



Dr. Sudhakar Sannakki

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Q: We start from the very beginning, could you tell us that how your association with TISS began and how it had been throughout years?

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SS: Ya, see I mean I think I can say this from 1982 - 83 because one of my colleague's younger Brother Chandrasekhar, he was studying in TISS. He was doing his M.A in Personal Management during that point of time it was not HRD. So I use come to TISS and Chandrasekhar use to come our place wherever we were working. That was the basic u know starting point and after that working in Family Welfare Training Health Center which is close by just across the road in the campus of International Institution of Population Sciences, that is one then I you know my friends were here, they use to come and meet and saw me. That was the basic how I came to know about TISS.

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Q: Sir, what year did you join here and what was your specialization?

SS: I joined in 1993; you know to be specific 1995 first batch of MHA, Masters in Health Administration so we had two specializations Health and Hospital. I wanted to do Health Administration so I got Health Administration, so that's our batch.

Q: Sir, what was the atmosphere in college at that time, and are there any memories that your campus life you would like to share?

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SS: It was completely different because, I am from medical college and in medical college there was lot of hierarchy. Lot of difference in this campus environment and campus culture. And I am from medical college I did my medicine and there are lot of hierarchy. Principal who is Dean like the Director of the Institute here is the Dean is the Principal there. We never had any interaction. We cannot go and meet him and say Hello, when is the Dean in coming. In medical college we use hung the other side. But here, Dr Desai was the Director of that time, Dr. Armaity Desai and you know there was nothing like she is the Director or she is the Dean and all should be on one side you know, she



would just in a normal ordinary faculty member, you know that is one difference. No hierarchy at all. I use to see my professor Yesudian, who was the founder of this course and because of him we are in this position today, carrying so many books know like this, 10 books to the library to here. One day initial set of day he was carrying so many books to the library you know and in our college professor will never carry. Some student is there to carry out, some servant is their books. So when we asked him can we carry? No nothing I will do it on my own. Don't worry. So this was the first cultural shock for us. But it was happy. It was nice to know this basic and I can even visualize today.

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Q: Were you in a hostel Sir?

SS: For some time I was in a hostel. For six months or so. But I didn't stay there enough. I didn't stay because I was married and had children that time and I use to go home and come back but because of the assignment and group assignments and individual assignments you know home was difficult so I use to stay in the hostel very you know if it is required, at night ten o clock, eleven o clock then I use to go back. But I had a hostel room here for almost six months that was it.

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Q: Tell me one professor who sticks out in your memory who had great impact on you?

SS: I remember in our batch Prof Rajashree Mahtani because she taught us about Qualitative Methods in Research and she was very systematic. And as a whole approach towards the class it was entirely different. The day she came she said this are the rules for example the timings, I will come at nine o clock leave at eleven o clock, you should come at nine o clock leave at eleven o clock. Assignments you have to do perfectly and when we stick to the timings so she used to perfectly and the sessions were very systematic you know this all sessions I will take, this is the framework for Qualitative Research methods and still now we are very thankful that Professor taught us specially all of our batch so we have got great admiration from her in terms of her knowledge, skills she imparted. We are very thankful she taught us. She stands amongst all the teachers.



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Q: Sir what was it like to belong to first batch of MHA, what were the reservations about coming to an absolutely no cause?

SS: Ya that was a, first of all that's a pride. Anybody from first badge is very proud of our badge that's one. As on today all the sixteen members, we are sixteen students, eight hospital, eight health. And all of them are in good position. And two of them are in Johns Hopkins University, one is in World Bank, other one is Consultant now and Independent Consultant and one is a Chief of Right to Sight International Training Program based in Chennai.

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SS: And one more is a Chief of an organization in Delhi Medical Board of Social Service. So in that way I mean initially some of our student/classmates were really what will happen to us you know. So we come here leaving salary of around ten thousand rupees per month. We came here at the end of two years whether we will get the same sort of you know, especially monetary terms which is very measurable in our country. So that was the doubt or initial phase. But then at the end of the day the two years I think all of us are very happy. This grounding we have received here at the course we have done you know due to first of its kind in India. So we were happy.

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SS: Initially there were some sort of doubts in everybody's mind but especially for me being government service I would go back to my Institution. Nothing like I should search for a new job or something like that. For me personally there was no problem but many of the students they had a doubt, what will happen at the end. And one more thing was the internship was also quite new, because we had three months theory and followed by one and half month internship. The system was also new. It was not Semester type it was a Modular system like how is it going on every month fifteen day sessions and exams fifteen sessions' exams and course is over. So that was new thing. But we were happy at the end of the day. In the sense of teaching, studies, our assignments. So coming back to



the first questions regarding the new course what were our apprehensions what we were. So initially we were apprehensive but all of them are right now they are happy.

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Q: Sir, keeping in mind like you said it was the first course in the country, how do you feel it was received in terms of placement etc at that point of time when you graduated?

SS: Out of the sixteen students almost excluding me out of the fifteen students fourteen of them got the placements, one could not get. But he also got it on his own effort later sometime. But placements at that point of time there was no problem at all for our batch. For the next batch also one or two students couldn't get out of those twenty five. Thirty seats were there at that time. But otherwise it was ok. Placements were ok. Not great like. But why am I telling this because main personnel management which is flagship in terms of getting the placements, Social Work though it is the core of TISS, but the main personnel management, now its called HRD is the flagship course, in the sense..in terms of getting placements and all. Even I remember that they also used to struggle somewhere in 82 you know in 80.

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SS: So what I was I could understand at that was during 81 - 82 also the placements were not very great for PMIR, which is a flagship course at that point of time. So keeping that in mind we realized that for MHA to get into good placement it may take around 15 -20 years. How but that's students they go and work in the organization where we were working. When we perform well, when we bring loyalty to our organization where we are working then organization would like to come to our Institute and pick up student that may take around 15 - 20 years. So I think it will take little more time for the course to get its name and fame in terms of placement otherwise because I have been teaching here for almost for the last now 10 years or so one course is taken Health Education and Communication so I do interact with students regarding the placements and all but have been observing almost 80 - 90% of the students will get placed in some organization. After that most of them are doing well. It may take 4-5 years. They are definitely doing



very well. But initially once we pass out MHA immediately getting a placement is quiet high terms of payments or perks or benefit it may take time. But it is quite good.

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Q: Sir as your personal experience how do you feel like a program of MHA has contributed to the field of health.

SS: It is difficult to say. In the sense, I can tell you how my experience is. I can tell you about how it spreads like. When I was a medical student, when I passed and I came, 1989 onwards I worked for almost 12 years for government of India then 1993 I joined here.

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SS: So in my perception there is a total paradigm shift. Only one issue where the shift occurred is everyone used to think that patients came even for crocins. They are very rich people. I work in government institution which is only for central government employees. Almost all the patients are literate. And some of them are quite rich people. So sometimes they come by imported cars, they come only for Rs10 tablet at the time even now also.

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SS: So before TISS I thought why do they come for such small amount of tablets they come by car? The petrol itself they will spend 100 Rs so what is the reason to come here. But now my attitude is whoever it is whether a rich fellow, poor fellow and unemployed whoever it is. Everybody is entitled for the benefits of CGHS, Central government health scheme, where I am working. So it is our duty to get there benefits due.

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SS: It is none of our business why do they come for small things. Only things now we don't call them patients we call them beneficiaries or customers. So whatever they tell it is right. He comes he comes for something not for picnic. There is some suffering therefore they come. That attitude changed because of TISS. Two years of stay. The teachers, how do they question. Whatever it is the way they question the public health



policy and what is happening in public health. Why there is a rhetoric good things bad thing in public health.

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SS: That realization has come to me. So wherever I work I also spread the message that whenever I look at you I don't look at you because you are entitled to this facility and it is my bounded duty to serve you not because I am getting government salary. It is duty whatever it is. There are all government employees they also have customers and so income tax officials have there customers so lot of bad things about income tax now but I tell them who ever comes to you, you should also look at them and serve the way which I treat you. So this message goes. Some people take it. Some people don't. With this attitude I work.

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SS: But I cannot say in what is the change that this course has provided in larger area to public health for country because it is difficult to say but individually it definitely works at one's own level.

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Q: As you said that the course was new that time so what was the need of it that time what would you say in that terms?

SS: See, as a doctor wherever and whenever I have joined, I passed my M.B.B.S and came and joined as a government official and had joined as an officer and did not join as a person who is at the level of a clerk. We had to deal with people. One we had to deal with the primary stakeholders who are the beneficiaries; on the other side we were dealing with the staff members.

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SS: Dealing with staff members or dealing with small amount of money like 500/month or 1000/month we had to manage our dispensary. There were hardly 10 staff members in small dispensary and in large dispensary there may be 20 - 25. We do not how to deal



with people in terms of conflict resolution or anything like problem solving, motivating for doing good work or inculcating the value of discipline and punctuality we are not taught.

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SS: We are only taught you look at the patient, there is a patient he has got disease see him he will be ok. Diagnose properly and treat. In government system it never works in that way. They are the doctors, the nurses, the reception, the pharmacist, the ward boy, people who keep it clean. So everyone should work together and one primary stakeholder called beneficiary. So that value to inculcate in them it requires lot of effort.

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SS: One should change one own self, in terms of how they look at people and accept them the way they are and see they work towards the patient. So this is a managerial knowledge in terms of managing people, money, material and planning whole health care in small level. Even managing them is very useful for a person like me or any doctor. We need to have that attitude working for larger number of people hence those managerial skills are very important.

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SS: Hence I realized I should have some sort of skills. My senior colleagues drift away from responsibilities of an organization and management is a headache. So this skill of dealing with people is very much required. Not in terms with the patients our own staff members but managerial skills are very much required for any doctor.

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Q: You said you were married when you came here and you were already in practice, how was it to be a student again?

SS: It is a pleasure to be a student again. And after 10 - 12 years of my work and coming back to college it is nice. It is good.



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Q: Now again you are teaching at TISS since last 10 years, what shift do you see in the atmosphere here, what is the difference you feel here?

SS: Since last 10 years I am teaching here, I think as teacher and my limitation any student who comes here including me, at the end of day or end of two years would like to have job which is good, which is pays well. But especially in health administration hospital is different; it is a large issue in that hospital is only a part.

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SS: There preventive, promotive services, rehabilitation come under health but students of health administration should have a different perspective like apart from managerial skill, social work kind of attitude like empathy and being non judgmental. But these qualities are not so seen in the students so it has to be there. And as teachers we have to inculcate that value in students.

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SS: One is knowledge and other is skills and questioning oneself is very important. So that is what I have been observing. Instead of working in rural areas or working in areas of slum for a year then they will really understand what the social determinants of health manager are and how we are approaching. Solving their problems of health. That value has to bring out within the students.

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SS: Every student would think I want this much salary from this organization. IT industry is not for health administration student. You should go out there but it is not for a long time. But initially every student has to work in rural area or in slum area. But now that attitude is not there in students. The value is there but still it is not obvious.

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Q: How has the program grown over the last two decade and what do see forward for next years?



SS: Once there was a re organization of the curriculum for the entire MHA course and introducing different courses in health like two MPH are introduced. The number of students has increased. That is a good thing which is very important. But at same including teacher, we need to have sessions more based on case studies. Not lecture discussion.

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SS: More amount of interaction like classroom exercises is required, which in HRD we call structural exercises in class room. And doing case studies a teacher should have cases and he should personally go to the field do research come back and present those in front of the students. When students go to their field where ever they are working in terms of job go to them and study them and talk to them and analyze the strengths lacking in the course.

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SS: We should make them function better. Come back with those experiences and again share it with the student. Field based studies by teachers and increasing the cases and increasing the number of structural exercises based on real experiences from teacher's side that would be more inputs of the students.

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Q: I wanted to ask you about your field work, at the School of Health studies lot of emphasis is given on rigorous internship, they go for a month they go for placements etc. How useful you think are those?

SS: For me they were very useful because first year they were in Bombay Municipal Corporation Urban Health. It was One week in the health post community, one week at the ward office level and two weeks at the central level. The Executive Health officer level. That was one experience. Second internship was in small NGO of health organization in rural area. Third was the large rural area project where we went to a place called Jagadia project in Gujarat.



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SS: Fourth one was the government health system at primary health center level for two weeks, district level for weeks and directive health center two weeks. So this internship were very useful for us to understand how at urban and rural area and government system work. They are very useful. No doubt about that. It also depends on the students how they are really interested in learning.

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SS: The reason is when we go to government health system for internship our co coordinators there are not MHA in Hospital Administration They would be surgeons M.D in medicines, physicians hence their perspective towards management is entirely different. Otherwise looking people in civil services the administrative service, police service or business schools. Indian Institute of Ahmadabad and all these institutes wherever they are placed mostly those students are senior people in student's organizations where MBA students go there.

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SS: Similarly in government system in 27 civil services, even IAS officer is selected is given a training of 3 months to him and he will be posted to sub division of a district but there he will be under direct supervision of another IAS officer. So that fellow knows what training has to be given. So in health administration side when we go to state level to learn about how the state functions. Then we don't have anybody from health administration there. May be now it is there.

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SS: Hence it is difficult to understand our needs and guide us accordingly. Then it depends more on students to go there and how they manage and what are theory classrooms we have studied and it is getting implemented or not. How to question them without hurting them. In TISS we are taught how to question. So it depends on students how they perform there or during internship. For some years it may depend on the students.



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Q: Could you tell us some of the main challenges that work in the field of Health and Administration?

SS: In public health one is people are not aware of their rights so we should be working with the people and make them aware and second thing is our colleagues are very unconcerned about the public health their programs and superiors are also not very much concern about this.

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SS: Very few but very much concerned about this. So we have to work with the community of the public on whom we don't have any power because their priorities are different in terms of livelihood their accommodation or clothing or studies. So we have to work with them. And inculcate the value of respect for patients in our own colleagues or even our subordinates that is a big challenge.

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SS: Inculcate the same value respect towards the community in our own seniors and bosses who control us who control our promotions or prospects that is another big challenge.

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Q: TISS is entering its 75th anniversary, is there any message you would like to share?

SS: Overall my personal thing is whatever I am talking to people confidently only because of TISS not because of my medicine. In that way TISS is doing lot of good things. Supporting student community and giving better prospects and future. Keep it up.

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SS: Keep the good work going but only one thing is case study as a method of teaching is from faculty side will be very important. Faculty extensive research study. If this in future if it is there then it will be good.