

SINDH PROVINCE, PAKISTAN



Sindh is in the southeast of Pakistan and is one of the country's provinces.

With a population of about 48 million, the province is the second largest, by population and the third largest by area. It is historically the home of the Sindhi people. Karachi, the financial capital of Pakistan is also the provincial capital.

A large part of the country's industrial sector is in the province. The rest of the province is an agriculture-based economy, producing fruit and vegetables and other food for the rest of the country.

Sindh is also the centre of Pakistan's pharmaceutical industry

In 2017 the PSI, its affiliate the All Sindh Lady Health Workers and Employees Association (ASLHWEA), and the Workers' Educational and Research Organisation (WERO)¹⁸ published the results of research on the violence and harassment experienced by Lady Health Workers (LHWs) in the Sindh province of Pakistan.

In January 2017, the news reported the gang rape of two LHWs in Punjab's Gujrat district¹⁹, and evidence from the PSI-WERO study revealed that cases of sexual harassment of LHWs are on the rise in the country. There are regular attacks and molestation. Female workers also have to deal with unsupportive management who abuse their power pressuring LHWs to work in dangerous areas as punishment. Management also threaten dismissal and termination if LHWs complain about the harassment they experience. This forces many of the LHWs to keep quiet; therefore making them vulnerable for further harassment.

18. <http://www.wero.org.pk/>

19. <https://www.dawn.com/news/1308479>

PAKISTAN'S LADY HEALTH WORKER (LHW) PROGRAMME

The National Programme for Family Planning and Primary Healthcare (FP&PHC), started in 1994, with the support of the World Health Organisation (WHO). The FP&PHC is popularly known as the “Lady Health Workers Programme” (LHWP). A key aim is to foster community participation and bring changes in societal attitudes to basic health issues and family planning through a cadre of community health workers.

The LHWP started with a staff of 30,000 which has risen over the years to 125,000 deployed in all districts across the country; 22,576 are in Sindh province. The Lady Health Workers (LHWs) provide family planning, pre-natal and neo-natal care, immunisation services, and other necessary child and women health services in the community. They are Community Health Workers (CHWs).

The programme has revitalised the primary healthcare system in the country. And perhaps more important, it has helped to overcome the gendered division of public and private space which was a major obstacle in women's access to basic services such as education and employment opportunities, especially in rural areas of Pakistan. The programme is a major employer in the non-agricultural formal sector in rural areas.

Where LHWs are active, maternal and infant mortality rates are lower.

“They are expected to execute any assigned task; they face unsupportive management structures in the public sector and oppressive use of power by senior officials where the managers use many tactics to assert their authority such as talking down, excluding them from decision-making, and sending them to other Union Councils (UCs) for campaigns as punishment.”

Inam, Moniza (December 2017), Breaking the Silence: Sexual Harassment of Community Health Workers In Pakistan, PSI, WERO

NON-STANDARD WORK IN THE HEALTHCARE SECTOR IN SOUTH ASIA

With the support of the Irish Municipal, Public and Civil Trade Union (IMPACT) and the Nordic Confederation of Municipal Unions, KNS, the PSI and WERO produced a series of booklets on “Non-Standard Work in the Healthcare Sector in South Asia”.

COMMUNITY HEALTH WORKERS

“Community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers.”

WHO Study Group (1989)

PSI launched the initial set of publications on World Health Day 2017¹⁷. The publications provide a window into the issues and challenges facing the health workforce in the region - in both the public and private sectors. Working with affiliates and allies in the sub-region, the PSI surveyed workers, researchers and activists, helping to:

20. <http://www.world-psi.org/en/psi-releases-booklet-series-healthcare-workers-south-asia>

- reveal the impact of stolen wages on Community Health Workers in Pakistan
- break the silence on sexual harassment faced by Community Health Workers in Pakistan

The LHWs have a positive social impact in the areas in which they work; they are developing into community leaders, particularly in rural areas, in an environment and context that offers few spaces to women to operate in the public domain. They have made a positive difference in the communities that they serve, however the LHWs face many challenges:

- irregular salaries,
- uncertain job conditions,
- long hours,
- being forced to go to 'uncovered areas' (that are not covered by the LHWP),
- no clear job descriptions.

The PSI-WERO report is unique in that it addresses the sexual harassment and domestic violence that LHWs face during their work. In the context of a very patriarchal society that does not value women, their interactions with the public means that these women also become the target of domestic violence as their male family members think that their job is against their belief and understanding of honour and that the LHWs bring disgrace to the families.

But there are contradictions: these families are struggling to make ends meet. They depend on the supplemental income from the LHWs, but at the same time husbands, fathers, in-laws and other family members want to control the movements and career growth of LHWs.

The PSI-WERO study highlighted stories of extreme violence from brothers, fathers, husbands, and in-laws.

“Balancing work and family life is like walking on a tight rope.”

“We are constantly living in danger of being divorced, and thrown out of the house. The only saving grace is the salary which helps keep tempers down. However, even the salary is not given on a monthly basis and sometimes it comes after two or three months. So, we are again dependent on our husbands for financial support.”

“The LHWs therefore face domestic violence, mental torture and emotional abuse which affects their relations with their families as well as their daily work lives.”

“Sexual harassment is rampant and these women have to face it on multiple levels.”

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ECONOMIC VIOLENCE

Despite the regularization of their status in 2014, LHWs had to deal with delays in payments; sometimes these delays ran into 3 or 4 months. This creates serious hardships for women. In 2016, the All Sindh Lady Health Workers Association (ASLHWA) launched a campaign against Stolen Wages²². PSI in collaboration with WERO and with the support

21. Inam, Moniza (December 2017), *Breaking The Silence: Sexual Harassment of Community Health Workers in Pakistan*, PSI, WERO

22. Salman, Qazi Muhammad and Javed, Sohail (December 2017), *Impact Of Stolen Wages on Community Health Workers in Pakistan*, PSI, WERO

of the Irish Municipal, Public and Civil Trade Union (IMPACT) and the Nordic Confederation of Municipal Unions, KNS conducted a survey to highlight the impact of these delays on women's lives and the lives of their families.

Education: The families of LHWs include children of school-going age but were not attending school because of the erratic income streams. Public schools are usually not in rural areas. Therefore, the only option available is private school which are expensive. If they are unable to afford the fees, then girls especially are not able to go to school and have the opportunity to move out of poverty.

Health: Many of the LHWs live in economically depressed areas and are therefore more exposed to health risks. Where general health coverage is absent and in the absence of benefits that come with the job, it means that these LHWs are exposed to high health risks.

Moreover, while the LHWs work hard and provide counselling to women in their communities, they are not at all satisfied with the healthcare that they are able to afford.

Financial independence: For many of the LHWs, their pay is controlled by their husbands, fathers or mothers-in-law. LHWs provide 68% of family income. With delays in payments it means that they have to borrow for food and to pay bills. When they finally receive their wages after a 3 or 4 month delay, the money has to be used to pay the debts.

In the PSI-WERO study that focused on violence and harassment faced by LHWs in Sindh province, many of the women complained "their husbands took their cheques and drew their salaries from the bank and spent the money. The women had no control over their own income. Many of them were not even in a position to buy new clothes or a bag. If they were unmarried, their fathers took their earnings for household expenses."

The report gives many cases and stories that show that LHWs do not have control over their salaries and wages. A couple of examples:

- "A senior supervisor talked about a very tragic story of her team member who lost a hand in an accident but was very confident and continued working. One of her distant cousins who saw her participating in a program decided to marry her and sent a proposal which was happily accepted. However, after marriage he showed his true character, he was a drug addict and a gambler and had married her for money. Now she has become a money-making machine for him and also has to support their two children."
- "Explaining the common ordeal, a young worker said that due to her income her family was reluctant to marry her and she was now in her middle age and had lost hope of ever getting married."

In addition to the cases highlighted above, when there are delays in the payment of wages, LHWs also have to face the increased threat of physical and psychological violence.

DOMESTIC VIOLENCE

For LHWs, working in the context of a very patriarchal society means that domestic violence is always present.

The irregular hours of their work because of the various vaccination and other health campaigns and training mean that LHWs have to go to different cities. This annoys their families which is very annoying for their families, especially the husbands. The PSI-WERO survey provided many stories where workers said that on their return their husbands beat them and threatened to divorce them.

In one particularly brutal attack, one supervisor said that "her husband beat her so much that he fractured her arm." Another woman said, "Once, I went for a polio campaign to an uncovered area in another (UC) [district] and reached home late. My husband got furious and beat me in front of our home. The entire

neighborhood watched but no one interfered and he broke my arm and fractured my ribs. When he was tired of beating me, he said, “I don’t want to keep you as you are a woman with a loose character and go out with men and I will marry someone else”.

He in fact married another girl, and as a punishment he didn’t divorce her. Now she is living with her mother.

Researchers also heard of extreme cases of domestic violence, especially one that ended in the murder of a LHW by her husband.

“Sexual harassment is rampant and these women have to face it on multiple levels.”

HARASSMENT IN THE WORLD OF WORK

Lady Health Workers (LHWs) explain that their line of work is different from other jobs because they do not have set times and they have to go and do field work. Moreover, in jobs such as domestic work, agriculture, teaching and work in the public and private sectors there is less interaction with men. Because of the patriarchal society in which they live, working among the public is frowned upon. And with frequent travelling, home visits, and working with communities make the situation even more lethal for the LHWs. Their work is stigmatised and the LHWs are considered ‘easy prey’ and ‘available’. These women are in many cases, the first in their families and communities to have received education and to have matriculated; they are the first to get paid jobs.

Pakistani society is deeply patriarchal and in such cases, LHWs will always be viewed with suspicion. Men who strongly dislike women will do anything to disgrace the LHWs.

The LHWs stated that they faced resistance from their families and community. Their families find it hard to accept the fact that the LHWs work in the public space and move around. But then the money speaks loudly. Because the LHWs come from lower and middle-class families, the additional income is very welcome.

The LHWs face many types of harassment:

- a) From work colleagues especially male supervisors;
- b) In the field, from the families of patients as well as men who are on the streets and in the communities in which they work.

Male supervisors try to intimidate them through official procedures to break their will. They do not usually report these cases to senior officials. If their families found out, they would force them to leave the jobs.

A senior supervisor gave an example, “When I was young, about 14 years ago, a DHO asked me to go to Karachi with him. When I asked him the reason he said ‘just for fun.’ When I refused he said that he would terminate my services, but I told him that he could go ahead and do what he wanted. I considered myself very bold and now think that if it can happen with me it can happen with anyone. At that time we didn’t have any union to fight for our rights. And the most unfortunate part is that after so many years it is still happening.”

The LHWs have questioned why there are so many male officers in high positions. They have recommended that the profession needs to be more gender-friendly and gender-equal, adding that the government should appoint female District Coordinators and District Health Officers. The unions are incorporating these recommendations in their demands to the state governments.

The LHWs also told of experiences where Field Programme Officers want young beautiful workers to accompany them. The women who did not cooperate were victimized: either their salaries were withheld, or they were given show cause notices. They were asked to report to the office just to pressure them and break their will. And some of the LHWs who did not comply with their demands had to leave their jobs.

“We have to face a lot of humiliation in our line of work” said a lady health worker. “We have to listen to nasty things as sometimes the families and communities

do not allow us to enter their homes. Sometimes they say that despite so much humiliation you have come again and we tell them that we come to serve you and save your children,” she added.

Many workers complained that when they visited households, the behaviour of the men in the families was extremely inappropriate. Sometimes they stared at them, and when the LHWs explained the benefits of birth spacing and family planning, the men asked embarrassing questions.

“When I entered a house the person who answered the door took me to a room where boys from the family were watching porn movies and no woman was present in the house. I immediately left the house and made a hue and cry about it. People from the neighbourhood gathered but those boys unabashedly said, ‘why are you making a fuss as you have no honour and go door to door’.”

When conducting immunisation programmes LHWs also face harassment, humiliation and abuse from community members and members of the families to whom they are providing health services.

VIOLENCE FROM EXTREMISTS

LHWs in Pakistan also face violence from religious fundamentalists – the Taliban. These Islamists are against the work of the health workers because they believe that the LHWs and the work that they do are against the teachings of Islam. Sometimes the attacks and threats are so severe that the government is forced to restrict the LHWs to their own areas. In 2012 the government and the UN had to suspend the polio immunization programme because of the horrific violent attacks on LHWs and those who accompanied them.

Extremists view polio vaccination campaigns with suspicion after the CIA’s use of a fake vaccination program in 2011 to collect DNA samples from residents of Osama bin Laden’s compound to verify the al Qaeda leader’s presence there. Bin Laden was killed by US forces in May 2011. Moreover, family planning and other public health services are seen as against the teachings of Islam. And the LHWs who conduct these campaigns are seen as defying Pakistan’s societal norms.

Pakistan is a male-dominated society. This means that women who work outside the home face a hostile work environment. This situation prevents women from seeking employment. To encourage women to join the labour force the government has set a quota for women but often even this minimum quota of 10 percent remains unfilled. Though women have been working in senior positions and running businesses in the private sector, these have been few in number.

USING THE LAW

The government of Pakistan passed the Protection Against Harassment of Women at the Workplace Act, 2010²³ to control the problem of women being harassed in workplaces and public spaces. The challenge is that many are unaware of the Act and its provisions.

The Act provides for the appointment of an Ombudsman both at the federal and provincial levels. The provincial government in Sindh has taken giant steps to ensure the effective implementation of the anti-sexual harassment legislation. The Ombudsman has investigated as many as 130 complaints, while ensuring confidentiality. The satisfactory conclusion of the cases suggests that the Provincial Ombudsman is an ideal solution for providing justice without having to go through the lengthy and costly procedures and requirements of the judicial system.

23. The Protection Against Harassment Of Women At The Workplace Act 2010, Islamabad, Pakistan <https://qau.edu.pk/pdfs/ha.pdf>

LHWs recommend that:

- The Protection Against Harassment of Women at the Workplace Act, 2010 should be part of their curriculum and an integral part of their training. They should have a clear understanding of the law. It should be displayed prominently in their secretariat, hospitals and other work places to discourage people from taking advantage of them.
- There should be widespread awareness about the implementation mechanism of the Protection against Harassment of Women at the Workplace Act, 2010 and how to access corrective mechanisms via the Ombudsperson's Office in accordance with the laws in the districts.
- Committees should be formed in all districts to monitor sexual harassment cases and a female member should be included in them.
- Threats and attacks on or harassment of women health workers should be investigated and action against the perpetrators should be taken to deter perpetrators.

TRADE UNION ACTION - ADDRESSING DISCRIMINATION IN STATUS, AND WAGE INEQUALITY

In mid-2016 the PSI and the Health Professionals Organisation of Nepal (HEPON) organised a 2-day conference on *Confronting Precarious Work in the Health Sector in South Asia*. The key aims were to share:

- a) findings of a mapping exercise on trends and patterns of precarious work in the health sector in the region; and
- b) trade union strategies to promote quality health services.

The conference highlighted the precarious circumstances of Community Health Workers (CHWs) who are an important link between the health system and communities especially in rural areas or among economically weaker populations. These workers are mostly women who themselves are from rural areas and are economically vulnerable. In spite of the valuable service they provide, LHWs are unappreciated and their work is undervalued. They are in effect seen as a cheap source of labour.

Facing discrimination in employment, having been denied holiday pay, social security, pensions, and only receiving stipends and facing harassment and violence, LHWs organised themselves into a national movement to mobilise and campaign for their rights. They have also been killed while carrying out vaccination and other health campaigns.

Through collective action, the All Sindh Lady Health Workers and Employees Association (ASLHWEA) won a Supreme Court decision in 2012 that recognised LHWs as state workers. Finally, in late 2014, about 24,068 Lady Health Workers were regularised by the Sindh government. But they still had to deal with delays in payments – sometimes payments were four months late.

Now that the responsibility for health has been transferred from the centre (federal) to the provinces, this means that the Provincial governments are the employers of the LHWs. ASLHWEA is therefore concentrating on strengthening its interventions at the state level.

The continued campaigns, advocacy and joint actions led by the ASLHWEA again resulted in a major victory in June 2017 when the Sindh government included LHWs in the annual budget.

“We were in trouble because of delay in our salary, we had started a campaign in 2015 against the delay in salary, in the last 2 years our basic demand from Sindh govt (sic) was that to include all LHW’s (sic) and other staff in the annual budget.”

*All Sindh Lady Health Workers Employees Union
President Haleema Zulqarnain*

Having achieved this victory, the ASLHWEA urged the Sindh government to:

1. Count all employees of Sindh lady health workers programme according to their seniority list
2. Give running scale according to the government law,
3. For LHWs and account supervisors who are graduates, promote them to grade 14,
4. Pay all arrears from 1st July 2012 to 30th June 2017
5. Give LHWs a supervisory allowance as the Punjab Government is giving to their LHWs.

RECOMMENDATIONS

Through the consultations held by PSI and WERO, LHWs have made a number of other recommendations which include:

- The programme should pay salaries to health workers that are commensurate with their educational qualifications; other perks and privileges given to regular government employees should also be extended to them.
- To raise awareness about the benefits of the programme, the Government of Sindh and the National Program for Family Planning and Primary Healthcare should launch advocacy and awareness campaigns in print and broadcast media and FM radio stations, leaflets, handbills and posters should be displayed in public spaces and in their offices.
- The campaign should highlight women health workers' contribution in providing preventive health facilities, combating maternal deaths, nutrition screening and family planning services at the doorstep. The government should also highlight the fact that women health workers' contribution is vital for meeting international development targets such as the SDGs. This will bring a level of acceptability and dignity to their work.
- The women health workers should only be assigned to do the duties that are part of the original requirements of the programme.
- The LHWs' union must be strengthened in all the provinces and there should be a network at the national level. The All Sindh Lady Health Workers Association (ASLHWA) should be replicated in all the provinces.
- To highlight the problem studies focusing on sexual harassment and domestic violence should be conducted on the national level and in all the provinces.
- To make the profession more gender-friendly and gender-equal, the government should appoint female DCs and DHOs.
- The LHWs' village committee should be formed and these committees should comprise elected and non-elected male and female members. One of the members should accompany the women health workers while going out of the village, or whenever they feel insecure.
- The government should also start mass media campaigns to give dignity to the women health workers who should have a uniform to make them more visible and prominent.

All these measures will help enhance the status of LHWs in their communities. □



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