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Core Competencies of District Health System Managers

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Competent district health system managers are critical for well-functioning district health systems. Their knowledge, skills and attitude are a key determinant of how well they manage the district health system. This note summarizes a core competency framework developed for district health system managers in India. The competency framework comprises seven functional domains and 31 competency statements, each linked to the required knowledge, skills, and attitudes, and can be adapted to specific positions at the district health office. These competencies can be used to develop training programs, and guide recruitment of district health system managers.

Background

The district is a critical unit within a country's health system, as it is at this level that various health policies and programmes are implemented to deliver health services to the population. The district health office is tasked with the responsibility of ensuring that these services reach everyone, and with good quality (Box 1).

The district managers' role is becoming increasingly complex. Districts now face non-communicable diseases, ageing populations, urbanization, climate risks, disasters and emerging infections[1,2]. Managers must therefore be able to assess local priorities, coordinate stakeholders, adapt programs and make evidence-informed decisions[3,4]. These changing demands highlight the need for competencies (Box 2) that go beyond technical knowledge to include strategic leadership, systems thinking, adaptive management, and effective partnership building[5].

Box 1: Who are the district health system managers?

District health system managers are mid-level leaders responsible for the health and well-being of a district's entire population.

- Depending on the state, this cadre includes Chief Medical Officers, Additional Chief Medical Officers, District Program Managers under the National Health Mission, and other managerial positions within district health offices.
- Together, they oversee implementation of national and state programs, respond to health emergencies, mobilize financial and other resources, collect, manage, and report public health data, coordinate inter-sectoral entities, and supervise and manage the performance of all public health entities and workforce functioning below the district-level.

International competency frameworks guide public health workforce development. Examples include the United States Core Competencies for Public Health Professionals (2021)[6], and the WHO-Global Competency and Outcomes Framework for Universal Health Coverage (2022)[7]. In India, the Central Government is implementing Mission Karmayogi, which seeks to institutionalize competency-based human resource management across government services[8]. In the health sector, competencies have been developed for healthcare providers and public health managers in Odisha and Uttar Pradesh[9,10,11]; however, no systematic effort has identified the competencies district health system managers need— the work presented here aims to fill this gap.

Box 2: What are competencies?

Competencies are the integrated knowledge, skills, and attitudes required to perform professional responsibilities effectively[12].

- Competency frameworks provide a standardized foundation for workforce development, informing recruitment, job descriptions, performance management, career progression, training needs assessment, curriculum development, and continuing professional education.
- Core competencies are foundational or cross-cutting competencies common to a range of health worker cadres.

Methods

The India Primary health care Support Initiative (IPSI, *https://jhu-ipsi.com*) undertook a study to identify the core competencies of district health system managers in India. The study was completed in following four stages.

1. Information gathering: A review of policy and program documents, job descriptions, and district health office organograms—supplemented by qualitative interviews with district and state managers in Gujarat, Odisha, and Meghalaya—was used to map district health office structures and managers' functions.
2. Drafting competency statements: A draft set of competency statements was developed. To ensure alignment with contemporary public health practice, several national and international competency frameworks were reviewed and mapped.
3. Consensus building through a national workshop: Approximately 35 participants from national and state government, academic institutions, and non-governmental organizations reviewed the draft for completeness, relevance, language, and future-readiness. They reached broad consensus and identified the knowledge, skills, and attitudes (KSA) for each statement.
4. Finalization and validation: A small working group of academics and practitioners reorganized statements by core functions, removed duplicates, and revised the KSAs. State and district managers from selected states reviewed the result, and their feedback was incorporated.

Core Competencies of District Health System Managers

Core functions of district health system managers

The framework is organized around seven domains, each reflecting a key function of district health system managers (Table 1).

Table 1. Domains of the competency framework describing key functions of district managers

Domain	Definition
Planning and implementation of health programs and services	Planning and implementing the public health program activities based on the guidelines and with an understanding of district health status and health system context.
Monitoring and reporting of health programs and services	Understanding the public health program performance through routine data, field visits, review meetings etc. and communicating it to the required audience (sub-district managers, supervisors, policymakers, community members, etc.)
Public health program and services coordination	Coordinating with the supervisors, and team at the district and sub-district level, and engaging with stakeholders external to the district health office, such as private organizations, other line departments, community, panchayats, local leaders, etc.
Leadership of the district team	Providing leadership to the team to drive improvement in district health outcomes.
Human resource management at district health office	Managing human resources at district and sub-district level.
Financial management of public health programs	Planning, allocating, utilizing and monitoring budgets for public health programs.
Logistics management of public health programs	Managing supplies (medicines, equipment, infrastructure requirements, etc.) required for effective public health program implementation.

These domains represent the broad categories of core functions of the district managers. As the district health office consists of a heterogenous composition of managers, the specific responsibilities associated with relevant position will naturally vary. However, every district health system manager would need to perform the above listed functions to some degree.

Core competencies of district health system managers

There are 31 competency statements organized across seven domains (Table 2). The competencies required for the key functions of district health system managers are listed against each domain/function. The competencies are described as a list; however, these are interrelated and interdependent. Each competency statement is associated with specific knowledge (for example, epidemiology and data quality standards), skills (for example, data analysis and stakeholder management), and attitudes (for example, equity, accountability, and openness).

Table 2. Core competency statements for district health system managers

Domain (no. of statements)	Core Competency Statements
Planning and implementation of health programs and services (7)	1.1 Applies knowledge of public health sciences to plan and implement health programs
	1.2 Applies knowledge of regulations and guidelines to plan and implement health programs
	1.3 Applies understanding of social determinants of health for program planning and implementation
	1.4 Develops processes and establishes systems to run a program
	1.5 Anticipates risks that could disrupt health services, and develops and implements mitigation measures in a timely manner
	1.6 Applies evidence from various sources for effective program planning
	1.7 Applies understanding of community needs to develop and implement community engagement strategies
Monitoring and reporting on health programs and services (5)	2.1 Monitors program performance, identifies implementation gaps, and identifies strategies to address the gaps.
	2.2 Synthesizes program performance data from different sources (routine data systems, field visits, meetings, other communication platforms).
	2.3 Assesses, ensures and addresses quality of data
	2.4 Analyses and interprets data using appropriate methods
	2.5 Delivers clear, and persuasive presentations, and reports tailored to target audiences
Public health program and services coordination (6)	3.1 Coordinates with the team at the district and sub-district level to ensure delivery of health services
	3.2 Organizes and participates in meetings and forums by fostering dialogue and inclusive participation
	3.3 Engages stakeholders and obtains consensus to drive action
	3.4 Leverages partnerships with various entities, including research groups, implementation partners, and CSR to strengthen program design
	3.5 Engages with political executives, multisectoral government, and non-governmental entities aligning interests, efforts, and resources
	3.6 Manages and conducts regulatory oversight of private sector contracts, programs, and institutions
Leadership of the district team (7)	4.1 Adapts priorities and timelines to changing needs without compromising quality and equity
	4.2 Takes ownership of team outcomes and recognizes team contributions
	4.3 Promotes healthy work environment
	4.4 Gives and receives feedback constructively
	4.5 Stays updated on relevant professional and programmatic developments and promotes knowledge sharing in the team
	4.6 Creates self-awareness in one-self and team-members on the purpose of their work
	4.7 Upholds ethical standards and professional boundaries while working towards achieving the organization goals
Human resource management at district health office (2)	5.1 Facilitates and delivers training to sub-district level team
	5.2 Hires, mobilizes, and manages performance of district and sub-district level team
Financial management of public health programs (3)	6.1 Prepares and communicates budget reflecting the needs of the district
	6.2 Identifies and manages funding sources (Jilla Panchayat, CSR funds, etc.)
	6.3 Monitors and manages budget and expenditure based on district priorities
Logistics management of public health programs (1)	7.1 Manages supplies and logistical operations, making informed procurement decisions based on fair price, quality, and equity

The core competencies identified here are a resource for institutions governing health systems and health workers at national, state, and district levels. These include the Ministry of Health and Family Welfare, state health departments, urban local bodies, and district health offices. The framework can be applied to assess district health system managers' capabilities, guide training programs, support performance management, and inform competency-based job descriptions and recruitment processes.

Alignment with Mission Karmayogi: The core competencies identified complements national efforts for competency-based approaches by providing a health sector-specific model to inform workforce development.

Flexibility for context-specific adaptation: The competencies presented here are organized according to district health managers' functional responsibilities. This approach captures not only competencies reflected in policies and job descriptions, but also tacit knowledge, professional judgment, and behavioral attributes practitioners consider essential. Grounding the framework in core functions provides flexibility, as expected functions may vary by position.

Operationalizing the framework: The framework does not include proficiency levels for different managerial positions. Although participants represented the full range of district management roles, future work should develop role-specific proficiency levels for implementation. Assessment criteria would also need to be developed for the needs assessment and performance management applications.

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