The Resilience Collaborative

Report on Focus Group Discussions on Human Resources for Health at the GLC4HSR Annual Conclave

FOCUS

To identify key challenges for frontline health workers and find solutions to empower them on individual, socio-cultural and Health systems levels.

DATE

11 March

2025

VENUE

New Delhi

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Context

The 3rd Annual Conclave of the Global Learning Collaborative for Health Systems Resilience (GLC4HSR) was hosted by ACCESS Health International on 11th and 12th March 2025 at the National Science Academy in New Delhi, India with the theme “Collaborative Learning to Coordinated Action: Policy and Practice for Resilient Health Systems. This was a two-day hybrid face to face and online conference involving keynote speakers, expert presentations, case study presentations, panel discussions, facilitated workshops and round table discussions, poster sessions and networking events on varied topics relevant to resilient health systems. The event celebrated a new strategic partnership between ACCESS Health International and The Resilience Collaborative, The George Institute India to advance health worker resilience at both systemic and individual levels.

The Resilience Collaborative Team conducted a breakout session on ‘Human Resources for Health (HRH): Leadership and Governance in Health’ to discuss the contributions, changes brought about, roles, and challenges (Individual, Community, System) faced by frontline HealthCare Workers (HCWs)

Participants

In-person - 20

Online - 6

Objectives

The session aimed to:

- Identify barriers that restrict their (HCWs) agency to find ways for better and effective leadership representation of Health workers from frontline in the health systems.
- Identify what changes in the governance system need to be made (Budget, Design of interventions) to give HCWs from frontlines greater agency in health governance.
- Discuss the role of social hierarchies in inhibiting their agency and ways it can be countered.
- Discuss in what ways can existing institutions play a role in empowering HCWs? And How?
- How to have better representation of them in leadership and governance roles within health systems?

Methodology

Initial Plan: The session plan was designed with inputs from AHI team, facilitator Ms Richa Chintan and the TRC host team. The session plan was structured to ensure that the challenges faced by healthcare workers (HCWs) emerged organically. A number of HCWs were invited to participate and share their concerns directly. The Breakout session was organized on first day of the conclave which brought together global health leaders, researchers, healthcare workers, policy makers across different regions of India.

The breakout session was facilitated by Richa Chintan with support from the TRC host team. Facilitator Richa Chintan played a pivotal role in coordinating the session and ensuring that the session provided a platform for the attendees to express their inputs. The session commenced with acknowledging exemplary work by FLWs, their responsibilities and challenges faced by them. The intent behind this method was to create an inclusive and participatory environment that actively involved the participants to ensure that their voices and experiences would be central to the discussions.

Participants were divided into four groups and provided with chart papers to discuss and document their responses to five key questions.

The responses and discussions are analysed using constructs from socio-ecological framework.

The responses were organised as different levels of the model.

In the planning process itself, it became a demonstration of leadership, by engaging participants in small group discussions, the session sought to empower them to voice their challenges, collaborate with peers from diverse backgrounds, and collectively generate solutions thereby fostering a sense of ownership and agency in the process.

Key Themes and Insights

Theme 1

Identifying Barriers to Agency and Representation

Systemic issues (Health systems)

- Bias in the selection process of ASHAs (Accredited Social Health Activist[1]), affecting the quality of representation.
- Overload of work due to lack of integration between different health sectors.
- Weak grievance redressal mechanisms and poor feedback systems.
- Delays in fund allocation

Socio-cultural issues (Community)

- Gender-based challenges and lack of structured career progression.
- Absence of associations to voice concerns effectively.
- Caste, religion and professional hierarchy

Issues faced at personal level (Individual)

- Financial insecurity

Theme 2,3 and 4 are aspects that the capture how can different levels contribute to strengthening possibility of health workers participation in governance mechanisms

Theme 2

Enhancing Governance Systems to Support Frontline Health Workers (Health systems responses)

The section elucidated the aspirations of the discussants; it was interesting to note the links that were made to poor allocation of budget restricting their agency and participation in governance structures. The discussants also felt that generic interventions like training and capacity building as immediate need to improve participation. Though could be deciphered completely, democratising monitoring aspects was identified as key aspect for improving the participation of FLWs in governance. Need for clear guidelines and Standard Operating Procedures (SOPs) to empower frontline HWs in governance roles.

- Leadership training and financial management programs to equip HWs for decision-making roles.
- Encouraging bottom-up approaches in governance, ensuring frontline workers' voices are heard.
- Improving allocations of health budget to PHCs to enable better recruitment and incentives for ASHAs.
- Establishing mechanisms for refined information flow to higher authorities.
- Strengthening participatory learning through a central monitoring system and success story documentation.

Theme 3

Addressing Social Hierarchies in Health Governance (community responses)

The discussions revolved around the existing social hierarchies at work and communities as one of the key deterrents, gender appeared separately as a discussion, this is also a key factor that hinders the representation in governance structures. The discussions also revolved around the lack of career path in the roles and strengthening of the recruitment requirements and process.

- Social hierarchies inhibit the agency of frontline HWs, limiting their influence in governance.
- The need to counter gender biases and ensure equitable promotion opportunities.
- Providing recognition for ASHAs and AWWs as healthcare professionals rather than social health activists.
- Ensuring merit-based selection of ASHAs, emphasizing competency and dedication.
- Implementing structured pathways for career progression, such as Delhi's model of promoting AWWs after ten years of service.
- Changing the belief system and displaying the efforts of health care workers at frontline in field and hospitals can help in countering the social hierarchies.

Theme 4

Role of Institutions in Empowering Frontline Health Workers (community responses)

It was interesting to note that the institutions that were discussed were either public institutions or representative professional bodies, the regulatory bodies did not appear in the discussions. The discussions also highlighted the difficulties in being able to organise labour unions for these cadres, leading to looking out for civil society organisations to represent their cases. However, the discussions lead to clarity on identifying the need for improving agency for FLWs to represent their issues and cases.

- Institutions like NRHM, MoHFW, and TNAI (based in India) can provide training, insurance, and policy participation.
- Unions are essential for ASHAs and AWWs (Anganwadi workers) to collectively advocate for their rights and representation.
- Existing attempts to unionize have faced governmental resistance, highlighting the need for legal and institutional support.
- NGOs can play a collaborative role in strengthening frontline HWs' participation in governance.

Theme 5

Strategies for Better Representation in Leadership and Governance

These are few actions that were suggested by the groups as potential way forward to achieve better representation of FLWs in leadership and governance. These are identified by socio-ecological levels.

- Creating specialized ASHA roles to handle specific healthcare areas like maternal health and immunization. (Systems)

- Representation of frontline HWs in local bodies to influence health policies, eg. Inclusion of ASHAs in Jan Arogya Samiti to improve their governance participation. (Community/systems)

- Integration between the same cadres and across similar cadres (ASHAs' integration between the same cadres refers to networks, collaboration, and support among ASHAs themselves forming collectives or unions and Integration across similar cadres (AWWS,ANMs) for co-ordinated efforts, or joint representation to to share leadership roles, common concerns rather than working separately from each other. (Systems)

- Leadership development initiatives to identify and train HWs for higher roles. (Individual)

- Recognition and reward mechanisms for high-performing frontline HCWs.(Community/systems)

- Establishing peer mentorship programs for cross-learning and exposure to best practices.

Conclusion

The session highlighted key challenges and solutions to empower frontline health workers in governance and leadership. Addressing barriers, reforming governance systems, countering social hierarchies, leveraging institutional support, and improving representation in leadership will enhance their agency and effectiveness in the health system.

Way forward

The data has provided few insights, though restricted by the nature of participants and more importantly the missing ones, the insights are valuable and provide a direction for AHI/TRC to move forward. Recognising that few of the systems changes and deep-rooted socio-cultural hierarchies require a much more comprehensive and long-term interventions, the AHI/TRC teams have taken a pragmatic approach on the points that can be actioned by next conclave.

Action points

- Recognise the need for FLWs to be present in key leadership and governance structure and produce a policy brief from the existing evidence.
- For this to happen, it will actively advocate and have in its structure the FLWs represented in leadership structures.
- TRC will train a cohort of its members (HCWs) in leadership and governance to equip them to take over the TRC governance.

In the session, participants were from the following Organizations:

1. Indian Institute of Public Health, New Delhi, India
2. Centre for Indonesia's Strategic Development Initiative, Indonesia
3. National Institute of Health and Family Welfare, New Delhi, India
4. Ministry of Health and Family Welfare, India
5. Save the Children
6. IPE Global
7. Public Health Volunteers (Nikshay Mitra)
8. Public Health Freelancers from India
9. National Centre for Disease Control, India
10. The Trained Nurses' Association of India
11. Reach Digital Health
12. Dimagi

Contact Us

If you're interested in connecting with the TRC host team, please don't hesitate to reach out to us at:

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The George Institute for Global Health

ACCESS HEALTH INTERNATIONAL

GLOBAL LEARNING COLLABORATIVE FOR HEALTH SYSTEMS RESILIENCE

The Resilience Collaborative