make any comments you think necessary (making reference to the **number** of the question)

III *Aspects relating to the way the workshop was run  
and to the attitude of the organizers*

Q11	The organizers displayed a satisfactory open-mindedness	1	2	4	5
Q12	The general atmosphere of the workshop was conducive to serious work	1	2	4	5
Q13	The organizers gave me the opportunity for critical comment	1	2	4	5
Q14	The organizers made use of any critical comments I made during the workshop	1	2	4	5
Q15	The organizers made every effort to help me reach my objectives for the workshop	1	2	4	5
Q16	The attitude of the organizers was conducive to "free learning".	1	2	4	5

IV *Aspects relating to the organization of activities  
in the time available*

Q17	I consider that enough time* was given for individual or group discussions with the organizers	1	2	4	5
Q18	Enough time* was devoted to clarifying the documents	1	2	4	5
Q19	Enough time* was given for discussion in small groups	1	2	4	5
Q20	Enough time* was given for individual work	1	2	4	5
Q21	Enough time* was given for the presentation of work in plenary session	1	2	4	5
Q22	The workshop helped me to improve my knowledge of alternative models of health care	1	2	4	5
Q23	The workshop helped me to improve my knowledge of alternative approaches to public health	1	2	4	5
Q24	The workshop helped me to improve my knowledge of alternative approaches to clinical care	1	2	4	5

cont' d .....



I *Aspects relating to the planning of workshop*

Q1	I was given sufficient information on the aims and methods of the workshop before my arrival	1	2	4	5
Q2	I feel that the programme took account of my own objectives	1	2	4	5
Q3	The goals of the workshop appeared to me to be of immediate interest for my professional role	1	2	4	5
Q4	It was clear to me from the start of the workshop that I was expected to play an active part in it	1	2	4	5

II *Aspects relating to the relevance and utility of the working methods*

Q5	I found the documentation provided of an acceptable quality	1	2	4	5
Q6	Enough documentation was provided to allow me to take an active part in the discussion of the subjects concerned	1	2	4	5
Q7	The information given in the Workbook helped me to reach the objectives I had chosen for the workshop	1	2	4	5
Q8	The working methods used during the workshop encouraged me to take an active part in it	1	2	4	5
Q9	Spending time on individual work during the workshop helped me to learn	1	2	4	5
Q10	During the workshop I was given the opportunity of working at my own pace	1	2	4	5

Q30 With regard to the planning of the workshop, its method of work and the attitude of the organizers, note below and give actual examples of:

(a) The factors which impressed you *most favourably*

(b) The factors that impressed you *least favourably*

(c) Total length of the workshop

[too short]      [adequate]      [too long]

Q25	The workshop helped me to improve my knowledge of alternative approaches to womens reproductive health	1	2	4	5
Q26	The workshop helped me to develop a favourable attitude towards the systematic approach to problems	1	2	4	5
Q27	The workshop has encouraged me to put the knowledge I have gained into practice after the workshop is over	1	2	4	5
Q28	The workshop will help me to encourage my colleagues to learn and make use of new methods	1	2	4	5
Q29	The workshop has increased my confidence in my ability to achieve my personal objectives in the medium term (within one year)	1	2	4	5

(B)

**CONFIDENTIAL - RESTRICTED CIRCULATION**  
**(PARTICIPANTS AND POTENTIAL PARTNERS ONLY - see inside)**

**PROPOSAL FOR**  
**A PARTNERSHIP BETWEEN**  
**ALMATY OBLAST**  
**HEALTH AUTHORITY**  
**AND A BRITISH**  
**HEALTHCARE**  
**COMMUNITY TRUST**

**TO BE SUPPORTED BY THE**  
**MIDDLESEX UNIVERSITY**  
**/KAZAKHSTAN UNIVERSITY PARTNERSHIP**  
**AND LOOKING TO FUNDING FROM THE**  
**BRITISH FOREIGN AND COMMONWEALTH**  
**OFFICE'S KNOW HOW FUND**

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- ***MANAGEMENT ADVISER TO THE TACL PROJECT FOR NURSE DEVELOPMENT IN KAZAKHSTAN 1994-96***

**17 NOVEMBER 1994**

*Note - this project paper is restricted in this, its formative stage to appropriate members of Almaty Oblast Health Authority, Middlesex University, Kazakhstan University, Barnet Healthcare NHS Trust, the Ministry of Health for Kazakhstan and the British Foreign and Commonwealth Office and the British Embassy, Almaty.*

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## **Appendices**

- a. Maps - Kazakhstan in Asia; Kazakhstan Oblasts**
- b. Know How Fund - Format for Project Memorandum**

# 1. INTRODUCTION, MAJOR AIM AND OBJECTIVES

This Proposal follows directly from the recent Kazakhstan Healthcare Workshop managed by Middlesex University and funded by the Foreign and Commonwealth Office's Know How Fund.

(NB. Although this paper throughout uses the term 'Partnership', this does not exclude other forms of linkage deemed even more practical in terms of serving the aim and objectives)

*The **Major Aim** for the partnership would be to develop a two way exchange of ideas, expertise and experience at an operational level (ie. Oblast/Trust level) from which both partners would benefit. The intention is for this Partnership to be a form of pilot for many such future pilots between Trusts (and other British healthcare organisations) and the healthcare organisations not only Kazakhstan but also other emerging nations formerly either directly or indirectly within the Soviet sphere of influence.*

*The Partnership has five initial **Overall Objectives** :-*

*- Firstly, to ensure the development of women's reproductive healthcare services in Almaty Oblast and from this develop a whole spectrum of family services and primary care*

*- Secondly, concurrently to implement management development programmes based on workbased/distance learning and portfolio/NVQ development principles in Almaty Oblast than can be twinned to similar programmes now evolving within the Trust*

*- Thirdly, to develop systems of exchange of experience, expertise and innovation in clinical, management, education and other appropriate sectors that will benefit both partners. This would be achieved through programmes of workshops, study tours, direct 'postal' communication and group and individual networking.*

*- Fourthly, to allow both parties in the partnership to learn from each other and implement new ideas and approaches eclectically ie. although knowledge will be shared, application would depend on local context*

*- Fifthly, the Partnership to be monitored and evaluated throughout and its lessons to become public knowledge to help other potential or otherwise Partnerships*

## **2. BACKGROUND - GENERAL**

*KAZAKHSTAN is a large, potentially extremely rich, new, central Asian sovereign Republic of the Former Soviet Union. It is, in fact, approaching the size of Western Europe, far larger than the other four new republics in the area - Uzbekistan, Turkmenistan, Tajikistan and Kyrgyzstan. All five, however, appear to have at this time at least, a common language and understanding. Politically, at this time again, the area is fairly stable and there is no current evidence to suppose as far as Kazakhstan is concerned that this will change in the foreseeable future.*

*Despite its size, Kazakhstan has a population of only 17 million - over one hundred ethnic groupings with 40% Kazakh, 38% Russian, and over a million Germans (although there is some suggestion of migration among the last two groups). The Kazakhs themselves, albeit dominated by two hundred years by Czarist and Soviet Russian hegemony, have retained a strong, steppe culture, and there are some moves for this to dominate the new Republic. However, as far as Almaty is concerned, there seemed little ethnic tension. Certainly in the health sector, despite the obvious ethnic differences, they seemed to be unaware of the problem. In fact, during the Workshop, this never arose. Kazakhstani Society seems to be able to accept a ethnic variety to some extent at least.*

*The Kazakhstani healthcare system ( 100% state controlled although there is much discussion about degrees of privatisation) has many problems exacerbated by the collapse of the Soviet command economy and the consequent economic instability :-*

- shortages of health equipment, drugs and materials; a result of Soviet 'integration' industrial planning*
- pollution in the air and water, from environmentally unfriendly nuclear and industrial activity*
- out of touch clinical practices, policies and procedures - due to overbureaucratisation and lack of contact with the West*



- *poor management development, in fact no real concept of the role and function of management although there is a great willingness to learn*
- *overcentralisation and regulation stemming any opportunity to change and develop*
- *a poor finance structure (per bed rather than per capita)*
- *low status, pay and morale among health workers and, as a result, high labour turnover*
- *doctor and therapist domination of the service, an overemphasis on technology and to the detriment of nursing*
- *limited primary service development*
- *poor coordination between sectors of state activity eg. education and health with a lack of professional institutions with any lobbying power*

*The Kazakhstani healthcare system does, at the same time, have within itself many strengths on which it can build:-*

- *excellent education systems for doctors and others;*
- *a hunger for ideas;*
- *a realisation of the need to change and a willingness to so do;*
- *a workforce who friendly and hospitable, intellectually able, dedicated, and not status dominated (although gender discrimination is fairly common)*
- *a sound infrastructure of hospitals*

*Kazakhstan has a high profile amongst 'Western' industrial nations who are competing to find a niche (or more) in the development of its potential. German canned goods abound in the shops with Italian, French and Hungarian wines. Joint ventures are common eg. United States Financial Services. In one restaurant we visited, a Saudi delegation was receiving a toast. Also present are the Japanese, Turkish, Chinese as well as 'Confederation' representatives and*

doubtless others. The Foreign and Commonwealth Office's policy in terms of this, is that Britain can best achieve a 'niche' by trading its most valuable asset, its expertise. Hence the Know How Fund and a willingness to back exchanges of ideas, experience and personnel. The proposed Partnership and its potential it can offer has developed as a result of the implementation of this policy through the Kazakhstan Healthcare Workshop, recently managed by Middlesex University and could be seen as an innovation in taking this policy further.

At the Workshop itself, five suitable projects were developed by the four local teams of between eight and fifteen senior personnel representing Almaty Oblast, Usk Kamenogorsk (East Kazakhstan) Oblast, other Oblasts generally and a Ministry/other Republics. Two of the five proposed projects concern the development of Women's Reproductive Health; one, for Usk Kamenogorsk (an industrial town to the north east) is for management development; one for developing an understanding of the British Reforms and the final one around Finance. These project proposals will be considered by the Know How Fund and those selected put out to tender. Middlesex University is thus able to compete with others eg. Duncan Nichol's team at Manchester University, the Northern Ireland Centre for Healthcare Cooperation and Development and the South East Centre for Public Health (re]representatives from these three organisations were part of the Workshop team).

It was unfortunate that management development and management generally did not develop earlier in the Workshop (a point of hindsight learning). Also, the Almaty Oblast group did not really grasp earlier that the potential for experiential exchange that was the real outcome/agenda for the Workshop. Hence this proposal for a Partnership was developed more after the Workshop than during it. (In fact, the last Workshop day, I was driving through the Usk Kamenogorsk management development project - incidentally, because of its similarity to their current work in Ekaterineburg, Russia, giving Manchester a head start.). Indeed, this project, even if it were accepted somewhat late by the Know How Fund (a letter from the Almaty Oblast Workshop Team is being sent direct to the Know How Fund to this end), the proposed Partnership if accepted as a sound proposal may have to go to tender, although this could be offset by context eg. the Ministry's forthcoming letter requesting my personal involvement.

### 3. BACKGROUND - PROJECT SPECIFIC

*Whilst in Almaty at the Workshop and subsequent TACL project day, I developed some strong networks, not only with the Usk Kamenogorsk delegation but, perhaps even more so, with Almaty Oblast. I was therefore able to discuss and develop ideas with some fairly senior people in the Oblast both formally and informally, (their business dealings seem to need both). These key players were the Director of Finance and Personal Education, the Director of Clinical 'Problems' at Almaty Oblast Hospital, the Hospital Director from Kapchagai (a smaller city an hour north of Almaty, site of a regional hospital) and his deputy, the Director of Polyclinic Services. As a result of these contacts and their enthusiasm and stretching our communication skills, a proposed project began to emerge that would fit Know How funding criteria and also benefit both, rather than one, side.*

*To some extent, this project came about due to their enthusiasm and need for development. The 'cultural gap' and communication problems had been overcome. What was interesting is that they approached a live Trust manager, (perhaps a result of my formal presentation on management development or more realistically I was the only Team member available post Workshop) to develop the project and take it forward at this end.*

*Kapchagai Hospital is felt to be an excellent candidate for a pilot for both family/primary services development and management development. The hospital management is considered for Kazakhstan advanced in its thinking but at the same time held back due to the top down regulation and the per bed financing system. The Hospital Director and his senior staff are aware of Western developments in healthcare and keen to apply and implement these as appropriate to their region. The Oblast Director of Finance and Personal Education, senior to the Hospital Director is also keen for such development to take place and is contacting senior Ministry officials to this end. Almaty Oblast hospital is keen to link into the project as appropriate.*

*Developing the basic thinking for this proposal required us, due to my departure the next day, to 'think on our feet.' What was therefore suggested and agreed was that two letters were to be sent to Gillian*

*Holmes at the Know How Fund (due to their local practice of addressing the source of finance before all other) with copies to be sent to June Clark (for Middlesex University) and, because of their insistence on my involvement, David Folkes (for Barnet Healthcare NHS Trust). One letter was to be sent by the Director of Clinical Problems, gaining the signatures of his Workshop colleagues, to set out our initial project thinking. The second letter is to show Ministry support for this pilot development and to ask for me to have some secondment - I believe.*

*The proposal for a partnership with the Trust has been a development since my return home and the result of some time to reflect on those frantic (but eminently enjoyable and creative) events just prior to departure. Thus, the discussions between myself and the Oblast players above did not reach the 'sophistication' of this proposal for a Partnership, they might well have, given time. Thus we can, play with alternative mechanisms. However, the Partnership proposal does have much merit and is a good, economic use of expertise. Almaty Oblast, I am sure, will go with any model that will give them access to the advice and expertise they need to develop. The important factor is that there is common understanding and agreement about what is needed together with a basic relationship between both parties to carry any appropriate proposal forward.*

#### **4. THE PARTNERSHIP PROPOSAL**

*The proposal for a Partnership, will achieve the aim and objectives by the deliberate stimulation of direct contact between the two sides. It builds on, utilises and 'takes off from' the strengths of the existing Kazakh Healthcare system (intellectual capacity, 'hunger for learning', willingness to change, existing structure of hospitals) by giving access to theatrical expertise and practical experience in the UK, following the NHS Reforms. It will be supported on both sides by access to University resources, personnel, methodology and library.*

*Thus, the linkages would be encouraged between the two sides to pass on current thinking and experience, via important journal articles, internal reports on practice etc,*

- At Individual Level, to twin experts by specialism*
- At Professional Level, to create linkages to our professional groups*
- At Team Level, as a link practical, multi-disciplinary, activity*
- At Training and Education Level, to link those undergoing similar development*
- At Organisation Level, to link those handling the conflicts and challenges of change*

*(Other appropriate, supporting linkages would be encouraged to develop alongside)*

*Support process for these linkages would be :-*

- Cultural, Professional, Epidemiological, Structural awareness raising through papers, classes, on both sides etc..*
- The Development of English speaking and understanding in Almaty Oblast (many of those I met can read English, speak it, wish to develop it). Some Russian classes this side possibly but not essential as all correspondence would be conducted in English*

*- Study Tours particularly bringing key, forward thinking Almaty Oblast representatives to the UK, to review and observe services in the Trust and to visit elsewhere as appropriate*

*- At least one major Workshop in Kazakhstan for Almaty Oblast to brainstorm the development of their primary/community services having Trust and other appropriate expertise on hand and fax linkage to the UK*

*- A Project Manager, (crucially positioned between a Trust and the University giving access to both practical and theoretical resources) having the crucial role of driving through the Partnership towards its stated aim and objectives. It will be the project manager who will initially develop the project on both sides acting as the link, the focus and the contact point. (The attributes required are listed below).*

*- Two Project Management teams, one for each party, containing representatives from Health and Education, coopting as appropriate. The Project Manager would be responsible to both these, raising with both sides areas of potential conflict and ensure manoeuvring towards consensus. there is consensus*

*- The development of support centres at each end which stock materials and act as a postbox/interpretation service*

*- The development of similar, parallel courses on both sides for both clinical and management development where this is appropriate*

*The project will be for two years initially to develop and 'operationalise' the Partnership. Thereafter, it is for both sides to determine its future.*

## 5. PROJECT MANAGER'S ROLE

*Such a project as this proposed Partnership (or whatever evolves) will require sound experience, skills and expertise from the project manager.*

*In terms of experience, one of the great problems with such projects is communication and network, otherwise much time is lost in starting up. A second factor here must be the ability to link in with all levels, Ministry, Regional, Local and Functional (ie arranging interpreters, drivers and just 'getting around'). A sound 'traveller' is also a requirement in that the Kazakhstani culture does need 'tolerance' and understanding. Thus, there must be a willingness to link in and communicate through local culture, on both sides, to achieve the aim and objectives. Also some Russian must help (or at least a willingness to learn). Further, it would help if the post holder were already linked into other projects in Kazakhstan or elsewhere - economies of scale and cross fertilization will be useful to save 'wheel reinvention'.*

*The skills required are mainly those of a manager - create the vision, motivate others, develop teams, organise activities and evaluate and learn. A catalytic training approach is a must together with an ability to use a variety of techniques. Sound presentation skills are also essential. Personal attributes will include patience, drive, enthusiasm, openness, sensitivity. The post holder must have sound communication and PR skills and the ability to spot opportunities and turn them to advantage.*

*The expertise and background for the post will include a number of fields - Education, Management Development, Change Management, Comparative Health Systems Studies, Social Policy, NHS Reform awareness, sound Public Sector Management experience, awareness of the Primary Healthcare Service and the problems of Community Care. In the postholder should have a Social Science with practical health service and educational experience.*

## **6. PROJECT DEVELOPMENT**

*It is recommended that thinking and development continues on this to enable a start up date for the commencement of project planning in January 1994. The Project Manager will then ensure publicity, gaining interest and support for the Partnership and will then travel to Almaty and Kapchagai say end of March for further discussions and analysis at that end. (Such a date will be fortuitous as it can link with the University's TACL Project , (to gain access and to support others there at the same time).*

*Hopefully a UK study tour later in the year with a Workshop in Almaty Oblast in the early months of say 1995. Obviously, interchanges between the project leaders on both sides and of individuals can begin as soon as possible.*



## 7. PROJECTED COSTS

*Costs can be kept to a minimum because of the basis of the project is about information and 'expertise' exchange and thus tends to be 'postal'. Further economies result from the fact that the Project will be conducted in English. Even further economies through linkages with existing projects using Know How funding (eg Usk Kamenogorsk), TACL funding (Nurse Management development) or indeed other, even sponsor funding. Staff time would be kept to a minimum in addition, as any study tour would be interested in practice and the project is linking into the need for all clinical staff to regularly update (eg.PREP). The existing Kazakhstan Centre at Middlesex can also be used as the support centre (with perhaps some of extra resources outlined below.*

*There are, however, some costs in the region of say £80,000 - to cover 50% of salary for two years with on costs for the Project Manager (say £36,000), flights to and from Almaty for say 20 persons (£25,000), accommodation, drivers and interpreters at both ends (say £10,000), entertainment and presents (culturally important to the Kazakhs) (say £2,000), Consultant Fees (for the Workshop or any specialist advisers brought in (say £3,000) and support to the Kazakh Centre for interpretation, administrative help and so forth (say £10,000), contingency (say £4,000).*

## **8. PROJECT BENEFITS**

*For Almaty Oblast, the benefits of the Partnership are fairly clear. They will gain access to our expertise and experience and learn from us and update their clinical thinking and practice and develop their primary/family/community services. They would also develop their management practice and ability and would be able to learn from our recent system reforms. Kazakhstan could learn much from this pilot project.*

*The spinoffs at national level in the UK are fairly clear too. A highish profile project with Ministerial and Parliamentary support and the opportunity to further the existing 'toehold' in the important and prestigious healthcare sector. Certainly the project will have much support from our Embassy in Kazakhstan.*

*The spinoffs for Middlesex University are fairly clear as well. The Project is in line with their current policy of closer links and educational exchanges with Kazakhstan. It may also enable Kazakhstan University, Middlesex University's Kazakh partner, to have greater involvement in health studies, both clinical and managerial.*

*The benefits for the Trust involved are perhaps less clear and not quantifiable. Certainly there is high prestige and opportunities for image development ('the Kazakhs learn good clinical practice from our Trust !')*

*Secondly, the cost is fairly low to the Trust involved. The main expenditure is time for those involved and much of this could be gained from the motivational boost in performance and output gained from involvement in the project. Obviously, not all staff will be able to visit Almaty but there will be involvement through their study tours to the UK and the promotion of Kazakhstan throughout the Trust. They I know will want to meet everybody and see everything - such is their hunger for knowledge that they can apply at home. The opportunity for papers on comparative study will boost motivation as well as*

*recruitment by putting the Trust name on the 'map'. There is also, of course, the service ethic to consider in terms of motivation - an ethic that is high within the NHS.*

*It is, however, probably both knowledge and service quality that will gain the most. All those involved in explaining services must be at the same time reviewing them. Certainly the intellectual capacity of the Kazakh health system workers will look to existing practices and discuss changes, developments and innovations and the Trust will have first call on such. Reports of how ideas are being adapted in Almaty Oblast will affect and improve our services. In other words a 'virtuous circle' will be developed which could be quite revolutionary especially as this is a pilot which will have national focus in both countries.*

*The Trust Training and Development Function will surely benefit greatly as a consequence with all the new ideas and practices being learned. It will be an opportunity for the Function's personnel involved to look at real development from day one and to increase understanding of the clinical/managerial interface. It will give an added boost to personal development and to the development of programmes which are intended to reflect similar Almaty Oblast development programmes. It will release resources which can be used to the benefit of the Trust in the development of areas of training weakness.*

*There are also opportunities for income generation because of the very pioneering nature of the Partnership. There are Conferences to run Papers can be written and published. And so forth.*

*How will the Trust own client base, its patients and the population it serves benefit? Indirectly, probably more so than directly. Directly, by a more, motivated and challenged workforce. Indirectly, by awareness of the high profile and by the improvement of services that result from the tapping of the intellectual resources of Almaty Oblast.*

*It should also be remembered by all, involved that there is little to lose here. The rewards are potentially very high and the costs fairly low. True cost effectiveness surely.*

## 9. ACTION AGENDA

- 1). *Obviously, Middlesex University needs to consider the proposal; suggest Ken Goulding, June Clark, Joe Ormorod, Martin Taylor and Steve Collins.*
- 2). *The Kazakhstan University delegation should be made aware of the project to see their interest.*
- 3). *The interested Trust, Barnet Healthcare NHS Trust should consider the project and decide if they wish to join. Thereafter they should discuss the proposal with Middlesex University.*
- 4). *The Know How Fund needs to be contacted again once the projected has been firmed up. Other sources of support could well be North London TEC, Barfield Enterprises (who are setting up enterprises 'all over Russia'), NHS Training Directorate and so forth. These and any other potential sponsors should be contacted.*
- 5). *I will write personally to my colleagues letting them know matters are proceeding this end and to send the above letters as soon as possible writing to me direct to update.*
- 6). *Begin completing the Know How Fund Project Memorandum (see Appendix b)*

# Almaty Hospitals' Management Development Programme

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## The ALMATY HOSPITAL MANAGEMENT PROJECT, KAZAKHSTAN PROJECT RATIONALE (Update 4 - July 1996)

PREPARED BY STEVE COLLINS and DR.GREG ANDRUSZ on behalf of the Joint KHF Hospital Management Development Project between Middlesex University and Barnet Healthcare NHS Trust in partnership with Almaty Oblast Health Administration.

### 1. Context

1.1. The health system in Almaty Oblast, as in the rest of Kazakhstan, is underdeveloped as a result of both centralised, universal policies and the lack of access to international knowledge. Its health doctors and administrators are, as a result, keen to **learn from the West**, to make improvements.

1.2 The implementation of Western management principles, appropriate to the local health system, is considered essential to development. To help achieve this, the project intends to develop within eighteen Almaty participants an understanding of **basic 'Western' management thinking**. It will also introduce them to the notion of the internal market and outline the principal changes to the National Health Service and other Western Health systems.

1.3 The **portfolio style of learning** is eclectic in that it will enable the eighteen participants to ensure effective change by selecting and adapting from this learning those ideas that suit their own local context and develop and implement projects based on those ideas.

1.4 The Project is, in effect, a **pilot**. Almaty Oblast Health Department will continue the Programme locally after completion of the initial delivery by the Partnership. This will be achieved by two of the initial participants being identified as the teachers for future programme. It is also anticipated that contacts with the West created through the Project and particularly its 'mentoring' process will give further support.

1.5 As a result of this Project, it is anticipated that Almaty Oblast Health Department can start to develop more effective and efficient **services governed by cost and local need** and thus begin to move from a command, universal system of health provision.

1.6. The Project is **funded by the Know-How Fund** of the Overseas Development Agency. It is a **joint venture between Middlesex University and Barnet Healthcare NHS Trust in Partnership with Almaty Health Administration.**

Middlesex University is taking the 'administrative and accreditation lead' (providing the Chair of the Steering Group is from the National Centre for workbased learning and the Programme Director from the Kazakhstan-UK Centre). The Trust is to a large extent, taking the 'content lead' through its Training and Development Manager as the Programme Team Leader and Vice Chair of the Steering Group) with Trust expertise being 'incorporated' into the programme wherever possible.

## **2. The Objectives and Methodology**

(from the Proposal submission to the KnowHow Fund - 21 March 1996)

2.1. "The **overall objective** of the project is to improve the management and delivery of health services in hospitals in Almaty Oblast. Specifically, this would be achieved by enhancing the capacity of senior hospital doctors and their teams to organise their services effectively."

"The programme will provide training in management principles and their implementation through professional portfolios and project work for 18 officials, senior hospital doctors and managers from the Almaty Oblast Health Department."

2.2. "The **training and development of the programme participants** will be by :-

- the transfer of 'underpinning knowledge on management theories, principles and case studies appropriate to the Kazakhstan context. This will be achieved through workbooks, direct teaching, mentors, correspondence, teamwork and networking
- the development of professional portfolios, including projects, for the implementation of such knowledge in the participants' working environment
- the development of individual projects to allow for a collective synergy of ideas and practices
- assessment and feedback from the UK Team."

2.3 The Programme Team in the United Kingdom has agreed with Almaty Oblast Health Administration that portfolio based, outcome led, workbased learning methods are appropriate as the structure for the programme of learning. Completed portfolios can then be submitted for **accreditation by the University** for an Academic Award. To achieve this all eighteen Almaty participants will need to learn and write some English by the end of the Project.

2.4 The **UK Partnership have identified a team of Experts** with the range of skills, interests and enthusiasm required have already begun working on the development of teaching materials and the delivery the learning programme itself.

## **3. Course Programme**

3.1 **Stage One** - The 'Training Needs Analysis Team' comprising the Chair of the Steering Group, Project Team Leader, Programme Administrator and a second Management Specialist will visit Almaty (**October 1996**) to finalise arrangements, recruit the participants and analyse training needs. and to consider :-

- the content of the **Learning Programme** based on the learning needs of the participants and those of the local healthcare sector in general
- the content of a **Programme Workbook** consisting of extracts of management theory and practice which will serve as basic reading
- the development of **Learning Outcomes** to guide the content of the individual participant portfolios

Stage One will also include some teaching of basic management contents and UK practice as well as identify projects and deliver training in portfolio development. Stage One will, in addition, consider suitable UK mentors and find an appropriate Learning Institute in Almaty.

Programme Participants will begin a course of study in written and spoken English and collect ideas and some materials for their Portfolios. This will need to be arranged locally by the Almaty Oblast Health Administration.

3.2 **Stage Two** - The Programme Workbook will be completed in the United Kingdom and some initial individual project development work will begin in Almaty.

3.3. **Stages Three and Four** - A 'Teaching Team' consisting of The Team Leader, Programme Administrator and second Management Specialist, will visit Almaty for two teaching workshops (joined by the Chair of the Steering Committee for the second workshop) (**March and June 1997**) to teach management concepts and ideas. Local Participants will then begin portfolio development in earnest.

3.4 **Stage Five** - The 18 Kazakh Programme Participants will visit London for a Study Tour (**August/September 1997**) and through discussions, observation and further teaching gain further valuable learning for developing existing or further projects. It will include a further teaching workshop on UK NHS Finance as well as other sessions on local practice. This visit is seen, in addition, as an opportunity to enhance UK-Kazakhstan networking. The Participants will bring their portfolios with them for review and feedback from the Project Team and as the basis of discussion with their UK mentors. During the course of the visit a symposium will be held to discuss health sector developments in the UK and in Kazakhstan.

3.5. **Stage Six** - The Participants will complete their portfolios ready for the next Stage.

3.6 **Stage Seven** - Finally, an 'Assessment Team' comprising the Chair, Project Team Leader and Programme Administrator will visit Almaty (**Easter 1997**) to review the Portfolios, evaluate the Programme and ensure mechanisms are in place to support to the ongoing 'locally managed' Programme.

3.7 It is anticipated that the Programme will end with the **accreditation of awards** for the Portfolios by Middlesex University.

### **3. PROGRAMME CONTENT**

3.1. In essence, the Workbook and the Teaching input will reflect **the whole range of management key roles** identified by the Management Charter Initiative that is. managing quality/services, managing people, managing resources and managing information. Both will include information of the UK health care system and on care systems in other Western societies. Whilst the final content will be agreed following Stage One (the Training Needs Analysis), an indicative programme content would be :-

- a). **The Nature of Management**
  - Basic Management Approaches
  - Role and Functions
  - Control versus Development
  
- b). **The Need for Self Development**
  - Activity Analysis
  - Personal Planning
  - Time Management
  - Stress Management
  - Communication and Interactive Skills
  - Delegation
  
- c). **Managing People**
  - Team Development
  - Leadership
  - Recruitment and Selection
  - Appraisal and Feedback
  - Training and Development
  - Motivation Theory
  - Equal Opportunities
  - Workforce Planning
  
- d). **Managing Resources**
  - Absorption Costing
  - Marginal Costing
  - Budgeting
  - Variance
  
- e). **Managing Information**
  - Management Information Systems
  - Costs of Information
  - Information Distribution
  - Information Technology
  
- f). **Managing Quality**
  - Customer Care
  - Total Quality Management
  - Contracts



- Empowerment Theory

g). **Strategic Management**

- Planning Processes
- Business Planning
- Forecasting

h). **Change Management**

- The Nature of Change
- Bureaucracy
- Organisational Culture
- Unfreezing
- Continuous Development

i). **The National Health Service and Comparative Care Systems**

- The Structure and Functions of the NHS
- The Internal Market
- Trust Status
- GP Fundholding
- Patient's Charter
- Health of the Nation
- Comparative Health Systems
- The Health System in the USA
- Third World Systems

# Project Memorandum: Health Sector

## Know How Fund:

### KAZAKSTAN: PILOT SITE MANAGEMENT DEVELOPMENT PROGRAMME FOR ALMATY OBLAST HEALTH DEPARTMENT

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## **1. SUMMARY**

### **Objectives**

- 1.1 The overall objective of the project is to improve the management and delivery of health services in hospitals in Almaty Oblast. Specifically, this would be achieved by enhancing the capacity of senior hospital doctors and their teams to organise their services effectively.
- 1.2 The programme will provide training in management principles and their implementation through professional portfolios and project work for 18 officials, senior hospital doctors and managers from the Almaty Oblast Health Department.

### **The Schedule**

- 1.3 The two year project (1996-97) will consist of the following stages:

Stage 1	Training Needs Analysis and Project Inception Workshop	Sept 1996
Stage 2	Development of Workbook (UK) and Project Planning (RK)	Sept-March 1996
Stage 3	Workshop for Knowledge Transfer and Project Finalisation	March 1996
Stage 4	Workshop for Professional Portfolio Development and Monitoring	March-August 1996
Stage 5	UK study visit to gain management experience	August 1997
Stage 6	Professional portfolio Completion	August-March 1997
Stage 7	Professional portfolio Assessment and Project Evaluation	March 1997

- 1.3.1 Visits to Kazakhstan will be made at Stages 1, 3, 4 and 7.

### **UK Team**

- 1.4 The core UK team of consultants (see Appendix A) will include experts in:
  - hospital and health service management (Steve Collins, John Charles),
  - the reform of FSU health care systems and their present crisis (JC, SC),
  - the implementation of work based learning programmes (Professor Derek Portwood, SC),
  - the implementation of projects based upon local knowledge (Martin Taylor).

### **Methodology**

- 1.5 The training and development of the programme participants will be by:
  - the transfer of 'under-pinning' knowledge on management theories, principles and case studies appropriate to the Kazakstani context. This will be achieved through workbooks, direct teaching, mentors, correspondence, team work and networking.
  - the development of professional portfolios, including projects for the implementation of such knowledge in the participants' working environment.
  - the development of the individual projects to allow for a collective synergy of ideas and practices.
  - assessment and feedback by the UK team.

### **Project Management**

- 1.6 A Joint Management Committee comprising UK and Kazakstani representatives will monitor and plan the development and progress of the project. UK and Kazakstani project teams will be responsible for all operational aspects of the programme (see Section 9.4).

### **Finance**

- 1.7 It is estimated that the total cost will be £99,875.

## 2. PROJECT DESCRIPTION

2.1 The project will consist of six principal components:

- Training Needs Analysis (TNA)
- four workshops
- a customised workbook
- a study tour
- assessment for qualification

2.2 The project team leader (Steve Collins), chair of the management committee (Derek Portwood) and the project manager (Martin Taylor) will visit Kazakstan for 10 days in order to conduct the TNA and the project inception workshop.

2.2.1 The TNA will:

- i) review the context of the local health system
- ii) specify the inputs and outputs of each stage
- iii) identify and agree upon the project aims and objectives
- iv) agree the priority areas for training and potential projects
- v) consider areas of individual work place development (see section 2.3.1)
- vi) examine and discuss the experience and expectations of each member of the group
- vii) identify the obstacles to the implementation of projects and consider how to manage these
- viii) instruct the group in the use and development of professional portfolios and work based learning techniques
- ix) confirm the local project management structure

2.2.2 During the same visit a project inception workshop will be held, at which the Kazakstani and UK participants will discuss and agree the individual and team projects.

2.2.3 During Stage 2 the UK consultants will develop the workbook. The Kazakstani participants will develop their project proposals, gather information and consult with the UK team on the design and feasibility of their proposals.

2.2.4 The project team leader (Steve Collins), project manager (Martin Taylor), training consultant (John Charles) and management consultant (Peter Critten) will visit Almaty to conduct the second workshop. The knowledge required to implement the individual and team projects will be transferred and the projects finalised.

2.2.5 After Stage 3 the Kazakstani participants will develop, and begin the implementation of, their projects. During Stage 4, at the third workshop, the same UK team as in 2.2.4 will provide additional expertise, advice and encouragement and monitor the progress of the projects.

2.2.6 During the two week UK study visit in stage 5 the Kazakstani participants will receive first hand experience of the British healthcare system through visits, discussions and further tuition. This experience will be incorporated into their project work.

2.2.7 During Stage 6 the changes in management practice continue. The project team leader, project manager and an assessment expert (Derek Portwood) will visit Almaty in Stage 7 to conduct a final assessment and evaluation of the 18 professional portfolios against programme outcomes. The structure for the local continuation of the programme will be discussed and an appropriate plan agreed.

## Outcomes

2.3 The operational outcomes listed below, as measured by the success indicators, will lead towards the fulfilment of longer-term strategic outcomes.

### 2.3.1 Operational Outcomes (6 - 18 months)

Each programme participant will have completed a highly specific work based project in an aspect of one of the following areas, and through this will contribute to the development of a broader team project.

- **Quality.**

- the development of processes that ensure there are agreed organisational and clinical standards.
- ensuring that there is a system for monitoring attainment of quality standards.
- ensuring that there is a comprehensive staff awareness of quality issues and how that should impact on patients.
- the development of systems to improve quality standards.
- a review of hospital re-infection rates.

- **Human Resources.**

- ensuring that systems and processes are in place that support staff in service delivery. Specific areas could be recruitment and selection, training, occupational health, performance management, grievance and discipline, pay and conditions of service.
- a review of staff attendance rates and proposals for its improvement.
- the development of management approaches to improve staff awareness and motivation.
- a review of the shifting roles and responsibilities of managers, doctors, nurses and auxiliary staff.

- **Personal Development.**

- initiatives in career development, time management (i.e. the dilemma of clinical delivery versus hospital management), improving communications skills.
- improving the use of practical training for managers, including negotiation skills.
- equipping participating managers with the knowledge and confidence to replicate the training programme unaided.

- **Information.**

- reviewing the ability to identify, obtain and analyse significant data in order to maintain and improve organisation performance.
- developing comprehensive information systems to utilise the data available.

- **Service Delivery.**

- initiatives to manage the improvement of services to patients whether directly by clinical intervention or indirectly by improving the effectiveness of the internal customer chain.
- better public relations and communication systems to improve access to, and delivery of, services.
- a review of the efficiency of hospital procedures in the sphere of energy consumption.
- a review of planning, control systems, problem solving and change management relating to service delivery.

- **Financial Management.**

- the principles of financial planning, costing and budgeting.
- the development of hospital resource management through budgetary control.

### 2.3.2 Success Indicators

By the end of the programme it is planned that the following success indicators will be measurable:

- 18 detailed service initiatives which will have addressed practical management challenges.
- 18 projects in the form of case studies to be used as teaching tools for other students.
- a customised management training course for current and future use.
- a cadre of managers equipped and willing to train future oblast staff.
- the formation of an alumni association to enable course participants to sustain their commitment, motivation and develop their expertise.

### 2.3.3 Strategic Outcomes (2 - 5 years)

We believe that the present programme will contribute to the following longer term policy objectives:

- indications of improvements in health status within the oblast.
- a movement of resources and capacity from secondary to primary health services.
- some resource shift and improved capacity from doctors to nurses and other paramedics.
- management arrangements that promote efficiency and effectiveness in each hospital.
- medium-term business plans linked to Ministry of Health requirements .
- a long-term human resources strategy.

## **3. BACKGROUND**

- 3.1 Representatives of the Almaty Oblast Health Department approached the project team leader during the KHF funded Health Care Reform Workshop in Autumn 1994 and expressed a strong interest in developing a management training programme for senior hospital doctors.
- 3.2 The present proposal has been developed by representatives of Almaty Oblast Health Department, Almaty Oblast Hospital, Kapchagai Hospital, Middlesex University and Barnet Health Care NHS Trust during further visits to Almaty in 1995. The close relationship that has been forged between the Kazakstani and UK partners will be an important factor in the early success and implementation of the project.
- 3.3 Regular consultation with the Kazakstani partners, directly and through other projects, has ensured that the central objectives of the proposal correspond to the priorities identified in the Ministry of Health's own reform programme. The Ministry also fully supports the project.

## **4. RELEVANCE TO THE ECONOMIC PROGRAMME**

- 4.1 Since achieving independence in 1991 Kazakstan - like other republics of the FSU - has introduced wide ranging economic reforms and has suffered a calamitous decline in its GNP. One of the results of these events has been a reduction in the resources available to the health care system.

- 4.2 Higher morbidity and mortality rates are to a determinate extent an outcome of higher levels of poverty and unemployment consequent upon economic restructuring.
- 4.3 Thus, the health care system is under pressure to deliver more improved health services with diminishing resources.
- 4.4 The Ministry of Health of the Republic of Kazakstan has highlighted the importance of management reform as a crucial component in its overall programme to improve efficiency in the health services.
- 4.5 In addition to the KHF, many governmental, international and non-governmental agencies, including WHO, the World Bank and USAID, are active in the FSU in promoting health management as a means of improving the provision of health services.
- 4.6 The experience of reform in the British National Health Service puts UK experts in a strong position to provide experience and training to their Kazakstani counterparts to help them improve the system of management as a cost effective way for increasing efficiency in the health care system.

## **5. ECONOMIC JUSTIFICATION**

- 5.1 While during the present state of flux in Kazakstan health care legislation might shift in an unpredictable way it is essential that the oblasts have trained managers who can influence the shape of future legislation.
- 5.2 The project combines workshops, a study visit and work based learning within a cost-effective training programme.
- 5.3 The professional portfolio includes evidence of acquired knowledge of Western management practices and documentation on the development and implementation of changes to the participants' management practice.
- 5.4 The proposal is designed as a pilot scheme. The inclusion of the medical training institute at Almaty Oblast Hospital is intended to make it possible for Kazakstanis to develop their own training courses for managers in the health sector.

## **6. SOCIAL AND ENVIRONMENTAL ASPECTS**

- 6.1 The project is intended to have positive social consequences through the improved health of the oblast population, which will be achieved through improvements in the management and delivery of hospital services.
- 6.2 During and following the training programme there will be many potential improvements to the status of health and hospital services in Almaty Oblast.

## 7. PROJECT FINANCING

- 7.1 The total cost of the project will be £99,875
- 7.2 The cost of Year One (stages 1-4) will be £50,700.
- 7.2.1
- |  |        |
|--|--------|
| 10 flights @ £750 each                 | 7,500  |
| 103 days accommodation and subsistence | 3,605  |
| 100 person days fees @ £250            | 25,000 |
| 23 person days fees @ £280             | 6,440  |
| Transport (UK and Kazakhstan)          | 180    |
| Interpretation and translation         | 5,975  |
| Training materials                     | 1,010  |
| Administration and misc.               | 990    |
- 7.3 The cost of Year Two (stages 5-7) will be £49,085.
- 7.3.1 Stage 5
- |  |        |
|--|--------|
| 18 flights @ £700 each                 | 12,600 |
| 180 days accommodation and subsistence | 14,400 |
| 22 person days fees @ £250             | 5,500  |
| 2 person days fees @ £280              | 560    |
| Transport (UK and Kazakhstan)          | 1,000  |
| Interpretation and translation         | 2,000  |
| Administration and misc.               | 360    |
- 7.3.2 Stage 6-7
- |                                       |       |
|---------------------------------------|-------|
| 3 flights @ £750 each                 | 2,250 |
| 15 days accommodation and subsistence | 525   |
| 15 person days fees @ £250            | 3,750 |
| Transport (UK and Kazakhstan)         | 165   |
| Interpretation and translation        | 875   |
| Portfolio assessment                  | 5,000 |
| Administration and misc.              | 100   |

## 8. INSTITUTIONAL APPRAISAL

- 8.1 The management training programme has been requested by the Almaty Oblast Health Department and the hospitals (see 3.2). This initiative has the support of the Ministry of Health.
- 8.2 Within the nominated institutions the senior personnel include considerable 'change agents' with a will for change and the ability to make an impact on their hospital management.
- 8.3 The hospitals chosen have demonstrated flexibility and creativity in the pursuit of efficiency.
- 8.4 Almaty Oblast Health Department is not host to other internationally funded projects which would cause duplication.



## **9. ARRANGEMENTS FOR IMPLEMENTATION**

- 9.1 The development, implementation and progress of the project will be overseen by a joint management committee. The committee will include Professor Derek Portwood (chair of the management committee), Dr. Natalia Kaidakova (vice-chair of the Kazakstani management committee), Steve Collins (project team leader), Martin Taylor (project team manager), John Charles (training and management consultant and a representative of the Kazakstani team).
- 9.2 Implementation of the project will be the responsibility of the chair of the management committee. The project manager will report to the project team leader, who in turn will report to the chair of the management committee.
- 9.3 The Joint Management Committee will meet during each Kazakstan and UK visit (Stages 1,2,3,4,5 and 7).
- 9.4 Initially the project will be administered in Almaty by the Deputy Head of the Almaty Oblast Health Department. Proposals for the local management of the project will be outlined during the TNA. The Kazakstani group will establish their project team and management structure during the first workshop and nominate their representative for the joint management committee. The local project team will be responsible for all operational issues in Kazakstan.
- 9.5 The UK project team will comprise of Professor Derek Portwood, Steve Collins, Dr. Gregory Andrusz, John Charles, Martin Taylor, Ken Williams (finance officer) and Peter Critten (training and management consultant). The UK project team will be responsible for all operational issues in the UK.

## **10. ARRANGEMENTS FOR OPERATION OF THE COMPLETED PROJECT**

- 10.1 The programme methodology intrinsically includes further management development through the increased local capacity to train hospital managers.
- 10.2 The hospitals involved in this project will act as pilot sites from which other hospitals can learn. Further projects will be discussed in these, or new hospitals, during the final stage.
- 10.3 The two managers (of the 18 participants), trained as trainers, will, with the support of the network of trained managers, continue to develop and manage their own training programmes.
- 10.4 The project will generate a translated workbook and an array of open learning materials for the use of future training programmes.

## **11. MONITORING AND EVALUATION OF THE PROJECT**

- 11.1 The Joint Management Committee will be responsible for monitoring the project and will produce a monitoring report after each meeting (see Section 9.3).
- 11.2 During the TNA and the first JMC meeting a schedule will be agreed for the Kazakstani Project Team to monitor the progress of the programme. The

frequency and method of monitoring will be based upon the components leading to the completion of the operational outcomes and success indicators as outlined in Sections 2.3.1 and 2.3.2.

- 11.3 The Kazakstani Project Team will monitor the continuous development of individual participants, through the monitoring of portfolios and liaising with the UK team when necessary.
- 11.4 Monitoring of individuals throughout the programme will be based on the assessment of their portfolios. This will be completed by the UK team at each of the 3 stages of tuition (both in Almaty and the UK), and at the end of the 2 year period. The team will be monitoring and evaluating both the development of the individual participants and also the changes that result in their management systems and structures.
- 11.5 The monitoring of portfolios and their final assessment will be used to confirm the degree of learning by individual participants and the extent to which this has produced changes in practices and organisational structure.
- 11.6 Following the completion of the two year training programme, further annual monitoring reports will be prepared by the Kazakhstani Project Team for comment by the UK Project Team.

## **12. RISKS AND UNCERTAINTIES**

- 12.1 The greatest risk is that the Republic of Kazakstan turns its back on the reform process. Such political, economic, social and ethnic considerations cannot be catered for, but serve as a reason for implementing policies which encourage the reform process. However, the risk is minimised in two ways. First, the project involves a relatively large group. Second, the importance of the project itself should ensure that the demand will exist for its delivery.
- 12.2 Personnel changes at hospital, oblast and ministry level are a major risk. The inclusion of a large group of participants minimises the impact of possible personnel change.
- 12.3 One of the major constraints on the programme is a continuing dominance of a hierarchical way of thinking. The government has taken steps to address this issue by embarking upon a policy of devolving decision-making to local managers.

## Appendix A

### Core UK team members

#### Professor Derek Portwood - Chair of Management Committee

Derek Portwood is the director of the National Centre for Work Based Learning Partnerships at Middlesex University and the University Accreditation Manager.

Derek has extensive experience of academic consultancy including to TEXT (1990-1992) involving consultancy work to 50 member institutions in 17 European countries, particularly on International Credit Transfer. He was also a consultant to SEEC (1989-1991) on institutional, academic, credit systems development. He has been an academic consultant to various local authorities on strategic educational development in relation to changing occupational structure.

Derek has published and spoken extensively on institutional academic development, Accreditation and Work Based Learning throughout Europe and North America.

#### Steve Collins - Project Team Leader

Steve Collins has nearly twenty years experience in the British public sector on the Civil Service, Local Government, Education and the National Health Service with roles in administration, management, lecturing and training. His current post is the Training and Development Manager for Barnet Healthcare NHS Trust. He holds Masters Degrees in Personnel Management from the London School of Economics and in Social Policy from Middlesex University. In addition he holds the Institute of Health Service Management Diploma in Management and is a Fellow of the Institute of Personnel and Development and the Institute of Supervision and Management.

His main interests have been in management development and organisational change and he has helped his NHS Trust to be at the forefront of development in these areas, setting up work based learning and systems for national vocational qualification. He is a visiting lecturer for Middlesex University and a tutor for the Open University Business School.

Steve acted as Management Advisor to the Kazakstan Health Care Reform Workshop held in Almaty in November 1994, taking the lead in devising the workshop programme and developing the course workbook. He re-visited Almaty in April 1995 as a Management Advisor to the TACL Workshop for Nurse Development.

#### John Charles - Training and Management Consultant

John Charles is presently Deputy Head of Personnel and Training at Gwynedd Community Health Trust. He has 23 years experience of working within health services and has held various managerial, training and developmental positions.

John has extensive experience of Personnel and Management Development work. This has included 'Investors in People' and designing and conducting assessment centres for recruitment and career development. He is Director of an Institute of Management Competence Centre for Wales, Coordinator of the Fast-Track Graduate Programme for NHS Wales and has established and led the Management Competence Centre, including NVQ levels 3, 4 and 5.

John has experience of health care reform projects and issues from his recent work in Tatarstan, Bulgaria and Romania. In these countries he has designed and conducted Management Development Workshops (PHARE Programme), developed management and organisation reform projects and lectured extensively.

Martin Taylor - Project Manager

Martin Taylor is a research assistant at Middlesex University's Kazakstan Centre. After graduating in social anthropology at Cambridge University in 1991, he lived and worked in Kazakstan for two years before coming to Middlesex University.

Martin was the project manager for the KHF Health Care Reform workshop in Almaty (Autumn 1994) and for the TACL project on the training and development of senior nurses in Kazakstan. His responsibilities have included liaising with Kazakstan health care officials, Ministry of Health representatives and sub-contracting all necessary local providers to ensure smooth running of projects and workshops in Kazakstan.

## Appendix B

### Proposed List of Kazakstani Participants

It is proposed that the Kazakstani Project Team will be composed of the following members. The final constitution of the team will be confirmed during the Training Needs Analysis.

- The Deputy Head (Finance and Planning) of Almaty Oblast Health Department and one other senior official from the Department.
- Six senior doctors from Almaty Oblast Hospital, including the Head Doctor and three Deputy Head Doctors.
- Six senior doctors from Kapchagai City Hospital, including the Head Doctor and three Deputy Head Doctors.
- The Head Doctor of Almaty Children's Hospital.
- Two teachers from the Teaching Institute attached to Almaty Oblast Hospital.
- One senior representative from the Health Department at the Almaty Oblast Administrative Headquarters.

PROJECT FRAMEWORK

GOAL

PURPOSE

OUTPUTS

PROJECT STRUCTURE	INDICATORS OF ACHIEVEMENT AND VALUE	HOW INDICATORS CAN BE QUANTIFIED OR ASSESSED	ASSUMPTIONS, RISKS AND CONDITIONS
i) To support health sector reform in Kazakstan.	i) The momentum and demand for health sector reform is maintained.	i) Policy statements from the Ministry of Health and the government of Kazakstan.	i) The reform process in the health care sector continues.
i) To improve the management and delivery of hospital services in Almaty Oblast.	i) Three pilot site hospitals with reformed management practices. ii) Officials in Almaty Oblast Health Department who support and encourage the reform of hospital management.	i) Portfolios, interviews with health policy makers, feedback sessions and written reports.	i) It is possible to challenge and change the hierarchical practice ii) Support of the reform programme allows changes to management practices and resource allocation.
i) The development of management capacity and system at 3 pilot hospital sites in Almaty Oblast health department.  ii) The development of an interest in new hospital management systems and practices within Almaty Oblast Health Department.	i) 18 trained participants with a critical understanding of the relevance of Western management experience to the specifics of their working situation and practice. ii) 18 trained participants who have changed their management practice and that of their working teams. iii) 18 participants contributing to the reform of the management practices of their hospitals/organisations. iv) The 3 pilot hospitals will display improved management practices.  v) 18 participants who understand the possible benefits and advantages of reforming management practices. vi) The Kazakstani Project Team (KPT) will	i) Portfolios, interviews, feedback sessions and written reports.	i) The experience of health care reform in the UK will be relevant to the Kazakstani context. ii) Personnel changes will not damage the team composition. iii) The training methodology will be understood by the participants. iv) The Kazakstani participants will have the ability to implement reform of management practices. v) That all 18 participants continue to seek to change their management and working practices. vi) That the teachers will gain sufficient experience from the programme for it to be sustained. vii) Language barriers can be overcome.

INPUTS

	<p>have formed to share ideas and experience of management change. vii) The KPT will be monitoring the implementation of new activities.</p>		
<p><b>Year One</b> <u>Training Needs Analysis and Introductory Workshop in Almaty</u> 10 days each by Steve Collins (SC), Derek Portwood (DP) and Martin Taylor (MT) <u>Preparation of Workbook and other Training Materials</u> 6 days by John Collins (JC), 10 days by SC, 3 days by MT, 5 days by DP and 3 days by Peter Critten (PC). <u>Training Workshop in Almaty</u> 10 days by JC, SC, MT and PC. <u>Project Evaluation and Planning Workshop in Almaty</u> 7 days by JC, SC and MT</p> <p><b>Year Two</b> <u>UK Study Visit for 18 Kazakstani Participants</u> 2 days JC, 10 days SC and MT and 2 days DP <u>Portfolio Assessment and Evaluation Workshop in Almaty</u> 5 days SC, DP and MT</p> <p><b>General Administration</b> 5 days MT</p>		<p>i) The Ministry of Health has already decided to support the project.</p>	

(E)

DRAFT REPORT TO MARTIN TAYLOR, KNOW HOW FUND

THE JOINT ODA MANAGEMENT DEVELOPMENT PROJECT BETWEEN MIDDLESEX UNIVERSITY AND BARNET HEALTHCARE NHS TRUST IN PARTNERSHIP WITH ALMATY OBLAST HEALTH ADMINISTRATION, KAZAKHSTAN.

REPORT FOLLOWING INITIAL VISIT AND TRAINING NEEDS ANALYSIS

1. Introduction

1.1. The initial visit was undertaken by the Project Team, lead by Steve Collins, Trust Training and Development Manager, Barnet Healthcare NHS Trust. between 15 and 25 October. In the Party were Professor Derek Portwood, Director of the National centre for Workbased Learning Partnerships, Middlesex University, John Charles, Management Development Consultant and Bota Hopkinson of the Kazakhstan-UK Centre, Middlesex University.

1.2. The aim of this report is to confirm the outcomes of the first visit against a series of headings required by the Know How Fund as a result of a meeting with them on 14 October 1996.

1.3 The Initial Visit was in summary, most successful in that it identified a number of criteria for management improvement in selected Almaty Oblast hospitals, identified management competencies required, developed the local participant group into western styles of learning and portfolio assessment and gained the local support needed. The visit laid the foundation for succeeding visits and a successful programme overall.

2. Analysis

2.2 This analysis of the initial visit is based on the headings requested by the Know How Fund.

2.2. A local Project Management Team has been set up in Almaty, chaired by the Deputy Head of the Oblast Health Administration and containing four members of the participant group. The persons for this team were invited following a meeting with the Head of Oblast Health Administration. Their remit is to review participant progress and the further support needed from UK based Programme Development Team and to report monthly to that body. Their first report following their meeting on 29 November is expected shortly. The full revised Programme Management Structure is attached as Appendix A.

2.3 The Local Political and Administrative Support for the Project is sound. Representatives for the Ministry of Health and the Akem's Office attended and spoke positively of the importance of the Programme at the Opening ceremony. The Programme was attended by the Deputy Akem and the Head of Oblast Health Administration, who are participants. The Programme was discussed with Head of Oblast Health Insurance and members of his Team who take interest in it. There were several meetings initially with the Head of Oblast Health Team were the nature and outcomes of the Programme were discussed using the Structural Model developed by the Project Team Leader, see Appendix B, and agreed. Subsequently, the Programme has been agreed with all participants.

2.4. Recruitment for the Participant Group itself was negotiated with the Head and Deputy Head of Oblast Health Administration. It was explained that the Programme's needed to ensure measurable improvements in hospital management and thus a good representation from three hospitals was required. The Group now includes twelve participants from the Central Clinical Hospital, the Oblast Children's Hospital and Kapchagai Hospital as well as Head or Deputy Head of three Rayon Hospitals. The Group has been increased to twenty to accommodate,



in addition, the Deputy Akem, Head and deputy Head of Hospital Administration and Head of the Rehabilitation Unit.

The final place is taken by the Deputy Principal of Talgar College, who are now planning to provide postgraduate courses linked with a developing local University network. A full list of participants has been enclosed as App. C.

2.5 As far as training accommodation and administrative support are concerned, these were fully provided by the Oblast Health Administration and will continue to be so. The input sessions for the first visit were held at the Oblast Health Administration's own Rehabilitation Centre, which was excellent in terms of space and had administrative and catering services on site. A video and OHP were provided and photocopying was completed at the Oblast Health Administration Headquarters. We are looking at proposals to hold the second visit at Talgar College and the third at Kapchagai.

2.6 Despite the heavy programme schedule for the initial visit, members of the Team made contact with the newly formed Oblast Health Insurance at their offices. The Deputy Akem also explained that health sector funding from the State was decreasing and thus hospitals would need to improve their local management. In both instances, it was recognised that local health reforms were creating an even greater need for the improved use of existing resources (see Appendix D - the model used to explain this) and thus the implementation of the management skills that would happen as a result of this Programme.

2.7 The list of initial projects (see Appendix C) confirms that the Programme's content has been accepted by the Participant Group. It was necessary, at the outset to explain in detail that the Programme was not about developing more resources but improving the management of existing resources (Appendix D). Over the week this major concept was accepted by all Participants who now have a excellent and varied range of proposed projects to improve hospital and health sector management.

2.8 The future development of the Programme has been discussed in some detail with the Participant group who realise that this is an opportunity for them to develop and effect management practice though the new concepts and practices that the Programme will make available to them. The list of measurable performance indicators (Appendix E) and of Individual Competencies (Appendix F) was agreed with the Group and from this actual projects identified and underway.

2.9 The training methodology was unfamiliar to many of the participants who expected to be taught through traditional didactic methods. However, after initial concerns by some members of the Group, they began to enjoy teamworking, reflective learning and case studies producing some valuable insights for the team in local management problems.

2.10. There are some identifiable local problems to Programme development. Probably the major one is UK-Almaty communication which is unreliable. Secondly, the heavy workload of the participants and the lack of time available for Project work. Thirdly, the lack of contact to discuss ideas. It is anticipated that the local Project Management Team will be instrumental in overcoming these barriers particularly our local contact, the deputy Head of Oblast Health Administration whose enthusiasm for the success of the Programme matches that of the UK Team. At a more general level, it would seem that the Health Sector will develop upon its existing structure and thus that the Programme will not be too affected by the pace of Reform currently happening in Kazakhstan.

**Steve Collins**

**Project Team Leader - Almaty Hospitals'  
Management Development Programme**

**16 November 1996**

**sbc/almaty1/lvstkhf/Nov.96**

STEVE COLLINS  
PROJECT TEAM LEADER  
ALMATY HOSPITALS' MANAGEMENT  
DEVELOPMENT PROGRAMME

PERSONAL REFLECTION ON THE INITIAL VISIT  
(15 to 25 October 1996)

1. Introduction

1.1. The aim of this document is to reflect on the factors that I felt contributed to the success of the first visit and to consider what we have learned ready for the next visit.

1.2. In terms of context there are a number of important factors to consider. Two changes had taken place in the last week that significantly affected the visit. Firstly, the Oblast Health Administration expecting a full teaching programme rather than few input sessions we were planning. Secondly, that the day before we departed, a meeting with the Know How Fund showed a change of emphasis in their Project expectations. Also of concern was that, we had a new Team for the visit, two had never been to Kazakhstan before. Further, we had only nine days shorter than we had planned - time would be at a premium. I felt that much rested on my experience and abilities for this visit. Reflecting on this, really as we left, I considered my own objectives for this trip to be :-

- a). To achieve the 'visit outcomes' set by the Know How Fund (KHF) (which I hoped Derek had received by Fax the afternoon before)
- b). To build the Team as an effective socio-working unit as well as to 'acclimatise' them to working in Kazakhstan
- c). To ensure that the Oblast Participant Group was the one needed to achieve the 'amended expectations', get the programme of to a good start and participants underway towards projects
- d). To establish the patterns and styles of teaching and learning and the forms of assessment
- e). To ensure that there was the local supporting mechanisms for the Project - commitment, administration, equipment, location, transport, etc and ensure that the goodwill exists
- f). To complete the training needs analysis in terms of agreed performance indicators and competency statements
- g). To understand the local situation and changes that had happened and, hopefully, look for new potential projects
- h). To keep costs to a reasonable level

1.3 The list was a daunting one and would sometimes need me to be a little dynamic in the pace of work. In summary, my immediate intuitive feeling is that we were successful in achieving the objectives and that the future trips would benefit from these.

2. Analysis

2.1 Reviewing the list of KHF outcomes is the subject of a separate report back. However, they cover local project structure and support, health reforms, training content, activities and methodology and obstacles to success. These issues have all been addressed more than satisfactorily. Many of these are, of course, my own objectives in any case.

2.2 Teambuilding begins from day one. John and I had spend much time together socially the day before and we met Derek at Heathrow. We were already sharing a sense of adventure and that was to last throughout. Unfortunately Bota was not able to join us until just before departure so that we could not review the last minute changes with her. The 'oversight' on finance meaning that we had to 'sub' the visit budget had a poor effect on team morale.

Teambuilding is easy in Kazakhstan because they realise the value of informality and hospitality to improving working relationships - this helped enormously with teambuilding. Humour was a valuable tool and the 'bus' ambulance tripos were used to improve team relationships especially involving the 'outer' team which included Medina and Galena, our interpreters and, of course, Natalia.

We, in fact, got on very well despite the pace we were living at and the amount of hospitality we had to 'endure' ! I can only think of a few instances where cross words were exchanged and one evening where some straight talking was carried but generally all of us were conscious of the need for harmony and we soon feel into our roles, Derek as the 'wise statesman', John as the 'good chap to have around', Bota as the 'local fixer' and self as the rather 'life over-indulging leader upfront.

In terms of teaching effectiveness as a Unit, this began to happen. I took the lead initially as this would be expected of me and gradually passed over the reins. By the end, it was working well - the three (even four as Bota took the lead for one session as well !) styles were showing. More importantly, learning was taking place very quickly in the Group. It takes practice to speak through an interpreter. Models are crucial therefore for teaching and concepts need to be simple.

The change of environment and culture was a problem for Derek and John - there was a lot to take in for them very quickly. Kazakhstanis are so tolerant, however, and warm that this could happen quickly. We saw quite a lot in our brief visit - Kapchagai and the Steppe, Medeo, the Cultural Museum, Talgar College, Panfilov Park and the three hospitals together with the Rehab. Centre and several varying restaurants, cafes and canteens.

2.3. Negotiations were tricky initially for the Participant Group. Natalia had her list of people which did not match the same list the one needed to achieve the 'revised' KHF outcome for hospital management improvements. This was tricky. However, I am glad that I drew a clear Programme Model to help explain the whole project. Talgar College were obviously upset but relations were restored with a visit and perhaps another project.

We did, however, have the Group we needed albeit 21 not 18 (now back to 18 plus 2 see below). The two additional doctors from the Clinical Hospital were obviously not prepared and did initially give me, particularly, a 'hard time'. However, as the week went on, matters improved. Attendance was overall good from the main group (although the snow affected morning arrivals on the second day and made me panic a little !).

The family planning doctor attended the opening ceremony and then dropped out - reason unknown. Viktor Dolzenhov (Deputy Akim) and Erkin Durumbetov (Head of Oblast HA.) are on the programme but did not attend. Natalia seems to be covering for them. This needs to be resolved. I will discuss this with Derek.

The Opening Ceremony was fine. We had hoped for more to be there and for the Embassy to come along (but Charles was visiting), so all went well. It was great to see Sacha again (representing the Ministry).

2.4 The teaching part was difficult initially in that some participants had not been briefed or were yet familiar with the western non-didactic styles. However, as the week went on and as colleagues 'got up to speed' there started to be a definite 'buzz' which we could all feel. I felt early on that the ability to deal with issues 'on our feet' was important and our 'team teaching' excellent. Many concepts were taken on board by the local participants especially those who did not really understand management at all. To this end, I feel we achieved an understanding of the notions of management efficiency, management planning, management by objectives, interpersonal communications and some history of management thought - good pegs for hanging future inputs on !

Derek's ability to put over the methods of portfolio development too worked and need development next visit. Certainly some of the Team's exercises went down well and they began to realise the importance of positive and constructive feedback as a management tool. Good to see Bota leading a session - all useful for not only personal development but team flexibility.

2.5 The local support for the programme was excellent. We only has really too negative periods - the early participant non understanding of the Programme (discussed above) and the meeting with the Deputy Head doctor at Almaty Clinical Hospital but these were overcome. Certainly, the hospitality was overwhelming ! Certainly, we were treated with great respect and interest ! We do need next time to pick up on a few leads - the Embassy, US Aid, WHO, local universities and so forth - these must be seen as important parts of the Programme together with the follow-ups from this trip - Health Insurance, Akem and local business.

2.6. The Training Needs Analysis was achieved in that we have now clear performance indicators and competencies and participant ideas about their early projects/needs. We achieved a much here by effectively combining the teaching input and analysis together. Not only now do we have the information we need to plan the future input sessions but also the Group are now aware of what is coming !

2.7. I felt we had too busy a schedule to do enough local context understanding. As I suggested above, more time must be spent on this with all our sources within the Group and without. We need to be developing articles for the trip and develop interest on future projects. Spending time locally will be important to this end.

### 3. Concluding Personal Reflections

3.1 This document is written some three weeks after return due to illness and a number of other personal and occupational priorities. It may well reflect the fact that I am now at another interesting 'crossroads' time of life. It could be argued that to some extent the whole experience of working in Kazakhstan has been, in part at least, a cause of this. Visiting and working in Kazakhstan has been one of the great experiences of my life, it brings together three important strands of interests - positive management development, innovation in teaching and working overseas.

Because of the amount of effort I have personally given to making this Project come about - the endless hours of writing and rewriting, the chasing up of others not really interested, over-critical meetings at the Know How Fund, sceptics asking you why you are bothering, etc - I tend to 'guard' the project from those now wishing to be involved especially if they seem to be 'jumping on the bandwagon' or 'taking an unfair share of credit'. I did feel very proud of us as a Team in Kazakhstan and teamworking is going to be crucial to Project



THE JOINT ODA MANAGEMENT DEVELOPMENT PROJCT BETWEEN MIDDLESEX UNIVERSITY AND BARNET HEALTHCARE NHS TRUST IN PARTNERSHIP WITH ALMATY OBLAST HEALTH ADMINISTRATION, KAZAKHSTAN.

Report to Project Steering Group  
by Steve Collins, Project Team Leader  
following Second Visit to Almaty  
6 to 28 March 1997

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- 8. Recommendations

7 April 1997  
sbc/almaty1/2vstrpt1/Apr.97

1. Aim of Report

1.1. This document is a formal management report to the Project Steering Group to serve as a record of all Team activities in Almaty, Kazakhstan during the period 6 to 28 March 1997. The report should also be used as a source of information for the report required by the Know How Fund as a result of a meeting with them on 14 October 1996. To this end, various points are made under headings required by them towards the end of this Report.

2. Context

2.1. The second visit, over the period 6 to 28 March 1997, was of two parts. The first part was of individual meetings with students in their workplace to discuss progress; the second the delivery of the teaching programme. Both parts were lead by the Project Team Leader Steve Collins, who stayed for the whole period. Professor Derek Portwood, Director of the National Centre for Workbased Learning Partnerships, Middlesex University, supported the first part and John Charles, Management Development Consultant, the second. Bota

Hopkinson, Kazakhstan-UK Centre, made administrative arrangements for the whole visit but staying for the first part only.

2.2. The major issue to note is that there have been major reforms in the Health Sector in Kazakhstan, effectively changing the funding base from bed to per capita, introducing medical insurance and moves towards the development of family doctors. On several occasions it was pointed out that the effect of these reforms is to create a more 'British style' Health Service in Kazakhstan. Funding, however, remains a problem within the system -state funding reducing, medical insurance still developing, private income still very small in percentage terms and 'humanitarian aid' being used were possible.

2.3. Each Oblast is required to submit its own plans to reform its own health service and the plan for Almaty Oblast is currently awaiting approval. I did ask for a copy of the Oblast's plan. However, this was not forthcoming before departure. I will ask for this again in June.

2.4 The Report Structure discusses the students visits (section 3) and the teaching programme (section 4), other meetings (Section 5) and 'administrative issues' (section 6). Some thoughts are then made against the Know How Fund framework for analysis by way of conclusions (Section 7). The Report concludes with some recommendations for discussion (Section 8).

### 3. Student Visits

3.1 All the existing students on the programme were visited in their workplace, except Victor Dolzhenov, Erkin Durenbetov and Natalia Kaidakova. The Visit to the Central Hospital was somewhat interrupted by the fact that it was an official holiday 'Woman's Day' and pursuing student progress became extremely difficult. However it was realised that there was some confusion as to whether the original list had been amended and therefore exactly who was in the group - Raisa Pultasheva being most concerned.

3.2. The Children's Hospital visit was more productive in that both students were clearly looking to developments with Business Planning to the fore. The whole concept of funding needed reviewing especially with, for example the privatisation of services, and the hospital's inability to pay the charges and having these cut off. The Rehabilitation Centre student (Gulnara Muhamedzhanova) also confirmed that major changes were needed to due to the replanning of health services in the Oblast in general.. The role of the centre was to expand. Again it was apparent that services were being disrupted due to inability to pay bills..

3.3 The meeting at Talgar Medical College confirmed that there were major changes taking place and that this the Oblast College was developing as and 'Access' link to University due in particular to the development of nursing studies to degree level. It was felt that Middlesex University needed to pursue ideas and networks to support this development. Our student, Baksha Akmetola, was already implementing ideas and methods she had learned from this and our previous courses particularly reflective learning through portfolios.

3.4. At Kapchagai, Eric Baizhunov (deputizing for Zhanaidar Musin on an official study tour to Japan) confirmed that his project was linked to the development of family doctors. He has in fact written a plan for this and a copy is available. (It is felt that this

should be translated for its interest and also as an insight into what developments in approach and report writing may be needed). Some family doctors were being trained centrally and two buildings had been purchased. There were also needs to develop a clear financial base, transportation and records.

Victor Kim discussed the need for improved bed utilisation and local surgery centres being incorporated within the family doctor locations. Similarly Vitaly Kim discussed the development of paediatrics to link into the family doctors. Gulshahan Baidalova discussed the need for improved nurse training taking in management. Natalia Kurasova's project concerned the need for obtaining cheaper medical preparations though savings and economies of scale. It was evident at Kapchagai Rayon, as at the other Rayons visited, that major changes were being implemented which included the need for improved planning, resource flexibility and retaining.

3.5 Klara Mavshea, Deputy Head Doctor at Kaskelen Rayon, confirmed that her project work was to develop a Business Plan for the Rayon Health Administration that would help then to develop in time a move from total State funding to 78% medical insurance funding. Two family centres had been set up with family doctors. Again there was an emphasis on the reduction of beds and better utilisation of resources in general.

3.6 Natalia Korotina, Deputy Head Doctor at Enbeksheekazak (Issyk) Rayon confirmed at similar picture in that bed rationalisation had taken place with a move towards family doctor centres with a need to improve access and geriatric services. In all cases there was emphasis on paediatric doctors being the best specialist for family doctors as the role emphasised the need to improve mother and children services. Again the village hospitals at the level below rayon central hospitals were being reduced in as a resource rationalisation process.

3.7. At Kurtinski Rayon, Kurmangazy Begaliev the Head Doctor at Kurtinski Rayon, set out a similar picture of rationalisation changes being implemented. This rayon was known to both poorest (it includes much desert) and was receiving some aid through a TB Project linked to the Rayon (Medicins Sans Frontieres with the Project Leader being French and the Team containing an Italian, a German and a Canadian). He discussed the breakdown of the health service system since Independence with less funding, poor transportation (gasoline being a particular problem) and poor communications (due to frequent power failures). Kurmangazy Begaliev stated that a whole new concept of funding was needed for the Rayon. Medical Insurance would be very low as demographically the his Rayon was old and poor with a high percentage of self employed farmers. Again there was the emphasis on the need to decentralise services to the villages to improve access. There was already one family doctor centre operating and two to come. However, he felt that his Rayon would need 'humanitarian' help to develop and Bulat agreed that the Oblast would use any humanitarian aid forthcoming for Kurtinski in particular.

3.8. In conclusion, it was clear that the Reforms were beginning to effect the Health Services in that there was a decentralisation beginning with attempts to rationalise and use resources and create greater flexibility in these. Certainly a reduction of specialist doctors to more 'generalist' was one example together with less hospitalisation and bed care and increased local, family doctor care. The group were using management rationale in their thinking. The



Teaching Programme would need to help participants to increase the linkage between theoretical concepts and discussion and practical management issues and was able to do this by greater awareness of what was happening 'in the field'.

#### 4. Teaching Programme

4.1. The Objectives here - to deliver the underpinning knowledge required for a number of the competences and performance indicators identified on the initial visit; to stimulate project development; encourage teamworking and facilitate further understanding of practice in the West. A variety of teaching strategies were used to give variety and develop understanding - see below. In the main these objectives were achieved. The use of practical local knowledge gained during the first part of the visit was invaluable.

4.2. The model (Appendix A) was used at the outset of the programme to remind students of the programme of learning, linking in how the current health reforms are involved. Evaluation was undertaken to link back to the previous November and reflect on what had been learned. It confirmed that the students had begun to realise that there was a body of management knowledge that could be useful to them. They were aware of the planning, developing and controlling roles of management. Again they felt that they were beginning to understand the UK system of health provision and realised that lessons would be there for them to utilise.

Evaluation also showed that the lessons they wished to learn were fairly wide reflecting the cross-sectional nature of the group, but, understandably, many included the immediate problems of how to resolve finance shortage and how to provide local services. We again reiterated that our teaching would be ideas on how to use resources more efficiently and how to plan. The June class would look more towards effectiveness. The UK study tour help them more with finance. There is still perhaps the tendency, as ever in management development, for participants to feel that their studies alone or their tutors will give answers to them

4.3. The balance of the first day attempted to develop some notion of an NHS Trust through a recent English video on the LAS Trust. This was partially successfully but difficult due to the need for translation. Teamworking was also tried but this was used to some extent as an opportunity to smoke outside, leaving in the men's group the more junior to present back. In the women's group far better teamworking happening. and in the mixed group again little happened.

4.4. Days Two and Three to some extent dealt with the problem of valuing teamworking by direct inputs on the need for sound organisational and interpersonal communication and its value to organisational development. As a result later teamworking exercises improved with mixed groups working together. The 'Belbin' teamworking exercise helped considerably in this respect and created much interest. Motivational theory incorporated Taylorism with which they were familiar and prompted useful debate. The 'Shepherd and Sheep' outside communication game was particularly enjoyed as a method of study and focus.

4.5 The final Friday of the first week was devoted to approaches to managing change. They probably found this a little too theoretical although some of the concepts used in the day did return in discussion the next week. They enjoyed the exercise in systems drawing and these have been photocopied. (It may be of use again to have some of these at least translated). Reflections on the day confirmed that we needed to cut the direct lecturing input even more and provide variety in the day. However, evaluation did show that they had enjoyed much of the week and found interest in all sessions with preferences varying within the group.

4.6. Whereas week one had concentrated on management skills - communication, learning, analysis, teambuilding and motivating others, week two looked more to organisational level issues - strategic planning, organisational development and human resource management theory as well as including the more practical issues of family doctor development (with the use of slides), the role of midwives (via a Russian video), learning styles analysis and recruitment and selection exercises. Again in general the group were attentive and attendance good. However, we did need to plan the days carefully to ensure this - heavy theory first thing, followed by an exercise, followed by say visuals, following by discussion.

4.7 The last day was taken up by letter writing to mentors, evaluation (which tended towards a polite subjective praise for the training and training team) and instructions for developing the portfolio. Their CVs and learning agreements were handed back

to them for their portfolios and many expected these to have been marked. This and other comments indicated that the method for developing portfolios needed reinforcing and it was decided to take a more directive approach here. Candidates were informed that they should have two portfolios, one for notes and one for their own work and that the latter should include a business plan, an organisational development plan and a human resource plan together with reflection on the training and how it relates to their workplace and any work on the Reforms that they have completed. They also needed to develop teamworking around common areas of change and the Management Team were entrusted to organise this.

4.8 The Workbook was handed to each participant in the hope that they would read this before classes. However, the main feeling we understand that they would need more time. We will use this as the basis for an initial discussion at the beginning of our next visit. There was some indication that some of the group had read some parts and were beginning to use concepts and find this useful. Direct questions to some students suggested that they had found sections 'filled out' some of the input sessions for them. Feedback also suggested that it could usefully be used for the completion of the workbook - learning organisation, training and development, quality, comparative healthcare, negotiation and some specific NHS issues - rationing, contracting, health promotion, patients' charter issue, family doctors, etc.

4.9 In conclusion, the Training went well although did find that such long periods were proving difficult to hold attention. A variety of learning strategies were used - games and self analysis proved popular especially where they could compare themselves with others, English videos with 'overspeak' were less effective. Theory went down well although the attention span was really no more than

# Almaty Hospitals' Management Development Programme

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**THE JOINT MINISTRY OF OVERSEAS DEVELOPMENT MANAGEMENT  
DEVELOPMENT PROJECT BETWEEN MIDDLESEX UNIVERSITY AND  
BARNET HEALTHCARE NHS TRUST IN PARTNERSHIP WITH ALMATY  
OBLAST HEALTH ADMINISTRATION, KAZAKHSTAN**

**Report to the Project Steering Group  
by Steve Collins, Project Team Leader,  
following the Third Visit to Almaty  
10 to 20 June 1997**

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**1. Introduction**

**2. Analysis**

- 2.1 To Support Health Sector Reform in Kazakhstan (Main Goal)
- 2.2 To Improve the Management and Delivery of Hospital Services in Almaty Oblast (Main Purpose)
- 2.3 The Development of Management Capacity and Management Systems at the Three Pilot Sites in Almaty Oblast (First Output)
- 2.4 The Development of an Interest in new Hospital Management Systems and Practices within Almaty Oblast (Second Output)
- 2.5 Reflections on Assumptions, Risks and Conditions

**3. Conclusions**

**4. Recommendations**

**11 August 1997**

sbc/almaty1/3vstrpt1/aug.97

## **1. Aim of Report**

1.1. This document is the formal management Report to the Project Steering Group from the Project Team Leader following the third visit to Almaty during the period 10 to 20 June 1997, delivering a further training workshop. The Report has been delayed pending receipt of the translation of feedback materials from the tutorial Cohort.

1.2. The Main Body of this Report, the Analysis, is written in terms of the concrete outputs and success indicators contained in the Project Memorandum - see Appendix One. This information is given from both personal experience as the Project Team Leader and from the feedback materials discussed above.

1.3 The Report also reflects upon various meetings held in Almaty and the relationships formed. The report ends with various conclusions and recommendations.

## **2. Analysis**

### **2.1 - To Support Health Sector Reform in Kazakhstan (Main Goal)**

2.1.1. The evidence would suggest that for Almaty Oblast Health Administration, health sector reform not only continues but is to some extent accelerating. Each Oblast is required to submit its proposals for change to the Ministry of Health for approval. At the time of the visit, Almaty Oblast were about to so do. However, the changes contained in the proposals were being implemented ahead of such approval. The main changes being effected are :-

- the development of a more community rather than hospital based healthcare system
- the reduction of hospital beds and bed times
- the merging of hospitals and facilities
- the revision of services to support local needs
- the development of local family doctors' practices
- the development of income from fees for private services

2.1.2 The following managerial policies are being used to support the achievement of these reforms :-

- increasing local decision-making through decentralisation
- revising training and development programmes at Talgar Medical College
- cascading the management learning gained from the Project

2.1.2. The changes indicate that the Oblast is looking to review the use of all its resources, capital and human, and its services to eliminate waste. It is also looking to target these resources to the population as a whole, ie to begin to redress the urban/rural imbalance and improve access. They indicate, in management terms, a change in approach looking less to increased resources and more towards efficiency and effectiveness in the use of existing resources. In this, the reforms represent better value for money.

2.1.3 The Project Team have deliberately developed workshops of management understanding directly related to the Reforms by ensuring discussion of management concepts in terms of these Reforms and the selection of teaching to support their implementation.

## 2.2. To Improve the Management and the Delivery of Hospital Services in Almaty Oblast (Main Purpose)

2.2.1 Evaluation of the feedback clearly indicates that not only are the principles of management understanding being understood by the tutorial Cohort but that these are being implemented. The following comments are indicative

"We shall continue to study management, especially how to distribute resources, draw up budgets and calculate costs. We can now draw up business plans and we began to use our knowledge in everyday work. I'm going to share my knowledge with my colleagues to improve communication skills and form a good team." (*Gulmira Utebalieva, Chief Doctor, Oblast Children's Hospital*).

"I think they (*the seminars of healthcare management*) are very instrumental or improving medical services and speeding up health care reforms....I am trying to implement my theoretical knowledge of management into practice at Kapchagai.....I have held several workshops for my staff ...we discussed ways of saving finances, of using them more effectively...As a manager, I have found it interesting to learn more about management in Britain - especially interaction with staff, planning of employment, drawing up business plans and calculating the costs of medical services. The Workshops are very much in line with health care reforms in Almaty Region. (*Zhanaidar Musim, Chief Doctor, Kapchagai Rayon*)

"During the course I have learnt about the British healthcare system management and training of personnel....We need managers of healthcare to make it more cost-effective and efficient." (*Bolat Dzhuvashev, Deputy Head of Oblast Health Administration and Chief Doctor, Almaty Central Hospital*)

2.2.2. The above extracts confirm in the first two cases at least, that the three pilot site hospitals are looking to areas of reform via the management understanding gained through the Project. The same three chief doctors have all indicated that their portfolios of learning and development will contain work that they have completed in terms of better use of existing resources and training of personnel (*Chief Doctor, Children's Hospital*), staff appraisal and better use of resources (*Chief Doctor, Kapchagai Rayon*), better use of resources, installation of computing and training (*Chief Doctor, Central Hospital talking in terms of his Oblast wide responsibilities*). (At the Steering Group meeting held during the visit, concern was expressed that the Central Hospital did not seem to be implementing their management learning as quickly as the other two hospitals).

2.2.3. However, other group members are also looking to implement management understanding. The following are indicative

- prioritise the training of personnel and multi-skilling of the workforce (*Chief Doctor, Kurgan Rayon*)
- drawing up business plans as a starting point in our work (*Chief Pharmacist, Kapchagai*)
- improve management, communication, negotiation and selection skills (*Senior Doctor, Children's Hospital*)
- looking to improve consistency, interaction and coordination in work (*Senior Doctor, Kapchagai*)
- selection and training should be improved (*Head of Surgery, Central Hospital*)
- teaching nurses' management to plan (*Head Nurse, Central Hospital*)

2.2.4 In addition to the Deputy Head of Oblast, the Cohort includes the Oblast Deputy Akim, A Health Ministry Minister (formerly Head of Oblast) and the Head of Oblast Health Administration (newly in post). Whilst these three do not attend many training events during the Workshops, their support for the programme can be demonstrated by the fact that they visit the Rehabilitation Centre, joining discussions and encouraging all present to learn as much as they can about management and the British healthcare system to assist in the Reforms.

2.2.5 The Oblast's Education and Training functions at Talgar will give further support to the changing in hospital management practice required to effect the Reforms. The following is a quote from the Talgar College Cohort member :-

"I set up a group of leaders. I drew up a business plan of education reform at my College. I wrote curricula for the newly introduced subjects such as psychology, communication and management and I developed standards of practical management and control of student's knowledge and skills. (*Baksha Akhmetova, Deputy Principal, Talgar medical College*).

### 2.3. The Development of Management Capacity and Systems at the Three Pilot Sites in Almaty Health Department. (First Output)

2.3.1. This has been in part discussed in 2.2.3 above. Cohort members were asked to indicate what management evidence their portfolios would contain at the end of the two years. Obviously, the responses varied according to position and status. However, of the 15 returns received from the Cohort, the following topics featured :-

- revision of existing resource use (14)
- business and financial planning and 'non-budgetary' developments (11)
- appraisal, training and development (7)
- manpower planning and staff selection (7)
- improving operational quality locally through changing service patterns (9)

2.3.2. The weaknesses of such a breakdown is that it tends to perceive management changes can take place in isolation. Obviously, this is not the case. Good management practice requires an integrated approach. Many of the above developments will require improvements in other factors. Other feedback material suggests that there is for example, a clear concern about the motivation of staff and how this needs to be improved to achieve results. Similarly, there is a concern for setting standards and objectives to control improvements. Also, changes in the process of decision making are recognised as necessary.

2.3.3. In addition, as would be expected of medical doctors, nurses and paramedics, many are looking to develop improvements in their clinical practice and include this as portfolio evidence. Again, whilst not really directly part of the Project per se, the integration of management thinking into clinical developments is a positive step, needs to be encouraged and will be, as such, legitimate evidence of the Project's success.

2.3.4. Attendance at Workshops has been excellent from the fifteen staff not in the most senior positions as above. Concern was expressed at the Steering Group Meeting held in Almaty that only 15 portfolios would be submitted. Discussions have taken place with the three senior members who realise that they are required by virtue of their involvement in the Project to not only submit portfolios of management activities they have undertaken but also ensure that the reflection therein contains clear evidence of the learning of the course. Arrangements for workshop handouts to support this process have been arranged.

#### 2.4 The Development of an interest in New Hospital Management Systems and Practices within the Almaty Oblast Health Department (Second Output)

2.4.1 Again this has been in part discussed above. Talgar Medical College are developing management seminars and planning to use management principles and practices in all their teaching. This, with the increase of training to support the Reforms will, it is anticipated, create a 'cascade' of management ideas throughout all training in the Oblast.

2.4.2 In addition, the Head of Oblast Health Administration has stated that he intends to ask all members of the Cohort to train a further eighteen persons within their units. This will obviously help the development of interest and understanding but will, it is argued need support. (This was discussed with the Know How Fund in Almaty during the last visit and a letter sent by the Project Team Leader to this effect).

2.4.3 Although the local Project Team is still active, there has been a change in the leadership which may have resulted in less interaction than before possibly the result of the new leader, the Deputy Head of Oblast continuing as Chief Doctor at the Central Hospital. It is intended that this be an issue for discussion during the UK Study Tour. It is seen as crucial that this functions well to ensure cross-fertilisation of ideas, understanding and practice. during the final phases of the Project.

## 2.5. Reflections on Assumptions, Risks and Conditions

2.5.1. The current restructuring of the Oblast may prove a factor in the success of the 'integration' of management thinking into the Oblast as a whole. The Oblast itself has been combined with another thus doubling in size and also there were plans being set in motion to combine Rayons and Central Hospital facilities. It could be that those originally chosen for the Project Cohort by virtue of their position as well as their ability, may not have the same influence to implement the 'spread' of changing management practice as they previously would have..

2.5.2. The Reforms are progressing and support for the programme is facilitating the necessary changes in management practice. There is evidence of local planning taking place although the hierarchy still tends to wish to control changes. Indeed, at the outset of this visit, there was an attempt by the Oblast Head to adjust Project arrangements previously agreed. It will take time for a different management approach other than 'top-down' to become accepted, understood and commonly practised in the Oblast, as anywhere. 'Tokenism' to the new ideas and practices is possible..

2.5.3. The Cohort are valuing the development of their understanding of the British healthcare system, commenting that they can see similarities to their own. They are thus geared to look for incremental, practical changes they can make. The UK Study tour is planned to facilitate this through direct experience, examination and reflection, such reflection forming a valuable tool in their portfolio.

2.5.4. Efforts were made on this trip especially to ensure a clear understanding of the learning strategies being used. The Cohort were made clear about the development of the portfolio, Appendix Two being the model developed with the Cohort to this end. Cohort members have confirmed on many occasions that they appreciate the range of learning strategies used - team discussions, role play, small case studies, video led discussions and so forth. Their participation in these has moved from scepticism as to the value of these as learning strategies, to enthusiasm as the Project has evolved. Language barriers have been largely overcome through interpretation, the use of models, the development in speaking English by some participants and of growth of mutual understanding through closer informal and formal interaction and relationships..

2.5.2. Indeed, the development of good working relationships between the Project Team and the Cohort remain a fundamental factor in the success of the Project to date, as much valued by the Cohort as the Project Team. Such relationships and understanding will be of great value in the successes of the next phase, the UK Study Tour.

## **3. Conclusions**

3.1. The Project is on target to finish in the two years. Hopefully, 19 or 20 portfolios will be assessed at the end of the period although these will vary in quality both of evidence and of management understanding.



3.2. The UK Study Tour must be seen as the process of reinforcing the management understanding delivered by the Project Team as well as an opportunity to develop incremental ideas for change. It is important for the Project Team to enforce reflection on the linkages between existing local practice, UK experience and the management theory the Project Team has delivered

3.3. There is a need to see the base unit of hospital in a wider perspective. Good management practice in moving towards greater efficiency and effectiveness in healthcare means hospitals moving services more into the community. This is the experience of the UK and is the basis of the Reforms already underway in the Oblast.. The study of primary care activities in the UK, including the role of GPs, is fundamental to creating possible options for the management of such local services in the Oblast.

3.4. Many of the points made above were discussed with the Know How Fund representatives at the British Embassy in Almaty during the visit - see Appendix Three.

3.5. Arrangements and options for the UK Study tour were discussed with the Cohort. They have also submitted ideas of what they would like to experience. Some are beyond our capacity - visiting factories for orthopaedic equipment or prostheses for example. However many others are reasonable. Monitoring the learning taking place is needed during the study tour to ensure such expectations are wherever possible fulfilled. Socially and culturally, the group gave the impression that they wish to be active and to experience as much of the UK as time would allow. Obviously not all would want to do everything and the choice could be left to them. But they did infer that a full programme was desirable.

#### **4. Recommendations**

4.1. That the action points contained in Appendix Three be dealt with.

4.2. That a full social and cultural programme be available for the UK Study Tour.

4.3. That the learning input be monitored and the Cohort is encouraged to reflect as far as possible the links back to management theory and to changes in their own system based on both theory and the UK experience.

4.4. That plans be developed as early as possible for the final assessment of the Cohort and final evaluation of the Project itself. It could be that a further visit be needed to ensure sound portfolio completion will happen.

4.5. That the Know How Fund be asked for a response to the proposals for other Projects particularly for the training of trainers project for the Oblast to support the integration and sustainability of the management understanding and change in practice within the larger Oblast.

GOAL

PURPOSE

OUTPUTS

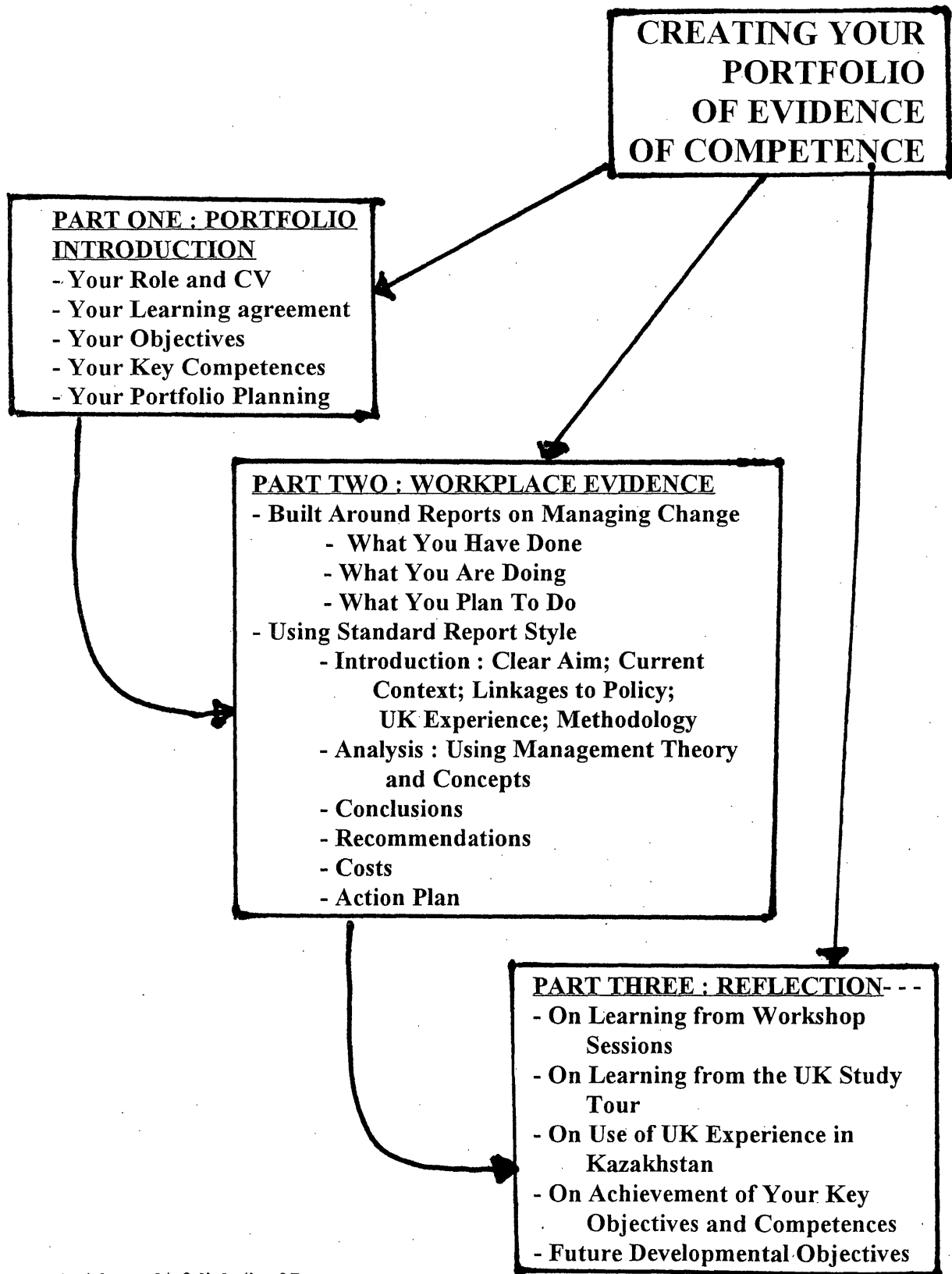
PROJECT STRUCTURE	INDICATORS OF ACHIEVEMENT AND VALUE	HOW INDICATORS CAN BE QUANTIFIED OR ASSESSED	ASSUMPTIONS, RISKS AND CONDITIONS
i) To support health sector reform in Kazakhstan.	i) The momentum and demand for health sector reform is maintained.	i) Policy statements from the Ministry of Health and the government of Kazakhstan.	i) The reform process in the health care sector continues.
i) To improve the management and delivery of hospital services in Almaty Oblast.	i) Three pilot site hospitals with reformed management practices. ii) Officials in Almaty Oblast Health Department who support and encourage the reform of hospital management.	i) Portfolios, interviews with health policy makers, feedback sessions and written reports.	i) It is possible to challenge and change the hierarchical practice ii) Support of the reform programme allows changes to management practices and resource allocation.
i) The development of management capacity and system at 3 pilot hospital sites in Almaty Oblast health department.  ii) The development of an interest in new hospital management systems and practices within Almaty Oblast Health Department.	i) 18 trained participants with a critical understanding of the relevance of Western management experience to the specifics of their working situation and practice. ii) 18 trained participants who have changed their management practice and that of their working teams. iii) 18 participants contributing to the reform of the management practices of their hospitals/organisations. iv) The 3 pilot hospitals will display improved management practices.  v) 18 participants who understand the possible benefits and advantages of reforming management practices. vi) The Kazakstani Project Team (KPT) will	i) Portfolios, interviews, feedback sessions and written reports.	i) The experience of health care reform in the UK will be relevant to the Kazakstani context. ii) Personnel changes will not damage the team composition. iii) The training methodology will be understood by the participants. iv) The Kazakstani participants will have the ability to implement reform of management practices. v) That all 18 participants continue to seek to change their management and working practices. vi) That the teachers will gain sufficient experience from the programme for it to be sustained. vii) Language barriers can be overcome.

PROSST LOGFRAME

APP.

	<p>have formed to share ideas and experience of management change. vii) The KPT will be monitoring the implementation of new activities.</p>		
<p><b>Year One</b> <u>Training Needs Analysis and Introductory Workshop in Almaty</u> 10 days each by Steve Collins (SC), Derek Portwood (DP) and Martin Taylor (MT) <u>Preparation of Workbook and other Training Materials</u> 6 days by John Collins (JC), 10 days by SC, 3 days by MT, 5 days by DP and 3 days by Peter Critten (PC). <u>Training Workshop in Almaty</u> 10 days by JC, SC, MT and PC. <u>Project Evaluation and Planning Workshop in Almaty</u> 7 days by JC, SC and MT</p> <p><b>Year Two</b> <u>UK Study Visit for 18 Kazakstani Participants</u> 2 days JC, 10 days SC and MT and 2 days DP <u>Portfolio Assessment and Evaluation Workshop in Almaty</u> 5 days SC, DP and MT</p> <p><b>General Administration</b> 5 days MT</p>			<p>i) The Ministry of Health has already decided to support the project.</p>

# PORTFOLIO DEVELOPMENT



# Almaty Hospitals' Management Development Programme

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## Minutes of Meeting at British Embassy, Almaty, Kazakhstan on Friday 13 June 1997

Present - Nick Carter and Richard (Know How Fund), Suzanne Hill  
(Third Secretary) and Steve Collins, John Charles and Bota Hopkinson (Almaty  
Hospitals' Management Development Project)

1. Roles were discussed together with the current concern for improvement in the implementation of Health Insurance in Kazakhstan - the view being that there was too little discussion between the two sides. We confirmed that we suspected that this is the case.
2. Nick Carter reviewed Martin Taylor's recent report. Who were the three hospitals? How was implementation of management ideas going? Happy with SC's reply. Expressed some concern at the gap between the UK study tour and completion. We confirmed that we would be monitoring this and had discussed, if needed, a short visit in November 1997. Confirmed Project completion would be as planned - April/May 1997
3. Nick Carter suggested that we made contact with their projects eg Bristol, Sex Education and York. **Action GA**
4. Nick Carter suggested that the UK Study Tour should meet perhaps the Minister for Overseas Development - who this would be, depended on Erkin Durambetov's exact status. **Action BH**
5. We discussed the composition of the group explaining that most were doctors because few managers as such existed in the health sector. Some discussion of difficulties of training doctors but confirmed extremely good relations existed between ourselves and the group. There had been few problems with the local arrangements - transport, accommodation etc. Standards of hospitality were high.
6. Nick Carter suggested that the British Ambassador should hand out Certificates on course completion. **Action GA**
7. Confirmed UK Study Tour now well in hand. Nick Carter asked that the itinerary is sent to him and he would arrange to meet the party 'in situ'. He suggested that Gillian Holmes and Martin Taylor should be contacted similarly. **Action GA**
8. Suzanne Hill asked to visit the Rehabilitation Centre next week to see the Project in action. Arrangements made for the Thursday. (She appeared happy with the work we were undertaking).

9. SC discussed the fact that we had discussed the question of a similar programme with the Oblast Health Insurance which would need funding. Similarly a proposed project with the Presidential Hospital. JC also expressed the view that we now help the sustainability of the project by the development of a 'training the trainers' project. Some interest seemed to happen. We agreed to follow up with a letter.

**Action GA/SC?**

10. Sustainability of Project was confirmed in that the Oblast Head was proposing that each of their participants should now train a group of eighteen in management. Also confirmed that Talgar Medical Institute was already implementing ideas and learning from the course in their programmes.

11. Nick Carter asked if we felt that the participant group were resilient enough to challenge existing thinking to consolidate programme ideas. SC confirmed that we felt this to be so - in any case we had some very powerful participants. Kapchugai was felt to be very 'go ahead' in this respect but other hospitals and rayons were showing sound understanding.

12. All participants suggested that they found the meeting very positive and helpful and that the project did have definite 'synergy'. It was confirmed that the portfolios of learning would be available. (We should ask participants to include material concerning the development of relationships with Health Insurance.) **Action SBC.**

**sbc/Almaty2/Embassy3/Jul.97**

**THE JOINT MINISTRY OF OVERSEAS DEVELOPMENT MANAGEMENT  
DEVELOPMENT PROJECT BETWEEN MIDDLESEX UNIVERSITY AND BARNET  
HEALTHCARE NHS TRUST IN PARTNERSHIP WITH ALMATY OBLAST HEALTH  
ADMINISTRATION, KAZAKHSTAN**

**Report to the Project Steering Group  
by Steve Collins, Project Team Leader,  
following the UK Study Tour  
19 August to 1 September 1997**

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## 1. Introduction

1.1 It was agreed and accepted at the last Steering Group that the Kazakhstan-UK Centre should complete the UK Study Report to the Know How Fund. At the same time it was agreed that the Project Team Leader should write his report, in time, reflecting on the achievements of the UK Study Tour and the actions that need to be considered, thereafter, to facilitate effective Project completion. This Report was to be based on feedback and evaluations from the tour participants and on their reflective learning reports. This document should be seen and used for that purpose.

1.2. Although there had been some possibility of changes to the membership of the party, the eighteen Project participants originally nominated arrived.

1.3. This report reflects on the study tour achievements through an analysis of the events and feedback from participants against the study Tour objectives set when at its initial planning. It reflects against the logframe and KHF guidelines and discusses other issues that are felt to be of value to the Steering Group. The Conclusions and Recommendations reflect more the action now needed for effective Project completion.

## 2. Reflection and Analysis 1 - Achievement of Study Objectives

2a). To improve the Programme Participants' understanding of Western management practice and health service delivery by discussion, direct observation, exchange of ideas and through meeting their mentors.

2a1. An outline of the study tour content is attached. Participants visited a full range of healthcare facilities in the UK and had the opportunity to observe and discuss management issues and health service delivery issues with a great range of health sector personnel. In addition to many of the community healthcare facilities of Barnet Healthcare NHS Trust, they visited several acute hospitals, an independent hospital, an ambulance service HQ, a health promotion unit and several GP practices. All such visits always included an introduction, a visit to facilities and a period for questions at the end. They also had a more formal presentation by the Royal College of GPs. The four 'senior' managers, in addition, visited a local authority to gain an understanding of its functioning through presentations by its chief executive and senior officials.

2a2. Participants were well received at all venues which had been well briefed in the main and did take great care to ensure the success of the visits. Participants were encouraged to ask a range of questions when on site and these were answered as honestly as possible by their hosts. Questions were also answered by the Project team at other times.

2a3. The Trust's Director of Finance and his Team delivered three input sessions related to their work in the financial management of the Trust. These included budgeting, costing and pricing, the development of management information systems and the processes of contracting. In addition, participants were able to review and understand the UK NHS funding structure and the Trust's annual accounts and accounting systems.

2a4. The Mentor programme did not work as well as had been hoped despite the efforts made to involve mentors from both Barnet Healthcare and other Trusts. This was due to a number of reasons - the visit being during the holiday period, availability of one-to-one interpretation, mentors being 'too busy' at that time. However, many mentors were able to meet their mentees and forge relationships. Many others helped with the programme itself by arranging and conducting visits and by forming the 'panel of expertise' to create discussion. Both these appeared to prove rewarding to both the mentees and mentors.

2a5. Regrettably, the UK Study Tour evaluation forms were not translated as such and only a few participants submitted reflections on their learning. This limits this analysis and our understanding of the benefits of the UK Study Tour. However, the 'Wales evaluation forms' were translated and these, plus the few brief reflections, do allow some, albeit limited, feedback of the participant learning that took place.

2a6. Many commented on their improved understanding of the UK system of health care eg.



"When listening to lectures and visiting family practices, I understood the structure of these institutions, the work of their staff which gave me a lot of knowledge of the system of healthcare in GB." (Zhanaidar Musim).

"(I gained) a lot of information on the distribution of resources. Efficiency, accessibility of dependent institutions and availability of funds for them for authorities." (Gulnara Mukhamedzhanova)

"I have gained a lot of practical experience and theoretical knowledge and, what is more important, have seen with my own eyes how the system of healthcare works." (Bulat Dzhugashev).

2a7. There were, in particular, many observations about the operation and value of GP Practices and how valuable these would be in Kazakhstan :-

"A patient goes to his doctor and the doctor decides where it is better to treat him, where he can get most effective help. In this way the funds of hospitals and those of doctors/fund holders are used more effectively." (Mary Mikhailova)

"Family doctors brought medical services closer to the people and, in this way, improved the status of healthcare", (Natalia Kurasova)

"We understood that general practice within the fundholding system is a form of business which satisfies both parties." (Gulmira Utebalieva)

2a8. Much of the feedback from both doctors and nurses refers to the enhanced nursing role in the UK compared to Kazakhstan :-

"We are going to broaden the range of responsibilities of nurses, raise the qualification of nurses with the help of standards and tests which we are taking with us from Britain." (Gulzhahan Baidulova)

"The bulk of the work is done by nurses" (Kurmangazy Begaliev)

"Nurses have a very wide range of responsibilities. Looking after patients and their treatment is carried out by nurses - they are highly qualified. Continuous training of nurses (is important)" (Baksha Akhmetova)

2a9. Financial management input did seem to have had impact on the thinking of the participants :-

"Finance management in GB is different from ours. I learned about how the budget was calculated, what part of it goes towards wages. I particularly liked that every clinical director of each clinical unit is responsible for its resources and can select personnel." (Gulmira Utebalieva)

"It is necessary to introduce the system of calculating financing per patient" (Bulat Dzhugashev)

"Through changing forms and structure of financing of certain items of the budget" (Victor Dolzhenkov)

2b). To help the Participants to implement these ideas and thus develop their portfolio project work

2b1. Three 'reflection sessions' took place during the tour to help ideas gained link back to the development of portfolios. The difficulty here was to ensure that the three sessions held for this purpose focused on participant reflection as such rather than becoming opportunities to deal with administrative issues or for increased knowledge.

It was hoped that each participant would complete a reflective report on their learning before leaving the UK. Pressures of time partly excuse this not happening.

The Kazakhstan-UK Centre were requested by the last Steering Group to request these so that they could be included in this report but this does not appear to have happened. These factors, plus the lack of evaluation feedback, as above, limited our ability to evaluate against this objective.

2b2.. That participants were focusing on their individual learning needs was demonstrated by the questions they were asking during the visit, the discussion at the formal reflective sessions and the feedback available. Many found the UK learning would be influencing change :-

"The knowledge I have gained will help me in my work on the reorganisation of healthcare in Kazakhstan" (Erkin Durumbetov)

"Having studied the policy, economy and market in the system of British healthcare, I came to some understanding of how healthcare should be organised in Kazakhstan, what can be done to improve traumatological and orthopaedical services at all levels." (Aman Kazybaev)

"When training students, pay more attention to communication with patients, caring, studying the psychology of healthy and sick people, elderly people in particular." (Baksha Akhmetova)

2a12. What participants have often commented during the Project that there is a similarity between the UK and their own local healthcare system and that the learning they gain from the UK can more effectively be transferred as a result.

"The British NHS is in many ways similar to the one that we had with its carefully worked out mechanism of financing and its sensible (at first sight) distribution" (Eric Baizhunusov)

"The Management Development Programme is very well devised and I think it should be further developed and implemented in Almaty's health institutions. Everything we have seen we had in our Soviet system, though we have lost or forgotten something, but it will be easy to introduce it at home...More emphasis should be made on family practices, general practices, make these services more flexible, supply them with diagnostic equipment and treat patients on the spot - this would save a lot of money..Actively train our medium-level medical personnel to become managers.." (Bulat Dzhuvashv)

2c. To enhance the good relationships that exist between the member organisations of the Partnership

2c1. A fairly full social and cultural programme was included to help develop such understanding. Formal and less formal lunches and dinners were the main vehicle for this and the Almaty participants enjoyed these. They also enjoyed the opportunity for less formal visits to the private homes of members of the Steering Group. Early on, due to the Bank Holiday, there was too great an emphasis on the 'task' aspects.

2c2. The trips to visit the Mayor of Enfield and the Lord Mayor of Cardiff were enjoyed. Visits were made to London (formal and informal), Oxford and Cardiff with Project Team members, ensuring opportunities for sightseeing and shopping. The availability of Project Team members to advise on shopping, help change money, help with purchasing travel tickets, help with directions proved invaluable.

2c3. Feedback suggests that whilst there was a good balance of social activity and what there was much enjoyed, visits to museums and theatres would have enhanced the visit. The lack of visits to Windsor and to Stratford-upon-Avon was mentioned by participants. It is fair to suggest that more consideration should have been made to lower 'per diem' payments to allow for more cultural activity.

2c4. The trip to Cardiff was an effective highlight to end the trip. This part of the tour was particularly enjoyed and the Welsh evening is mentioned in particular. The inaccessibility of the Trent Park site as

against the closeness of leisure activities to the Cardiff accommodation was also mentioned. However, all participants found the accommodation good to very good.

2d). To use the opportunity to publicise the Programme and its achievements

2d1. Members of the Steering Group had hoped that greater publicity would help to create some local, if not national interest, as well as enhance the prospect of further opportunities to undertake such programmes. However, little effort was made to interest the media. There was some publicity in Wales.

### **3. Reflection and Analysis 2 - Reflection on Logframe and KHF Reporting Guidelines**

3.1. Reporting against the Project Logframe and the KHF Reporting Guidelines is the role of the Kazakhstan-UK Centre. These comments are to help this process and at the same time to consider the activity now needed for completing the Project to agreed outputs.

3.2. It is clear that there has been much learning whilst in the UK that can and will be used for the development of portfolios of learning. This has been enhanced by the change processes within the Oblast Health Administration following the National Reforms. However, with such Reform being 'top down', it could well be that some of the core and optional competences initially identified as desirable by the individual participants may not form part of the reform process and thus prove difficult to implement.

3.3. Structural factors and changes may also affect the Project outputs. The Administration has already doubled by effectively taking in a neighbouring Oblast.

Participants, are as a result of this and of other structural reform, experiencing role changes. Effectively, two have left the Oblast - Gulnara Mukhamedzhanova is now employed, it is understood, by the Presidential Hospital and Zhanaidar Musim, has taken up an offer to study in Akmola to develop as a Presidential Adviser. Other Project Participants have concerns as to the effects of changes on their roles. What does seem clear, even with the changes, is that the 'top-down' hierarchical process still exists.

3.4. With the lack of communication from Almaty, it could be assumed that the local Project Management Group may not be in operation and thus there is no real driving force to ensure the coordination of participants towards the completion of evidence for their portfolios. A further question must also be faced - do the three senior participants (Erkin Durambetov, Victor Dolzhenkov and Omirgali Kenzhebek) intend to complete ?

3.5. The lack of feedback from and following the UK Study Tour in general does help us to ensure that we are able to measure the success of the Project at this time. Perhaps the logframe has proved too ambitious as a result of the above changes in policy, structure and personnel.

3.6. However, on the more positive side, reiterating some of the findings above, the UK healthcare system and its recent reforms, do have relevance to the Kazakhstan context and that the Project learning is seen as valuable by all participants. Similarly, the value of the training and development process (ie direct tuition seminars, reflective portfolio learning, mentoring, teamworking, study tour observation and discussion and the use of workbook articles and other materials) have been understood and are being implemented locally.

### **4. Reflection and Analysis 3 - Other Issues**

4.1. At all events during the Study Tour, the Kazakhstan participants were received well and with great interest. They themselves were excellent 'ambassadors' for their country. This goodwill could well result in a range of linkages, beyond the Project itself, being formed. Firstly, the possibility of Almaty Oblast and Enfield London Borough was considered and awaits a letter from the Deputy Akim; a second, 'train the trainer' Project has been requested by the Oblast and a letter sent some months ago to the KHF; a highly experienced GP practice nurse has written asking to work in Kazakhstan; the

Institute of Rural Health have written to form links with Almaty; Kazakhstanis linked with the Project have enquired about work in the UK; other Projects and links are being considered. It is important to the successful outcome of the Project that such linkages are encouraged.

4.2 How the existing Steering Group and Project Team deal with these 'follow up' issues needs to be considered especially with the 'conflict' that has existed. Without overburdening the issue, one major disappointment throughout has been the poor teamwork. This is especially a concern as this is, after all, a management development project. Some decision making has not always valued or possibly understood the importance of involving other roles and expertise. It is important, even now, that every member of Steering Group and Project Team is clear about their role and responsibilities and carries these out as agreed and, at the same time, understands and respects the roles, responsibilities, expertise and efforts of the other members.

4.3. The Study Tour itself is a case in point. The original planning and development was carried out by members of the Project Team over the months prior to the event. Project Team discussions had taken place in the UK and in Almaty, options and costs considered and events set up. The lack of coordination in the last weeks meant that the Project Team, despite its efforts and its expertise, were not involved in the final details. This did lead to the cancellation of some events after some planning had taken place. It also led to many small but potentially embarrassing details being overlooked (which, fortunately, Project Team members were available and, in most instances, able to deal with these as they arose).

## **5. Conclusions and Recommendations**

1. Overall the Study Tour was a success in that it enhanced the learning of the participants from Almaty Oblast Health Administration. This was endorsed by the fax from Erkin Durumbetov and Victor Dolzhenkov. The tour was seen by most participants to have a good balance in the main.

2. The lack of communication with and from Almaty is of great concern and will be of concern to the Know How Fund. We will need to know how many portfolios will actually be completed. We may need to take some drastic action here to ensure portfolio development remains on line. As was intimated in the meeting with the Know How Fund in Almaty, this position was always a possibility and we may need to consider making a special visit in the interim between the UK Study Tour and Final Assessment. There is, however, at this time no need to assume that the completion should not be delayed beyond the first week of April 1998.

3. We will need to plan the assessment process before the New Year in order that it may be agreed by the Steering Group and forwarded for comment to Almaty. Similarly, we do need to ensure a sound Project evaluation framework and ensure funds are available for its translation.

4. It was the Steering Group's responsibility to ensure that the Project remains within budget and a statement of the financial position should be available for the next Steering Group to review against projected end costs.

# ALMATY HOSPITALS' MANAGEMENT DEVELOPMENT PROJECT

## **NOTES FOR JOINT REPORT ON FINAL ASSESSMENT AND EVALUATION VISIT TO ALMATY, KAZAKHSTAN - 9 TO 17 MAY 1998**

**By Steve Collins : Project Team Leader**

### A. Initial Context

1. Assessment and evaluation processes were set up as the week progressed and thus proved difficult to plan and manage. The local project management structure did not seem to be in evidence. First day completed wasted with lack of clarity as to what was happening.
2. As suspected, the lack of 'pressure' on the students after the UK Study Tour had meant that portfolio work had in many cases not been completed. There was also some confusion with the candidates as the 'old' 44 item questionnaire, subsequently superseded, had been issued to them and many, if not most, had not, it seems, received the later pack of materials for the new system..
3. Group presentations, ie with all participants involved, did not happen for the three pilot hospitals as the local norm is for the most senior person only to present. Thus we had only 8 individuals present - Bulat, Eric and Gulmira for the hospitals plus five individual presentations - Baksha, Kurmangazy, Gulnara, Victor and Erkin.
4. 15 candidates were assessed via one hour, average, interview which have been recorded and by portfolio or submission of written evidence. The Deputy Akim and Deputy Minister of Health were interviewed jointly, also recored, in view of their shortage of time. Omirgali Kenshebek was interviewed rather informally and a little briefly rather as a last moment 'without notice' event which was not recorded.

### B. Assessment for Work Based Learning Certificate

5. The assessment process proved to be for the reasons given above, nowhere near straightforward as had been hoped. We therefore needed to be flexible in approach and will need to ensure some flexibility in developing the final certification to ensure as far as possible equity and 'political correctness' as well as recognition.
6. Time was at a premium with each interview and thus an attempt to ensure core and a fair range of others was made where possible in all cases. There was also the difficulty of assessing accurately without a portfolio in English as the basis of the assessment interview. In fact only one interview was conducted in this way.
7. It would have proved embarrassing and 'politically incorrect' to ask the more senior participants to produce portfolios or even evidence.
8. There were, on hindsight, too many competences identified initially with proving difficult to satisfy. The process is thus rather subjective and a little 'hit and miss' but it did reveal that a great deal of learning had taken place and that many course ideas had been implemented.
9. It is felt that in view of the difficulties that all candidates should gain a certificate of achievement which confirms their actual contribution to the course.

### C. Individual Certificate Awards

10. The following list the achievements, of each candidate in the assessment process and the recommendations for the wording of each certificate. The preamble could suggest that the candidate has been a member a course of study in management practice and achieved in the categories below as appropriate.

- a). has given senior management support to the course and its development
- b). has regularly attended training sessions throughout the course
- c). has taken an active part in the skills training sessions
- d) has submitted a portfolio of evidence demonstrating an understanding of management theory and the implementation of this in practice.
- e). has submitted other evidence demonstrating an understanding of management theory and the implementation of this in practice
- f). has submitted themselves for oral assessment of understanding
- g). has made a presentation demonstrating the implementation of sound management practice
- h). attended a UK study tour to gain a first hand understanding of British health service management practice
- i). was a member of the local management group for the project.

11. The following were asked to submit for brief discussion some evidence but, although in some cases this was prepared, it was not discussed with them. Those involved need the opportunity to submit these materials to the UK - Gulshahan, Askar, Victor Kim and Vitaly. Victor Dolzhenkov agreed to submit his document for the economic development of the Oblast, Zhanaidar agreed to submit a copy of his course programme. In addition Erkin Durumbetov is writing a jourla article discussing the value of senior and junior managers studying management development as a cohort. He promised that he would forward this to us. Perhaps we should ask for all these papers to be submitted.

12. The recommendations, assuming the above are submitted, are as follows :-

Bulat Dzhugashev (Deputy Head of Administration/Chief Doctor at Central Hospital) - a, b, c, e, f, g, h

Aman Kazybaev (Chief Surgeon, Almaty Central Hospital) - b, c, e, f, h

Askar Adrimov (Head of Neurology, Almaty Central Hospital) - b, c, e, f, h

Raisa Pultesheva (Chief Nurse, Almaty Central Hospital) - b, c, e, f, h

Zhanaidar Musin (former Chief Doctor, Kapchagai Hospital) - a, b, c, e, f, h

Eric Baizhunsov (Deputy Chief Doctor, Kapchagai Hospital) - b, c, e, f, g,

h,i.

Victor Kim (Head of Surgery, Kapchagai Hospital) - b, c, e, f, h,

Vitaly Kim (Head of Pediatrics, Kapchagai Hospital) - b, c, e, f, h

Gulzhahan Baidulova (former Chief Nurse, Kapchagai Hospital) - b, c, e, f, h

Natalia Kurasova (Chief Pharmacist, Kapchagia Hospital) - b, c, e, f, h

Gulmira Utebalieva (Chief Doctor, Almaty Children's Hospital) - a, b, c, d, e, f, g, h, i

f,

Meri Michailova (Head of Somatics, Almaty Children's Hospital) - b, c, d, e, h

f,

Kurmangazy Begali (Chief Doctor, XXXXX Hospital) - b, c, d, e, f, g, h, i

Baksha Akhmetola (Deputy Principal, Talgar Medical College) - b, c, d, e, f,

h,

h, i

Gulnara Muhamedzhanova (Former Chief Doctor, Almaty Rehabilitation Centre) - b, c, d, e, f, g, h, i

Victor Dolzhenkov (Deputy Akim, Almaty Oblast) - a, e, f, g, h,

Erkin Durumbetov (Deputy Minister of Health) - a, e, f, g, h

Omirgali Kenzhebek (Former Head of Almaty Oblast) - a, e, g

13. Perhaps we could suggest some form of CATS rating for each item? Perhaps some special achievement could be included eg Meri's portfolio in English, Kurmangazy changing the role of his hospital, Gulzhahan implementing new ideas in Children's Orphanage, Baksha implementing new training techniques - just another thought.

#### D. Pattern of Achievements

Below is a rough guide to the learning that the candidates suggested that had gained generally from the course :-

a). Many candidates suggested that they realized the value of respecting others as colleagues and fellow workers to improve motivation and morale

b). Many spoke of the assistance they had gained in how to tackle problems by firstly clearly identifying the problem and then developing possible solutions through discussions

c). Many spoke of the value of improved communications with their staff to develop a better understanding in them of changes that are to happen

d). Many spoke of their new ability to plan into the future and to set priorities to that end.

e). Many spoke of the need to monitor the use of resources, moving them to other activities when not being efficiently utilised

f). Many spoke of the need to cost every item and to look for efficiency savings wherever possible

g). Many spoke of their implementation of recruitment and selection systems to ensure sound workforce

h). Many spoke of increasing the flexibility of its workforce by widening of existing roles or delegation of duties

i). Many spoke of their increasing the training and development of all their staff, some by discussions training techniques used on the course, others by training their staff directly in management skills

j). Many talked of the different management styles they had adopted, being less dictatorial and more open and supportive in their approach

k). Many spoke of the implementation of more day care together with the development of family doctors to increase volume

l). Many spoke of the need to empower their teams and of the need to improve working relationships

m). Many spoke of the need to set quality criteria and to focus more on patient care in its wider sense

n). Some spoke of their realising market niches and developing resources to exploit these

etc, etc.

5

**Middlesex University / Barnet Healthcare Trust / Almaty  
Oblast Health Administration.**

**Almaty Hospitals' Management Development Programme**

**Project Assessment - Final Report**

**September 1998**



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## SUMMARY

1. The Government of Kazakhstan is committed to the reform of the country's healthcare system. Although progress during the period of this project had been uneven and faltering, the decision to proceed with a large loan from the World Bank to restructure the system and the appointment of a reform-oriented Chairman of the Health Committee augurs well for the future.
2. The general environment, which is one of commitment to reform in theory but fitful in practice, was reflected in the Pilot Project on Hospital Management Development in the Almaty oblast. Some individuals and institutions performed better than others. Advantage might be gained by drawing into other projects those whose work on this pilot study has been judged to be of a high standard. These may be found in Appendices 5-7.
3. Overall, the management training programme did have an identifiable impact in the hospitals and institutions involved; the knowledge transfer through the training programme was visible in some of the (better) portfolios and the practices which the portfolios documented.
4. These included, for example, improved management control and strategic thinking, the development of business plans, better means of delegation and of staff recruitment and training. As elsewhere in the country, hospitals in our pilot study registered a reduction in the number of beds, shorter stays and improved efficiency.
5. Any doubts that we might have had about the value of the UK Study Tour were dispelled by the event itself. All participants saw it as a transforming moment; it made real what had been theoretical and provided a vision of practices and institutional structures to which they should aim.
6. Unfortunately the Kazakhstan Steering Group did not operate as an effective team. Moreover, while the administration was not obstructive, neither was it proactive. Both facts may be attributed to two separate but closely related factors: Firstly, the lack of continuity in the leadership over the duration of the programme. Secondly, the group contained too few senior middle managers with the authority, energy and drive to serve as powerful change agents. The project was fortunate to have the Deputy Chairman of the Health Committee as a participant. A key lesson is that considerable energy needs to be expended in putting a team together.
7. In order to build upon what has been achieved, the Soros Foundation has been approached. It was suggested to them that the Foundation fund a post with a dual remit: firstly, to promote, organise and standardise a training and development strategy; based on this project, and, secondly to collate the course workbook, and the portfolios (the best to be cited as case studies), which could be reused to replicate the programme.
8. A section has been devoted to management lessons learned, which is followed by a list of recommendations.

## INTRODUCTION

- 1.1 The Report presents the findings, analysis and recommendations of the fourth and final assessment mission to Almaty, which took place during 11-16 May 1998 (See Appendix 4) The report contains detailed appendices of the assessment findings.
- 1.2 The Progress Workplans, which form the core of the Report, outline the assessment methodology and project logframe and set the actual outcomes against the original Objectively Verifiable Indicators (OVI). This is followed by a review of the risks and uncertainties in the project environment. The section "Achievement of Purpose" indicates the extent to which the programme has achieved its original objectives. The final section makes several recommendations, based on experience derived from the project. Table 1 presents the findings in tabular format.
- 1.3 The Almaty Health Administration was given a copy of the draft of this Report and were asked for their comments on it. To date none have been received.
- 1.4 The present report has taken into account the KHF Phase 6 Output-to-Purpose Review (29/12/97 ) which suggested that insufficient systematic data had been collected for any conclusion to be drawn on whether or not the programme had any influence on service reforms. The Review suggested that the UK project team should focus more on supporting the implementation of changes to management practice at an organisational rather than individual level. This observation was taken into account for the assessment of the project during the last visit.

# PROGRESS WORKPLAN

## 2.1 Assessment Methodology

The eighteen participants assessed during the visit, were given an alphabetical letter specifying whether they were from a pilot hospital or non-pilot hospital or other medical institution. The lettering facilitated the analysis of the assessment findings. (Appendix 1).

**2.1.1** In conformity with KHF requirements, the assessment process focussed on outcomes, that is the results of the programme's activities. The task was to document and evaluate the changes in clinical services to patients which could be attributed to the Almaty Oblast Hospital Management Development Project, financed by the Know How Fund. The written and oral feedback, which had already been received, indicated improvements in: the effective and efficient use of resources (equipment and personnel); clinical and managerial expertise, and in role structures.

**2.1.2** The aim of the assessment was to measure (a) Organisation Development (in order to discover whether new management practices were reflected in the organisational changes that brought efficiency gains) and (b) Personal Management Competence (that is, 'the ability to consistently apply specified skills in the work place to the required standard'). To this end, the assessment process consisted of three components:

- Individual interviews, which assessed individual management competence through the examination of portfolios developed over the duration of the programme.
- Individual interviews, which helped the assessors to determine organisational change.
- Group presentations, which provided evidence that organisational change had occurred in the hospitals and health care organisations.

The participants were sent Guidelines on how to prepare for their assessment (See: (Appendix 3). Interviewing time amounted to 36 hours.

## 2.2 Organisation Development

**2.2.1** The aim was to detect, describe and measure against the project logframe the extent to which health enterprises in the oblast had achieved the project's objectives. The process consisted of the following activities:

- Participants were asked in individual interviews to describe which of their institutional activities had a bearing on the logframe outcomes. The seventeen interviews were undertaken by John Charles (JC), and took 20 hours to complete. The use of closed

and open questions ensured the co-operation of participants and enabled the data that was being presented to be verified.

- Presentations were made by the three pilot hospitals and six other individual participant, representing other health care institutions (See: Appendix 5).
- The data in Table I was analysed by the two consultants and discussed by the UK Steering Group and then synthesised.

2.2.2 The description of output is based on as much quantitative data as possible, for example asking a participant to state the number of days by which in-patient length of stay has declined. Every effort was made to ensure measurability of patient data; for example, when a participant or hospital said the programme heavily influenced them, they were asked to give specific examples.

2.2.3 A numeric value was assigned to each OVI, depending on the following scale of achievement :

1. No evidence of any achievement
2. Partial evidence/slight achievement
3. Moderate achievement
4. Target outputs comprehensively achieved.

2.2.4 The scores from the pilot hospital presentations were equally shared by the project participants at that hospital. The individual OD interview score and presentation for each participant were combined to yield a mean score (1-4)

## **2.3 Management Competence Assessment**

2.3.1 For the purposes of the present report this component of the assessment is regarded as an input i.e. a product or activity aiding programme outcomes. At the same time, management competence is seen as an Objectively Verifiable Indicator (OVI).

2.3.2 One of the consultant's, Steve Collins (SC), interviewed each participant and assessed the documentary evidence provided in his or her portfolio. In each case the competencies being assessed were developed by the participants at the beginning of the project. (See: Key to Appendix 2).

2.3.3 Seventeen participants were successfully interviewed. The interim Head of Almaty Oblast Health Administration Omirgali Kenzhebek needed to supply further documentary evidence. All 17 participants were assessed as having achieving the 5 core competencies. The majority also attained a significant number of additional competencies.

The common skills/activities, which they had either improved or had newly developed, were described as:

- Improvements in the use of information to influence decision making
- Improvements in information usage to influence clinical decision making e.g. bed turn-over.
- More robust and systematic forms of recruitment and selection
- More appropriate management and leadership styles
- Improved communication - either personal or more effective team briefings and meetings.
- The more systematic use of finance to influence decision making
- Improvements in staff performance using motivational techniques such as appraisal and negotiation.
- Improved time management and planning.
- Business planning and marketing
- The recognition and better management of staff teams
- Quality improvement and feedback from patients
- Delegation and control

Further details on the assessment of the individual candidates are to be found in Appendix 6, and a full list of candidate competence attainments in Appendix 7.

2.3.4 The evidence presented by five participants during their individual interviews was insufficient for the assessors to confirm their competence. However the assessment methodology employed was adequate for their attainments to be acknowledged (see below).

2.3.5 The UK team chose an assessment award method which took into account the varying contributions made by participants throughout the programme. A preamble will be published on each award certificate representing the participants' involvement and their achievements on the programme. The award records that the candidate has:

- a) given senior management support to the course and its development
- b) regularly attended training sessions throughout the course
- c) taken an active part in the skills training sessions
- d) submitted a portfolio of evidence demonstrating both an understanding of management theory and an ability to put it into practice
- e) presented other acceptable evidence
- f) submitted him/herself for oral assessment
- g) made a presentation demonstrating sound management practice
- h) attended the UK Study Tour

A list of candidates for the award showing their individual attainments are given in Appendix 2.

2.3.6 The results of academic attainment and certificates will be given to participants during a presentation ceremony at an appropriate time in Autumn 1998.

## ACHIEVEMENT OF PURPOSE

### 3.1 Summary comments on the Objectively Verifiable Indicators (OVI):

#### OUTPUT 1

*[i] Trained participants with a critical understanding of Western management experience applied to your specific work situation*

All pilot hospital participants have demonstrated management competence. Without the knowledge and understanding gained from the project many of their service initiatives would not have happened. Three major institutional changes deriving directly from the project are:

- the creation of a learning organisation (Kapchagai)
- major clinical improvements (Almaty Paediatric Hospital)
- improvements in information usage (Almaty Clinical).

The majority of the project participants cited the UK Study tour as a major influence in creating a vision for them making them more dissatisfied with policy and practice in Kazakhstan. Key experiences were the seminar on directorate organisation, in particular the presentations on the delegation of budget decisions and the devolution of decision making more generally, given by members of the senior trust management team, and the seminar on General Practitioners, which also involved visiting some practices in Wales.

*[ii] Changes made to your management practice and your team*

A number of activities are recorded under this heading, including improved control and strategic thinking, development of business plans, and improved delegation.

*[iii] Reforms to management practice in hospital/ organisation*

Almaty Clinical Hospital is now tracking patient data using the insurance fund audit. Kapchagai has improved its management structure to account for GP developments, while the paediatric hospital has reduced number of beds and improved efficiency.

*[iv] Pilot hospitals display improved management practices.*

Activities here ranged from improving information management by recruiting more staff, re-structuring budgets to reward GPs, and improved recruitment and selection processes.

*[v] Candidate understands the benefits and advantages of reforming management practice.*

Significant quotes were made by the Head Doctor of Almaty Clinical Hospital, who said 'that he recognised that using course theories, models and techniques had a direct impact on patient care'. The Chief Doctor of Kurtinsky

Raion informed the assessors that 'the programme helped me to write a business plan and was directly responsible for saving the hospital' and the Deputy Principal of the Talgar Medical Institute stated 'the ideas on business planning and marketing have secured the future and development of the institute'.

*[vi] The Kazakhstan project team is operating efficiently to share good practice, support each other and plan self supported replication of the programme*

Unfortunately there was a lack of evidence that the Kazakhstan Steering Group was operating as a team. This was confirmed by a score of 3 from the pilot hospitals and participants from other organisations. However there was considerable evidence from every site that staff training and development was being undertaken and that course material was being used, although not systematically.

*[vii] There is evidence that, as a result of the programme, changes have been made to improve service delivery.*

- Almaty Clinical Hospital registered a decrease in the length of stay and a lower death rate
- Kapchagai reported that 40% of referrals are now being seen by GPs
- The paediatric hospital increased bed turnover by 20% while the death rate decreased by 0.5%.
- The Deputy Akim reported that as result of the programme the oblast authorities has reversed its original strategy to reduce the budget and privatise the health service.

*[viii] There is support for you and your team from Almaty Oblast Health Administration to make changes.*

With a score of 3 for pilot hospitals and 1 for the remaining participants it seems that, overall, while the administration is not proactive it is not obstructive. The lack of continuity in the leadership over the duration of the programme - the Oblast Health Administration had three different Chairmen – may to a determinate extent be responsible for the leadership's lack of commitment to forging a stronger team spirit.

### **3.2 Unplanned outputs**

Although non-pilot participants were originally regarded as less significant, there have been many developments as a result of the programme which have had a major bearing on oblast reforms. They include:

- Kapchagai : raion-wide GP training and staff re-assignment to improve primary healthcare
- Kurtinsky raion : Hospital re-structuring saved hospital closure and developed valuable TB provision.
- Talgar : new courses marketed, improved quality of training and GP training.
- Executive Managers : oblast and republic wide changes to policy and strategy.

### **3.3 Replication and Change Maintenance**



- 3.3.1 During the first visit a local Steering Group, consisting of four participants was established. The intention was for this group to serve as the engine to maintain and drive developments forward. Regrettably, this has not happened. On the positive side, however, there is some evidence of local initiatives by participating organisations to disseminate their newly acquired knowledge and the reforms that they have introduced. It is the view of the consultants that the present cadre of programme participants has created a critical mass with the potential of taking change forward. At present, these local initiatives are not being co-ordinated and lack a strategic dimension.
- 3.3.2 In order to promote the continuance of the programme's objectives, it is advisable that the Republic's Health Committee consider establishing under the Dean of the Medical School a post whose task will be to promote, organise and standardise a training and development strategy which synchronises with the country's policy to reform the health system. We have been led to believe that the Dean would be supportive of such a policy. This need not be a permanent full-time position but a secondment for one of the programme participants. The Soros Foundation has been approached to see whether it would be willing to fund such a post.
- 3.3.3 An associated output was to be the development of the course workbooks as a learning tool which could be reused to replicate the programme. These are not available. There was also the intention to publish 18 projects in the form of case studies also to be used as teaching aids. Many participants have produced papers but they are not in a form which could be used presently. Encouragement should be given to the Health Committee in the Kazakhtani Ministry of Education, Culture and Health to nominate one or two of the participants to take responsibility for co-ordinating the development of case studies and using them as a teaching aid. This suggestion has been made to the Soros Foundation in Almaty in conjunction with point 3.3.2 above.

#### 3.4 Risks and Uncertainties

They are seen as the following:

- The new Head of Oblast Health Administration may be no more energetic and sympathetic to promoting the new management changes than his predecessor.
- Failure to co-ordinate an oblast- (republican) wide training and development strategy
- Uncoordinated training and deployment of Family Doctors/GPs.
- Participants need an institutionalised support system, such as a professional network or alumni association.

### 3.5 Achievement of Purpose

The project had a primary purpose *the improvement of the management and delivery of hospital services in the Almaty oblast*. which was to be achieved through two outputs:

1. *The development of management capacity and systems at three pilot hospital sites.*
2. *The development of an interest in new hospital management systems and practices within Almaty oblast Health Administration*

Comment on purpose:

The programme was criticised in its early stages for not having established a system for systematising the information collected, which made it difficult to assess the extent to which the programme was influencing service delivery. In order to meet this criticism, the project team sought to separate the initiatives which were occurring as a direct consequence of the programme from evolving reform process. The project management team considers that sufficient evidence exists to justify the assertion that the programme has had a definable, positive effect on the health care system in the piloted hospitals, which will have wider, positive ramifications .

Comment on output 1

The project team consider that progress has been made towards achieving this output, although it could not be claimed that success has been universal. Key senior managers are known to have undertaken individual and organisational initiatives in their hospitals.

Comment on output 2

The assessment carried out by the consultants indicates that the majority of participants are not just in favour of management reforms, in a theoretical sense, but are actively introducing them in their organisations What is not happening is the support and promotion which should be given by the KPT.

### Strengths

- I. The project was founded on good relations between the UK team and the Kazakhstani participants. This enabled it to come through difficult periods associated with changes in personnel in Kazakhstan.
- II. By focusing exclusively on the outcomes, as defined in the original proposal, it has been possible to fulfil the project objectives in time and within budget.
- III. Although a number of different individuals, from different institutional bases, were involved in delivering the project, by centralising its management in the Kazakhstan-UK Centre it was easier to co-ordinate the various parties and disseminate information.
- IV. Individual project members were extremely enthusiastic about the project and worked extremely hard to ensure its success.
- V. The two partner institutions also gained a good deal from the experience. Barnet Healthcare NHS Trust benefited from the knowledge which it gained of another health system. Involvement in the Study Tour, which was a great success, and the project generally had a positive motivating effect on the trust.
- VI. The portfolio, work-based learning approach, was particularly valuable for those who invested effort in completing it. Some of the portfolios are available as a teaching resource for other managers working in the health care system.
- VII. The employment of a Kazakhstani as project administrator and the experience of the Kazakhstan-UK Centre helped to resolve difficulties caused by cultural and linguistic
- VIII. differences.
- IX. The flexibility of the learning and training programme enabled current changes in the health care system in the Almaty oblast to be taken into account.

### Lessons Learned

1. In view of the fact that those working on the project came from different backgrounds and institutions, more time could have been devoted to team-building and to ensuring that individual roles were clearly understood.
2. Changes in status and institutional affiliation affected the project team as it did the Kazakhstani side. This had the unfortunate effect of delaying the full involvement of the Trust in the project. While personal relationships have an important role to play in project fulfilment, projects are founded on intra-institutional, not inter- personal relationships.
3. Although it may sufficient for the Steering Group only to meet in order to deal with matters arising at each specific stage of the project, there are likely to be gains from holding more frequent meetings.

4. The paramountcy of operating within a strictly defined budget suggests the need for ensuring centralised financial control within a project. Over-vigorous external control on all spending within the overall budget, requiring that permission be sought for funds to be vired from one head to another, is costly in terms of time for all parties.
5. Unless the individuals comprising the local group have the capacity to form their own strong Steering Group and 'secretariat' to monitor the project and maintain contacts between members of the group, there are advantages to be gained from employing someone locally, preferably from within the healthcare profession, to act as project secretary or co-ordinator. Ideally, this should be negotiated with the Minister or Deputy Minister of Health.
6. More thought needs to be given to expenditure on interpreters and translators. It would be useful to have a register of native Russian language speakers who have different skill levels for interpreting and translating documents (& with DTP skills) and assisting in cultural activities. The cost of purchasing these services varies considerably.

## 5. Recommendations

1. In order to ensure the programme's continuity by taking a lead in developing management training, one or two participants on the programme should be nominated to negotiate the establishment of a post with the Dean of the Medical School and the Almaty oblast health administration.
2. The person or persons nominated in recommendation 1 would have the task of examining ways of establishing a post-programme alumni association, one of whose objectives will be to support programme participants to put their learning into practice.
3. The KPT or a member of the group should collate the case studies made by the participants, organise their systemisation as resource packs and arrange for their re-use in teaching or for reference. It should also organise the collation of the (translated) workbooks and training materials for publication.
4. It would be useful to organise Healthcare Resource Centre, where the various texts, manuals and other training materials (including OHP and screen) can be kept. The Centre would also serve as a repository of Russian language video cassettes on the British NHS, which were given to the project by the Information Department of the Foreign and Commonwealth Office.
5. Careful thought needs to be given to the location of such a Resource Centre since users must regard it as friendly and accessible as well as useful.
6. In so far as this has been a project funded by the British Government in a key policy area, it is considered advisable that, while operational matters concerning the Know How Fund rest with a designated person at the British Embassy, the importance of the the U.K's involvement in healthcare matters in Kazakhstan should be highlighted by 'institutionalising' a meeting between the British Ambassador and the Minister of Health. This could help overcome bureaucratic obstacles which this (and other) projects have faced.

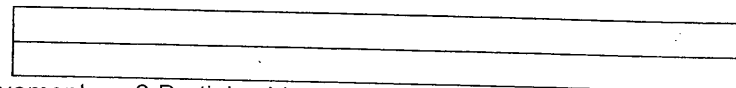
Political reforms signalled in President Nazarbaev's **Address to the people of Kazakhstan** on 30 September 1998, in which he envisages "clarifying the responsibility of individual Ministers...enhancing the authority of Ministers to perform their functions and holding officials strictly accountable for failure of performance", suggests that Kazakhstanis working on Know How Fund projects might expect greater support from the Health Committee (Ministry).

**TABLE 1**

**Logframe Output to Purpose Review - Final Report**

(Revised)

**ALMATY HOSPITALS  
Management Development Programme**



**KEY:**

- 1 No evidence of any achievement
- 2 Partial evidence/slight achievement
- 3 Moderate achievement
- 4 Output comprehensively achieved

Output	OVI DESCRIPTION	DESCRIPTION OF OUTPUT/ ACTIVITY/ ATTAINMENT	RATING	Comments
0.1: The development of management capacity and system at 3 pilot hospital sites in Almaty Oblast Health Department	[i] 18 trained participants with a critical understanding of the relevance of Western management experience to the specifics of their working situation and practice.	<p>Almaty Clinical: 4 participants assessed as competent. Use of information to monitor efficiency and effectiveness leading to clinical improvements.</p> <p>Kapchagai: All 6 participants were assessed as competent. Presentation and O.D. interviews demonstrated that they have been heavily influenced by the training programme; it represents a classic learning organisation.</p> <p>Almaty Paediatric: Both participants were considered to be competent. The course has had an impact on current hospital problems: organisational, the use of</p>	4 (4)	<p>15 participants have demonstrated very satisfactory achievement in competence assessment to achieve satisfactory achievement</p> <ul style="list-style-type: none"> <li>• All pilot hospitals demonstrated an improvement in team and individual management capacities</li> <li>• All pilot sites revealed common management initiatives and improvements in: business planning, communications, team work, decision making, recruitment and selection.</li> <li>• All sites have produced or developed initiatives in staff training, but there is no overall strategic direction.</li> </ul>

information to influence more efficient bed usage and to measure clinical results; staff morale.

Others: 5 of 6 candidates demonstrated management competence.

Kurtinsky Hospital: Chief Doctor was an exceptional student.

Talgar Medical Institute: The participant reported that the programme has given her confidence and tools to make radical effectiveness changes.

The Chairman of the Republic's Health Committee, although he did not regularly attend the programme, consulted with colleagues concerning the course material and the project's progress.

The 18 participants registered on the programme completed .

[ii] 18 trained participants who have changed their management practice and that of their working team

Almaty Clinical: Participants now plan their work, analyse situations more effectively and 'realistically', and use time more efficiently. They have recognised that efficiency and effectiveness are the key to better management. Improvements were made to their recruitment and delegation procedures

4(3)

Kapchagai: Changes made to their approach to management with the creation of new structures which have led to better control and strategic thinking, including the development of GP services.

Paediatric Hospital: Business planning, use of information to influence bed structures, use of pay and reward systems, staff development and training.

Others :

Kurtinsky Raion: Business planning, staff training and attention to human resources. Improved staff roles.

Talgar: Improved training techniques, better planning, recruitment, business planning, increased financial skills and marketing. Has set up a college council.

Chief Doctor Almaty Paediatric Hospital: Improved recruitment process, and improved communication skills, including patient feedback.

The Chairman of the Republic's Health Committee reinforced his skills. He found studying with junior managers helped him make links between strategy and operations.

[iii] 18 participants contributing to the reform of the management practices of their hospitals/ organisations.

Almaty Clinical: Co-operation with the Insurance Fund has improved tracking of patients. Overall performance increased by one-fifth.

4(3)

Kapchagai: Effectiveness of service has been improved with new management structure and appointment of GPs.

Paediatric Hospital: 1997 saw a reduction in



the number of beds. Improved efficiency of doctors. Greater use of management theory. Restructuring of resource use led to the closure of 2 departments and the opening of a new neurological department. Set up management board. Improved delegation and training and development strategy.

Others.

Kurtinsky Raion: Conducted a market analysis, developed a business plan, introduced a new financial management system and redeveloped the hospital into a TB centre..

Talgar: Education has been reoriented towards health maintenance; it has established a management board, which sets income generation targets and annual staff objectives.

Central Clinical Hospital: The emergency service section has introduced a feedback questionnaire for patients, set up a team appraisal system and runs team briefings.

Almaty Clinical: Improved management system. Increased information staff from 2 to 6. This hospital is now a recognised centre for management training.

Kapchagai: Re-structured budget to reward GPs.

Paediatric Hospital: Improved recruitment and selection; more effective leadership leading to improved motivation and staff

[iv] The 3 pilot hospitals will display improved management practices.

4

0.2: The development of an interest in new hospital management systems and practices within Almaty Oblast Health Department

[v] 18 participants who understand the benefits and advantages of reforming management practices.

performance and better decision making. Almaty Clinical: The hospital management recognises that managers need good information in order to manage. The Chief Doctor said the theories, models and techniques to which they had been introduced during the programme had a direct impact on patient care.

4(4)

- There are at least 15 individual examples of a clear interest in new management practices
- Unfortunately, the KPT was more ephemeral than had been envisaged in the proposal and at the project's inception. It failed to develop a secretariat and at the same time its ad hoc functioning meant that it never became a proactive body.
- Little evidence exists that the KPT has made any substantial contribution to the maintenance or promotion of change.
- The UK team should have tried harder to impress on the beneficiary the benefits to be gained from taking a proactive role. It should also have paid greater attention to considering what remedial action could have been taken.
- However, there is no reason to believe that had such action been taken earlier that the outcome would have been any different.

Kapchagai and Paediatric Hospitals: Very strong evidence from enclosed data.

Others:

Kurtinsky Raion: Having recognised that management practices had to be changed, they reorganised the hospital and, in doing so, 'saved it from closure'.

Talgar: The programme came at a time when the future of the institute was in question. We understand that the timely application of new management practices has secured its future.

While both the Deputy Akim and the Deputy Head of the Health Committee were quite explicit in stating their conviction on the benefits to be gained from management reform, this cannot be said of the 'second' Head of the Almaty Oblast Health Administration.

Little evidence that the Kazakhstan project team was operating as a team.

3(3)

The relatively junior position held by most of the participants in a very hierarchical society meant that they had little authority to impose change.

However there were many local initiatives

[vi] The Kazakhstani Project Team (KPT) will have formed to share ideas and experience of management change.

to share and develop good practice.  
Almaty Clinical . Increase in staff training.  
Annually 20% of staff are trained. An  
increase from 1 to 5 chairs at medical  
school to post basic education.

Kapchagai: Set up its own GP training  
course in May 1998. It alleges that out of 30  
specialists 17 are GPs.

Paediatric Hospital: Has increased the  
number undertaking post graduate  
education and receiving in-house training  
and runs conferences are run. Staff are now  
required to be knowledgeable about  
economics, medical insurance, quality and  
finance and information generation,  
processing and dissemination.

Others.

Chief Doctor Kurtinsky Raion: Organises  
regular staff training programmes and has  
become a distinguished expert in TB and  
Management.

Central Clinical Hospital: The provision of  
staff training sessions has purportedly  
'solved a number of organisational  
problems' and improved patient services  
The Deputy Chairman of the National Health  
Committee hopes to publish a paper on the  
programme.

Personnel changes during the course of  
the project undermined the development of  
a clear esprit de corps.

There were mixed views about support. In 3(1)  
general, although it was not proactive

Unplanned Outputs

neither was it obstructive. It seems that health enterprises and Raions are becoming more assertive and autonomous.

## Appendix 1

### Candidate details

#### ALMATY HOSPITALS MANAGEMENT DEVELOPMENT PROGRAMME CANDIDATE DETAILS

Pres.	Name	Title	Location
A	Bolat DZHUVASHEV	Chief Doctor	Almaty Clinical Hospital.
A	Aman KAZYBAEV	Head Surgeon	Almaty Oblast Clinical Hospital.
A	Askar ADRIMOV	Head of Neurology	Almaty Oblast Clinical Hospital.
A	Rabyam PALTUSHEVA	Chief Nurse	Almaty Oblast Clinical Hospital .
B	Zhanaidar MUSIN	Chief Doctor & Presidential Advisor.	Kapchagai Raion Hospital.
B	Eric BAIZHUNOSOV	Chief Doctor Designate	Kapchagai Raion Hospital
B	Victor KIM	Head Surgeon	Kapchagai Raion Hospital
B	Vitaly KIM	Head of Paediatrics	Kapchagai Raion Hospital
B	Gulzhan BAIDULOVA	Chief Nurse	Kapchagai Raion Hospital
B	Nataliya KURASOVA	Chief Pharmacist	Kapchagai Raion Hospital
C	Gulmira UTEBALIEVA	Chief Doctor	Almaty Paediatric Hospital
C	Meri MIKHAILOVA	Head of Paediatrics	Almaty Paediatric Hospital
D	Kurmangazy BEGALIEV	Chief Doctor	Kurtinsky Raion Hospital
E	Bakhsha AKHMETOVA	Deputy Principal	Talgar Medical Institute.
F	Gulnara MUKHAMEDZHANOVA	Head of Emergency Central Clinical Hospital Services	Cabinet of Ministers
G	Viktor DOLZHENKOV	First Deputy Akim	Almaty Oblast
H	Erkin DURUMBETOV	Chairman Health Committee	Kazakhstan
I	Omirgali KENZHEBEK	Former Head of Health	Almaty Oblast Health Administration

## Appendix 2

### Management competence awards

#### CANDIDATE MANAGEMENT COMPETENCE ASSESSMENT AWARDS

B.

	A	B	C	D	E	F	G	H
DZHUVASHEV	*	*	*		*	*	*	*
A.KAZYBAEV		*	*		*		*	*
A.ADRIMOV		*	*		*		*	
R.PALTUSHEVA		*	*		*		*	*
Z.MUSIN	*	*	*		*		*	*
E.BAIZHUNOSOV		*	*		*	*	*	*
V.KIM		*	*		*		*	*
V.KIM		*	*		*		*	*
G.BAIDULOVA		*	*		*		*	*
N.KURASOVA		*	*		*		*	*
G.UTEBALIEVA	*	*	*	*	*	*	*	*
M.MIKHAILOVA		*	*	*	*		*	*
K.BEGALI		*	*	*	*	*	*	*
B.AKHMETOVA		*	*	*	*	*	*	*
G.MUKHAMEDZHANOVA		*	*	*	*	*	*	*
V.DOLZHENKOV	*				*	*	*	*
E.DURUMBETOV	*				*	*	*	*
O.KENZHEBEK	*				*		*	

# Key to Individual Competencies

## Core

- 1 Improved Planning/Developing a Business Plan
- 2 Strategic Planning/Managing Change
- 3 Job Analysis and Job Description
- 4 Staff Recruitment and Selection
- 5 Development and Motivation in Self and Others

## Optional

- 6 Improved Working Relationships
- 7 Determining Priorities
- 8 Outcomes Measurement
- 9 Organisational Learning Skills
- 10 Managing Supplies
- 11 Cost Accounting
- 12 Environmental Change Management
- 13 Economic Working
- 14 Quality Development
- 15 Developing Management Information Systems
- 16 Negotiating Skills
- 17 Managing Continuous Development
- 18 Contingency Planning
- 19 Teambuilding Skills
- 20 Managing Innovation
- 21 Workforce Planning and Staff Development
- 22 Implementation of Legislation
- 23 Time Management
- 24 Managing Your Manager
- 25 International Learning
- 26 Network Skills
- 27 Marketing Skills
- 28 Public Relations
- 29 Interpersonal Skills Development
- 30 Listening Skills
- 31 Managing Decision Making

## Appendix 3

### Instructions regarding assessment

#### Almaty Hospitals' Management Development Programme

Programme Participants  
Kazakhstan

Dated

Dear Colleague,

#### Guidance and Instructions Regarding Assessment of Candidates

I am writing to prepare you for the programme's final assessment which takes place week commencing Monday 30 March 1998. If you have any inquiries or concerns please do not hesitate to contact the Programme Chairman, Bolat Dzhuvashev. If required he may consult with Erkin Durumbetov and Middlesex University.

#### 1. General

1.1 The assessment process is founded on four principles: (1) **Thoroughness**, because the programme is recognised at the highest levels in both governments and at Middlesex University. (2) **Comprehensiveness**. Since the aims of the programme to improve the health service delivery are complex to measure, we need to assess a range of activities to determine your contribution. (3) **Equality**. The relationship between assessors and candidates, regardless of status will be based on mutual respect and all assessment information will be shared. (4) **Fairness**. The assessment process and rules will be applied equally to all participants

1.2 The aim of the assessment is to measure.

(a) Personal Management Competence. Competence is defined as 'The ability to consistently apply specified skills in the work place to the required standard'. If the required standards are reached a certificate of successful completion will be presented by Middlesex University. The certificate may be subsequently used to satisfy the requirements of a post-graduate award by the university

(b) Organisation Development. Through the application of your management practices you can demonstrate organisational changes which improve the efficiency and effectiveness of health service delivery. We are particularly keen to detect this in the three pilot hospitals.

#### 2. Procedure and Process



There are five parts to the process:

1. Individual interviews to assess your management competence/portfolio .
2. Individual interview to determine organisation development,
3. Group presentation to confirm organisation development in hospitals/organisation.
4. Computation and confirmation of results by UK management team.
5. Presentation of awards and publication of final report

## 2.1 Personal Management Competence.

2.1.1 This will be undertaken by Steve Collins and will take approximately one hour. You will have to demonstrate that through the evidence you have in your portfolio, you have reached the required standards for the competencies we agreed at the beginning of the programme (see Document 6 List of Programme Management Competencies). You are required to achieve at least the five core competencies. You have a menu of optional competencies which you can nominate as achieved if you think competence is gained.

2.1.2 *Please remember that generally you need documentary evidence, for instance, copies of reports, letters, memoranda, minutes of meetings, business plans and testimonials of observed performance from other managers/doctors/staff. For some competencies that prove difficult to gain evidence, you may include a personal statement describing the application of management skill attributable to a particular competence.*

2.1.3 Because the nature of this assessment can be complicated you are required to organise your portfolio in the following way. Firstly, ensure that every item of evidence is numbered on the top right-hand corner ; this will ensure you have a cataloguing reference system. Secondly complete one Candidate Portfolio Evidence Form (Doc 1) for every competence claimed (see document 6). Please complete sections (a) to (e). You will have to determine from all your evidence, which items to list on each form relating to the competence claimed. ***You will find that often the same piece of evidence can be used to make claims against a number of different competencies - this is quite acceptable*** You also need to briefly describe what course theory and ideas you have drawn on to practice a particular competence. Please find enclosed a sample completed form to assist you. Please place all your forms at the front of the portfolio.

2.1.4 In your interview you will also be asked about the following:

- (a) what you have implemented as a result of the UK study tour.
- (b) what you have learnt as a result of the overall programme.

## 2.2 Organisation Development Interview

2.2.1 This activity will be in the form of an interview with John Charles and should take about 45 minutes. The aim is for you to discuss how your management practices has influenced your hospital/establishment to make

changes that have directly improved the delivery of health services to patients. This may be in the form of individual activity, work with a team, department, work group or participation with others - for example collaborating with Oblast Officials. Your discussion must demonstrate and describe changes attributable to the project which are either operational (presently applied to influence immediate service delivery) or strategic (actions taken as part of a medium to long term plan)

2.2.2 To prepare your responses, I enclose a blank Organisation Development Assessment Form (Document 4). The questions are directly related to the project objectives agreed with the project funder - The British Governments' Department for International Development. What we are looking for here is clear examples of how your service/hospital has improved the efficiency and effectiveness of clinical services to patients as a result of the management programme

### 2.3 Presentation.

2.3.1 The aim of the presentation is for participants to demonstrate how though improved management practices they have re-organised service delivery to enhance the efficiency and effectiveness of clinical service to patients. It will be confirmation of the earlier individual interviews and there should be correlation in the information presented.

2.3.2 Each presentation should be 20 minutes in length (10 minutes for individuals). The presentation objective is 'To demonstrate the changes in management practice in 'X' hospital or service and as a result describe improved delivery of service to patients.' Examples of those changes may include more efficient use of resources, changes to clinical provision, reorganisation of workforce roles, resource reallocation, restructuring of clinical delivery, improved communications, training activities and improved personnel procedures.

2.3.3 In terms of delivery you will need to rehearse with colleagues the structure of the presentation. It is suggested that one person will introduce and co-ordinate each presentation and that every other member will also have some part to play. Please use audio-visual aids to enhance your delivery. This may include - overhead projector, flip chart or hand-out. The presentation is an opportunity to recognise and celebrate successes and challenges and practice the management competencies of influencing, presenting information and group communication.

2.3.4 There are two additional characteristics that our funders (The British Know How Fund) wish to see as a result of the programme. They are:

- (a) **Continuation** - that the process of management change and service reform will continue even when this programme finishes.
- (b) **Added Value** - that the programme you have undertaken can and is to be repeated in other parts of the health service.

It will be useful if your presentations can give examples of these project characteristics.

2.3.5 Again it is most important that you demonstrate that there are clear links with your personal development on the programme and organisational improvement resulting in more efficient and effective delivery of service. Assessment by the panel will be based on your responses to the project objectives listed in Document 4. The assessment panel will consist of senior managers from the health service. There will be then 10 minutes for discussion and follow-up by the panel.

2.3.6 All interviews and presentations will be tape recorded to assist with clarification and interpretation.

2.3.7 We suggest the following groupings for presentations:

- (a) Bolat Dzhuvashev, Aman Kazybaev, Askar Adrimov, Raisa Paltusheva.
- (b) Zhanaidar Musin, Eric Baizhunusov, Victor Kim, Vitaly Kim, Gulzhan Baidulova, Natalia Kurasova.
- (c) Gulmira Utebalieva, Meri Mikhailova.
- (d) Kurmangazy Begali
- (e) Bakhsha Akhmetova
- (f) Gulnara Mukhamedzhanova
- (g) Viktor Dolzhenkov, Erkin Durumbetov, Omirgali Kenzhebek.

#### **4. Computation and Confirmation of results by UK Management Team**

4.1 All the information gathered will be reviewed by the Management Team in the UK. They will determine the award of certificates and prepare a final joint report on the success of the project for The Department for International Development and Kazakhstan Health Department.

#### 3. Assessment Visit Timetable

Tuesday 31 March

11am, meeting with Erkin Durumbetov, Bolat Dzhuvashev and Aman Dysekeev.

12 noon, meeting with Steering Group,  
1pm onwards, 4 individual interviews.

Wednesday 1 April

7 individual interviews

Thursday 2 April

7 individual interviews

Friday 3 April

Presentations (completion approx. 3pm.)

I hope you find this information of use. Steve and I look forward to meeting you once again and reaching a successful conclusion to the project.

Yours sincerely,

**John Charles**

c.c. Kazakhstan Project Team  
UK Project Team

## Appendix 4

### Assessment programme 11-16/5/98

Assessment Programme : 11 - 16 May 1998

**Saturday 9<sup>th</sup>. May**

Depart from London to Almaty by KLM

**Monday 11<sup>th</sup>. May**  
09h00

Meeting with  
Dr. Durumbetov,  
Dr. Duisekeev  
Dr. Dzuvashev.

10h00

Confirm programme and assessment arrangements  
Interviews with the following:  
Dr. Dzuvashev  
Mr. Kazibaev  
Ms. Paltusheva.

13h00  
14h00

Lunch  
Interviews with the following:  
Ms. Utebalieva  
Mr. Adrimov  
Ms. Mikhailova.

**Tuesday 12<sup>th</sup>. May**

09h30

Interviews with the following:  
Mr. Musin  
Ms. Baidulova  
Mr. Kim

13h00

Lunch

14h00

Interviews with the following:  
Mr. Kim  
Ms. Kurasova  
Mr. Baizhunusov.

**Wednesday 13<sup>th</sup>. May**  
09h30

Interviews with the following:  
Mr. Dolzhenkov  
Ms. Akhmetova  
Mr. Kenzhebek.

13h00  
14h00

Lunch  
Interviews with the following:  
Dr. Durumbetov  
Mr. Begali  
Ms Mukhamedzhanova

**Thursday 14<sup>th</sup>. May**

10h00

General preparation and briefing of the presentation panel.

12h00

Lunch

13h00

Group presentations A,C and E.

**Friday 15<sup>th</sup>. May**

10h00

Group presentations : G, F and B.

13h30

Lunch

14h30

Group presentation : D

17h00

Closing ceremony

**Sunday 17<sup>th</sup>. May**

Depart from Almaty for London

## Appendix 5

# Almaty HOSPITALS MANAGEMENT DEVELOPMENT PROGRAMME

## ORGANISATION DEVELOPMENT ASSESSMENT FORM PRESENTATION ASSESSMENT

doc5

**Key:**

1 No evidence of any achievement  
3 Moderate achievement

2 Partial evidence/slight achievement  
4 Output comprehensively achieved

Pilot Hospital /Site

A. ALMATY CLINICAL HOSPITAL

Assessment Panel Member

JC SC

OVI NUMBER & DESCRIPTION	DESCRIPTION OF OUTPUT/ ACTIVITY/ ATTAINMENT	RATING
1 <i>Trained participants with a critical understanding of western management experience applied to your specific work situation</i>	Monitoring of efficiency and effectiveness of doctors and nurses was seen as a priority.. Improved management of information leading to clinical improvements.	4
2 <i>Change made to your management practice and your team</i>	Professional management competence improved.. An example is now they analyse their work activity on a daily basis - they use computers to do this - improvements in managing information.  Now plans and uses time more effectively, analyses situations, recognises that efficiency and effectiveness is the key to better management.  Delegates e.g. recruitment and selection.	3
3 <i>Have made reforms of management practice in hospital / organisation</i>	They now have an arrangement with the insurance fund to track patient data.. They get 43% of income from insurance fund. Each department now has quality standards. Each month the insurance commission audits clinical histories - average score 0.82%  Very flexible use of resources - increased performance by 20%. Length of stay reduced from 20 days to 10 days.  Increased the number of ops from 2500 to 4000 with less beds.	4
4 <i>Pilot hospitals display improved management practices (this can include management of people, resources, information</i>	See 7 below.  Improved information system. Has increased the number of staff collecting and analysing data from 2 to 6. Plans to install a pc in every	4

		dept. Recognised centre for management training e.g. staff from other hospitals are coached and staff go out and visit other hospitals and lecture.	
5	<i>Candidate understands the benefits and advantages of reforming management practice</i>	One clear learning point is that managers should have information to manage - this was a clear lesson taken from the course and acted on.  Has recognised that using the theory and techniques has a direct impact on patient care - PLEASE NOTE VERY IMP.	3
6	<i>The Khazakstan project team are operating efficiently to share good practice, support each other and plan self supported replication of the programme</i>	The course has helped with communications. The hospital is the centre for post graduate education.. Last year they held 2 conferences on GP training. The increases in clinical quality is due to their staff training. Annually 20% of staff are trained - this includes doctors and nurses. They have increased from 1 to 5 chairs at medical school to cope with expanded post basic education and training.	3
7	<i>You have evidence that as a result of the programme changes have been made to improve service delivery</i>	The hospital now has 400 beds and treats 12,000 patients per year.. Decrease in length of stay. In 1983 was 20 days. Currently 10-11 days. Decreased days stay before surgery. Was 7-9 days now is 1.2 days.. Increased the number of operations. Was 2500 per year this has increased to 4000 ops with 430 beds - efficiency and effectiveness. Death rate decreased and fewer complications therefore quality of treatment increased.	3
8	<i>There is support for you and your team in making your changes from Almaty Oblast Health Department</i>	Support reported from Oblast Admin. The presenter is also deputy Oblast head.	2

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#### UNPLANNED OUTPUTS

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#### COMMENTS OF ASSESSOR

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#### COMMENTS OF CANDIDATE

The candidate suggested that if the programme is repeated it should be for those who are at the start of their management careers.

ASSESSOR SIGNATURE John Charles date 14/5/98

KEY:

## ALMATY HOSPITALS

# MANAGEMENT DEVELOPMENT PROGRAMME

## ORGANISATION DEVELOPMENT ASSESSMENT FORM PRESENTATION ASSESSMENT

doc5

Pilot Hospital /Site

B. KAPCHAGAI RAION HOSPITAL

Assessment Panel Member

JC SC ED VD

OVI NUMBER & DESCRIPTION	DESCRIPTION OF OUTPUT/ ACTIVITY/ ATTAINMENT	RATING
1 <i>Trained participants with a critical understanding of western management experience applied to your specific work situation</i>	From presentation and od interviews all participants have been very heavily influenced by the programme - a classic learning organisation.	4
2 <i>Change made to your management practice and your team</i>	see below	4
3 <i>Have made reforms of management practice in hospital / organisation</i>	The effectiveness of the service has been improved with new management structure and appointment of GPs.. There is an expectation that GPs will become more skilled and undertake operations.	4
4 <i>Pilot hospitals display improved management practices (this can include management of people, resources, information</i>	They have re-structured the budget so that GPs can earn more money. The Raion budget is - 96m Tenge ie 3m private, 20m from medical insurance and 73m from oblast.	4
5 <i>Candidate understands the benefits and advantages of reforming management practice</i>		4



6	<i>The Khazakstan project team are operating efficiently to share good practice, support each other and plan self supported replication of the programme</i>	From 1 <sup>st</sup> May all specialists can take a family doctors course. Out of 30 specialists will have 17 family doctors. There will be a no redundancy policy 13 doctors will go to village clinics.	3
7	<i>You have evidence that as a result of the programme changes have been made to improve service delivery</i>	<p>Service provides for a population of 38733. Children 10000 and women 19100. The former service was split into the following - Children's polyclinic, women's clinic and dentists. The main service improvement was the training and introduction of GPs. This means that 40% of referrals are treated in day clinic (day patients) and 60% by GP. There are 6 family doctor centres for a pop. of 7000. I.e. 300 per doctor, 4 doctors in each centre. More doctors are allocated if the pop mix is more elderly. They have changed the Raion management structure - Chief doctor, deputy, head of surgery and head of family doctors on the same line.</p> <p>40% of patient referrals can be seen by GPs and therefore we can reduce the cost of in-patient beds to 37M Tenge.</p> <p>The Raion management team were quite clearly influenced the study tour. Following it they agreed their policy that family doctor services was the way forward.</p>	4
8	<i>There is support for you and your team in making your changes from Almaty Oblast Health Department</i>	There is a robust and supportive management team in the Raion but little evidence of proactivity from Oblast.	3

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#### UNPLANNED OUTPUTS

**A Raion wide initiative in the training and deployment of GPs plus the associated restructuring of hospital beds and workforce deployment**

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#### COMMENTS OF ASSESSOR

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#### COMMENTS OF CANDIDATE

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ASSESSOR SIGNATURE John Charles/Steve Collins date 15/5/98

KEY: 1 No evidence of any achievement 2 Partial evidence/slight achievement



# ALMATY HOSPITALS MANAGEMENT DEVELOPMENT PROGRAMME

## ORGANISATION DEVELOPMENT ASSESSMENT FORM PRESENTATION ASSESSMENT

*doc5*

Pilot Hospital /Site  
Assessment Panel Member

D. KURTINSKY RAION HOSPITAL
JC SC

OVI NUMBER & DESCRIPTION	DESCRIPTION OF OUTPUT/ ACTIVITY/ ATTAINMENT	RATING
1 <i>Trained participants with a critical understanding of western management experience applied to your specific work situation</i>	Has gained a great deal of knowledge and understanding.. This was demonstrated his od and portfolio interview and presentation.	4
2 <i>Change made to your management practice and your team</i>	<p>He list his changes as - Management introduced at all levels, business planning introduced, family doctor centres are beginning to be introduced, short stay TB treatment introduced, introduction of village health care and improved attention to human resources.</p> <p>Rationalised hospital services to avoid hospital closure. Created specialised TB hospital. Expanded workforce. Improved the roles and training of doctors and nurses.</p>	4
3 <i>Have made reforms of management practice in hospital / organisation</i>	<p>There were problems with service delivery and staff motivation.. He started to do a market and epidemiological analysis. He found there was difficulties of poor people having service access. Developed eloped a business plan. He needed to restructure the hospital and develop the following services - Specialised TB provision, Primary care GP model from UK, clinics and domicilliary services and private health care with associated income. In 1996/7 he merged several depts. And he noted under usage of bed occupancy..</p> <p>Introduced financial management, strategic development, workforce development through training programs</p>	4
4 <i>Pilot hospitals display improved management practices (this can include management of people, resources, information</i>	n/a	na

5	<i>Candidate understands the benefits and advantages of reforming management practice</i>	He recognises the need to reform management practices which has saved the hospital from closure and created a very effective new service.	4
6	<i>The Khazakstan project team are operating efficiently to share good practice, support each other and plan self supported replication of the programme</i>	Locally trains individual staff. He is becoming a distinguished expert in his field. Has support from the oblast in terms of the voluntary aid programme.	3
7	<i>You have evidence that as a result of the programme changes have been made to improve service delivery</i>	<p>He recognised that there were problems with access to primary and hospital care. With the assistance of the programme changed the remit of hospital to that of a TB service with associated domiciliary services. TB in treatment used to be 1 year now cut to 2 months in patient treatment.</p> <p>The programme is funded by Medicines Sans Frontieres. 200 Tenge pays for 50 treatments. He has now doubled the treatment of patients now 60 per day.. Present disease rate is 50 per 1000,000.</p> <p>Treatment time down from 1 year to 2 months. Increased workforce performance from treating 25 to 60 patients per day. Has also increased hospital catchment area.</p>	4
8	<i>There is support for you and your team in making your changes from Almaty Oblast Health Department</i>	This participant is highly motivated and energetic. He did not report proactive support from the centre but it is not required given his ability to persuade staff and managers to make changes.	3

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#### UNPLANNED OUTPUTS

The participant reports that without participation on the programme he would not have had the skills motivation and knowledge to re-structure his service. Without the course his hospital would have closed and the area deprived of a radical and effective new TB provision.

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#### COMMENTS OF ASSESSOR

I think that this participant should be groomed as either a senior strategist/decision maker in the Republic or/and a management tutor in a re-organised state health management centre.

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#### COMMENTS OF CANDIDATE

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ASSESSOR SIGNATURE

John Charles/ Steve Collins

date

15/5/89

---

KEY: 1 No evidence of any achievement  
3 Moderate achievement

2 Partial evidence/slight achievement  
4 Output comprehensively achieved

**ALMATY HOSPITALS'**  
**MANAGEMENT DEVELOPMENT PROGRAMME**

**REVIEW OF PROGRAMME MANAGEMENT**  
**by STEVE COLLINS (Project Team Leader)**  
**16 July 1998**

**Contents**

- 1. Introduction :       Context  
                          Aim and Purpose of Report  
                          Method of Analysis  
                          Terminology
  
- 2. Analysis :            The Organisation  
                          The 'Seven S Framework' Analysis  
                          The 'Fit-Content-Split' Continuum Analysis
  
- 3. Conclusions :
  
- 4. Management Lessons (for inclusion in the Final Report)
  
- 5. References and Synopses
  
- 5. Appendices :        A : The 'Seven S Framework' and the 'Fit - Split' Contending  
                              Opposites  
                              B : Model of the Organisation and its management lessons

sbc/almaty2/mgtrept1/jul98

**1. INTRODUCTION**

**1.1. Context**

1.1a. The Project began formally in September 1996, with the approval by the Know How Fund of a Project submission by Middlesex University, Barnet Healthcare NHS Trust and Almaty Oblast Health Administration and will end with the submission of the final report to the

Know How Fund in July 1998. The project itself was strategically developed in the form of a partnership between the University, the Trust, Almaty Oblast Health Administration and the Know How Fund. It was operationally managed by a Steering Group whose membership were the University, the Trust and the Project Team Leader, as an independent consultant with the local Project Management Team in Almaty formally linked to it.

1.1b. The project thus contained a range of stakeholders which included the Know How Fund, the University (both the Kazakhstan-UK Centre and the NCWBLP), the Trust, the Ministry of Health in Almaty, the Oblast Health Authority, the two consultants and the participant group.

### **1.2. Aim and Status of Report**

1.2a. The aim of this report is to review critically the processes used to 'organize, administer and operate the programme' as learning for the benefit of future, similar programmes.

1.2b. This report was requested by the Project Steering Group for inclusion in the final report to the Know How Fund. The report was to be written by myself and reviewed by Ian Fuller, Director of Human Resources, Barnet Healthcare NHS Trust. It is also being sent for review to the Project Chair, Professor Derek Portwood, Director NCWBLP, Middlesex University.

### **1.3. Methodology of Analysis and Developing Recommendations**

1.3a. The Report will use the 'Seven S Framework' (as developed by Pascale from the original McKinsey Model) to analyze the management of the project. The model has been used to impose a framework for reflection to ensure, as far as possible, objectivity. It will use thereafter, within the analysis, the concept of 'fit - contend - split' also developed by Pascale as well as using other universally accepted models. It will finally model the Project management based on this analysis and then make recommendations for incorporation in the final report. The 'Seven S Framework' model and the 'Contending Opposites' of 'Fit-Split' are attached as Appendix A.

### **1.4 Terminology**

1.4a.. The terms 'project' and 'programme' have been used somewhat interchangeably throughout the period. In this report, project management refers to the overall management whereas programme management refers specifically to the learning programme itself.

1.4b. The analysis uses management terms in its analysis, where appropriate. A synopsis of the model being referred to is included at the end.

## **2. ANALYSIS**

### **2.1. The Organisation**

2.1a. The report covers the whole of the organisation of the project which it sees as a 'virtual organisation' ie one of separate, 'far flung' parts linked together through various mechanisms. These mechanisms can be taken as the components of the 'Seven S Framework'.

### **2.2. The Seven S Framework Analysis**

2.2a. The Seven Components of the Framework are :-

- Strategy* - Plan or course of action leading to the allocation of resources, over time, to reach identified goals
- Structure* - How the separate entities are tied together, the way of organisation and decision-making

- Systems* - How information moves around the organisation, the routinized processes
- Staff(Personnel)* - The 'demographics' or range of the personnel categories involved
- Style* - The patterns of behaviour of the management in achieving the organizational goals, the culture of the organisation
- Shared Values* - Refers to the overarching purposes to which an organisation and its members dedicate themselves
- Skills* - What the organisation and its key personnel do very well, its distinctive capabilities as derived from the other six categories

2.2b In terms of **strategy**, there was, in the main, clarity due to the planning involved in the original submission. The latter clearly set out what it planned to achieve and how it would achieve it. Each stage of the project had clear actions to be undertaken. At the request of the Know How Fund, a log frame was developed of the outcomes of the project and how these were to be measured. There was some debate through the course of the project of amending these outcomes due to changes in personnel or situation, or the realization of the project itself. There was some confusion and debate as to the exact interpretation of these outcomes.

2.2c. In terms of **structure**, the project management moved from the team basis, originally envisaged as the decision making process, to a more power centred model (Hand). This was the result of a number of factors - the lack of Steering Group meetings and the Kazakhstan-UK Centre becoming the centre of all communication being crucial. The result was a more hierarchical structure and some apparent changes in the role of members. In terms of teambuilding, the Steering Group, as a team, failed to pass the 'norming stage' (Tuckman). Norms for decision making needed to be agreed at the outset of the Project. Delegation through agreed budgets and targets could have offset the centralizing processes. The lack of the full involvement of the Trust in the initial stages of the project also inhibited the development of a team approach. The local Management Group in Almaty needed a clear line of involvement to be nurtured by the Steering Group, its purpose needed to be clear. This did not happen and, following a change of personnel, it effectively disintegrated. A team administrator on the ground was perhaps a better option.

2.2c. **Systems** tended to follow structure in that they became centralised as a result of the clear norms of behaviour required. Communications between team members and with Almaty., both formal and informal, were insufficiently developed to ensure sound joint decision making could take place (Mintzberg). Communications tended to develop into a 'wheel' with the Kazakhstan-UK Centre being pivotal. Processes became formalized which inhibited discussion and involvement of all stakeholders in the decision making process. As a result, the system for decision making tended not to involve all parties and was often counter productive - two separate groups being involved in the development of the UK study tour being an example.

Team members were not aware of the state of finances and thus further limited in their decision making. It could be said that the development of the project was rather in 'leaps and bounds' for many members due to communication tending to happen only at the development of a further stage.

2.4d. The success of the processes of the learning programme varied. Evaluation shows that the UK Study Tour was successful in participants being able to understand the functions and practice of management in the British health sector as well as seeing and gaining ideas directly



by observation. The organisation of the study, despite the range of institutions and personnel involved, worked well. The teaching programmes held in Almaty too were successful in developing the understanding of western management. In addition, the materials and processes of such teaching are being implemented formally and through less formal methods within the Oblast. Less successful, were the mentoring and local teamworking - the first due to the logistics of interpretation and communication, the second due possibly to a lack of understanding of its advantages as well as time. Whilst not every participant produced a formal portfolio, much written work was seen and, more importantly, the changes taking place discussed and assessed.

2.4e. The range, ability and capability of **staff/personnel** involved in the project was wide ranging. It was therefore to be expected that, throughout the Project, there would be differing perceptions, approaches and expectations from a range of professional viewpoints. There were several occasions when such led to misunderstanding even conflict. Again, it would have been of value to address these beforehand by ensuring that the expectations of all staff were understood and that roles within the project clear, recognized and accepted. The tendency to expect University based collegiate relationships to be able to cope with the diversity of staff was optimistic.

2.4f. As the project progressed, there was an increasing tendency for a more directive **style** of management to be tolerated and used. Decisions were often made and then ratified at Steering Group Meetings. As is common in such organisations, the needs of the administration began to outweigh other needs an example being where the method of evaluation of the learning programme was changed, rather at the last minute, causing confusion to the latter in terms of the development of participant portfolios.

2.4g. The factor of **Shared values** refers, in effect, to the balance between 'task' and 'people' orientation (Blake and Mouton). Increasingly, there was a tendency for the Project became 'task orientated' with a preoccupation with outcomes, standards and short term objectives. There was thus an imbalance with the 'softer', 'people' values of respect, fairness and ensuring continued motivation being less regarded. The fact that Steering Group Meetings often concentrated purely on administrative issues exemplifies this.

2.4h. The Project needs to be seen successful in that it achieved its overall objectives within its budget and its timespan. This meant that attention to detail was crucial and in this the administration was successful. The project was also able to cope with major changes in personnel and in managing at 'arm's length' and the development of goodwill with the Cohort and particularly its managers was crucial here. A range of people had an opportunity to be involved and this again took a great deal of organisation which was managed by individual team members. Conflict did exist within the team but it did not affect the final outcome. In this, it could be argued that the organisation was able to maximize its existing **skills**.

2.4j. There was not a sense of the teamwork required to create the synergy to 'metamize' in any way, ie to achieve new capability beyond and above 'pre-project' levels. Little beyond the contract was achieved. No further contracts were gained or even further work developed beyond the identification stage. There was a lack of marketing skills and any sense of entrepreneurship beyond the project itself. The project was originally seen as an opportunity to develop further contacts and work. 'Mega-mizing' skills were not developed to enable this to happen.

## **2.5. 'Fit-Contend-Split' Continuum Analysis**

2.5a. 'Fit' refers to the tendency to look to excess control to ensure coherence and can lead to overadaptation. 'Split' on the other hand with less control and greater delegation can install a sense of vitality and creativity. It needs sound teamworking to be effective. This did not take place. As a result, the project progressed, there was the move towards greater 'fit' ie overcontrol. However, there were some attempts at 'contend' management. ie trying to use the appropriate balance of the two during Steering Group meetings themselves often to help to control tensions. Appendix A attached shows what Pascale calls the contending opposites with 'fit' on the right side and 'split' on the left. Using this framework, the following analysis can be made in the management of the Project :-

- The tendency to strategic format and planning at each stage led to some limitation in terms of learning opportunities
- The tendency to ensure status and attempts to create a hierarchy led to some disempowerment and thus the loss of trust
- Attempts to maintain only formal systems led to a loss of informal communication channels and thus potential ideas and improvements
- Increasing use of the directive style led to perceived challenges on professionalism and thus conflict
- The assumption of the 'correctness' of collegiate relationships led to the loss of other forms of interaction
- Overemphasis on targets and the short term concerns led to some loss of respect and concern for human factors
- Existing skills in the team were used well but there was no opportunity for further development

## **3. CONCLUSIONS**

3.1a. In view of the range of personnel and professional capability, the original submission had advocated a team approach to the operation of the project under a chair from the University. Overall, from the above analysis, it can be seen that the project management moved to a more hierarchical approach with a tendency towards overcontrol. This proved successful in satisfying the needs of the 'sponsor' (the Know How Fund) and of the 'customers' (the Almaty Oblast Cohort) and in carrying out 'Goal Oriented Tasks', it was less successful in ensuring the development of 'the team' itself (Lewis and Lawton). Thus there was no real sense of synergy of creating something greater than the project itself. There are a number of lessons to be learned. Most of them concern initial teambuilding and communications and these are laid out separately in the final section -for inclusion in the final report.

## **4. MANAGEMENT LESSONS**

### **4.1 Positive Factors**

4.1a. The Project was developed on the basis of good relationships and understanding between the UK and the Almaty Oblast parts of the organisation necessary to ensure the survival of the Project through difficult periods, ie. changes in personnel.

4.1b. The management of the Project throughout maintained its focus almost exclusively on the outcomes and this was a major factor in ensuring their achievement on time and within budget. Attention to detail was an important factor in the success.

4.1c. The management of the Project, by maintaining a central point in the Kazakhstan-UK Centre, was able to link the contributions of a range of personnel, organisations and professional capabilities, to ensure the success of the Project.

4.1d. All personnel involved in the Project were enthusiastic for its success and were able to link in a network of support for the development of the Project, particularly the UK Study Tour.

4.1e. There was a range of learning strategies adopted of which the direct tuition and UK Study Tour were the most successive in terms of participant learning. Despite the efforts to develop UK mentors for the participants, this did not succeed due lack of opportunity to interact and language. The portfolio, workbased learning technology proved valuable to those in the group that pursued it.

4.1f. The services of a Kazakhstani administrator and the experience of the Kazakhstan-UK Centre were invaluable to the success of the project in terms of understanding and helping to resolve political and cultural differences

4.1g. The development of a sound strategy at the outset proved valuable as a source of guidance throughout the Project.

4.1h. The flexibility of the programme of learning facilitated the support of current changes in local management eg. the development of family doctors.

4.1j. The learning materials developed and the teaching practices used are being used by programme participants and their contacts locally.

## **4.2. Lessons Learned**

4.2a. With such a variety of personnel involved, basic teambuilding needs to be undertaken at the outset with clear roles and expectations of individual members and the processes of interaction developed. The late full involvement of the Trust did result in the involvement being limited.

4.2b. One Steering meeting was held at each stage insufficient to ensure teamworking and joint decision making. As a consequence the management became too centralised leading to some overcontrol and conflict.

4.2c. Delegation methods need to be instituted from the outset to ensure smoother working relationships. The management techniques of agreeing objectives and delegating budgets for separate activities is necessary to allow sufficient time for development.

4.2d. The development of formal and informal communications is essential to ensure the flow of information. The use of one communication point at each end did result in delays and confusions in the flow of information.

4.2e. The Project would have benefited from a full time locally based team member in Almaty to take action and monitor progress. The local group failed in this task due to the normal pressures of their work roles, the travelling involved etc.

4.2f. The strong focus on the achievement of targets did not allow any other developments to result. Linked to this, a greater emphasis on publicity may have resulted in more interest beyond those directly involved.

## **5. REFERENCES AND SYNOPSES**

5.1a.. The 'Seven S Framework' and 'Fit - Split' are taken from 'Managing on the Edge' by Richard Pascale (Penquin, 1990). The Framework was developed from the original work by Athos, Peters and Waterman for McKinsey and Co. (1976)

5.1b. Charles Handy developed the model for investigating culture in 'Understanding Organisations' (Penquin 1976). He suggests that there are four main cultures - power, typical of small organisations with one central figure controlling others; role, effectively the bureaucracy based on rules and regulations etc; task or team, more a matrix organisation where individuals work in small teams based on their expertise; and person culture, where the tendency is for individuals to work on their own.

5.1c. Tuckman and Jensen 'Stages of Small Group Development Revisited' (in Groups and Organisation Studies Vol. 2 1977) suggested four stages of teambuilding can be observed - forming, storming (where conflict develops), norming (where this conflict is resolved by discussing and agreeing process) and finally, performing.

5.1d. Henry Mintzberg in 'Structure in Fives : Designing Effective Organisations' (Prentice-Hall 1983) suggests that organisational control can be by a number of mechanisms apart from direct supervision. For the more complicated Projects, mutual adjustment is advocated where individuals are set targets and work by informal communication.

5.1e. Blake and Mouton's 'Managerial Grid' (in Advanced Management Office Executive 1962) summarizes much of the preceding management thinking suggesting that management needs a balance focus on work and on people issues - the result being sound teamwork.

5.1f. Lewis and Lawton's 'The Four Functions of Organisations; Where does the individual fit in ?' (Journal of Strategic Change, Vol. 1, 1992) recognises the need for organisations and teams to ensure the maintenance of four team functions - two external (satisfying the 'sponsor' and the 'client/customer') and two (carrying out 'goal oriented tasks' and ensuring the 'welfare' of team members).

one hour. They did appreciate the need to develop their own personal skills realising the value of sound people management to organisational development. (It is interesting that my conversation with a Tassis management lecturer had found this same brief concentration period also present amongst Kazakhstani University management students).

One frustrating factor was that participants often arranged social events for times when training was taking place - to celebrate Nauryz (New Year) or go on a visit, to have a high level meeting or to attend the baths. We needed to be flexible here with the programme - it seemed that this was a fairly 'common' practice.

The objectives were achieved, however, in that from discussions it was clear that the group were beginning to develop an integration of the subjects discussed developing these into a larger understanding of management per se. Teamworking had improved in the group and relationships with the group and the team had improved even more. There are still outstanding a number of areas of underpinning knowledge, however, to be included in the June programme - quality and customer care, training and development, appraisal and feedback systems, negotiation, health and safety, presentations skills, information management, budgeting.

## 5. Other Meetings

5.1 During the whole period of the visit, several meetings took place in connection with the management of the project itself or to look to expand our operations in Kazakhstan - an original objective of the Steering Group. The first category includes the Steering Group Meeting itself, a Meeting at the Ministry of Health and informal meetings with the new Head of Oblast Health Administration, Omirgali Kenzhebek; the second includes a meeting with the Oblast Health Insurance, some discussions with the Presidential Hospital and an informal meeting with a Journalism Professor.

5.2. The Steering Group meeting took place various changes in the group were made (see 6.1 below). The minutes were completed but yet to be received. The Meeting with the Director of the Oblast Social Insurance, Amantay Burshakbaev and three colleagues, following our November visit, confirmed a real interest in their undertaking management development. They did query the fact that they were not included on the existing programme. They did not have any budget for training and the meeting ended abruptly. A letter was drafted for them to suggest perhaps that we will try to find some UK funding. It is assumed that the letter was sent - although I have no copy. The discussion with Erkin Durambetov at the Ministry of Health dealt with a number of minor administrative issues - the constitution of the group and the location of equipment - rather than perhaps the wider issues of continuing management development in Kazakhstan. Two more informal meetings were held with the new Oblast Head and he was found to be much in favour of the British Healthcare Structure (he had just returned from the UK) and for the Programme. He attended the first day and the final Thursday mostly to meet the Team, check progress and encourage those present to learn.

5.3. Several meetings, formal and less so, were held with Natalia Kaidakova. She now works in a similar role for the Presidential

Hospital and was obviously upset at now not being part of the programme after being so instrumental in its creation. This was a potentially tricky position and the strategy adopted was to suggest she could continue as a 'distance' student developing her portfolio through individual tuition and that we should now plan for a second programme. To this end she arranged and we met the Head of Hospital, Bekmakhan Kuralbaev. He was enthusiastic that we start as soon as possible. There was some confusion over who would fund the programme, assumptions being made that it could be funded, rather automatically, from the UK. A letter/fax needs to be sent on this, making the position clear. A brief, informal meeting was held with a Media Studies Chair, through Galina Vlasenko, who had an interest in developing training for improving mass media in Kazakhstan in general.

## 6. 'Administrative' Issues

6.1. Bulat Dzhugashev had officially taken over, in addition to his current role of Head Doctor of the Central Hospital, the post of Deputy Oblast Head, Project Coordinator and Head of Management Steering Group from Natalia Kaidakova. It was also agreed that Gulmira Utebalieva, Head Doctor of the Children's Hospital, be added to the Steering Group membership.

6.2 Bulat Dzhugashev was an excellent host - ever attentive to our needs and ensuring hospitality. As ever the standard of hospitality was high extending into the Rayons involved in the programme and also to Jambol Rayon which he arranged for us to visit. An invitation was extended by him to a family wedding and a further one from the Deputy Head Doctor to celebrate 'Woman's Day'. All arrangements for the Rehabilitation Centre and transport were soundly executed by him and Gulnara. A further invitation was extended to Kapchagai to celebrate 'Nauryz' staying at the Ermine centre overnight. Hospitality standards were extremely high as always and we were welcomed wherever we were taken. We are very conscious that our meagre subsistence did not allow us to reciprocate and that all necessary gifts were paid for from our own pocket. Out of interest, the Team appeared twice on local TV.

6.4. Attendance throughout the programme from the 16 of the 20 who participated was excellent. Erkin Durumbetov attended the final Thursday lunch and Omirgali Kenzhebek, attended the first morning and final Wednesday afternoon, to officiate rather than take part. Viktor Dolzhenov, Deputy Akim, was not seen during the visit although he is understood to be suffering from hypertension. Natalia Korotina did not attend training because of illness although she was met during her workplace visit. Bulat confirms that all are completing their portfolio. However, we will need to discuss the question of standards of award and how this is obtained clearly and this will affect the completion of the programme and who is able to complete.

6.3. Administrative arrangements in Almaty were generally sound. The flat we had was excellent - central, clean and warm with an ever attentive landlady. We had no problems at the airport on this occasion. There was, however, a communication hitch over Medina, as interpreter. Galina Vlasenko again proved an excellent interpreter and guide and picked up administrative issues for us with Bulat during the teaching week. I have asked that she interpret for us again in June. It was interesting in this respect that another

project (Bristol University GP Development) used a local administrator to save costs. Two initial faxes home also went astray.

6.4. UK Administrative arrangements for the trip were mixed. There were no real problems with air transportation or visas. The first batch of OHP translations were fine and the workbook nearly OK. The OHP itself worked well. John had less good fortune with his OHPs, the standard of translation being low and on one occasion proving a near disaster to a management game. Things were rather at the last minute, especially for John. We do need to try ensure against this next time.

6.5 It should be recorded that the Team have spent in Almaty many more days than scheduled for payment and also many days in the UK beyond contract. It is likely that this will be the case for the UK Study tour in addition. The Steering Group should be looking to recognising this position and making some settlement where possible - if need be from other budget lines.

## 7. Know How Fund Analysis 'Notes'

7.1 Local Project Management Structure. This has been amended because of local change and has to some extent been disrupted. However, the new group will be meeting again and have been asked to consider in particular teamworking projects and submit their report to us on fax. We need perhaps to follow this point up in a letter to the Oblast.

The disruption did cause some problems because of the lack of a definitive list within the Oblast and fears that it may have been amended locally without agreement although Erkin Durembetov and the Team were clear as to the exact position. It was made clear that the list is as stood before with one amendment that of the new Head for Natalia Kaidakova.

7.2. Local Political and Administrative Support. This continues to remain positive despite the changes at the Head of the Oblast Health Administration. As reported the Head of Administration has given his support and Erkin Durumbetov, now at the Ministry of Health continues to sponsor to the Programme. Although Viktor Dolzhenov was not seen, a second Deputy Akim, Bakhytjan Shakirov, did visit us. There continued to be great support in the Rayons for the Programme. The Social Insurance Agency also valued the programme and wished a similar programme for itself as did the Presidential Hospital.

7.3. Local Participation and Recruitment. Obviously this has now taken place and remains in tact apart from the one change outlined above due to the change in Oblast Head.. There was an assumption that all twenty would be coming to the UK. However, hopefully this has been cleared now - although it would be a good gesture to find funding for the other two places. It could be that this will resolve itself in terms of the more senior not wishing/being able to visit.

7.4. Buildings and Physical Space. The Rehabilitation Centre a more than adequate venue in terms of location and services. Catering was excellent and service good. A hand fed photocopier was made

available which helped considerably and all students were given copies of all overheads as well as the workbook and its amendments.

The OHP taken over by the Team and the lightweight flipchart paper proved invaluable. The 'gift' pens and other stationery items were also very much appreciated. Secretarial and electrical help was available and we were able to use a video as well as a slide projector from Talgar. The theatre style seating remains a problem - however temperatures remained fairly high this time and the loss of hot water did not prove a problem. A portable screen could well be of use for future events.

7.5 Health Reform Developments. These have been major and are outlined both in the Steering Group Report and above. Bulat discussed these at length during the Steering Group in particular. He confirmed that the reforms are being directed by the President personally as well as the dictates of the economic crisis and the Ministry of

Health. The major reforms outlined the net to reduce beds (2000 were planned in the Oblast) and the structure of the provision of healthcare in general. In effect, the planning processes for healthcare were being decentralised with the Oblasts having more control over structure and policy and the Rayons over access and delivery. The plans showed a distinct move from secondary to primary care and the consequent move from hospital to day and home care.

Finance was now allocated per capita although state funding was to reduce and medical insurance to replace it - the figures quoted were state budget to become 60%, medical fund 35% and private income 5%. Such a change would determine the need to work much more closely with the Social Fund with the development of contracts based on quality and cost.

At Oblast level plans existed for rationalising facilities with some closures, some privatisation and other changes in role. Crucial to the planning was the move towards local family doctors rather than 'centralised' specialists and plans existed for the retraining of 100 doctors to become family doctors. Specialisation would increase centrally with the development of a 'culture of advanced learning' with the increases of linkages between Talgar Medical College and University level research and education.

The whole question of the costs of preparations and supplies and catering was to be reviewed at Oblast level with a view to reducing costs. There was also plans to improve quality and efficiency and thus not to incur fines from the Insurance Fund. Improvement of treatment times and access were also issues of concern in the report.

Locally, there were plans to reduce sub-rayon hospitals and to change ambulatory centres to family doctor clinics and plans to improve felsher and other training through Talgar Medical College. Plans existing generally to develop training and to improve ambulance systems.

7.6. Training Content. In the main, this is outlined above. The first week tended towards individual skills and the second towards organisational change planning in line with the competences and performance indicators. Throughout, the two weeks, familiarisation



with UK concepts, structure and practice of healthcare were included. In addition, many linkages to local problems were used as examples using theory.

There was a need to be more directive in terms of the learning methodology dictating to the group what should be included in the portfolio as a result of this training session. This was perhaps inevitable - it happens in the UK and perhaps after 70 years of didactic teaching, such a major change in learning practice is difficult to grasp.

The Reforms do mean that there has been a refocus, to some extent, on these as opposed to the competences themselves although obviously there are commonalities.

This may dictate the need for some consideration and review. However, the advantage may be that the Reforms give impetus to portfolio work especially in terms of live action as well as planning.

7.7. Forthcoming Activities. There is already an extensive programme of training outlined for June and to a lesser extent for the UK Study trip. There is now clarity as to the final content of the workbook. The mentor programme must now be linked into the overall programme and arrangements are now in hand with a second meeting of mentors, many being of senior level from other Trusts is in hand for Friday 18 April. Allocations will be made thereafter, Copies of mentor letters are enclosed for early translation - to facilitate the process.

Some planning for the UK Study tour has taken place. It is felt that a trip to Cardiff is now invaluable in terms of the networks that can be utilised there - GP practices, University Health Faculties, sponsorship and other 'cost reduction' activity. A trip to Benenden Private Hospital is also in hand. The proposed symposium linked to the Declaration of Alma Ata (Bulat was an original delegate there) is proposed either in Cardiff or London. Visiting hospitals and teaching will fill the programme together with a social programme.

7.8 Training Methodology. Attendance from the hard-core of 16 was good, most missing only one day and many being present throughout would suggest that our methodology was correct. However, we should not be complacent in this respect. There is no doubt that there is a shorter attention span that we had anticipated - doubtless affected by the need for translation. A period of say one to one and one half hours in the morning and perhaps a shorter period in the afternoon is sufficient here. Other activities, management games, analytical exercises, groundwork, slide shows, workbook ideas and discussions are essential to develop understanding and relate theoretical ideas. The Team will take this into account more for the June and UK training trips.

The problems of translation of the portfolios will need to be considered now. Students can be asked in June to bring with them their portfolios to allow photocopying and translation. Perhaps local translation needs to be considered, however, if a cheaper option. A further, short November trip may be advisable to ensure sound completion ready for assessment in say April 1998.

7.9 Risks. The problems of communication with Almaty meant that much administration time was taken resolving 'change' issues resulting from a new Head of Oblast. Again there is the problem of the most

senior personnel not being available for training. However, the group itself has increased its commitment as it begins to make sense of the theory and understand, to some extent at least, how the UK system works and what may be applicable to them. Certainly the fact that there was more open dialogue on this trip would suggest this.

#### 8. Recommendations/Action

8.1. The dates for the Programme should continue as scheduled with a full training visit in June. A November visit by the Project Team Leader may be needed.

8.2 Travel arrangements for June should be booked immediately. The dates are agreed as 10 to 20 June. In view of other travel visa applications should have already been submitted.

8.3 The Team must discuss the requirements for course completion so that arrangements can be made.

8.4 The UK visit must ensure as much hospitality as well as learning as is possible. All efforts must be made to this end. The dates for the UK visit should be confirmed as 20 August to 4 September inclusive.

8.5 The budget needs to be clearly set out and flexibility developed to pay for the UK visit and additional days. Whilst it is appreciated that budget lines are difficult, we should as a Steering Group manage this project and thus manage the budget as a tool to this end, wherever it is possible.

8.6 A full budget with details of costs to date to be available for the next Steering Group meeting.

8.7 Early arrangements for translation and printing be made available to avoid the problems that arose on the last trip.

8.8 Letters should be sent to the Bulat and Erkin thanking them for their help, in the former case reminding them of the need for reports from the Management Group. Letters also to Natalia Kaidakova and to the Insurance Fund.

8.9 We should look to further funding for the proposals in hand and further work in Kazakhstan.

8.10 We need to look to publicity and marketing for the forthcoming UK visit.

8.11. Mentoring and other translations suggested take place as quickly as possible.

8.12 Consideration as to final evaluation methodology agreed.

8.13 Others members may wish to add further points following the reading of this report.