CORE COMPETENCIES OF DISTRICT HEALTH SYSTEM MANAGERS IN INDIA

India
Primary Healthcare
Support Initiative

About this document

The district (or similar administrative area) is an important unit in a country's health system. In the district various health policies and programs converge and are implemented to provide the district population with health services. The district health office is tasked with the critical role of maintaining health of people in the district. Among the many functions of the district health office, it is responsible for providing health services to the district's population, ensuring that services are of good quality and coverage, and collecting information and monitoring the district population's health. How well the district health office executes its functions depends on the ability of district health system managers.

This document describes the core competencies for district health system managers in India. This document is intended to serve as a resource for institutions that govern the health system and health workers at the national, state, and district level. This includes the Ministry of Health and Family Welfare, the state health departments, urban local bodies involved in health, and the district health office. The framework can be applied to assess capabilities of sub-national health system managers, guide training programs, support performance management, and inform the development of competency-based job descriptions and recruitment processes.

The document begins with an overview of the background and methodology used to identify the core competencies for district health system managers. This is followed by a detailed description of the competency framework, accompanied by illustrative examples to help users contextualize and adapt the framework to their specific needs.

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Core competencies for health workers

Competencies comprise of a consensus set of knowledge, skills, and attitudes that health workers need to carry out their functions effectively. Core competencies are foundational and/or cross-cutting competencies that are common to a range of health worker cadres. Several countries and international organizations have developed competency frameworks to guide public health workforce development. Some of the recently published frameworks include the WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region (2020)[1], the United States (US) Core Competencies for Public Health Professionals (2021)[2], and the Global Competency and Outcomes Framework for Universal Health Coverage by WHO (2022)[3]. In India, work has been undertaken to develop competencies for health care providers as well as public health managers- such as identification and assessment of competencies of community health officers, pharmacists and lab technicians in Odisha[4,5], and identification of core competencies for public health professionals in Uttar Pradesh[6].

The competency framework presented in this document reflects foundational knowledge and skills for district health system managers to carry out their functions effectively. District Health System Managers are the mid-level leaders of the state health system responsible to ensure health and well-being of the entire population within a district. This cadre includes a range of positions such as Chief Medical Officers, National Health Mission District Managers, Additional Chief Medical Officers, among others, working from District Health Offices throughout the country (excluding clinical services providers working at district hospitals). This cadre carries out important responsibilities spanning implementation of national and state programs, responding to health emergencies, mobilizing financial and other resources, collecting, managing, and reporting public health data, coordinating inter-sectoral entities, and supervising and managing performance of all public health entities and workforce functioning below the district-level.

To fulfil these roles, District Health Managers must combine technical expertise with strong managerial skills to oversee and coordinate large-scale programs across block and sub-block level health systems. Despite their pivotal role, India currently lacks a formally defined, nationally agreed-upon set of core competencies for this cadre. Thus far, there have been no prior systematic effort to identify the competencies required of district health system managers to execute their functions effectively and efficiently. The work presented in this document is an attempt to address this important gap.

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[1] World Health Organization. (2020). *WHO-ASPHER competency framework for the public health workforce in the European Region*. World Health Organization. Regional Office for Europe.
[2] Public Health Foundation. (2023). Core Competencies for Public Health Professionals. Available from: https://phf.org/programs/core-competencies-for-public-health-professionals/
[3] World Health Organization. (2022). *Global competency and outcomes framework for universal health coverage*.
[4] Health Systems Transformation Platform. Competency based training for pharmacists and medical laboratory technicians. Available from https://www.hstp.org.in/human-resources-for-health/
[5] Health Systems Transformation Platform (2025) A Competency-Based Training Manual for In-service Community Health Officer at HWC in India
[6] Bhandari, S., Wahl, B., Bennett, S., Engineer, C. Y., Pandey, P., & Peters, D. H. (2020). Identifying core competencies for practicing public health professionals: results from a Delphi exercise in Uttar Pradesh, India. *BMC Public Health*, *20*(1), 1737.

Steps undertaken to develop competencies

The India Primary health care Support Initiative (IPSI) undertook a study to identify the core competencies of district health system managers in India.

In the first stage, to understand the structure of district health offices and the functions of district health systems managers, a document review and consultations with key health system functionaries was held in Gujarat, Odisha, and Meghalaya. The document review included a review of policy and program documents to map the structure and functioning of district health offices, which was supplemented with consultations with district health managers and state-level leaders. Based on the findings from this stage, a draft set of core competency statements was developed.

In the second stage, a national consultative workshop was organized to refine and validate draft competency statements. The workshop brought together around 35 participants drawn from a diversity of expertise. These included government health system managers from the national and state level, faculty from academic institutions, and members of non-governmental organizations. Drawing on their extensive experience, participants critically reviewed the draft competencies for completeness, relevance and language, as well as the future-readiness. In this process broad consensus on the draft competencies was arrived at by modifying existing competency statements or adding new ones. In addition, specific knowledge, skills, and attitudes associated with each competency statement was identified.

In the third stage, a small expert group of academics and practitioners, drawn from the participants of the workshop worked to refine the set of competencies that emerged from the second stage. The competency statements were re-organized according to the core functions of district program managers, duplicate competency statements were dropped or modified, and the associated knowledge, skills and attitudes were modified. The framework was reviewed by state and district managers from selected states, and their feedback was incorporated. The competency framework that resulted at the end of stage-3 is presented below.

Core competencies for district health system managers

The framework consists of 31 competency statements organized across seven domains, each domain reflecting a key function of the district health system managers (Table 1). Each core competency statement is accompanied by an indicative list of Knowledge[7], Skills[8], and Attitude[9] (KSA). The framework attempts to enlist the required competencies for the key

[7] Knowledge is an individual's understanding of concepts, facts, principles, and procedures relevant to public health practice.
[8] Skills are individual's ability to apply the knowledge to perform tasks effectively.
[9] Attitudes are individual's underlying values, mindsets, and dispositions that influence behavior.

functions of district health system managers irrespective of their position. The competencies are described as a list; however, these are interrelated and interdependent.

Definitions for each domain are provided below-

1. **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.
2. **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.)
3. **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.
4. **Leadership of the district team**: Providing leadership to the team to drive improvement in district health outcomes.
5. **Human resource management at district health office**: Managing human resources at district and sub-district level.
6. **Financial management of public health programs**: Planning, allocating, utilizing and monitoring budgets for public health programs.
7. **Logistics management of public health programs**: Managing supplies (medicines, equipment, infrastructure requirements, etc.) required for effective public health program implementation.

The domains listed above reflect the broad functions of district health system 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. For example, a district immunization officer will primarily undertake the functions of immunization program planning, implementation, monitoring and reporting and leading the team. Additionally, he/she will also undertake other functions of program coordination, and resource management relevant to the immunization program. An illustrative example of identifying the competencies for a specific position is provided in the annexure (Annexure 1). Districts/states can adapt the framework to suit their context as the nomenclatures for the position and expected functions of a position may vary.

Table 1: Core competencies for district health system managers

Domain	Core Competency Statements	Knowledge	Skills	Attitude
Planning and implementation of health programs and services (7)	1.1 Applies knowledge of public health sciences to plan and implement health programs	District demography Health service delivery system Health promotion Basic epidemiology Disease prevention Disease management Environment and one health Disaster and emergency preparedness Problem solving tools (Root cause analysis, Process analysis, SWOT analysis) Quality of care	Program design Design thinking Prioritization Contextualization Translating technical knowledge to program activities Strategic planning	Problem solving Being scientific
	1.2 Applies knowledge of regulations and guidelines to plan and implement health programs	Health policies (national and state) Program guidelines (national and state) Health systems Legislation/public health laws	Program design Priority setting Contextual adaptation Collaboration Negotiation	
	1.3 Applies understanding of social determinants of health for program planning and implementation	Social determinants of health Health disparities and inequities Community structures and dynamics Welfare schemes under non-health departments Human rights framework Grievance redressal policies & processes	Priority setting Contextual adaptation Research methods	Interpersonal respect Fairness Empathy Equity Inclusiveness
	1.4 Develops processes and establishes systems to run a program	Organizational policies Program guidelines Project management Strategic planning	Resource management Collaboration Teamwork Delegation	
	1.5 Anticipates risks that could disrupt health services, and develops and implements mitigation measures in a timely manner	District context Health systems Rational and scientific knowledge of managing emergencies Crisis leadership	Priority setting Problem solving Risk management Coordination	Proactiveness
	1.6 Applies evidence from various sources for effective program planning	Basic statistics Basic epidemiology Health system context Administrative, clinical, digital, and survey-based health data sources Problem solving tools (Root cause analysis, Process analysis, SWOT analysis)	Statistical methods Summarization and trends Data retrieval from data sources Basic computer skills Presentation and communication/storytelling Report writing Use of online tools/MS office Data validation Data visualization	Commitment to excellence Having a big-picture perspective Continuous learning Problem solving Evidence based decision making Curiosity and proactiveness
	1.7 Applies understanding of community needs to develop and implement community engagement strategies	Social determinants of health Health inequities and injustice Community dynamics Citizen science/Social Accountability principles Participatory and collaborative governance Social marketing principles Behavior change communication Community engagement principles Health literacy Media literacy Types, sources, and impact of misinformation and disinformation Approaches to debunking misinformation and disinformation Public health promotion strategies	Using mass media and social media tools Communication Conflict Management Trust building Issue triage Group Facilitation Cultural Competence Stakeholder management Collaboration or joint planning Factchecking with credible data and evidence of community products, including AI-generated ones Participatory decision-making skills (focus groups, surveys, interviews, group exercise) Local language	Respectfulness Empathy Inclusivity Adaptability

Domain	Core Competency Statements	Knowledge	Skills	Attitude
Monitoring and reporting of health programs and services (5)	2.1 Monitors program performance, identifies implementation gaps, and identifies strategies to address the gaps.	Program guidelines Project management Key performance indicators (KPI) Data sources for KPI Monitoring framework (checklist, analysis plan, follow-up frequency) Basic M&E principles IT portals and data systems Gap assessment tools	Making timebound action plans Summarizing/ formatting reports Supportive supervision Teamwork and collaboration Mentoring Risk management Course correction techniques Motivating the teams Startegic planning Priority setting	Learning Problem solving Constructive criticism Innovative
	2.2 Synthesizes program performance data from different sources (routine data systems, field visits,meetings, other communication platforms).	IT portals and data systems Field visit checklist SOPs for data collection and management Types of data Basic statistical analysis Data security and sharing policies Data privacy and ethics guidelines	Statistical methods Database management Collaboration	
	2.3 Assesses, ensures and addresses quality of data	IT portals and data systems Quality check tools, excel based tools Basic statistics	Statistical methods Identification of data quality issues (inconsistency, missing values, outliers, inaccurate data, etc.) Database management Managing data quality issues Excel functions Data triangulation	Accountability Commitment to excellence Ethical Being unbiased Attention to detail
	2.4 Analyzes and interprets data using appropriate methods	IT portals and data systems Key program indicators Program guidelines Health system context for making meaningful inference Health trends Basic statistics	Statistical methods Summarization and trends Critical thinking Data visualization tools GIS MS office Use of AI	Attention to detail Perseverance Continuous learning
	2.5 Delivers clear, and persuasive presentations, and reports tailored to target audiences	Business communication Stakeholder analysis Data visualization methods	Stakeholder analysis Report writing Presentation making tools (E.g. PowerPoint, Canva, etc.) Use of AI Storytelling Communication Collaboration	Creativity
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	Program guidelines Health service delivery system Referral system Roles and responsibilities of district and sub-district managers Roles and responsibilities of health service providers	Communication Collaboration Teamwork Delegation	
	3.2 Organizes and participates in meetings and forums by fostering dialogue and inclusive participation	Program performance Program guidelines Health system context Group dynamics	Facilitation Convening meetings Listening Time management Documentation Rapportuering Following up Presentation	Proactiveness Respectfulness Fairness Inclusivity Neutrality
	3.3 Engages stakeholders and obtains consensus to drive action	Consensus building techniques Stakeholder interests, goals, and priorities Organizational priorities Strength of organization or individuals Power analysis Grievance redressal mechanisms	Tactfulness Negotiation Persuasion Stakeholder analysis Stakeholder engagement Active listening Consensus Building Assertiveness to seniors (Truth to power) Cultural competence	Openness Giving space to others (particularly juniors) Fairness Accountability Transparency
	3.4 Leverages partnerships with various entities, including research groups, implementation partners, and CSR to strengthen program design	Stakeholder interests Health system priorities Research needs Research methods	Proposal development Budget development Change management Transition planning Monitoring and evaluation Collaboration	

Domain	Core Competency Statements	Knowledge	Skills	Attitude
	3.5 Engages with political executives, multisectoral government, and non-governmental entities aligning interests, efforts, and resources	Stakeholder dynamics Stakeholder roles, interdependence, competition and influence Functioning of key government departments and line agencies Organizational priorities Health systems Mapping of key stakeholders Needs assessment for partnership and collaboration Social health determinants Partner's strengths and weaknesses Local political context Roles of various levels of government District health priorities District health programs and performance	Resource management Stakeholder management Collaboration Communication Negotiation Priority setting Needs identification Resource mapping Trust building Consensus building Persuasion Dynamic mapping	Adaptability Agility Responsiveness Flexibility Transparency Accountability
	3.6 Manages and conducts regulatory oversight of private sector contracts, programs, and institutions	Scope of terms of engagement Rules and regulation Strategic purchasing procedures Outsourcing policies	Convening meetings Inspection/conducting audits	Proactiveness
Leadership of the district team (7)	4.1 Adapts priorities and timelines to changing needs without compromising quality and equity	District context Health systems Organizational priorities Program guidelines Project Management Rational and scientific knowledge of managing emergencies Crisis leadership SWOT analysis	Scheduling Priority setting Multitasking Delegation Time management Negotiation Task-shifting Problem solving	Adaptability Proactiveness Discipline Commitment to excellence Resilience Optimism
	4.2 Takes ownership of team outcomes and recognizes team contributions	Organizational priorities Organizational policies	Team management	Patience Delegation Humility Accountability Adaptability Composure Leading by example Ownership
	4.3 Promotes healthy work environment	Occupational health and safety principles Causes, signs and effect of stress and burnout Mental health support system Staff welfare policies Labor laws Workplace wellness POSH guidelines Organizational culture National and state guidelines for safe workspace Self-care practices Mental health resources Cognitive biases and their impact Non-discriminatory behaviors Power dynamics between various actors Understanding of privileges- caste, gender, class etc. Grievance redressal mechanisms	Active listening Counselling Conflict resolution Fostering positive work culture Resource management Crisis management Mediation Communication Persuasion Situational judgement Maintaining privacy and confidentiality Stress management Time management Work-life integration Prioritization Self-care practices	Empathy Positivity Proactiveness Adaptability Fairness Long-term orientation Compassionate Help-seeking
	4.4 Gives and receives feedback constructively	Team dynamics Organizational policies Participatory leadership Power dynamics	Communication Active listening	Respectfulness Humility Empathy Fairness
	4.5 Stays updated on relevant professional and programmatic developments and promotes knowledge sharing in the team	Professional development opportunities Public health 2sciences	Capacity building Mentoring	Commitment to excellence Growth mindset Interest in team development Innovation/Openness to ideas Continuous learning
	4.6 Creates self-awareness in one-self and team-members on the purpose of their work	Oraganizational goals Public service values Population health perspective	Self-reflection Colloboration Inclusive leadership Mentoring Communication	Optimism Empathy Fairness and Equity

Domain	Core Competency Statements	Knowledge	Skills	Attitude
	4.7 Upholds ethical standards and professional boundaries while working towards achieving the organization goals	Public service values Professional code of conduct Ethical code of conduct Conflict of interest	Self-reflection	Accountability Responsiveness Selflessness Commitment to public service
Human resource management at district health office (2)	5.1 Facilitates and delivers trainings to sub-district level team	Adult learning principles Public health sciences Training needs assessment Post training follow-up/support	Teaching skills Group facilitation Communication Mentoring On-job training	Timeliness Patience Positivity
	5.2 Hires, mobilizes, and manages performance of district and sub-district level team	Hiring procedures State government policies and its scope Performance appraisal and management People management Job descriptions/ToRs /Role clarity for each team member Induction training for new recruits Administrative rules	Team management Mentorship Supervision Clear communication Problem solving Troubleshooting Appraisal Delegation Planning	Encouraging Nurturing Trust Respectful Empathy
Financial management of public health programs (3)	6.1 Prepares and communicates budget reflecting the needs of the district	Public health financing system (sources of financing, program guidelines) Key requirements and gaps (infrastructure, service delivery, human resources, supply chain needs) Resource availability Administrative rules Financial policies Program deliverables	Budget preparation applications (E.g. Excel sheet) Advocacy Negotiation Stakeholder engagement Priority setting Strategic thinking Data driven decision making	Transparency Timeliness
	6.2 Identifies and manages funding sources (Jilla Panchayat, CSR funds, etc.)	Resource mobilization Stakeholder interests Program knowledge of other government departments and relationships Reporting formats	Communication Persuasion Advocacy Skills Negotiation Policy engagement Resource management Collaboration Decision making	Transparency
	6.3 Monitors and manages budget and expenditure based on district priorities	Expenditure tracking Budget forecasting NHM finance forms Financial norms- rules and regulations	MS Office Advocacy	Attention to detail Equity
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	Inventory management systems (digital or paper-based) Guidelines for health infrastructure development Safety standards for health infrastructure Contract management procedures Procurement: Bid solicitation, review, evaluation, and award process Gaps in facilities in the district Consumption based procurement Basic business practices Best practices in supply chain (Gap identification and correction)	Conducting quality checks Digital applications Inventory tracking Forecasting method Market analysis (cost, quality for bid decisions) Quotation review Negotiation Convening meetings Consistent monitoring Training others on inventory management	Proactiveness Attention to detail Focus on quality Transparency

Annexure 1: Illustrative examples of identification of competencies for a specific district health manager position

(1) District reproductive and child health (RCH) officer

District RCHO will have the primary responsibility of management of programs (program planning, implementation, monitoring and reporting and leading the district and sub-district teams) related to RCH services. He/she may also need to coordinate with other stakeholders, and manage resources (human resources, finance, and logistics) required for RCH programs. This additional role will vary depending upon the context.

Core competencies= All competencies related to primary functions + Selected competencies from remaining functions

Domain	Competency statements
Primary functions	
1. Planning and implementation of health programs and services	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
2. Monitoring and reporting of health programs and services	2.1 Monitors program performance of sub-district programs, 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 Analyzes and interprets data using appropriate methods
	2.5 Delivers clear, and persuasive presentations, and reports tailored to target audiences.
3. Public health program and services coordination	3.1 Coordinates with the team at the district and sub-district level to ensure delivery of health services
4. Leadership of the district team	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
Other relevant functions	
3. Public health program and services coordination	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
	3.6 Manages and conducts regulatory oversight of private sector contracts, programs, and institutions
5. Human resources management at district health office	5.1 Facilitates and delivers trainings to sub-district level team
	5.2 Hires, mobilizes, and manages performance of district and sub-district level team
6. Financial management of public health programs	6.1 Prepares and communicates budget reflecting the needs of the district
	6.3 Monitors and manages budget and expenditure based on district priorities

Some of the competencies and domains are excluded to illustrate a hypothetical example of a district. Here, the RCHO is not required to identify finance resources and hence competency #6.2 (Identifies and manages funding sources- Jilla Panchayat, CSR funds, etc.) is dropped. Management of logistics is the responsibility of a separate manager at the district, and RCHO is expected to only coordinate with the logistics manager, hence the domain of 'Logistics management' is not included.

(2) District data manager (DDM)

DDM will have the primary responsibility of data management and data analysis which is part of the program monitoring and reporting function. DDM will also perform other functions for coordination and HR management.

Core competencies= All competencies related to primary functions + Selected competencies from remaining functions

Domain	Competency statements
Primary functions	
2. Monitoring and reporting of health programs and services	2.1 Monitors program performance of sub-district programs, 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 Analyzes and interprets data using appropriate methods
	2.5 Delivers clear, and persuasive presentations, and reports tailored to target audiences.
3. Public health program and services coordination	3.1 Coordinates with the team at the district and sub-district level to ensure delivery of health services
4. Leadership of the district team	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
Other relevant functions	
1. Planning and implementation of health programs and services	1.4 Develops processes and establishes systems to run a program
3. Public health program and services coordination	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
5. Human resources management at district health office	5.1 Facilitates and delivers trainings to sub-district level team
	5.2 Hires, mobilizes, and manages performance of district and sub-district level team

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