

CDC/IHPO POSITION PAPER ON
SENIOR MANAGEMENT TRAINING

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The mission of the Centers for Disease Control (CDC) and the International Health Program Office (IHPO) includes the objective of assisting developing nations to strengthen their capacity to reduce childhood morbidity and mortality and to improve child health. Historically, CDC has concentrated its technical assistance to health programs in developing countries to improving the technical basis and program management of such programs. This approach utilizes CDC's experience in the management of health programs in the U. S.

In view of the mounting interest in management practices, CDC/IHPO has considered the implications of the evolving effort, among international organizations and donor agencies, to improve management and decision making at high levels in the governments of developing nations and has considered IHPO's appropriate role, particularly with regard to the use of the Combatting Childhood Communicable Diseases Project (CCCD) resources, to address this issue.

BACKGROUND

The CCCD Project Paper, prepared by the project design team in 1980-81, recognized the importance of sound program management and allotted a substantial portion of project resources to provide training for 4800 senior and mid-level managers. Specifically, training was proposed to follow the World Health Organization model, using the training materials developed jointly by WHO and CDC for the Expanded Program on Immunization (EPI) and the Diarrheal Diseases Control Program (CDD). Both of these priority WHO Programs had identified management deficiencies as one of the major constraints to the successful implementation of programs. Since the initiation of CCCD, major changes of focus have occurred in international public health. Although Primary Health Care (PHC) and Health For All are still accepted respectively as the basic means and goal, much more emphasis is now placed on "selective PHC interventions", especially those related directly to child health. The UNICEF "Child Survival and Development Revolution" and Universal Childhood Immunization (UCI) initiative, the Bellagio meetings and subsequent formation of The Task Force for Child Survival, and AID's recent articulation of its Child Survival Strategy are but a few examples of this shift in emphasis.

Not surprisingly, inadequate management of health programs has been recognized as a hindrance by these and other organizations. D. A. Henderson, who coordinated the global eradication of smallpox, has recommended that the world's next target for eradication be "bad management". Management deficiencies are pervasive and must be improved in order for development programs to be effective and maintained.

The issue of management is of particular concern to CCCD since evaluations of the Project have noted the inadequacy of management practices in bilateral country projects and have recommended that CCCD provide training to help resolve this problem. Since the Project designers emphasized the importance of management training, the evaluation teams have questioned why more senior level management training has not been carried out by the Project - and, noting that management weaknesses are adversely affecting the Project, have suggested that the management problems may be the result of the failure of CCCD to provide as many senior level management training courses as planned.

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DISCUSSION

It is important to examine the reasons why CCCD has not conducted the number of senior level management courses originally planned. First, the Project was designed at a time, in early 1980, when WHO/EPI was actively involved in conducting its EPI Programme Managers course around the world. Its Mid-Level Management course was being field tested and had not yet been introduced in Africa. The CDD Programme Managers course was just beginning to be offered at that time and its mid-level ("Supervisory Skills") course had not yet been developed. WHO had estimated training needs throughout the world for these 4 courses and asked CCCD to take the responsibility of supporting planned training in Africa. The Project design team agreed. Between the time the Project was designed in 1980-81 and the initiation of Project implementation in 1983, WHO revised its training strategy and the training plan included in the CCCD Project Paper was inconsistent with the new WHO plan. By 1983, almost all national managers of EPI and CDD programs had been trained with the WHO senior level training materials. Also by this time it had become clear to WHO that most of the skills deficiencies requiring attention at the national level were better addressed by the mid-level management materials than by the senior level courses. In summary, the senior level courses had become obsolete.

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to what?*

Secondly, there appears to be a problem with definitions. "Senior level" to WHO meant national managers of EPI or CDD programs. "Mid-level" managers were generally considered to be managers at levels below that of the national manager ranging from regional or district level to that of a health center supervisor. Perhaps a more standard definition has Senior level managers at the ministerial decision-making/policy-setting level and national EPI or CDD managers as mid-level, with health center supervisors at the peripheral level. In any event, EPI, CDD and CCCD training has been directed toward project management rather than policy determination.

It is clear that untrained or inexperienced managers at any level can (and do) pose serious problems for the planning and implementation of CCCD. Nevertheless, solvable problems which relate to the day-to-day functioning of a national primary health care project are most likely to be found in mid-level management. Ministerial level managers are much more likely to be interested in broad policy-making and party politics, which, while important to the project, are not necessarily fundamental to its success. Although efforts should be made to resolve management problems at all levels, it is more appropriate for CCCD, considering its scope, to concentrate on management by providing training and encouraging positive experiences that will reinforce the self-confidence of operational managers. For CCCD projects, this is best done through a combination of formal courses and the on the job training provided by the CCCD Technical Officer (T.O.). The role of the T.O. as a trainer has generally been ignored by evaluation teams despite its fundamental importance.

largely because field staff busy

The approach CCCD takes toward providing training to resolve problems in program implementation should be geared to identifying problems that are both significant and solvable by training. Minimal emphasis should be given to the generalities of management, and considerable emphasis should be placed on specific issues which are impeding progress. For example, it would be more appropriate to spend several hours teaching the mechanics of the UNICEF vaccine supply and distribution system than to study the UNICEF organizational chart.

Another training innovation CCCD has provided is that of simplifying and streamlining project management through use of microcomputers. One of the major problems facing national (and donor agency) managers in Africa is the inefficiency and unreliability of existing data collection systems. This frequently leads to lack of use of those data which are available. Therefore, training should be aimed at improving data reliability and encouraging the use of the data for concrete, specific objectives and decision making. Without adequate information no manager can be expected to make appropriate decisions. Most CCCD countries are in the embryonic stages of establishing systems of data collection regarding work outputs, stock control and morbidity. The use of microcomputers, furnished by CCCD, will be helpful in speeding up the process. Results to date are encouraging. ✓

RECOMMENDATIONS

1. CCCD should emphasize areas in which CDC is recognized to be strong. These are the collection, interpretation, and meaningful presentation of data; the organization and supervision of personnel; and the planning and execution of specific program interventions to prevent morbidity and mortality. CCCD management training should concentrate on strengthening project management through the use of short-term training courses, microcomputer applications, and the technical cooperation provided by the Technical Officers.

2. CCCD should encourage and be fully aware of allied efforts to improve senior management practices in Africa and elsewhere in the developing world. Given the scope of CCCD, however, Project resources should continue to be directed toward resolution of project management deficiencies. General management deficiencies, being pervasive, are beyond the scope of CCCD and are more appropriately addressed by projects or organizations which deal directly at the ministerial rather than the operational level. Although not taking a lead role, CCCD should actively cooperate with others in their efforts to improve general management.

① PLANNING

② SUPERVISION

③

Resources

Management - part of project

LOCAL INITIATIVES

PLAN

FUND

• agree for budget.

3

work at central
people > level.