

Topic 9. How to manage health programmes?

A hand out from the project on “Integrated management of public health programmes at district level”

This project is developed by incorporating ideas, suggestions and contribution from an interactive participatory process of dialogue and consultation involving public health and multidisciplinary resource network drawn primarily from mainstream institutions and the civil society network in India.

A draft manual evolved covering the concepts and values Roles, Skills and Challenges and an Integrated Paradigm for the Public Health Management at District level. It also elaborates on, making a district diagnosis; organizing a health management information system; evolving a district plan; organizing an epidemiological surveillance system; responding to an epidemic and managing an outbreak; managing health programmes; managing human resources; organizing materials management; monitoring and evaluation; leading and building a health team; promoting, communicating and advocating for health; promoting and sustaining community partnerships; and building and sustaining partnerships with the educational sector; civil society, private sector and promoting an inter-sectoral collaboration.



**Developed by
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Preface

This document is intended to serve as an evolving conceptual **framework for district level public health managers** in the health systems of the South East Asian countries. These managers, their knowledge, skills, attitudes, and openness to new challenges and new paradigms will remain one of the key determinants of the success of countries in reaching the **“Health For All”(HFA) vision** and the **Millennium Development Goals(MDG’s)**.

This document is a practical do it yourself workbook that draws upon some of the wealth of experience and resources in the past and present and tries to help district level managers address the complexities of today’s challenging global, national and local health situation and the emergence of new challenges and reemergence of older ones.

Readers are advised not to treat this document as a comprehensive manual but as **an evolving compilation of concepts in public health management**. This conceptual framework contains suggestions to tackle some of the problems, that the district level public health managers meet in their daily life as they lead, assess, respond, evaluate and learn from numerous health systems challenges. Where possible and feasible it directs the managers to other resources and materials that will provide them additional perspective and details (**see CD accompanying the manual**)

The authors/ facilitators have extensively worked in the community and have had decades of experience in supporting capacity building for public health/ community health in the main stream and civil society linked alternatives sector. They have also tried to draw upon the experience and the field-oriented perspectives of a network of public health capacity builders and trainers from the mainstream public health institutions and civil society training centers (**see list of contributors**).

This is **a work in progress**. The conceptual framework will, we expect, evolve into a guidebook that gets used and adapted by district level public health managers, trainers and supervisors of district level public health programmes. The document is expected to continue to evolve with the feedback from users making it more relevant, responsive, context specific and focused.

We see this document as the beginning of a new journey - **a journey of strengthening district level public health management**.

Dr Ravi Narayan
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District based public health management

Management is a part of daily activities of every kind of organization.

All management actions depend upon the objectives intended to achieve, and the objectives must therefore be clear. All other aspects of management must be seen in relation to the objectives.

Performance of daily activities require many elements- people, time, equipment, material drug etc- are brought together to achieve an objective to carry out the work.

The successful performance of activities and the achievements of objectives depend upon the application of knowledge and skills to problem solving, using all the resources in a most efficient way. Efficiency depends upon how these different elements are managed. In terms of Management concepts, limitations of this sort will prevent full attainment of the objectives. Proper attention to such details will ensure that, when knowledge and skills are applied to a problem, resources that function will support them and a system or organization that enables to run smoothly.

9. How to manage health programmes?

The most important core management challenge of District level Public Health Managers is the organization and implementation of various health programmes at district, sub district and community level – converting each objective or function of the District health system into one or more such programme initiatives. With many such health programmes being operationalized simultaneously throughout the year, the management challenge is do it with the core competence of integration, convergence and a commitment to complementarity . Some general principles are outlined here to ensure that managing programmes is a planned , rational, evidence based activity which is constantly monitored and reviewed so that it become a constant learning activity and improves the District Public Sector Health System.

The Whole Picture: Clarity of Levels /Sectors:

It is useful for all managers to

- have a certain clarity of the levels of the health system: District, Sub district, community centre and community /family level.
- to have an understanding of the nature of the programme activity: whether primary, secondary and tertiary level .
- to have a clarity on whether the program component is – promotive, preventive, curative or rehabilitative in its orientation.

A diagrammatic /tabular frame work of all these levels and activities will assist the manager in giving equal and relevant importance to all levels, nature and orientation and to be able to see it as a collective whole and not as vertical, compartmentalized and competing activities or programme components.

The main challenges in managing programmes included in this chapter are

- Participatory management
- Induction training and continuing education
- Time management and scheduling of activities
- controlling and maintaining work standards
- Supportive supervision
- Team building and health team approach
- Strategies for strengthening /extending the team
- Managing paper work- reports and records
- Staff assessment and feed back

Participatory management:

As a general trend all over the world good management practice is becoming more and more democratic , consultative, interactive and participatory to enhance the motivation, morale, and involvement of all members of the health team. Since health teams have to primarily build 'well being' in the community at physical, mental and social level, it is seen as being a rational assumption that team members experiencing healthy work relations and an ethos of well being at team and institution level that nurtures creativity and skill development and rewards performance, participation and enthusiastic involvement, will share the same ethos and framework in their interactions and relationships with subordinates and members of the community, patients and consumers that they come in contact with in their work. This spread effect is now accepted as good policy practice and is being encouraged more and more. Participation is a philosophical principle; an attitude of mind; and a developed skill and capacity. It needs time environment and encouragement to be put into practice. Public health managers can teach this and promote it best by being role models in participation.

Induction Training and Continuing Education

It is good management practice to ensure that all staff appointed to different levels of the system are always provided continuous training and educational inputs to maintain technical quality and standards of skill especially since public health systems call for a high degree of capacity and competence

- a) An induction training is a very good way of preparing the new recruits for the challenges of any job. This is also the occasion to introduce selected recruits to institutional norms, goals, vision, mission, standards of work and encourage them to take a more informed and evidence based attitude to their jobs.
- b) All systems should have a system of both informal and formal in-service training which is skill and capacity development oriented . It encourages and enables team members to upgrade their knowledge and skills on a continuous and often yearly basis.
- c) Continuing education which may often be different from inservice training are modules offered by professional associations or training institutions or even organized specially by the health ministry to upgrade professional knowledge and skills every 3-5 years since technical knowledge advance at a terrific pace due to research and development. Incentives for CME are necessary. In many countries these are becoming mandatory to maintain the professional certification standards

The training ethos in a public health system should also be geared to identifying those candidates who show lot of promise and initiative and could be selected and deputed for higher levels of training which would benefit both their career development and the systems own capacitation by better developed utilization of members

Time Mangement- scheduling of activities

This section aims to promote the rational use of work time, through planning time according to the work to be carried out, arranging the timetables and schedule with the principle that using time efficiently is a management skill.

A district level manager will have his or her own method of managing time which he or she would have built through experience

Sometimes it is useful to know what proportions of time are spent on certain activities. The proportion of time spent on health work each month and other activities can be shown on a diagram

Planning Time Arrangement,

Any events planned or arranged at district level on daily, weekly, monthly or yearly time depending on the frequencies and regularity should be included in a time plan. Time plans can be written as schedules, rosters and timetables.

Time plans in a health Services should include,

- A timetable indicative of staff meeting or similar such events
- Schedule showing visits
- Duty rosters depicting the details and break up of duties of different staff
- Programme of any special health activity – like immunization schedule, nutrition campaign etc
- These can be developed as weekly monthly and annual overviews according to requirements.

Controlling and maintaining work standards

All management and implementation of work programmes must be controlled and supervised by some mechanisms that are inbuilt in to the management process to ensure

- That the work action is performed according to the same standard or set objective
- That the supervisor or manager can determine any deficiencies / lacunae in the work to arrange for appropriate support and improvement
- To recognise good quality work and to recognise or endorse it
- To ensure that resources being invested are properly and efficiently used
- Identify staff that need further training and those who need more advanced training or promotions
- Identify common errors or deficiencies that can be addressed by additional in built mechanisms of safety /communication and additional trainings

All mechanisms introduced into the public health management system must have atleast the following four features:

- **Timely** – control measures should be taken or are in operation at the right time
- **Simple**- they should be simple and easily followed and help to produce the intended effect or result
- **Flexible**- they should be open to feed back and not be too rigid
- **Effective**- They should be reasonable but not so casual that they can be ignored – in which case they will be self defeating.

Some of the control mechanisms introduced in public health systems are

- **Job descriptions** – descriptions of job or instructions for the action operation can be provided on simple checklist or guideline style so

that all team members have ready access to them and use them to do this work

- **Work schedules** – The manager can outline the work to be done in the form of a predetermined or pre planned work schedule that provides a date, time and content framework for the work and or operation or programme. This is helpful both for systems, the team members and also the supervisor / facilitator
- **Supportive supervision** – this should be regular and ongoing and problem solving in its orientation. It can be planned or unplanned but the supervisor and supervised should take the opportunity of supervision to learn together.
- **Assessing the work performance**- workers and supervisors should be encouraged to assess the work performance with every team member on a regular annual basis and this can be through a self administered checklist and or other methods, introduced by the supervisor. All work deficiencies found by the assessment must be responded to, by providing guidance counselling and sometimes further training to address the deficiency.
- **Diary and reports**- Each member should be encouraged to maintain a work diary and write brief, regular reports that identify the strengths, weaknesses, opportunities and threats of each event or activity. If some feedback or dialogue takes place between the team members and their supervisor on these reports then the process can also be good for inhouse training and staff development.

Supportive supervision

Supervision is a very important part of workforce management and the main objective is to ensure that workers can always get help when they need it and that high standards are maintained by constant support of seniors who train, help and troubleshoot and problem solve for their juniors or those whom they supervise

- a) Supervision ideally must be a supportive problem solving exercise when the supervisor and those supervised can assess the work done and review how to do it better.
- b) It should not be a fault finding exercise or the supervisor checking on the supervised as if it is a 'law and order' or policing problem.
- c) Supervisors can be autocratic ('Do what I say' attitude) or anarchic (Do what you like attitude) or democratic (Let us consult, discuss and decide what to do attitude).
- d) Autocratic supervision is sometimes acceptable if the task needs consistency and strict coordination; or the tasks are governed by strict

policies; or the people who are doing the task have little understanding or limited skills or are even somewhat unreliable.

- e) Democratic or consultative supervision is always the best alternative, especially with people who are creative, take responsibility, are reliable, are competent and experienced.
- f) Anarchic supervision is not supervision at all and can often lead to system failure or system breakdown.
- g) Supervision is most effective if the supervisor has done the job of the supervised himself or herself earlier in the career or has practical knowledge and skill that can be shared with those supervised to enhance their knowledge and skill through example.
- h) A good supervisor teaches by role model and also always ensures that the process of supervision is a joint learning exercise and a mutually supportive dialogue.
- i) Good supervision must always motivate people to grow, be more creative, show more initiative and take more responsibility in their work.

Team building and health team approach

A good public health manager is always also a good team builder because without a health team approach public health challenges cannot be addressed effectively.

There are many important factors and features, which can help to build a good team. These include the following

- a) A clear purpose and a shared vision or sense of common task to which every team member is committed.
- b) Each team member understands his or her own role and place in the team.
- c) Everyone understand the role of everyone else and respects and trusts that role as equally important.
- d) There is flexibility in roles with team members willing to play each others roles if the need arises.
- e) There is constant learning and training within the team.
- f) There is a good leadership which respects and trusts everyone and whom everyone can trust and respect as well.

- g) There is a stability and continuity in a team even if there is some expected turnover.
- h) There are well planned working methods, procedures and resource which are known to everyone and practiced by everyone.
- i) The relationships between team members is good even beyond age, experience, and skill differences.
- j) There is a sense of loyalty to belonging to the team – a sense of common identification and collective achievement.

A good team leader or team builder is one who will provide time and space for all these factors to grow and develop gradually within the working relationships of the teams members.

Strategies for strengthening /extending the team:

One of the most daunting challenge for a district public health manager is to find adequate humanresource for every activity and programme at the district level. In public health work there are special events and campaigns that need large number of additional team members or volunteers. Strategies to extend the team on a regular or episodic basis are therefore important to meet the district health challenge. Many strategies have been used in the past and many new ones and are evolving and are being tested out all the time. Some of these are :

Delegation:

This has been defined as ‘investing subordinates with authority to perform the managers job on the managers behalf’ Not all the jobs can be easily delegated because many need skill and experiences and wisdom to make judgements. However in every managers/supervisors job at every level there are always some elements that can be delegated with standardized instructions and proper communication and supportive training when required.

Delegation has many advantages:

- Time can be saved for other more important duties
- Delays can be reduced in some decisions making
- Sometimes in health work, subordinates are spread over an area and reaching them to supervise or support them with certain decisions takes time. If standardized orders are used to delegate authority to these subordinate a lot of work can be undertaken more efficiently.

- A manager who delegates responsibility helps to prepare people for better skill development and this itself a method of in-service supervisory training.

The disadvantages are also to be kept in mind.

- Too much may be delegated and the manager may be seen as shirking responsibility
- Wrong decisions made by those to whom work has been delegated may cause delays, embarrassment or work may be done less well.
- People to whom work is delegated may have inadequate experience. Delegation is a very effective management tool but should be constantly reviewed and evaluated. It does not reduce the managers responsibility and delegated does not mean forgotten!

Community Level Volunteers:

At the community level the work can be extended by mobilizing, orienting and training community level volunteers who are the best selected by the community itself. Depending on the quality of training and especially with the use of 'adult learning' methods many simple skills and activities that can greatly enhance output, outreach and impact can be transferred to the community, building community capacity and autonomy which is good for the success of health programmes.

Task shifting:

This is a new term which covers all efforts to transfer skills and tasks from one level of expertise/ competence in the health system to the lower level through a planned process of training and skill development. Experiments with the range of health and medical skills transferred to a wide variety of village/community based health workers and volunteers and auxiliaries are the best example of task shifting. Task shifting is more than delegation and requires a careful effort in planning, implementation and monitoring/supervision and evaluation. It can be done at different levels and the concept of a physician assistant, nurse practitioners and community health assistants are all examples of this process.

Involvement of other disciplines:

The increasing efforts all over the world including in the region to facilitate public health skills and capacity development in people from a wide variety of other disciplines is a move in the right direction so that public health managers can be trained with backgrounds in nursing, pharmacy, dentistry, social work, social sciences, management, law and a range of other newer disciplines. While medical professionals have often continued to dominate the public health scene and inadvertently maintained the more restricted bio-medical and techno-

managerial orientation in public health, this growing shift of widening the pool of public health managers and the effort to strengthen public health capacity building to a wider group of district and sub-district level functionaries is a very welcome policy innovation.

Managing paper work- Reports and Records

All good management systems always have a system of records and registers to maintain and monitor information about the work done. They also have a system of reporting that ensures that each action/event /programme gets reviewed by the team members, and becomes a part of the historical narrative of that systems. Generally it is a good idea to highlight action points and responsibility. A good meeting also becomes the basis for learning together and can be an effective tool for efficient supervision, monitoring and evaluation. It is important to ensure and facilitate that recording and reporting is

- Accurate
- Accessible
- Available when needed
- Analysed for trends and learning
- Utilised for system improvement

Registers should be well planned and thoughtfully evolved to reduce the burden of too much, too repetitive, and unimportant work expanding content.

All records and reports should also be used by team members themselves to assess their own performance and support their own planning, learning, implementing and monitoring. It has been found that the more the keepers of registers use the information for their own purposes, the better the quality and content of the recorded information. Records kept for someone-else, a higher authority or a supervisor or some distant organisation, also leads to greater sense of anonymity and this affects quality and reliability of the recorded information.

Reports should also be brief, to the point and convenient for review and dialogue. Writers of reports should be encouraged to be analytical and critical so that the system can learn from each report and identify lacunae or deficiencies for further quality improvement.

Reports that are commented upon by supervisors, help to strengthen morale and also enhance quality of reporting.

From time to time these records should be analysed and edited for public distribution so that it becomes a learning experience for every

one. Such regular compilation and distribution of reports are good for the system and contribute to team morale.

Staff assessment and feedback

Regular assessment of performance of all levels of public health team members is good for the quality control and morale of both the individual and the public health system.

- a) Every individual team member would benefit from an annual performance assessment made by a designated senior or supervisor.
- b) This assessment should cover work output, skill development, team relationships and identify strengths to be encouraged and weaknesses to be addressed.
- c) As a measure of accountability and transparency this assessment should be shared with the person concerned and be subjected to dialogue and approval. If it is made a 'learning opportunity' rather than a 'top down judgment' or punitive occasion it works well for both the individual and the system.
- d) Checklists provided to the assessor help to make the process more evidence based and objective, preventing subjective factors such as bias or prejudice creeping in.
- e) When work deficiencies are recorded these should be followed up by suggestions of how to improve performances and creating of options or opportunities to get counselling, orientations or other useful advice to ameliorate the deficiency.
- f) While staff assessment is a good tool for career development taken together as a system building exercise it can also help to strengthen the system at all levels including technically and from the point of individual and team morale.
- g) Poor assessment can also point to system failure – failure of supervision, delegation or in service training and so performance assessment should be taken as a key method for individual growth but also as a key method of system assessment.
- h) The biggest challenge is to place performance assessment as a positive system building exercise and not reduce it to a 'policing exercise' with warnings and judgements that reduce self esteem in particular and group morale in general.

Further Reading on managing programmes

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