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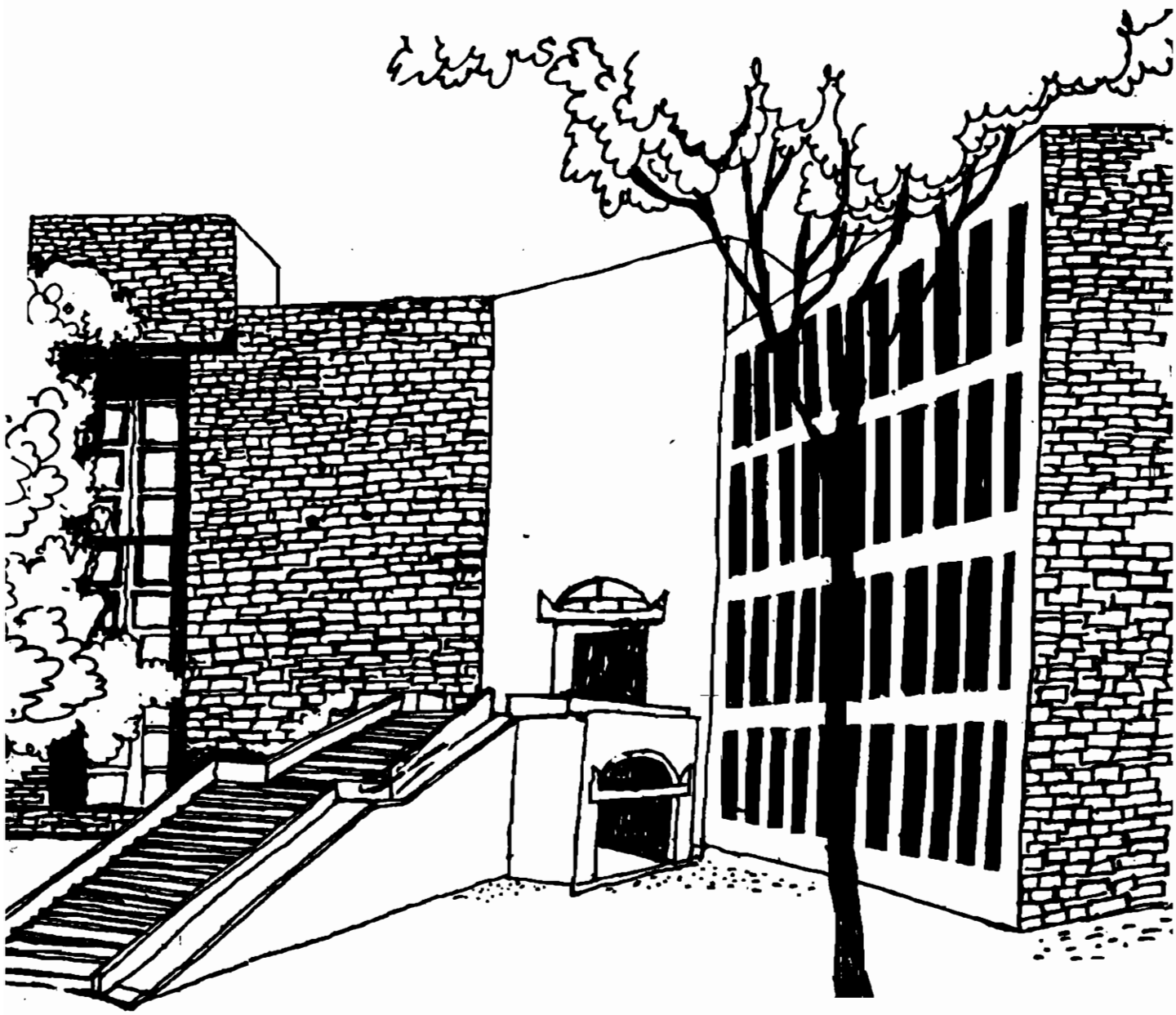

NEED AND CHALLENGES OF MANAGEMENT EDUCATION IN PRIMARY HEALTH CARE SYSTEM IN INDIA

By

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W.P.No.98-11-05
November 1998 1483

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Need and challenges of management education in Primary Health Care System in India :

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Abstract:

Primary Health Care system in India is very large and covers almost all the parts of the country. It has more than 20,000 PHCs and 140,000 Sub-centres spread in more than 400 districts. This system consumes large amount of resources and is the system which provides the services for primary care including preventive programmes. The system is mainly managed by doctors, some of whom have brief public health training. This paper argues that given the lack of training of doctors in management it is imperative that the doctors who are put in charge of the PHC system receive reasonable skills and training in management so that the resources spent on the PHC system can be utilised well - in an efficient and effective manner. Unfortunately the experience so far has been that there is hardly any systematic effort on adequate scale to meet the training needs of the PHC system for management training. The efforts done so far, even under the internationally supported projects are too less and of poor quality. It is also observed that most management training is very divorced from the day-to-day realities of the working of the PHC system and the kind of challenges they face. Finally the paper argues that substantial efforts will be needed to be put in preparing doctors for the management posts in the PHC system. This will require large investments in training and linking training to practice in the field. The paper also reviews available documents of the newer projects in health to see if there are indications that such a training will happen in future. The paper argues that there is a need for developing a separate health management cadre in India who will be trained in public health and health management to take up leadership role in PHC system in future.

(Paper prepared for presentation at **International conference on "Opportunities and challenges in health management education in India" to be held at BITS Pilani on 12-13 Nov. 1998.)**

(I) Background:

Over the past four decades India has developed a large infrastructure for the primary health care rural areas. This infrastructure includes Primary Health Centres, Sub-Centres, CHCs, and district hospitals. (See table 1 for details). Almost all of the infrastructure in the rural as well as urban areas is staffed by paramedics and doctors. This PHC infrastructure is managed by doctors and general administrators at the state and central level.

Table 1. Government Health Infrastructure in India

Level of health facility	Number of institutions
Medical college hospitals	150
District hospitals	400
Community Health Centres (CHC)	3,000
Primary Health Centres (PHC)	20,000
Sub - centres (SC)	130,000

Note: The numbers shown in the table above are approximate figures and are presented to give a rough understanding of the scale of health infrastructure in India.

(II) Lack of management training:

There are no professionally trained manager at any level in the PHC system. The health department hierarchy in some states such as Gujarat and Maharashtra, mandates that district level and higher officers be trained in public health. Most doctors in charge of clinical facilities such as CHCs, rural hospitals and district hospitals are MBBS doctors or clinical specialists with no training in management. One of the reasons for the sub-optimal results in the health sector and family planning programme is the lack of appropriate management inputs.

In the undergraduate curriculum established by Medical Council of India (MCI) management has received very less attention. It forms a very small part of Community Medicine. The regulation on Graduate Medical Education 1997 states "to understand the principles of health economics, health administration, health education in relation to community" as one of the many objectives for knowledge in the subject of community medicine, which is one of the 13 or so subject covered in the undergraduate curriculum. The mention of management training during the one year internship is also equally cursory - it states " Learn the management of National Health programmes;" and " Acquire managerial skills, delegation of duties to paramedical staff and other health professionals." Among many things in the community medicine related section of the internship section of the Graduate Medical Education regulation [1].

[1] Medical Council of India: Regulation on Graduate Medical Education 1997. MCI, Aiwan-e-Ghalib Marg, Kotla Road, New Delhi- 110002. Pp 31 & 71.

Lack of management training in the basic medical and para-medical training curriculum has lead to the situation where medium to large organisations in primary health sector such as District Health Organizations and State Health Departments are managed by doctors who are trained only to provide direct clinical services or some public health training. Even at the Central Government level the Director General of Health Services and various other technical heads of the Health and Family Welfare department need not have any training in Public Health or Management. Even in local Municipal Corporations, covering large cities the Medical Officers of Health may only have a diploma level training public health but no formal training in management.

For last few years some efforts have been made to provide in-service training to doctors at the PHC level on management aspects at primary health care under various internationally assisted projects in health sector. But there are very few systematic efforts to provide management training to superintendents of CHCs, Taluka hospitals and district hospitals. Even superintendents or directors of large medical college hospitals do not have any training in management and there are no professionally trained managers to support directors or superintendents in such large public hospitals. In this situation medical doctors work as managers using their innate ability, learning management by experience, rather than following scientific methods of management.

Why is management not perceived as an important input for Primary Health Care system ?

"Management" has only relatively recently become an important discipline of study even in the industrial world. Earliest scientific management is only about 100 years old and the systematic teaching of management in India only about 35 years old with the establishment of Indian Institutes of Management. As things change very slowly in India, especially in the public sector and academics, the Medical Council of India (MCI) and the government have not yet taken any major steps to incorporate management disciplines into medical training.

Secondly, till a few decades ago most medical establishments in the public and private sector were small and therefore could be managed like a small family business using informal ways; and hence it did not require professional managers. In the private sector most doctors practice solo on out patient basis. Some doctors, largely surgical specialists, have their own small hospitals or nursing homes of 10-30 beds. This type of practice also did not need and could not afford professional inputs to manage the clinic or the hospital. Given that there is hardly any insurance system and minimal legal requirements, there is very little paper work needed. This also meant that the owner-doctor could easily manage his clinic or hospital.

Thirdly, even in big hospitals due to tradition, ego of specialists and work culture of medical organisations, each clinical unit workes almost like an

independent entity with little control by the hospital authorities. The hospital authorities provide and control nursing and other support services. Also due to the high level of training of the doctors in medical organisation the non-medical people have only a peripheral role in the administration of the health facilities. Doctors have always resisted non-doctor administrators in health facilities.

Some government and NGO run primary health services and the hospitals even if big were still seen as "welfare activities" with fixed budget with no focus on performance, quality, costs or return. In such a situation again there was no perceived need for professional management inputs - the doctor-administrator was seen as adequate. Only inputs provided in "Health Administration" as part of public health training to middle level officers in the PHC system.

One more reason that management has not arrived on the medical scene is because most of the classical management theory grew out of manufacturing setting and continued to be linked to manufacturing even now. Management of services organisations is only a recently emerging sub-discipline. Management teaching has been substantially quantitatively oriented and doctors have no clue of mathematics or statistics beyond what they learnt in pre-degree science or in school. This makes them averse to numbers and quantitative techniques which are frequently used in modern management.

The last important reasons for non-professionalization of health management in India is that the government which itself owns and runs the PHC system is managed highly bureaucratically. It has not changed its administration substantially from the more than 100 year old pattern of administration that the British left us with as the legacy of the Raj. In this overall administrative culture of the past, it is very difficulty to imagine that health sector could be any exception.

(III) Efforts in the PHC system to improve management training.

The government health sector has substantial training infrastructure under its control including apex institutions, medical colleges, state training institutions and regional training institutions. See exhibit 1 for government training infrastructure in health. Inspite of this, there was no systematic large scale training effort to improve training in management of health services at national or state level during the past decades. Prof. Rameshwar Sharma, a noted health educationist and the first director of Indian Institute of Health Management Research, Jaipur, concluded in a paper on status of health management in India some time ago by saying " the public health association should undertake the responsibility of working out a proposal for consideration by the Union Government for promoting training in management and epidemiology ...."[2]. The situation has not changed very

[2] Sharma R. An Indian perspective on epidemiology and management education. Journal of Health Administration Education Vol 7 (2), spring 1989, PP. 356-372.

much after this as evident in the editorial by Dr. Sundar Lal Prof. and Head, Dept of Social and Preventive medicine, Pt. BDS PGMIMS, Rohtak, in the Indian Journal of Community Medicine. He concludes by saying "Management training is the need of the hour and it can be introduced at undergraduate level. ....'Continuing education system at various levels should increasingly pursue health management training besides building technical skills".[3] Currently the management component of the 4 and half year MBBS curriculum as recommended by MCI is only 20 hours. It is unclear as to how much emphasis is given on management during internship, our feeling is it is very less, if any.

But there were some scattered and small efforts in the public system in recent past to increase training in health management. Here we review such efforts that we know in the public sector. As India is a very large country with 13 major states and many small states, there may be some other efforts in public sector at the state level that we are unaware of. In the past few years there have been substantial efforts in the private sector with the setting up of institutions and programmes in health management which we have not reviewed here, even though some of those programmes do provide occasional training to managers in the public health system. Such efforts are a promising sign, but we will have to wait to see if these initiatives will succeed and help professionalise the hospital management scene in India or not.

National Institute of Health and Family Welfare (NIHFW) had developed management training modules for PHC doctors, district level health officers and other category of staff in late 1980s. Over last four years NIHFW has developed one year distance learning programme for district level health officers and medical officers in charge of hospitals. The response to this programme has been quite good but its content needs substantial improvement. Secondly, being distance learning programme the actual inputs cannot be compared with residential and interactive programme. There are a few other institutions which run separate programmes for management at PHC and district levels. But looking at the number of PHCs, CHCs, district hospitals and other health facilities such training is highly inadequate in quantity as well as quality.

Management training efforts under externally assisted projects:

There have been some management training efforts as part of the "Area Projects" , India Population Projects (IPP) and other special projects which are supported by bilateral and multilateral donors in various states. One of the first management training efforts were under taken in IPP I & II in UP with help from IIM Ahmedabad in the mid seventies. This effort was pioneering and used an interesting methodology of learning from the field, developing

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[3] Sundar Lal. Status of Health Management Training In Medical Collages. Indian Journal of Community Medicine. Vol XXIII, No. 3. July Sept. 1998. P. 95-98.

management training materials from these experiences and then doing the training along with systems development including MIS. This interesting experience ended prematurely due to internal emergency declared in the country and related problems with FP programme[4]. Later on, in Gujarat Management Need Assessment was done in USAID supported area projects in mid 1980s. Around this time there was substantial interest to improve district level health management and WHO supported such efforts in Gujarat, MP, Karnataka, and Orissa, which later on resulted in district team problem solving approach [5]. In early 1990s there were efforts to strengthen District Health Management in Orissa with support from ODA. Beginning in 1990s in UP, USAID has been supporting a large project called the State Innovations In Family Planning Project (SIFPSA). This is a 300 million dollar project covering 10 years. In this project, there are efforts to improve FP programme through increasing access, improving logistics and quality of services which are also management functions but there is no component of substantial management training in this project.

A recent review of training programmes in the World Bank financed Population, Health and Nutrition projects in India from 1972 to 1997, [6] indicated that in total of 22 health projects 3.5 Billion dollars were spent of which 267 Million were spent on training, which is merely 7.6%. IPP VI & VII were training projects totalling 233 Million dollars of which, 31 million (13%) were spent on training. This review of training in Bank funded projects shows that overall training has been a very small component of the projects, and Management training component, even though not clearly identified, seemed to be even smaller part of this small training component. The evaluation of the completed projects in terms of its training part does not give a very encouraging picture. For example one of the conclusions in the report related to IPP VI & VII (the training projects) states " Knowledge and skills related to some specific area of service delivery, such as temporary methods of contraception, etc., were poor among the health workers "; "There was need to enhance training skills of most trainers at state and district level so shat they could use participatory methods of training and initiate an integral system of ongoing measurement of learning of the participants; ... ... there was no significant change in the policies related to training components..." (P. 14)

The in-service training provided to the medical officers of PHCs by the state institutes of health or other similar organisations is also quite limited. For

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[4] Maru RM, Murthi N, Saita JK. Management internvetions in established bureaucracies: Experiences in Population Programme Management. Ch 8 in. Beyond Bureaucracy. Ed. Ickis JC, Jesus E. Maru R. Kumarian press, west hardford, CT. 1986. Pp. 155-181

[5] WHO, District Team Problem Solving Guidelines for Maternal and Child Health, Family Planning, and other Public Health Services. Division of Family Health and Div. of Epidemiological Surveillance and Health Situation and Trend Assessment. WHO, Geneva, 1993, WHO/MCH/MEP/93.2. P. ii.

[6] Ramaiah S. Review of training programmes in Bank-financed population, health and nutrition projects in India (1972-97), paper presented in a workshop supported by Operations Evaluation Division, The World Bank, Washington DC. April 2-3 1998.

example , the training provided in Gujarat to PHC Medical officers under World Bank Supported Indian Population Project VII is of 15 working days duration and focuses mainly on various administrative aspects such as Organizational structure, national health programmes, health planning etc. The focus on newer concepts in management such as strategic management, quality improvement, Human Resource Management is non-existent or very limited. The detailed schedule of this programme is given in exhibit 2 . The quality of this training including training methodology, materials distributed, and capabilities of trainers require substantial improvement. The duration of the training also is too short for meaningful improvements in skills. At this level the doctors also do not have any training in public health besides what they have gathered at under graduate level in preventive and social medicine, hence substantial part of the training is devoted to orienting them to the health system and national health programmes.

(IV) Problems with existing health management programmes:

The review of the existing programmes of improving management training for primary health care show that there are several problems which constrain its effectiveness. These are discussed below.

As noted above most programmes are too short to really develop skills and competencies of the doctors in managing PHC system. Most programmes are of 1-2 weeks duration. Compare this with a MBA equivalent programme at IIM which is 2 years full time in-residence programme. In this programme there are 3 terms in each year and in each term the students have to take 4-5 courses of 25-30 sessions of one hour and ten minutes each, totalling to roughly 700-900 sessions over 6 terms. Many courses require case analyses, presentations, exercises and projects. There are quizzes, tests, term papers and reports besides formal exams for assessment. The condensed form of this programme at our institute is the 4 month Management Education Programme (MEP). See exhibit 3 for content of this programme. The shortest general management programme at the institute is the 4 week Middle Management programme. The short duration courses done in the health department can at best provide some orientation and appreciation of management concepts and techniques, but can not be expected to develop skills or attitudes; and hence are not as effective as a long term training programmes in developing good managers.

The second major problem with the quality of training in health management has been that the available training programmes are generally quite theoretical, mainly cover old-fashioned "health administration" topics rather than modern management concepts and techniques. Substantial part of the training is devoted to public health topics and understanding of national health programmes. Training is delivered mainly through lectures with little participation of the trainees in the process. Such management training is operationally oriented rather than having strategic orientation, it has focus on implementation of specific health programmes rather than decision focus. It is

descriptive and prescriptive rather than problem solving, innovative and action oriented.

The organisations which provide such "management training" (such as state institutes of health, and regional health and family planning training centres, and even some national institutes) do not have adequately qualified, experienced or committed trainers for management teaching, and hence have to substantially depend upon guest lecturers from various organisations. Such dependence on external resources has its negative aspects. Many of the training organisations do not have field practice areas or active action research programmes where there faculty could find out new approaches and implement them in the field. There is also very little materials development efforts taking place at such training institutions which reflects on the quality of training.

There is no mechanism of systematic feed back from the trainees after they go back and try to implement some the learning in their day to day work. The integration of training with day to day work is also very weak and hence most trainees don't find the training they undergo relevant. This decreases their receptivity and will to learn.

Given this training situation in the government, the PHC system is still substantially managed by doctors who do not have adequate training in management. This leads to several problems including inefficiency, wastage of resources, lack of accountability, and poor quality of services as well as frustration and demotivation in the staff.

(V) Review of on-going and future health and family welfare projects:

The finding of lack of systematic management training efforts in PHC system leads us to study the on going and future projects which are planned in the health and family welfare sector to see if some of the problems identified have been recognised and if in near future the projects which are planned will address the needs of management training. Our findings are presented below.

Review of various project documents related to the new health projects such as Reproductive and Child Health (RCH) project funded by World Bank reveals that there is no provision for substantial improvement of management skills at various levels. Out of the total budget of 309 Million $, 11 percent is devoted to training, most of it seems to be technical training at lower levels, even though "management improvement" is mentioned as one of the several training topics [7]. Unfortunately, when this RCH programme is reflected in Government of India's document, there is no clear mention of efforts for management improvement except for brief mention of management

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[7] Project Appraisal Document: India Reproductive and Child Health Project, World Bank, Population and Human Resources Operations Divison, Country Department II, South Asia Region. New Delhi. April 29, 1997.

information system and training[8]. In this document of the GOI, it is shown that out of total budget of Rs. 5113 Crore, only Rs. 310 Crore would be spent on training which is just 6.1 percent of the total. Analysis of State Implementation Plan for RCH project of Gujarat also reflects this lack of management training for medical officers, district level officers and state level officers [9]. Here we are citing the example of RCH project as one of the recent externally assisted projects to show that projects focusing on specific components of service improvement in the PHC system tend to neglect overall management capacity development in the PHC system. Projects such as Universal Immunisation Programme (UIP), Child survival and Safe Motherhood (CSSM) Programme had focused on specific aspects of the PHC service and provided infrastructure, equipment, supplies, and some technical training as well as some planning and monitoring inputs. They did not help develop overall management capacity of the PHC system. It was and continues to be assumed while designing such programmes that the health department has adequate management capabilities and hence will be able to implement the project effectively with some specific support in a given under the project. World Bank staff appraisal report for RCH specifically mentions such capabilities of the health department to justify the project financing.

Unfortunately, many such projects have suffered because of a lack of systematic management training and capacity in the health department. There has not been a systematic effort to develop capabilities of the health department in the area of health management. Some efforts in this direction have been made with World Bank assistance under the India Population Projects (IPP) specifically IPP-VII and VIII where State Institutes of Health and Family Welfare (SIHFW) were developed in several major states. It is not clear how effective these institutions have been in improving management training at various levels. At least from the experience of one state it seems that these institutions may not have had the required capacity and skills to provide high quality health management education. Even some of the national level institutions who have started health and hospital management programmes find it very difficult to attract and retain high quality faculty to provide good health management education. Even in our own institution which is one of the oldest and most reputed management training institute, the problem of retaining high quality faculty remains an important issue. The capacity to deliver training is constrained by availability of competent faculty. Under the RCH project there will be a special cell to manage training activities located at NIHFW. The cell will have 17 consultants to provide technical inputs in the training activities.

(VI) Suggested Training Options in Management

8 Reproductive and Child Health Programme: Schemeds for Implementation, Government of India, Dept. of Family Welfare, Ministry of Health & Family Welfare, Oct. 1997.

9 Reproductive and Child Health Project, Gujarat State: State Implementation Plan, Dept. of Helath and Family Welfare, Governement of Gujarat, Nov. 20, 1996. (Revised in Jan.'97).

Given the situation it seems that the only currently available and practical alternative for management training for lower level health managers such as medical officers of PHC and superintendents of CHCs would be the state training institutions such as State Institutes of Health and Family Welfare, State Institutes of Public Administration, some university departments of management or public administration, Preventive and Social medicine or Community Medicine departments of medical colleges. For district level managers such as district health officers, superintendents of district hospitals training at regional health management institutions needs to be identified. For higher level health managers, such as Directors of Health Services, Health Secretaries and Superintendents of medical college hospitals, national health management institutions (such as Indian Institutes of Management, IIHMR Jaipur, TISS Bombay, NIHFW New Delhi, AIIHPH Calcutta, Upgraded departments of PSM in medical colleges,) can be identified for management training. Management training should be made compulsory for promotion to important management positions in the health system. The minimum duration of suggested training at different levels is given in the following table.

Table no. 2 Suggested duration of Management training at various levels.

Category of staff / at what level of promotion.	**Duration of Management Training**
MOPHC to MOPHC, (block level), Specialist to CHC superintendents,	4 months
Block level MO PHC to District level health officers (ADHO/Dy,CMHO)	DPH + 6 months
CHC superintendent to Superintendent of District hospitals	3-4 months
District level health officer to State level health officers	3-4 months
Head of the Department to Medical Collage hospital superintendent	4-6 months.

The key areas of management that should be covered during the training for PHC managers should include all functional areas of management such as accounting, finance and economics, self management, organizational behaviour and human resource management, marketing and communication, service management, quantitative and qualitative methods application of information technology, strategic management and legal aspects of managing public organisations. Health management training should be integrated with training in public health and should cover key areas of public health such as health policy, public policy, health planning, national health programmes, epidemiology, prevention and environmental health.

If strong health management system is to be developed in the country, there is a need to develop a separate Public Health Management cadre as one of the central services on the lines of IAS and IPS with proper selection, training

in public health and management and with wide power and autonomy to manage the health system. Such a cadre will attract bright doctors for joining health management careers.

Conclusion

From our review of management training in PHC system, it seems that the health sector is substantially undermanaged and has not received as much attention as other economic activities such as industry and manufacturing. This is because of the fact that health and other social services are still seen as 'Welfare activities' and not commercial activities. Secondly, in the government sector, profit making is not an objective it becomes very difficult to measure performance of health organisations. It is high time that Primary Health Care is seen as an important activity supporting economic growth and hence should receive required attention in terms of improved management. For this to happen besides political will, the country will require a cadre of competent and committed health managers, which can be developed only by providing good institutions where they can be trained. Management by intuition and innate ability of well meaning doctors is a thing of the past and is no different than practice of traditional medicine in today's modern world. It is surprising that the so called modern medical sector in India is still dependent on traditional informal management systems.

Concerted efforts are immediately required to develop management training for the health sector focusing on primary health care and rural health which are neglected aspects even in medicine. To make management training more effective, it has to be a part of the development of the health organisation with support from a separate public health management cadre in the health system.

Exhibit 1 :

Training Infrastructure in Health and Family Welfare Department.

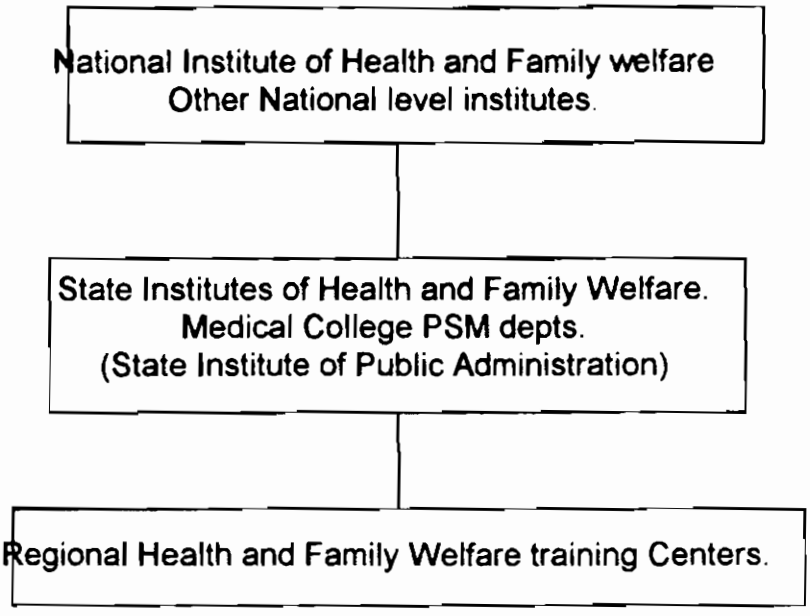

Exhibit 2.

Schedule management training programme for PHC Medical Officers in Gujarat (duration 15 working days).

Session #	Topic
1	Concepts in General Management
2	Health & Family Welfare Policies in India
3	Organizational Set up of Health Services
4	Objectives and Management of Major National Health Programmes and Activities
5-6	Organisation (Roles and Responsibilities)
7-8	Planning PHC Health Services
9	Task Analysis of MO PHC
10	Role of MO in implementation and co-ordination of PHC Health Services
11-12	Monitoring and Evaluation
13- 15	Personnel Management
16-17	Supervision
18-19	Team work
20-21	Leadership and Motivation
22	Communication
23-26	Financial Management
27	Problem Solving
28-29	Conducting Staff Meeting
30	Vehicle Management
31	Materials Management
32	Dai Training Programme
33	Vital Statistics Registration (VSR)
34-38	Medico-Legal Cases
39-40	Training
41	Management Information System
42	Health Statistics
43	Patient Referral System
44	Training Management
45-53	Preparation and presentation of the report on Field Visits & home assignments.
54	Post Test
55	Presentation of Steering Committee
56	Areas of Clarification

Exhibit 3:

Major topics covered in Management Education Programme (MEP) in IIM Ahmedabad. (Duration 4 months)

Sr.No	Topic	Sessions
1	Business Policy	39
2	Economic Analysis and Policy	26
3	Organizational Behaviour	26
4	Production and Operations Management	25
5	Decision Analysis	24
6	Computer Based Information Systems	28
7	Marketing Management	35
8	Human Resource Management	15
9	Managerial Communication	14
10	Competitive Strategy	13
11	Working Capital Management	13
12	Cost Accounting	12
13	Financial Accounting & Analysis	11
14	Financial Management	11
15	Financial Markets	10
16	Supply Chain Logistics Management	9
18	Management Control Systems	8
21	Services Management	4
22	Negotiation	3
	Total	326