

Lady Health Worker (LHW)

1. Introduction

Pakistan established the Lady Health Worker Program in 1994 to address the disparities in healthcare access between urban and rural areas and tackle the shortage of healthcare professionals, including nurses, paramedics, and skilled birth attendants. This initiative empowers female health workers with the necessary skills to deliver essential primary healthcare services in both rural and urban slum communities (Nina, 2014). Lady Health Workers (LHWs) are committed women in the health care field who have been given the crucial task of promoting maternal and child health. They work along with midwives and conventional birth attendants to make sure that women receive the proper care. In order to be a lady health worker, women must have a minimum of eight years of education, be recommended by their local community, and undergo comprehensive training. In the year 2000, the initiative underwent a name change and became known as the National Program for Family Planning and Primary Health Care, yet it continues to be commonly referred to as the Lady Health Worker Program (UNICEF, 2022).

2. Worldwide Compatible Practices

Several worldwide systems and programs share similarities and goals with the Lady Health Worker program, focusing on community health workers and expanding access to essential healthcare services. Some of these systems and initiatives includes, the “Community health workers” (CHW) program (Nayana, 2023). The first large scale example of a large-scale community health worker program was witnessed in Ding Xian, China, in the 1920s (Henery Perry, 2014). Currently many other countries including South Korea have also adopted the Community Health worker program (Christian, 2020). The community health workers are essential public health advocates with the primary objective of bridging communities with their healthcare systems and state health departments. The term "community health worker" (CHW) encompasses a diverse group of individuals who serve as community health aides. Typically, these individuals are residents of the very communities they assist and may serve as volunteers or receive compensation for their services. Compared to professional healthcare workers, community health workers undergo a shorter training period. They are specifically trained to provide support for one or multiple aspects of healthcare, often through certification from a national authority. It is

important to note, however, that community health workers do not include individuals with formal training as nurses, medical assistants, physician assistants, emergency medical technicians (EMTs), or other healthcare professionals. Likewise, the Accredited Social Health Activist (ASHA) in India is a dedicated and trained female community health advocate. Chosen from within her own community and responsible to it, the ASHA undergoes training to serve as a vital link between the community and the public health system. As of June 2022, there are more than 1.052 million ASHAs actively engaged in this role (Vikaspedia). Moreover, China's Barefoot Doctor Program was a revolutionary healthcare initiative launched during the Chinese revolution to address the scarcity of medical services in rural areas. It involved training local farmers with basic medical skills to provide primary healthcare, focusing on disease prevention and health education. These "barefoot doctors" worked in the fields but also offered medical aid, vaccinations, and hygiene instruction. The program expanded to about 1 million practitioners by 1965 and was considered by some as a cost-effective healthcare model. However, it declined in the 1980s and 1990s due to funding cuts and shifts towards a capitalist economy (Karuga, 2017). Furthermore, the Health Extension Workers (HEWs) in Ethiopia have the crucial task of locating expectant mothers in their designated areas, providing antenatal care, and facilitating their access to the formal healthcare system should any risks or complications arise (Jacquelyn, 2014).

The Village Health Volunteers (VHV) in Thailand acts as a bridge connecting individuals to healthcare providers and propels community-level public health efforts. Consequently, this initiative fosters healthier and safer communities while mitigating vulnerabilities and enhancing resilience (UNO). Apart from this a similar system is being run in USA by the name of Celebrating Community Health Workers. Across the United States, tens of thousands of CHWs create a vital safety net for the most vulnerable communities. They dismantle healthcare barriers, whether through information sharing, translation assistance, or trust-building, and their efforts are as diverse as the communities they serve (Rachel, 2023). Likewise, Maternal and Child Health (MCH) care in USA encompasses healthcare services for women of childbearing age and children. MCH targets women in the reproductive age group, typically aged 15 to 49, along with children, school-age populations, and adolescents (Addisse, 2003). Furthermore, in Malawi, Health Surveillance Assistants (HSAs) serve as grassroots healthcare providers, leading the

delivery of essential health services within their communities (Government of Malawi, 2009).

3. Present Situation of LHW program

3.1. Working Force

Each Lady Health Worker (LHW) is affiliated with a public health clinic and receives monthly supervision from a Lady Health Worker Supervisor (LHS). LHWs undergo community-based supervision at least once a month, during which LHSs engage with clients, assess the LHWs' performance, and create a work plan for the upcoming month (Rose, 2018.). Each Lady Health Worker Supervisor deals with 25 lady health workers. Each LHW is affiliated with either a rural health center (RHC) or a basic health unit (BHU), where the LHW is trained and will refer her clients to (Nina, 2014). Each LHW is entrusted with the well-being of approximately 1,000 individuals or around 150 households, diligently visiting 5 to 7 residences daily. Weekly, LHWs reach out to an average of 27 households, extending their services to a broad community. LHWs actively provide valuable advice and consultations to an average of 22 individuals per week, contributing to the enhancement of public health. The program extends its reach to encompass roughly 60% of Pakistan's entire population, primarily in rural areas, deploying a workforce of over 90,000 LHWs across the nation (Zulliger, 2019).

To qualify as a Lady Health Worker in Pakistan, upon acceptance into the program, these health workers are assigned to specific government health facilities where they receive further training, a modest subsistence allowance, and essential medical supplies. The Lady Health Worker Program is overseen by Primary and Secondary Healthcare System. The provincial and district coordinators conduct quarterly review meetings and offer valuable analytical feedback based on the health records maintained by the Lady Health Workers (Nina, 2014).

3.2. Working Tasks

Lady health workers have multiple stipulated tasks along with some additional duties.

3.2.1. Stipulated Tasks

The responsibilities of the health workers include:

- Registering and educating eligible couples in the catchment area about family planning methods, distributing oral contraceptive pills, condoms, and injectable contraceptives to eligible couples and maintaining a record of all pregnant mothers and children under 5 years in the catchment area.
- Facilitating IUD (Intrauterine device) and surgical procedures at nearby centers for eligible couples.
- Providing care for pregnant mothers, issuing pregnancy cards and supplying iron and folic acid tablets to pregnant mothers and women of reproductive age.
- Encouraging and facilitating antenatal, birth, and postnatal care by skilled birth attendants and supporting the Expanded Program of Immunization.
- Offering basic treatment and appropriate referrals for children with diarrhea and acute respiratory infections.
- Raising awareness about balanced nutrition and educating women of all ages about common ailments and promoting breastfeeding and complementary feeding and providing health education through monitoring the growth of children.
- Promoting the use of iodized salt in the community.
- Offering treatment for common ailments and raising awareness about the prevention of malaria and tuberculosis and participating in DOTS management.
- Raising awareness about the prevention and control of HIV/AIDS and STDs.
- Promoting basic hygiene practices.
- Preparing and submitting monthly reports about their work to the attached health facility (FLCF), maintaining close communication with the Lady Health Supervisor (LHS) and providing government-provided medicine and supplies to the catchment population.
- Maintaining a close working relationship with the attached health facility for skill training, supplies, and supervision (3 Ss) as well as for referral purposes (Hafeez et al., 2014).

3.2.2. Additional Tasks

a. Immunization

- LHWs administered approximately 20 million polio vaccine doses during National Immunization Days (NIDs).
- Their role was instrumental in the successful neonatal tetanus elimination campaign (MNT), especially in reaching women in challenging, remote areas.
- In the recent nationwide measles elimination campaign, LHWs achieved nearly 100% vaccine coverage.
- LHWs also remained involved in the vaccination of patient suffering from Covid-19 during the outbreak of the pandemic (Shaikh *et al.*, 2023).

b. Emergency Relief Activities

- LHWs participated in earthquake relief efforts in 2006.
- They were also involved in flood relief operations during 2007-2008.

c. TB DOTS

- LHWs play a crucial role in detecting and retaining TB cases to improve treatment completion and cure rates.

d. Malaria Control

- LHWs are actively engaged in various malaria and dengue control activities as part of the RBM program.

e. Innovations

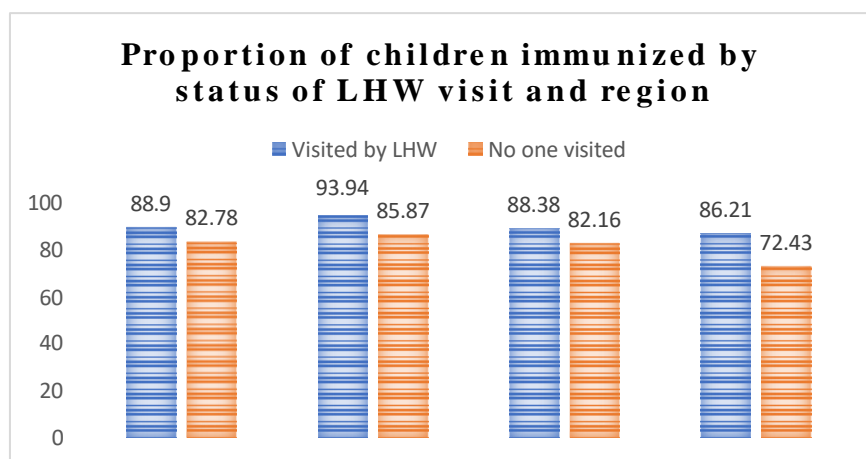
- The program has introduced several innovations after pilot testing through LHWs to extend primary healthcare services to the community (Hafeez *et al.*, 2011).

4. Impact of Lady Health Worker Program's

Lady Health Workers (LHWs) play a particularly vital role, especially in maternal and child healthcare, as they collaborate closely with traditional birth attendants and midwives to ensure mothers receive the necessary care. In the regions where LHWs operate, health indicators display marked improvements compared to national averages, underscoring the program's remarkable impact on public health outcomes.

Table 1: Women receiving antenatal care during the last pregnancy by status of LHW visit and region (%)

Antenatal Care	2010		2001	
	Urban	Rural	Total	Rural Only
Beneficiaries (Visited by LHW)				
Received antenatal care	78.9	73.9	75.2	61.7
Received TT injections	83.9	83.4	83.5	80.6
Delivered at home	32.3	49.9	45	65
Non-beneficiary (Not Visited)				
Received antenatal care	81	61	66	50.8
Received TT injections	69	46	54	66
Delivered at home	48.3	66.1	60.2	69.6



(Farooq *et al.*, 2014)

Figure 1: Proportion of children immunized by status of LHW visit and region

The Lady Health Worker Program's remarkable success can be attributed to following key factors:

- This initiative offers round-the-clock basic healthcare services right at the community's doorstep. This approach ensures that healthcare is readily available to all, particularly to women who, due to cultural constraints, face difficulties in leaving their homes.
- The program's employment of local women has significantly enhanced the level of acceptance and trust that Lady Health Workers (LHWs) enjoy within their communities.
- The LHW program has had a significant positive impact on the prevention of crucial public health issues. This includes reductions in maternal mortality rates within their designated areas, improved pre- and post-natal care, and increased demand for tetanus vaccinations.
- The program has fostered greater community acceptance of culturally sensitive subjects, such as family planning, breaking down barriers that may have previously hindered discussion and access to such important services.
- The initiative has acted as a catalyst for economic empowerment among a substantial number of women, offering them opportunities for income generation.
- Through the establishment of strong connections between the community and primary care facilities, the program has played a pivotal role in fortifying the healthcare system. These linkages have helped in delivering more effective care and services at the grassroots level. (Afsar, 2005)

5. Gaps of LHW Programs

1. **Low and Irregular Compensation:** One major drawback of the program lies in the inadequate and irregular salary provided to the Lady Health Workers (LHWs), making financial stability a constant challenge.
2. **Insecurity of Contractual Employment:** The contractual nature of the job instills a perpetual sense of uncertainty and anxiety among the LHWs, who are often concerned about the stability of their employment.

3. **Political Influence and Nepotism in Selection:** The program is marred by instances of political interference and nepotism in the selection of LHWs, potentially compromising the integrity of the recruitment process.
4. **Inadequate Supplies:** A lack of consistent and adequate supplies of medicines, contraceptives, and logistical support hampers the effectiveness of LHWs in delivering healthcare services.
5. **Motivational Challenges:** LHWs face demotivation due to the absence of a system that distinguishes between high-performing and underperforming individuals. Constructive feedback is often lacking, and supervisors rarely provide the necessary encouragement. Additionally, there is a deficiency of trained personnel in management positions.
6. **Lack of Effective Training:** The program places a heavy emphasis on training materials without a commensurate focus on skill development. This can lead to a lack of practical proficiency among LHWs.
7. **Burdensome Workload:** LHWs contend with an excessive workload that includes a surplus of fieldwork, extensive reporting requirements, and substantial travel, which can be both challenging and costly (Afsar, 2005).

6. Way Forward

Sustained progress in the Lady Health Worker (LHW) program hinges on the continuous training and education of LHWs, ensuring they stay well-versed in evolving healthcare practices. This holds particular significance in fields such as family planning, maternal and child health, and immunization. In addition to its conventional responsibilities, the LHW program can be strategically harnessed to address emerging health challenges, notably maternal and child nutrition, broadening its scope to serve the evolving healthcare needs of the community. Effective advocacy initiatives have the potential to amplify awareness regarding the vital role played by the LHW program, while also garnering crucial support from policymakers. This advocacy is key to maintaining the program's status as a top priority in healthcare planning and policy development. Furthermore, capacity building and training can be done with collaboration of Pak-Korea Nutrition Center (PKNC) which

underscore the importance of maternal and child nutrition, which in turn benefits the community from a broader, more holistic perspective.

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