

STRATEGIC HUMAN RESOURCE DEVELOPMENT FOR RURAL WOMEN HEALTH ACTIVISTS – ISSUES AND CHALLENGES

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Abstract

In today's world, women whether from rural area or urban area are an important contributor to the developing nation. Nowadays, rural women are playing an astounding role in developing the health conditions of rural people. For economic growth and to escalate GDP rate, it is indispensable to ameliorate the health conditions of India. Due to shortcomings of medicos and nurses in the rural areas, the concepts of rural women health activists upsurge. After Independence, Government of India took a fervent interest in developing the health sector in which it launched various schemes and set up various organisations. These organisations recruited and trained the rural women who act as health activists. There is an imperative need to formulate and execute such HR policies to improve the aptitude or proficiency of women health activists so that the regime can consummate its strategic targets. As over the last few years, various strategies have been speculated to develop the human resource (health activists) as government programmes success count on the well functioning of health activists. This paper is an attempt to highlight the major issues and challenges which affect the human resource development strategies for rural women health activist.

Keywords: Strategic human resource development, rural women health activists.

1. Introduction

1.1 Health Scenario

Health sector has always been a decisive argument for the country as it affects the steady growth of the productive capacity of the economy. To revamp the stagnant condition of health, government proliferate their health care services in the rural areas. In the prevailing scenario, public as well as private sector have come forth in order to cater to the health care services in the rural as well as in urban areas to curtail the burden of diseases such as cancer, diabetes, AIDS etc and to control infant and maternal deaths. Even many multi-national corporations like ITC etc. are clubbing hands with the public sector to coordinate the home care delivery models in rural areas. One of the major contrasts between the private sector and public sector is that private sector healthcare services are extravagant as compared to public sector healthcare services which cause a deviation towards public sector as it is reachable to every strata of our society. Government of India is paving its way in health sector not just to furnish social protection but also, to bridge the disparity between health services and the people of rural area. Government expenditure has been incremented for health infrastructure under which financial management group initiatives were taken for backing the programmes and schemes.

The Twelfth Five Year Plan is beset on the long-term strategy for Universal Health Coverage (UHC) system in India as the plan aims at reducing the infant mortality rate to 25, maternal mortality rate to 100 and total fertility rate to 2.1 by 2017. It also intended to raise child sex ratio in the 0-6 year age group from 914 to 950.

1.2 Various Programmes and Schemes Orbiting by the Government for Health Services in Rural Areas are:

- RMCH+A Approach- It remains for reproductive, maternal, newborn, child and adolescent health which works on agenda of the Twelfth Five Year Plan and uses score-card to gauge the performance.
- Janani Shishu Suraksha Karyakaram (JSSK), 2011- was propelled to serve free services to the 12 million pregnant women for their delivery.
- India New Born Action Plan - Recently propelled in 2014.
- Rashtriya Bal Swasthya Karyakaram - For children from conception to 18 years.
- Rashtriya Kishor Swasthya Karyakaram – For the age group of 10-19.

1.3 Rural Health Care System in India

In these latter days of health progress, the health care infrastructure is divided into three branches in rural area which are “sub-centres (SCs), Primary Health Centres (PHCs), Community Health Centres (CHCs).”¹ There has been a tremendous increment in the number of sub-centres, primary health centres and community health centres over the past few years. “(Graph 1A, 1B, 1C)”² page no. 12-13

The government has focused on 18 states to recover the health conditions and infrastructure. “The 18 states are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Odisha, Rajasthan, Sikkim, Tripura, Uttarakhand and Uttar Pradesh.”

1.4 Rural Women Health Activists

Rural women health activists are trained and recruited by the government to lift the health conditions of the rural people. Women health activists are women residents of the village who are espoused, divorced or widowed. They are literate with school level certification. They made the rural people aware about the recent diseases and their precautions. They are trained personnel in delivery of pregnant women, infant care and vaccination. They receive incentives according to level of their performance. One of the major reasons to recruit health activists is to overcome the shortcomings of doctors and nurses, these women are appointed for rural health and family welfare. These activists are also trained to operate Mobile Medical Units (MMUs) which accommodate services in remote and rural areas. Various mentoring groups are set up at various levels such as state, district or at block level in selecting, training and to guide the health activists. Periodic monitoring is regulated to acknowledge the aftermath of performance of women health activists and the up gradation of health sector in the rural areas. They are provided with drugs kit so that they can strengthen their reliability in the society.

2. Issues and Challenges of Strategic Human Resource Development

Presently in this globalised era, human resource professionals link the organisation goals with the employee's desire. To achieve targets, it is necessary for human resource professionals to blend the activities of human

resource management with the strategic management activities. The fundamental issues and challenges of strategic human resource development are to increase manpower productivity and measures for improving performance and involving human resource in the strategic plan. Human resource professionals need to figure out the essentials of strategic planning so that they can have an opportunity to share a different perspective.

3. Major Issues and Challenges of Strategic Human Resource Development for Rural Women Health Activists

The major issues and challenges of strategic human resource development for rural women health activists are discussed in detail such as:

3.1 Employing Human Resource

Rural women health activists play a pivotal role in improving the health standards and infrastructure in 18 focused states of the country. Lack of human resource leads to insufficient arrangement of health infrastructure. For utilisation of resources and equipment, to collect data, to supervise and to improve health standards, human resource is required. There is a shortage of highly adept workforce as there are shortcomings of medicos and nurses which is one of the major issues for development.

3.2 Training and Development Policy

Training and development is a major issue for strategic human resource development as it avails in enhancing the capacity building of rural women health activists but there are inadequate skills and practical erudition to facilitate health accommodations due to insufficient training modules. Duration of training is very short, lack of training infrastructure and technical support, lack of refresher training and follow up actions after the training, insufficient data due to different training methods of different regions are the major strategic challenges for the development of rural women health activist.

3.3 Performance Evaluation

When the health activists are trained to perform their task by facilitating health care services in the rural areas, it is necessary to evaluate and appraise their performance but the issue for development is that there are no periodic reviews conducted at proper time to observe the performance of health activists which leads to poor health standards in the rural areas and lack of data for providing incentives and promotions.

3.4 Performance Based Incentives and Compensation Schemes

Incentives can be defined as monetary benefits or rewards that are given to employees for their astounding performance. Similarly, rural women health activists are actuated by promising them incentives according to their performance in facilitating health care services such as promoting universal immunization, referral and escorting services for reproductive and child health and construction of household toilet services but these payments are delayed. Shortage of funds, leads to dissatisfaction among women health activists, reduces supervision, affects output and overall affects strategic targets.

3.5 Employee Relations and Organisation Culture

The another major challenge for health activists is to make healthier relations with other bodies such as Anganwadi workers, auxiliary nurses midwife, Panchayati Raj Institutions but women health activists get

less support from these bodies due to lack of coordination which creates boredom for them. As nowadays, lot of harassment activities have taken place which affect the respect of women and due to which they are not willing to do work.

3.6 Financial Expenditure

One of the biggest issues which affect various other factors for strategic human resource development is financial expenditure. Due to low budget, it leads to inadequate health infrastructure, less technical tools and transport facilities. Delays and fewer payments depict unwillingness of health workers for performing their tasks.

3.7 Medical Education and Nursing

To develop the health standards, it is necessary to have medical and nursing education but in rural areas, there is a lack of medical and nursing practices due to inadequate hospital and infrastructure facilities. Doctors and nurses seem to be less interested in rural areas. Women health activists get less education in regard to as doctors pursue so there is a need of doctors and nurses to support health activists. Due to less medical colleges in the state and delay in appointment of lecturers, the education system is being affected badly.

3.8 Mentoring Groups

Various regional resource centres, NGOs are set up to guide and support the rural women health activists but due to lack of support and arrangement of proper meetings, lack of guidance increases the burden and hinder the performance of women health activists .It will also affect the targeted health standards set for the development of economy.

Major Recommendations to Face Challenges

The authorities should expand and ameliorate the women health activists for the rural health development, proper utilisation of resources and equipments, proper arrangement of infrastructure facilities, for maintaining proper records and data collection. The women health activists are needed to be recruited and selected on the following basis such as -

- Women health activists are the residents of the village, married, divorced or widowed but for better results they should focus on young youth.
- They ought to be chosen with the discussion of different gatherings and officers such as “community groups, self-help groups, Anganwadi institutions, the block nodal officer, district nodal officer, the village health committee and Gram Sabha”³

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