

INTRODUCING PROFESSIONAL MANAGEMENT IN PUBLIC SYSTEMS:
SOME OBSERVATIONS FROM IIMA'S RESEARCH ON
MANAGEMENT OF POPULATION PROGRAMME

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Since the last four years, the IIMA's Health and Population Unit is involved in an experimental project in six districts of Uttar Pradesh. The project was initiated by the Government of India with financial assistance from the World Bank. The main objective of the project is to find better ways of achieving national goals in family planning. It was hypothesized that improved management practices would lead to greater efficiency and achievement. We* were asked to figure out how the family planning programme could be operated more efficiently. The government wanted to know what could be accomplished within the basic programme structure. So most of our interventions were directed at improving work technology, systems development, and changes in management processes. We employed three different approaches: training, action research, and consulting. We generally became involved in quite operational roles in the implementation process drawing on the authority written into the agreements under which World Bank finance was being provided to the Government of India. While this helped us to gain formal entry into the governmental system, it took at least three years for management discipline to gain credibility from the health bureaucracy.

*In this paper, besides the authors, reference to 'us'/'we' includes all members of the faculty who have been associated with this project since its inception. Paper read at the 3rd Annual Conference of the IIMA Society, held at Ahmedabad, February 12-13, 1979.

Our efforts resulted in 12 research projects, training of all the managerial personnel at block, district, and state levels, and development and implementation of a Management Information System (MIS). However, we present only three illustrations to document our experience in introducing professional management in a public system.

Management Information System

Our initial studies of the performance of the family planning and health programme in the six project districts indicated two related characteristics. First, it was found that there was considerable unmet need for all types of health and family planning services. At the same time, the existing service capacity of the Primary Health Centres (PHC) was not being fully utilised. Second, the performance varied widely from PHC to PHC in spite of similar inputs.

These findings indicated the need to strengthen supervision and control of PHC operations. By 'control' we mean identifying poor PHCs and taking corrective action. The state administrators also saw the need for a monitoring system to ensure this. A monitoring system was then designed and implemented in all the six project districts. The main features of the system are:

- 1) It covers all health and family planning activities of the PHC and measures their efficiency and effectiveness through a few key indicators.
- 2) It compares performance of all PHCs in a district and categorises them as good, average and poor. This helps the district health officer to identify poor PHCs and to take corrective action.
- 3) It streamlines recording system at the PHC level and introdu-

has a one-page PHC summary report which contains information on programme activities, inputs and performance for all the programmes.

- 4) It provides for feedback reports to be sent from the state headquarters to the district and PHC managers. These reports provide feedback to PHCs not only on how well they are doing but also on why their performance might be 'poor'.

The new system had two immediate effects. One, the evaluation generated interest among administrators and PHC doctors because of its grading system. And second, the administrators at the higher level were able to identify problem PHCs not previously identified.

Because of these positive features the monitoring system has been legitimized in the departmental bureaucracy and all PHCs send their reports regularly and feedback is given within 45 days. However, the main purpose of the system is to initiate a cycle of problem-identification and corrective action which would ultimately lead to improvement in the overall performance. A few dynamic district officers have used the system to improve the performance. But in most cases diagnosis and initiating corrective actions have not been done. Even those officers who have tried to take action in case of poor performance, they have made no attempt to learn from PHCs showing consistently good performance.

We have also found that our original purpose of streamlining the records and reporting systems has not been achieved. The old system of keeping separate reports for each activity continues even now. Also, any new schemes implemented by the state government brought its own separate reporting system.

Improving Work Technology: An Action Research

The monitoring system was aimed at improving management control within the health and family planning organisation. It was felt that improvement in performance of the programme was not only determined by internal control systems but also by the effectiveness of the interface between field workers and the clients. One of the experimental studies aimed at understanding the extent to which the family planning workers are equipped with technology for such interpersonal communication and influence, and then to experiment with mechanisms of developing such communication skills in the workers.

The study was conducted in four phases. 1) The field workers' transactions with the clients were observed by trained observers. These transactions were recorded in the form of cases. 2) In the second phase, each worker was given a short diagnostic instrument to make a diagnosis of the client on a family planning adoption process continuum. Each worker was asked to select one village where his credibility was high and collect diagnostic information for 50 clients. 3) The third phase consisted of a training programme which used client data collected during the second phase to develop a better technology of communication. 4) The final phase was designed to evaluate the impact of training.

The project had to be terminated during the final phase due to disturbances arising out of coercive family planning policies during the emergency. The experiment had revealed that workers lacked communication skills as well as credibility with villagers. Many of them were not

equipped with adequate knowledge about family planning methods. Some were not even convinced about the need for family planning. Thus, training could help improve knowledge and instill positive attitudes. However, their over-obsession with targets made them impatient with slow rapport-building communication activities needed for gaining voluntary acceptance for family planning. This resulted in poor transactions with clients leading to further weakening of their credibility. This vicious circle would only be broken if improvement of communication skills is supported by changes in personnel policies as well as policies regarding targets.

Building on the experience gained from this experiment, we are currently involved in another action research project which seeks to develop methodologies of visit planning and activity planning for the field worker. This has involved collection of data regarding needs and attitudes of the client system; generation of village profiles on the basis of these data; segmentation of clients in terms of their needs, socio-economic status, and attitudes towards family planning; training of supervisors at the PHC level to plan special activities for different client groups; and training of workers to improve their interpersonal communication skills. The activity planning and training are still in progress.

Management Development Training

It was realised from the very beginning that any change in management system or work methodology will have to be supported by training interventions directed both at skill improvement and attitudinal changes.

We were faced with the alternative of either mounting general management training programmes in the initial stages of our involvement followed by systems changes or to wait until considerable experience is gained through case research and system improvement efforts. We followed the second alternative as we found that health administrators were suspicious of any training effort which did not draw on material from the health sector. Thus, a major effort at developing cases on various dimensions of the programme management was launched, and only after two and half years of research we launched our first MDP for district medical officers.

Our case studies identified the following training needs:

- 1) There was hardly any planning at the PHC- and district-levels. Activities were carried out on an ad-hoc basis as and when instructions were received from the higher level.
- 2) The officers at these levels, by and large, did not have "problem-solving attitude". Each officer listed the problems that he was facing for which he either blamed his subordinates or superiors.
- 3) Supervision consisted of fault-finding and record keeping. The style of supervision needed further improvement.
- 4) Most officers saw their role as that of carrying out orders from 'top'. They did not perceive their role as that of a 'manager' trying to achieve the programme objectives within the given resources and constraints.

Based on the identification of these training needs, three MDPs for district medical officers and two for PHC doctors were designed and offered by the IIMA. Each programme lasted ten days. The training

material used in these programmes was developed from the six project districts. In selecting topics and material, an attempt was made to answer two questions raised often by the administrators.

- 1) What difference could better management make to programme performance?
- 2) How can management stimulate the field personnel to do more effective work?

The management concepts used to answer these questions essentially came from three areas: planning, control, and organisational behaviour. Also, the MIS data on inputs, activity, and performance were analysed for each participating PHC and given to the trainee doctors for diagnosis of problem areas. This was then followed by identification of corrective actions and development of action plan for each participating PHC. However, since the exercise on action plan was added only recently, we have not been able to follow it up in the field. We hope to do so in the near future.

Our training intervention helped us to build considerable credibility with programme managers. Our strategy to offer programmes only after thorough case and experimental research contributed considerably in gaining acceptance of management among the participants. We have found that training has convinced them of the relevance of management concepts to health administration. We also found that high level quantitative techniques were not relevant due to limited scope for their application. We, therefore, concentrated more on changing the perception of doctor's role from a physician to a manager. We emphasised generating opportunities within constraints as one of the major components of this role.

Despite positive achievements in gaining credibility for professional management we feel that actual utilisation of knowledge in practice is not very high. This is so because putting these skills to use depends on a number of other people and on organisation's climate. Unless the organisational climate supports innovation, new management ideas cannot be tried. We have to develop newer training methods that ensure closer interlinkages between training, systems development, and organisational development efforts. We gained considerable insights in each of these areas, but we could not put them together in a limited area in the right sequence. Also, training should go beyond case method, and emphasize more on experience sharing.

We are entering a new phase of our work with public systems in the field of health and population. We have gained credibility and experience. We are being asked by other state governments in India as well as some developing countries in Asia and Africa to help them with their management problems. But before we do that we need to reflect and synthesize our diverse experiences. It is to this task that we have turned now.

Some general observations

- 1) Systems development without supportive changes in attitudes and organisational climate leads to under utilisation of new management inputs. However, it is very difficult to initiate major changes in organisational culture of such large public systems. Thus, while it may not be always feasible to achieve comprehensive change, introduction of new systems should be preceded by some process work with the officials concerned at all levels of the organisation.

- 2) In the initial stages of introduction of professional management in public systems, the priority task is to gain credibility for management ideas. This can be accomplished well through short management development training programmes provided the training material is prepared through extensive case research from field conditions.
- 3) When the new technology of work involves major departures from existing work patterns, it requires clear demonstration of its utility through action research. Even such demonstration may not help if the policy changes adversely affect the incentives for adopting new technology.
- 4) A related observation is that it does not pay to improve implementation process if the policies being implemented are wrong. The implication of this observation is that management institute should combine management research with research in contents, processes and outcomes of public policies.
- 5) In a hierarchically tall organisational structure, it is not adequate to introduce changes at the field level. These should be accomplished by the involvement of top decision makers in the change process.
- 6) Since most people feel constrained by environmental and procedural forces, any training intervention should start with delineating those forces that fall within the control of the trainees. We tried to do this through the force field analysis technique. The participants were first asked to list both the inhibiting and facilitating factors for PHC performance. Each of these factors were further classified as those within the control of the PHC doctors and those which can only be altered through policy changes at the higher level. We then began our discussion with former category of factors.

- 7) It is important to develop an internal management analysis capability in the health department. Without such capability, dynamic officials may find it difficult to draw on external resources for solution of management problems. Also, IIMA cannot provide on-going consulting services to such a vast and complex system.