

Topic 2 . A New Frame Work For Public Health Management: Roles, Skills and Challenges

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

This project was 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 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
Centre for Public Health and Equity, and its
associates, for the Society for Community Health
Awareness Research and Action, Bangalore.**

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Facilitating Team
COORDINATOR AND KEY
FACILITATOR

Dr. Ravi Narayan

Community Health Advisor
Centre for Public Health and
Equity (CPHE) – Society for
Community Health
Awareness, Research and
Action (SOCHARA)-
Bangalore

RESEARCH FELLOWS

Dr. Deepak Kumaraswamy

CPHE/SOCHARA- Bangalore

Dr. T.N. Satyanarayana

Indian Institute of Public
Health- (IIPH) Hyderabad-
Public Health Foundation of
India (PHFI)

Dr. N.S. Prashanth

Karuna Trust/ Institute of
Public Health- Bangalore

Dr. Giridhara R Babu

- IIPH, Hyderabad/PHFI

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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
SOCHARA-SOPHEA

2. A New Frame Work For Public Health Management: Roles, Skills and Challenges

2.1.Exploring Plurality and diversity of the the health systems in the region

The network of manpower and facilities providing health care at district level varies with in the country. For a better understanding it can be divided into four groups: within the community; at the community level; at the intermediate level and at the district leve¹.

a) Within the Community:

Within the community, itself there may be community health workers. Also, many Individuals, families, groups with in communities and other sectors will be involved in health care activities. These also have different names, 'Multipurpose workers MPW- M/F, Aanganwadi worker- AWW, and Accredited Social Health Activists -ASHA's'; ¹.

b) At the community Level:

At the most peripheral level of contact between the community and the organised health service, there are health units with different names in different countries, eg: 'Primary Health Center and Sub-centers'; ¹

c) At the Intermediate Level:

In between the community level and the district level there are other units depending on the size and the geographical spread of the population. 'Community Health Centers' –'CHC' ¹

d) At the District level:

Somewhere in the district, usually in the main town, there is a district hospital. These also have different names, eg: 'District Hospitals' (India); There may be also other hospitals, often belonging to non-governmental organizations such as missions and societies.

2.2.The Public Health Management Challenge: system and team

The is the manager of an increasingly complex and challenging District level health system which has grown in more recent years to an aggregation of many components, characterized by the following features and complexities. Inspite of the plurality and diversity in the region (outlined in earlier section), we have attempted to build a generic framework for district health sytems. This framework consists of the folowing;

- A multilevel health system
- A multi-member health team
- Generic skills required for public health management.

a) **A multi-level health system**

As outlined in an earlier section, in most 'South East Asian countries'¹ there are at least four levels in the typical district health system.

Level One: The village or 'community level' characterized by village health committees and village health workers working in association with traditional birth attendants and local healers.

Level Two: A sub centre or health post staffed by paid 'nurses' / 'midwives' / 'multipurpose workers' or 'auxiliaries' which can provide diagnostic and outpatient services and antenatal, under-five and 'midwifery' services. Sometimes they have a few beds to hold acutely ill patients for awhile or treat acute dehydration or other similar conditions.

Level Three: The 'Primary Health Centre' and or the 'community health centre' which is staffed by 'doctors', and 'medical assistant's' 'nurses' / 'midwives', 'laboratory technicians' and other grades of community oriented workers (nutrition, environmental health, sanitarian, etc.)¹

Level Four: The district level centre and or hospital which supervises multiple PHCs and is responsible for planning, administration and support of health centers, health posts and health programmes throughout the district. Depending on the size of the country and its division into states / provinces sometimes, this District level is a network of sub-district level, decentralized, administrative units.

Above Level Four : The district health system links into the state level and or national level health system under the Ministry of Health.

The first complexity of the managers role is to be able to

- **understand, delineate and operationalise which level can undertake what type of activity / service.**
- **how will each level refer to the next level if the problem to be tackled is beyond the competency / resources of that level.**

b) **A multi member health team**

The District Public Health Manager has a large contingent of 'health team' members and auxiliaries deployed at different levels of the system with different but specified roles and responsibilities. Many of them will have 'formal training' with a core or strong component of public health / community health, while many may have undergone short term auxiliary training or in-service/on the job capacity development.

The team consists of doctors and nurses at different levels, 'pharmacists' and 'technicians', 'health educators', 'nutrition workers', 'sanitarians', 'health supervisors', 'multipurpose health workers' and 'auxiliary nurse midwives', 'traditional birth attendants', 'village health workers' and 'special programme workers' like 'child care workers', basic health programme workers linked to specific disease / health programmes and other paramedical or allied health professionals.

The second complexity of the Manager's role is to

- **understand, delineate and operationalise the role and functions of each member of this complex health team.**
- **plan and operationalise a supportive supervision of each team member by another member of the team at the same or next level;**
- **plan and operationalise some on the job and some off the job continuing education and regular updation of skills and capacities of every team member.**

The District Public Health Manager, often also called the District Health / and or Medical Officer, does not work alone or in isolation. In addition to all the above team members who are usually subordinate to him there are at the district level, programme officers like the District TB Officer, District Malaria Officer, District MCH or Family Planning Officer, etc and other district level officers like nurses, environmental health officers, senior sanitary inspectors, health educators, district level child care and or nutrition officers, district level pharmacists, dentists, and various administrative and finance officers – **all together forming a district public health management team.**

It is important that there is a well developed sense of team spirit in this group and it is also important for them to work in a sort of networking and collaborative way carrying out different functions but working towards common goals. The team approach includes better joint decisions, a common vision / mission, ability to speak with common voice and evolve policies through consensus and also evolving policies and mechanisms to handle differences of approach and perceptions.

c) Generic skills required for public health management

District Public Health Managers need a wide variety of generic public health / management skills to tackle the diverse and complex challenges of their roles and responsibilities. **This manual emphasises this generic nature of district public health manager's roles and responsibilities irrespective of their specific designation or focused function.** The main skills included in this document are as follows;

- *How to make a district diagnosis ?*
- *How to organise a health management information systems ?*
- *How to evolve a district plan ?*
- *How to organise an epidemiological surveillance system ?*
- *How to respond to an epidemic /managing an out break?*

- *How to manage health programmes?*
- *How to manage human resource?*
- *How to organise materials management: Drugs, equipment and facilities?*
- *How to monitor and evaluate?*
- *How to develop good leadership?*
- *How to promote, communicate and advocate for health?*
- *How to promote and sustain community participation?*
- *How to build and sustain other partnerships?*

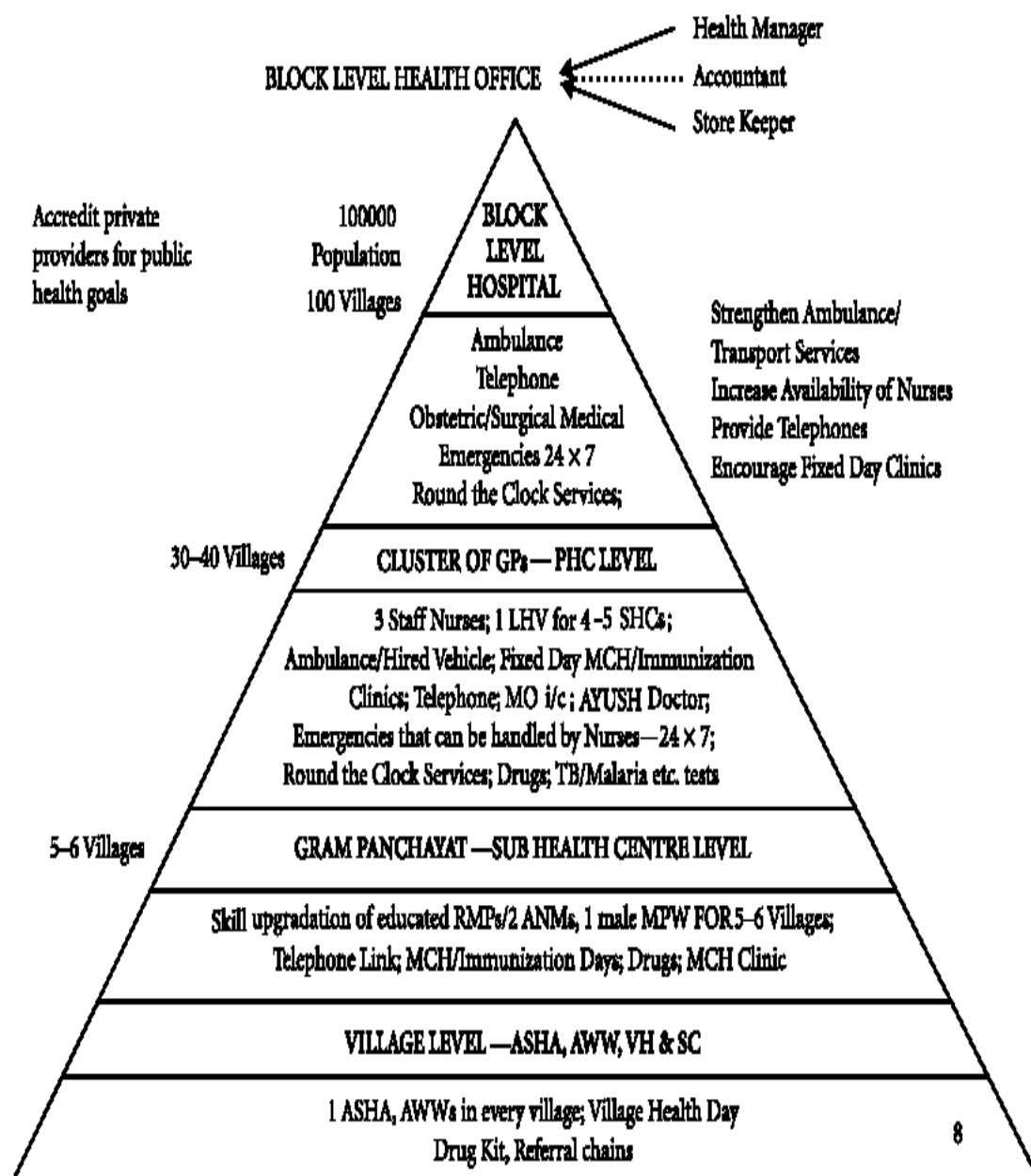
Different countries in the region may have additional functions allotted to the district manager of public health programmes. These may be added as this document gets adapted to the country level for capacity building.

2.3. Evolving a multi level, public health skills framework as a continuum from the grass roots to the district level

At the consultation² held as part of the process for evolving the framework and content of this manual a recently evolved multidisciplinary / multi-agency / multi professional public health skills and career framework evolved by the Public Health Resource Unit of the National Health Services in UK was presented as a case study and model for emulation in the region / country. This had been a serious and significant policy evolution to strengthen the public health skills and capacity at different levels of a system and also greatly enhance the learning opportunities for public health skills and capacity development in the country.

Four aspects of this new exercise in the NHS – UK³ context had significant relevance to the public health systems in the region.

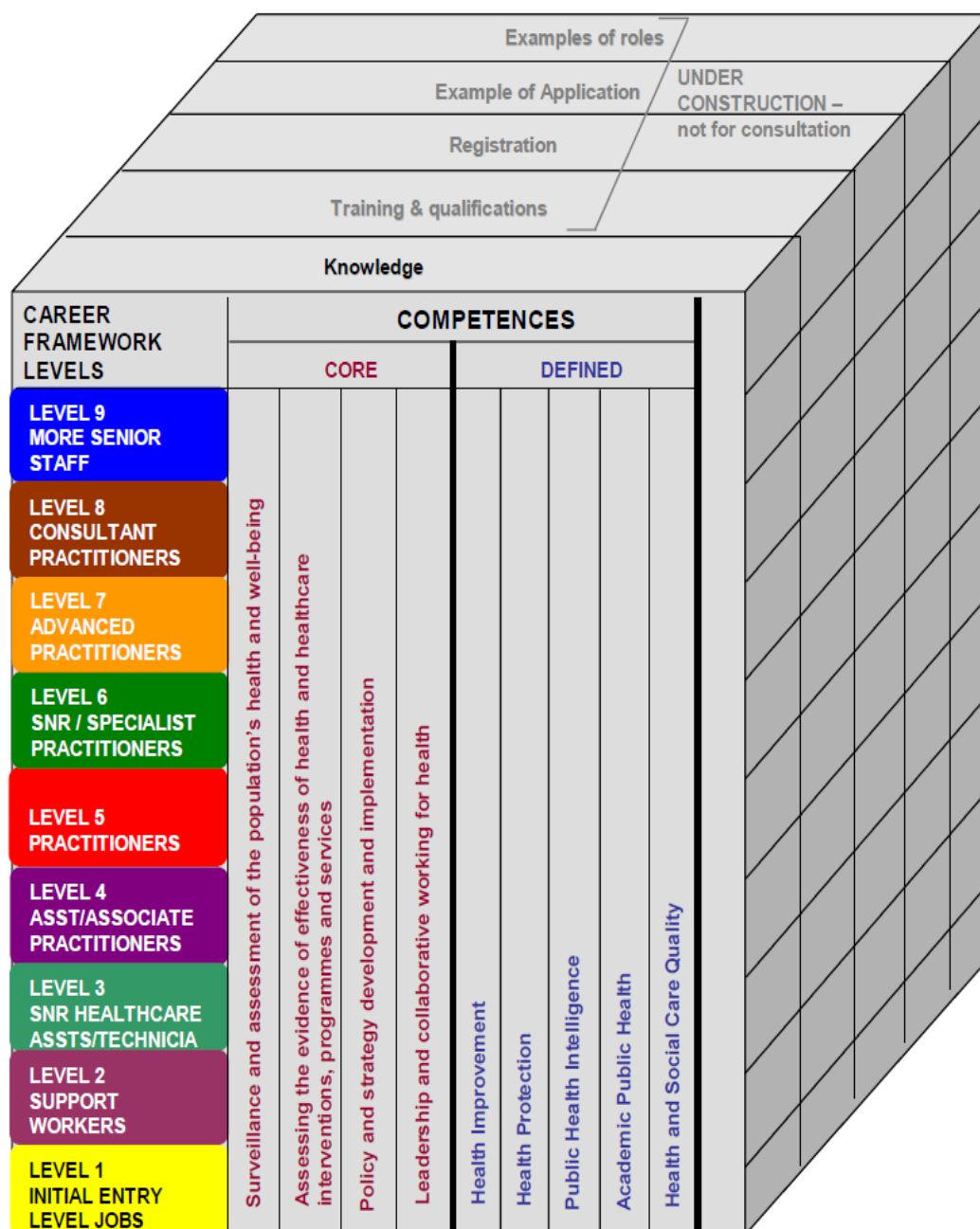
- a) There is need to clearly delineate the multilevel structure of the District Public Health system pyramid with the district hospital at the top of the pyramid; the primary health centre and cluster of GP clinics and community health centres at the centre of the pyramid, the sub-centres and gram panchayat run health centres at the panchayat level, and finally a team of community based village workers be they CHWs, health activists, rural midwives, TBAs and local healers.



Notes: TB = Tuberculosis, MO = Medical Officer, MCH = Maternal and Child Health.

Diagram 1: Source, Social Sector Volume II, Eleventh five year plan, p65.⁴

The Structure of the Framework – The Public Health Skills & Career Framework Cube



Digram 2; Source, Public Health Resource Unit, Multidisciplinary/Multi-Agency/ Multi-Professional/Public Health Skills And Career Framework-Final Draft, p9.³

CUBE color code	Staff within the public health delivery system	Workforces that can influence wider determinants of health
	SHGs,	PRIs
	ASHAs, AWWs	Teachers
	ANMs/Male-MPW	Local NGOs, CBOs
	PHCs, GPs group, staff-nurses/LHV/ Health senior supervisors/ pharmacists	Revenue mandal officers, police departments
	Block/division health officers	Town planners, transport officers, local print media,
	CHCs, staff nurses	Divisional officers revenue,
	District hospitals/staff nurses	Agricultural officers/ tehsildars/ social welfare departments, dist level media
	DMHOs/Program officers/ DPHNOs	District collectors, district education officers, municipal corporations,
	Joint directors, Directors of health services, health secretaries.	Health Commissioners, secretaries, of agriculture, finance, commerce, housing, urban planning, Media

Diagram 3: Source, Strengthening the Public Health Delivery System in Andhra Pradesh: Proposed public health skills and career framework – Draft ⁵

The diagram taken from the 11th Five Year Plan – social sector document outlines this multi level reality and in addition shows some of the management challenges and programme components at each level.

- b) There is need to clearly arrive at a consensus on core skill areas of public health which every one working at any level must have. In addition, a supplementary list of non-core but defined areas of activity must also be outlined.

In the UK situation, the core and non core areas were outlined as such:

Core

- i. Surveillance and assessment of the populations health and well being.
- ii. Assessing the evidence of effectiveness of health and health care and health related interventions, programmes and services.
- iii. Policy and strategy development and implementation.
- iv. Leadership and collaborative working, for health and well being.

Non Core

- v. Health improvement
- vi. Health protection
- vii. Public health intelligence
- viii. Academic public health

ix. Health and social care guidelines

In the region, there will be need to adapt these to our own public health system levels and challenges evolving our own core and non core areas.

See the Public Health skills and career framework cube

- c) The third idea which is good from this model is that we can see these core competencies and defined competencies as a sort of skill continuum so that at the ground level all community based health workers have these skills in its basic community oriented format.

As the worker moves up in his /her career to other levels of the public health skill pyramid, they may be expected to have move complex and sophisticated versions of these same skills and competencies and these skills may be acquired by in-service staff development; new courses and degrees or in-service continuing education.

- d) The fourth idea from this new framework is the recognition that there are staff within the public health delivery system at different levels and similarly there are additional work force that can influence the determinants of health. A constant process of identification of these two broad groups of stakeholders as partners in the same

2.4. Some new challenges

With increasing recognition or understanding of social, economic, political, cultural and ecological determinants of health and their impacts on public health system development some newer skills / capacities are also evolving as crucial challenges to district level public health managers. A consultation held as a part of the process evolving this document highlighted some of these challenges⁵

a) Leadership and decentralized governance

There are growing concerns about instances of corruption and lack of leadership at the district level. The attitude of passively being a silent spectator to corruption also needs to be changed to becoming more proactive and taking responsibility for change.

b) Public Health Law and Ethics

With greater understanding and evolution of the 'Rights paradigm' on the hand and the increasing de-ethicalisation of the market driven development of medical / health care and policy on the other hand the public health manager must be conversant and skilled in handling issues of Public Health Law, Ethics and Right to Health.

c) Research, innovation and development

There is constant need to gather evidence of the action and evidence of the impact. Therefore, Research and Development skills and ethos becomes an important part of the district level challenge. Constant monitoring and evaluation; participatory and action research and the awareness and skill in deployment of quantitative and qualitative approaches to evidence gathering for health policy change or health system development is an important and evolving new skill challenge for the manager.

d) **Crisis Management skill**

Finally, while the overall public health management approach and skills are focused on the average district profile, the increasing complexity of larger economic, social and political determinants on the emerging situations and challenges at district level require public health managers to be ready and alert to new emerging situations and unexpected developments at district level, which can have a health significance and impact. For the purposes of this manual, we have called this – **a crisis management skill**. A number of scenarios come to mind from recent developments in the region. These include:

- **Rapid urbanization** and growth of urban slums due to unplanned urban development and epidemics of ill health in these clusters.
- The increasing marginalization and **displacement of communities** due to mega development projects, deforestation, and special economic zones etc and the emergence of temporary and permanent camps.
- **Natural and manmade disasters** and their effects on the economy, life style, development and health of affected communities e.g. Earthquakes, Tsunami, Cyclone affected district.
- **Large-scale migration** due to drought, labour shortages and development contracts leads to import diseases.
- **Conflict** including small and large wars, and social and ethnic unrest. (the insurgency in many parts of country)
- **Climate change** and its effects on the ecosystem and health situation – Flooding and or drought situation.
- Finally, the global, national, local **economic downturn** and its effects on health systems at district and community levels.

All these challenging situations in a district need additional gearing up by existing public health management systems to meet new challenges, new health emergencies and new crisis situations.

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Further Reading

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