ON BEING IN CHARGE

A guide for middle-level management in primary health care



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A GUIDE FOR MIDDLE-LEVEL MANAGEMENT IN PRIMARY HEALTH CARE

by

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Introduction

This guide has been conceived and written as part of the efforts of the World Health Organization to help its Member States to reach the social target of "Health for all by the year 2000".

At the Alma-Ata International Conference on Primary Health Care, in 1978, it was declared that primary health care is the key to the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

Primary or essential health care is the first level of contact of individuals, the family and community with the health system, bringing health care as close as possible to where people live and work; it is the first element of a continuing health-care process. It needs the participation of the people at local level in the planning and implementation of change, to provide services such as clean water, good food, education and sanitation.

The World Health Organization published in 1977^b for health auxiliaries and village health workers, and their teachers, " THE PRIMARY HEALTH WORKEP: Working Guide; Guidelines for Training; Guidelines for Adaptation", which has now been adapted and translated in about 20 countries.

Experience with health auxiliaries and village health workers has shown that their success depends crucially on the support and supervision they receive. This present guide, "On being in charge", is intended to help health workers who are responsible for this support and supervision, and for the organization and continuous support of primary health care programmes. It is a sequel to The Primary Health Worker and also a contribution to the better management of health care systems, which is a current concern of so many health administrations.

Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Geneva, World Health Organization, 1978, pp 3-4.

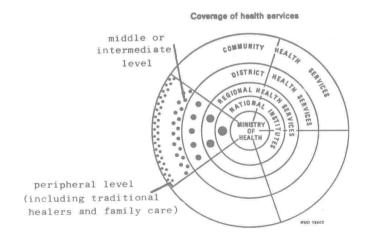
^bA revised edition has been published in 1980.

The management functions of health workers

Health workers with management responsibilities are first and foremost responsible for day-to-day health care, which includes also health education of the public, disease prevention and rehabilitation. Because these health workers are usually assigned to a geographic area, they are responsible not only for the support and supervision of a health team that includes community-based health workers, but also for other aspects of community development. Thus, although most health workers are not trained as managers, they have certain definite management functions in planning and organizing health activities. And now that it is recognized that primary health care depends on the employment of village health workers, with minimal training, the middle-level health worker will be called upon more and more to function as a manager, and consequently needs to be trained in management skills.

The titles, functions, training and responsibilities of health workers vary from place to place. The typical category of health worker for whom the guide is intended is a public health nurse/midwife or a medical assistant. But other health workers in charge of any primary health care activities also should find certain sections of it useful. Management principles apply to various functions for which a person is responsible; hence the title: On being in charge.

Most health services have a hierarchical structure, as shown in the following figure. There is a two-way relationship of referral and supervision at each management level. This guide deals with the relations at the middle or intermediate level of a health system. The health workers at the middle level are key persons in the health development component of national development. While general policy and certain technical guidelines may be conveyed from the central or provincial level of the health service, policy implementation in the form of viable health programmes depends largely on the quality of middle-level management.



The figure shows the organization and coverage of health care institutions in a country on the basis of the primary health care concept. The dots in a section of the circle represent health care institutions in one region of the country.

Management and the community

One of the goals of health management is to make health care available to every family in an area. To do this effectively, the health worker should work with the community to assess its health status and needs and to identify its health problems. He must be in touch with workers in other sectors such as agriculture and education, with political and religious leaders and with voluntary organizations. Together they may bring about improvements such as irrigation, protecting a well or spring, training traditional birth attendants or persuading voluntary groups to teach good nutritional practices. The health worker, as manager, has to plan and organize such programmes, often in difficult circumstances, with insufficient staff, equipment, drugs and transport. In such conditions, the selection of priorities, the efficient use of resources, and the continuous assessment of programme activities are of prime importance.

How can a person in charge of a health area, with a small staff and limited resources, serve so many people? The answer lies in working with the most important resource, the community itself. People are a nation's most precious resource. Community action can provide an opening for extending health care by building on what the people already know. Promoting and helping to organize such activities is an essential part of management.

It requires considerable skills in management to work in this way with the community, to lead a health team, and to support, supervise and evaluate health activities in an area. It is with learning such skills that this guide is concerned.

The benefits of good management in a health service

There is a recognized gap between what is known and what is done: between knowledge and its application. In simple terms, we know how to prevent measles but children still die from it. The same applies to a wide range of infectious, parasitic, nutritional and environment-based diseases that still afflict millions of people as if our medical knowledge did not exist.

There are no simple ways of applying knowledge in complex social situations. Questions arise about health priorities, the use of limited resources, the training of manpower and the evaluation of a service and its impact. But it is now recognized that applying the general principles of management can help in making priorities that are more revelant, in making informed judgements, and in using limited resources better. "Without efficient management, attempts to improve the organization, structure and functioning of services will meet with little success".

Management principles can be applied at all levels of an organization — in the ministry of health, the regions, hospitals, health centres and district services — and equally to the clinical specialist as to the village health worker. It is a common mistake to regard management as a function of those at the top of the hierarchy only. To be effective, good management must permeate the whole organization. Well conceived programmes fail because of confusion at the periphery.

¹ Modern management methods and the organization of health services, Geneva, World Health Organization, 1974 (Public Health Papers, No. 55).

Good management is to an organization what health is to the body: the smooth efficient functioning of all its parts. Good management highlights priorities adapts the service to the needs of a changing situation, makes the most of limited resources, improves the standard and quality of service, and maintains high staff morale. Good health management means good health care.

* * *

This book is a guide, not a textbook. This means that it is meant to be used and applied in particular practical circumstances. Just as one learns to examine a patient only by examining a patient, so one learns to manage only by managing.

It is not necessary to read this book from beginning to end, or to read all of it.

Method of study

This guide may be used in several ways, depending on circumstances:

- An individual health worker providing health care services may be aware of some concrete problem that hampers his effectiveness and may wish to solve it on his own as far as possible. In that case, he should:
 - try to formulate clearly the nature of the problem
 - study the lists of contents and objectives of the guide
 - read only those chapters that deal with the problem, and perform the related exercises
 - apply in practice what he learns in this way, and
 - adapt or modify what he applies in accordance with his experience.

For instance:

It may happen, as one is about to dispense a pain-reliever, that it is found to be out of stock. The problem is presumably how to replenish stocks in time. The chapter on this topic in "Managing drugs" and the related exercises should help in dealing with the problem.

If, in studying that chapter the problem is found to be a different one, e.g., lack of administrative authority to purchase drugs, the health worker will need to study that aspect as well before raising the issue with the supervisor.

- 2. A health worker in charge of health care activities carried out by other people as a team, becomes aware of some issue of work organization that affects the team's efficiency. In that case he might
 - raise the issue with his team partners and identify the problem (without necessarily agreeing on one interpretation of its exact nature at this point);
 - then with the team members identify the chapters that deal with the problem as it has been interpreted by the team and agree to study them individually and do the relevant exercises;

 in a further staff meeting, exchange ideas and opinions and, by discussing the concrete issues, attempt to reach one agreed solution to the problem.

In applying the agreed solution as a team, the health worker-in-charge will soon learn how much further adaptation and improvement of the methods indicated by the guide are necessary in practical applications. He may discover also that some other chapter of the guide has something to offer in another aspect of management, and make provision for more in-service problem-solving group discussions. For instance:

Somehow or other you lag behind schedule in the nutritional surveillance programme. Your team may come to the conclusion that targets were unrealistic in the first place. Objectives and perhaps activities also have to be replanned. After study of Chapter 3 (The Planning Function) in Part I and Chapter 1 (Planning Health Activities) in Part IV, your team agrees to a series of working sessions to revise the plan for the next financial year. In the process of replanning you realize that there may have been something wrong in the way the budget for the nutrition programme had been presented. Your next workshop will deal with that issue...

- 3. A health worker who solves management problems without difficulty as they arise is curious to know what it is that seems to trouble other people. In that case, the following approach is suggested:
 - read Part I
 - try out the exercises at the end of Part I
 - new ideas about the subject can then be shared with other health workers
 who continue to be troubled by their own problems; This can be done with
 or without the help of the guide
 - if in this process the health worker discovers an area of interest which seems to be dealt with in other Parts of the guide, they can then be studied
 - when there is nothing more to be learned from the guide, it should be passed on to someone who can make use of it.

Arrangement of this book

- Part I explains in simple terms the general principles of management as a system of thought, and the functions of management.
- Part II is concerned with personal relations: how to encourage and coordinate a health team, to communicate with groups of people, and to supervise in a supportive way.
- Part III presents methods for the management of equipment and drugs and the functioning of a health centre.

Part IV deals with how to apply principles, methods and management skills to the planning, implementation and evaluation of an area health service.

A word about the layout of this guide:

It is divided into Parts (I to IV); each Part has several chapters.

Each chapter begins with a statement of learning objectives.

Each Part contains, after the last chapter, a number of exercises (see page 53 for example). Exercises relate to specific chapters, and are coded accordingly.