

On Being in

Charge

A guide to management in
primary health care



World Health Organization
Geneva

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A GUIDE TO MANAGEMENT IN PRIMARY HEALTH CARE

by

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in collaboration with
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Introduction

The first edition of this book was prepared soon after the historic Conference of Alma-Ata and the adoption by the Member States of the World Health Organization of the goal of health for all by the year 2000 by means of primary health care. It has been used extensively throughout much of the world during a period when many health care systems have taken new directions as countries have begun to implement their strategies to attain this goal. WHO is acutely aware of the difficulties that must be overcome if countries are to transform the principles upon which there appears to be universal agreement into functioning health systems based on primary health care, and ultimately into credible or genuine states of health for all.

From an early stage in the movement to establish primary health care as the basis for achieving health for all, it was evident that the principal obstacle was weak management, particularly at the district level of health systems. There are many reasons for this. Primary health care is a complex concept requiring the most efficient use of resources, which are almost always scarce, and implying choice and the setting of priorities. It involves communities in making decisions about their own health care and in accepting responsibility for protecting their own health. In dealing with malnutrition or ensuring a safe water supply, for instance, it involves sectors other than the health sector. Generally it requires the best use to be made of various categories of health worker, many of whom may be inadequately trained for the work they are expected to do, unused to working in teams, or dissatisfied with their working conditions. Health care is often a matter of persuading or educating people to change certain kinds of behaviour that affect their health. Sometimes community health workers are so much part of their communities that they need continuous training and support to enable them to take a lead in matters of health.

There are so many different variables to consider and coordinate that the management of health services and health personnel is difficult and can

never be perfect. However, the principles of health work are clear: the connection between the cause and the disease or disability must be broken. People can be educated and helped to work together to make a healthy environment. They can be helped to learn to behave in ways that will protect their own and their children's health, and thus avoid many of the causes of disease. However, they must be treated and cared for when they become ill.

Sometimes, the obstacles to good community health care services are so great that health workers seem to take refuge in doing what they can easily do, or what people expect of them, and simply stay in their health centres to treat those who come with symptoms of disease, without reference to cause. The patients return to the conditions that caused the disease and become ill again, and the health workers then miss the satisfaction of cooperating successfully with the people to make a healthy environment. Management is a systematic way of bringing about such cooperation. Its principles and methods are the same whether resources are plentiful or scarce, or conditions favourable or unfavourable. When resources are scarce and conditions are difficult the management effort necessary can also be difficult. Good management perseveres, however, and never loses sight of basic principles.

This guide to management is designed to help health managers — and nearly all health workers are managers in one way or another — to master by constant use the principles of good management.

Management principles are applied at all levels of a health care system — at the central or national level, in ministries of health and other national organizations and institutions; at the intermediate level, in regions or provinces or the states of a federal system, which may include ministries or other state authorities and tertiary- or secondary-level hospitals and health centres; and at district level, with its health centres and smaller units and district hospitals. The emphasis in this guide is on the district level, where high standards of management are vital to the functioning of health systems based on primary health care.

The district level

The form of organization of district health services based on primary health care obviously varies from country to country, but its essential characteristics are constant: full and universal accessibility, emphasis on

promotion of health and prevention of disease and disability, intersectoral action, community involvement, and decentralization and coordination of all health services or systems, governmental and nongovernmental.

In a given country, a district is an organized unit of local government, and a district health subsystem is a more or less self-contained segment of the national health system. It comprises, first and foremost, a well defined population living within a clearly delineated administrative and geographic area, either urban or rural. It includes all individuals, institutions and sectors whose activities contribute to the improvement of health. It also includes self-care, all health staff and facilities up to and including the hospital at the first referral level, and logistic support services.

Health services and health teams

The relationship between various health personnel at different levels of the health care system is generally interpreted within the framework of an organization's hierarchical structure, as represented, for example, in the form of a pyramid.

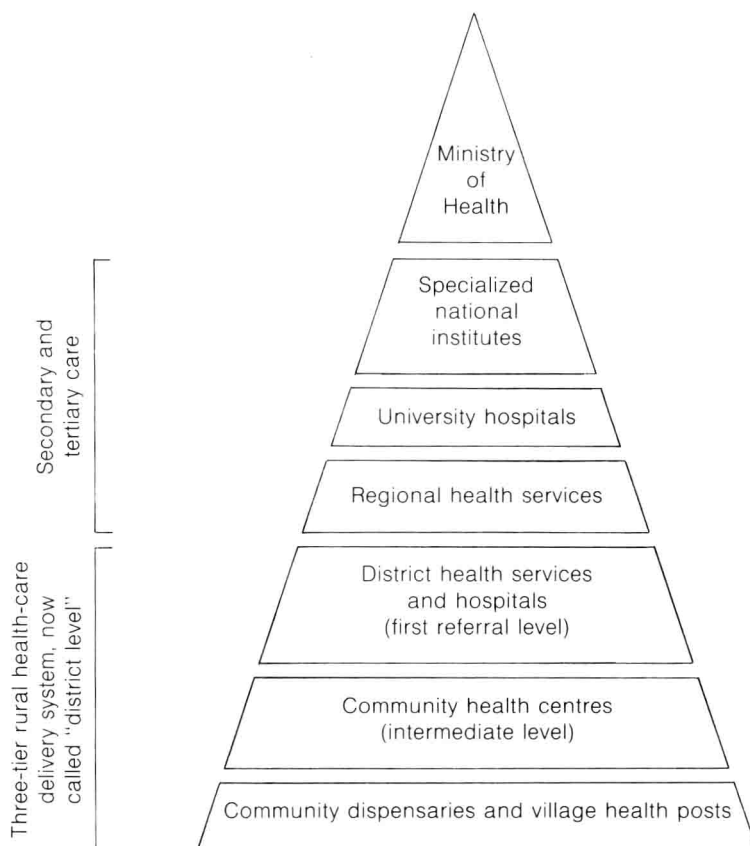
Such a structure suggests a two-way relationship, between a superior and a subordinate: supervision becomes merged with direction. In many countries, health services, and more specifically primary health care services, at district level have adopted the functional concept of health teams. Those who make up the teams may belong to one level or more of the health system.

It is a common mistake to regard management as a function of those at the top of the pyramid only and to give it little attention at intermediate and district levels. The effect is that well conceived programmes fail because of confusion at the lower levels of the pyramid.

Good management is to organization what health is to the body — the smooth functioning of all its parts. It highlights priorities, adapts services to needs and changing situations, makes the most of limited resources, improves the standard and quality of services, and maintains high staff morale.

The management of a health centre includes the management of the health of the entire population it serves. When the health centre is well managed, the community is healthier. If the community's health is poor or not

Pyramid of health services



improving, it is likely that the health centre, and the community health services in general, are poorly managed. If the community's health is improving, good management ensures that the improvement is shared by everyone, young and old, poor and less poor, poorly educated and well educated.

How to use this guide

Those people who have used the earlier edition of this guide have found that it may be used in several ways:

A student who has so far learned only to care for patients in hospital is deprived for the first time, perhaps during a rural assignment, of the familiar technical and educational support available in a teaching hospital. Such a student could be advised to study first Parts II and IV and do the related exercises, and then to study Parts I and III.

This sequence would allow the student to begin to work on familiar ground, namely the health team, and then move to the health of the population. Part I is somewhat theoretical and Part III may be new ground.

Individual health workers may be aware of certain concrete problems that hamper their effectiveness and may wish to solve them on their own, as far as possible.

For instance:

You may find that a pain-reliever that you wish to dispense is out of stock. Presumably the need is to replenish stocks in time. Chapter 2 of Part III covers “Managing drugs” and the related exercises should help you in dealing with the problem.

If in studying the chapter you find that the problem is a different one, e.g. lack of administrative authority to purchase drugs, you will also need to study this aspect before raising the matter with your supervisor.

A health worker in charge of the health care activities of a health team becomes aware of some fault in work organization that affects the team’s efficiency.

For instance:

For some weeks you have been behind schedule in the nutritional surveillance programme. Your team may come to the conclusion that its targets were unrealistic to begin with. Objectives and perhaps activities have to be replanned. After studying Chapter 1 (Planning health activities) of Part IV, the team decides on a series of working sessions to revise the plan for the next financial year. While revising the plan you realize that there may have been

something wrong in the way the budget for the nutrition programme was shown. Your next training workshop will deal with this matter.

A health worker who solves management problems easily as they arise wonders what other people find so difficult. In this case it may be advisable to begin by reading Part I and doing the corresponding exercises, and then to go on to items of specific interest.

Lay-out of the guide

This guide is divided into parts (I to IV) and each part (except Part I) into several chapters. Each chapter begins with a statement of learning objectives, which is a list of what the trainees should be able to do as a result of having studied the texts and done the exercises.

Each part contains a number of exercises after the last chapter. Possible solutions to these exercises are given at the end of the book, immediately before the Glossary.

Practise as you learn

Little can be gained by merely reading this book. It would be like reading a book on swimming in the middle of a desert. Only by applying in practice what is read can the skills of management be acquired.

Managing well makes work easier. It improves relations with colleagues and the service given to others; it makes life pleasanter and more rewarding and improves the quality of work. Managing well also leads to harmonious work; it lessens the irritations and frustrations that arise from confusion and poor organization.

TRY THE FOLLOWING EXERCISE

Preliminary exercise: Diagnosing management problems

The statements on pages 7 and 8 describe some of the problems that may trouble a health worker. Read each statement and ask yourself whether you agree with it. Using the scale on the right side of the page, record the extent of your agreement with a tick (✓) — one for each statement. Allow 15 minutes to complete the exercise.

	I totally disagree	I tend to disagree	I don't know	I tend to agree	I fully agree
1) I know exactly what tasks I am expected to do at all times					
2) We report to the administration the things they like to hear.					
3) I regularly attend the scheduled staff meetings to review problems of implementation					
4) I have occasionally been behind schedule in delivering my services					
5) During field visits, our team leader always takes time to listen to our difficulties					
6) I have experienced shortages of government funds during the past year					
7) The targets we agreed upon with the community leaders are easily met					
8) Members of my team are fully cooperative					
9) My salary is regularly paid on time					
10) The communities I serve have expressed full appreciation of the services they received last year					
11) The statistics on the chart at the health centre are not up to date					

-
- 12) I am adequately trained for what I am doing
- 13) Some of my colleagues are not adequately trained for what we are doing
- 14) There are frequent arguments among members of the team about our different duties and responsibilities
- 15) Occasionally I cannot do my work because of shortage of supplies
- 16) Coordination with other government departments is quite easy
- 17) Our leader is not fully informed of what we do
- 18) My job description has been reviewed and updated in the last three years
- 19) My partners in the team are not always sure what my job is
- 20) I spend far too much time on recording and reporting
- 21) Our norms of performance are quite realistic
- 22) Our objectives are never reached on time

How to interpret your answers

- (a) Record here your “total disagreement” answers to statements
1 3 5 7 8 9 10 12 16 18 21 (circle as applicable).
- (b) Record here your “total agreement” answers to statements
2 4 6 11 13 14 15 17 19 20 22 (circle as applicable).
- (c) Record here your “I don’t know” answers to statements (write numbers)

The circled entries under (a) and (b), and the numbers entered under (c), are likely problem areas that management could help solve or at least improve.

If you have circled 1, 4, 7, 21, 22, you probably need help in *planning*.

If you have circled 6, 8, 9, 12, 13, 14, 18, you probably need help in *organization*.

If you have circled 3, 16, 19, but also 1, 4, or 14, you probably need help in *direction*.

If you have circled 3, 5, 12, 13, you probably need help in *supervision*.

If the circled items were 6, 11, 15, 17, 20, you probably need help in the areas of *resources*, *monitoring* and *control*.

Items 2, 7 and 10 relate to *evaluation*.

If you have circled entries everywhere, then your trouble is the whole *management* field.

<p>GO ON TO THE TOPIC YOU HAVE CHOSEN TO STUDY</p>
