Case Study

Valuing women's care work in Pakistan:

Lady Health Workers' Struggle for Rights and Entitlements

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1. Introduction of the Case Study

The Lady Health Workers (LHW) Programme, instituted in 1994, is considered one of the largest and successful community based primary healthcare initiatives in the world. The lady health workers' role has received recognition by the global health bodies in improving Pakistan's maternal and child health indicators. Currently more than 130,000 lady health workers reach out to 60 to 70 per cent of the country's population residing in rural and low-income urban areas.

Perhaps if it was not a collective struggle for their rights, the lady health workers would have continued to suffer injustice in silence: a low wage, no benefits and insecure job. It was death of a health worker at child birth that compelled Bushra Arain, a Lady Health Supervisor, to rebel against the irony: health providers' own deprivation of health facilities and lack of decent work conditions. She and several other lady health supervisors mobilised the workers and founded the union, the All Pakistan Lady Health Workers' Welfare Association, in December 2008. By early 2009, each district had a *Baji* (elder sister), a dynamic activist health worker to prepare the cadre for struggle. The union took to legal intervention and street power to claim their due rights at work place. The phenomenon was unique: never before in Pakistan's history had women workers exercised the right to 'collective bargaining' in any sector, much less in the low-paid care economy.

The case study aims to document the LHWs' struggle, review the constraints they faced as women workers in a public sector health programme and as caregivers, identify the union's strategies and highlight the achievements of their eight-year long battle.

Methodology and Limitations

This qualitative case study is based on secondary and primary research. Literature review of the National Lady Health Workers Programme (LHWP) included official documents and programme reviews, evaluations and analyses by independent stakeholders. Media archives were accessed (electronically) for review of the extensive coverage the LHWs' struggle received over the years. First hand information was collected through in-depth interviews[1] and two focus group discussions with the office bearers of the union and member lady health workers and lady health visitors serving in different areas in Karachi (Nazimabad, Saddar, Baldia, Lyari, Gadap). One focus group discussion was held at the Pakistan Institute of Labour Education and Research Centre, Gadap Town and the second, scheduled to be held in a Saddar Town dispensary, took place in the house of a Lady Health Supervisor as the officials did not allow the dispensary premises for the meeting.

The office bearers of the All Pakistan Lady Health Workers' Welfare Association and some of the union members (lady health workers and lady health supervisors) approached for the case study

[1] Names of interviewees, with the exception of Bushra Arian, have been changed for privacy reasons.

were all based in Karachi, Sindh, with the exception of central chairperson and one of the founder members of the union, Bushra Arian, who is based in Jacobabad, Sindh. Dynamics of the union branches in other provinces (i.e. Punjab, KPK, Balochistan) and in other areas (Azad Kashmir, Gilgit-Baltistan, Federally Administered Tribal Areas) were not investigated due to resource constraints.

2. Context and Overview: Lady Health Workers' Programme

Context

Pakistan is ranked among the countries with low Human Development Index (HDI) and is placed at the lowly 147th position out of 171 countries under Gender-related Development Index (GDI) that measures gender inequality in health, education and decent living.[2] Of all systemic inequalities, gender inequality is the most pervasive in Pakistan. Deficiencies in capabilities and gender-based division of labour tie women down with the double burden of unpaid unpaid care work and low-paid work, mostly in care economy and in the informal economy. Lack of access to resources (i.e. property and credit) and deprivation of public goods (i.e, information and legal rights) increase their vulnerability to exploitation.

Women are denied equal opportunities to basic capabilities i.e., education, health and skills: 49.6 per cent of women are literate compared to 71.6 per cent men.[3] Labour force participation rate among women is 22 per cent compared to 67.8 per cent among men.[4] Women's access to health and reproductive healthcare remains low and higher child and maternal mortality rates remain the major issues for Pakistan.

Overview

The National Programme of Family Planning and Primary Health Care, known as the Lady Health Worker Programme (LHWP), was launched in April 1994 under the Eighth Five-Year Plan (1993–98). The initiation of this large-scale public sector programme was a turning point in population planning in Pakistan as earlier efforts had produced little change in fertility rate and the child and maternal healthcare indicators due to various factors including, negative perception of family planning arising out of conservative interpretation of Islam, lack of political will and low GDP allocations to health and education. From the 1960s to the late 1980s the total fertility rate in Pakistan had stood at around 6.5 children per woman.[5]

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[2] Human Development Report 2015, UNDP, http://hdr.undp.org/sites/default/files/hdr_2015_statistical_annex.pdf
[3] Labour Force Survey of Pakistan 2014-2015, http://www.pbs.gov.pk/sites/default/files//Annual%20Report%20of%20LFS%202014-15.pdf
[4] Ibid.
[5] http://siteresources.worldbank.org/INTPRH/Resources/376374-1278599377733/Pakistan62810PRINT.pdf

Pakistan government had affirmed access to basic health services as a fundamental human right by signing the WHO Alma-Ata Declaration in 1978.[6] Yet the country was failing in its commitment to provide an affordable primary healthcare service to all and the 1980s saw no change in health indicators. In the early 1990s fertility started declining, albeit slowly. "This period corresponded with the end of the Zia regime and renewed political support from the highest levels for the population welfare program, and the establishment of the federal Ministry of Population Welfare in 1989-90", according to a report on the Status of Family Planning.[7]

The LHW Programme was planned at this juncture and instituted by the government of Benazir Bhutto to tackle dismal health and demographic indicators and the slow progress in contraceptive prevalence "…By raising an army of women, 33000 strong, to educate our mothers, sisters daughters in child welfare and population control. By setting up a bank run by women for women, to help women achieve economic independence."[8] The empowerment of women, recognised by the UN for the first time as cornerstone of sustainable development in its 1994 International Conference on Population and Development, was endorsed by the government and embraced by a society struggling with patriarchal value system.

The Programme began with the recruitment of 33,000 lady health workers (LHWs) –based on strict selection criteria–from rural and urban poor areas. It was a bold step in 1993-94 particularly in the rural social milieu where female labour force participation outside agriculture was almost non-existent and female literacy rate was 16.3 per cent.[9] Women have little access to reproductive health facilities. In 1993, the country's maternal mortality rate was 340, contraceptive prevalence rate mere 12 per cent, infant mortality rate stood at 95 and just 35 per cent of births were attended by health personnel.[10]

The objectives of the programme were to provide "promotive, preventive, curative and rehabilitative services… bring about community participation through creation of awareness, changing of attitudes, organisation and mobilisation of support; improve the utilisation of health facilities by bridging the gap between the community and health services in the country through LHWs and expand the family planning services availability in urban slums and rural areas".[11]

In 1996 Lady Health Supervisors (LHSs) were inducted to monitor performance of LHWs. By 2008 there were around 90,000 LHWs, including LHSs, serving populations in all districts of the country, including disadvantageous groups living in far-flung rural communities, and over 90

[6] http://www.who.int/workforcealliance/knowledge/case_studies/CS_Pakistan_web_en.pdf?ua=1
[7] Zeba Sathar & Batool Zaid, The Status of Family Planning in Pakistan, 2010,http://www.icomp.org.my/new/uploads/fpconsultation/Pakistan.pdf
[8] 7 September 1994, International Conference on Population and Development, United Nations Population Information Network(POPIN), http://www.un.org/popin/icpd/conference/gov/940907211416.html
[9] Labour Force Survey 1993-1994, Federal Bureau of Statistics, Government of Pakistan.
[10] Human Development in South Asia 1997, Mahbub ul Haq, Oxford University Press, Karachi.
[11] Final Report, External Evaluation of the Lady Health Workers Programme, March 2002, oxfordhttps://www.yumpu.com/en/document/view/48158031/lhw-final-report-2002-03-oxford-policy-management (accessed on 6 Dec 2016)

percent of respondents of a survey reported improvements in health due to the LHWs' work.[12] After two decades of the LHWP, maternal mortality declined to 170 per 100 000 live births,[13] fertility rate was down to 3.26, contraceptive prevalence rose to 35 per cent, infant mortality decreased to 74 and 47.8 per cent of births were attended by health personnel.[14]

In December 2016, there were more than 130,000 lady health workers reaching out to 60 to 70 per cent of the country's population residing in rural and low-income urban areas. Each LHW is responsible for 1000 people (mostly women), or 150 homes, and visits 5 to 7 houses daily. She is trained for three months in the class room on primary healthcare subjects, followed by a year of training in field work. She carries out over 20 tasks related to promotive, preventive, curative and rehabilitative services, including family planning services, antenatal referrals and immunisation services. Her residence is designated as a 'Health House' where women can walk in to access reproductive and basic healthcare facilities. The LHWs are crucial in Pakistan's care economy and the public health sector, and account for a huge part in overall women's labor force.

3. The Initial Years (1994-2007): Terms and Conditions of Work

When the recruitment began in 1994, it created quite a stir, particularly in rural areas, though the work was on contract basis and the monthly stipend meagre. The communities, introduced to family planning activities since the 1960s by the Family Planning Association of Pakistan and other voluntary organisations, still harboured bias against both—women's work outside home and population control. Yet the number of women yearning for improved living conditions was increasing. In 1993-94 about one percent of rural and four percent of urban women had eight years of schooling.[15] Though fewer in number, young women who met the criteria for selection applied with the approval of men in the family. In urban poor areas many of the women belonged to female-headed households, where the job could be combined with their unpaid care work.

"There are several reasons that the lady health worker's job attracted me. The first is that you don't have to commute far: you simply go door-to-door in your own neighbourhood. Secondly, the timing is flexible. I can choose my own time. I finish my home chores first and then start the visits at, say, 10 in the morning, come home to give food to children at lunch time and then complete the remaining work later in the day", says Mariam, LHW.

"For me it was community mobilisation. When the programme began I was already working in a polio vaccination team. My neighbourhood lacked in education and other facilities. I wanted to create awareness about the issues in my community. When the programme was launched I

[12] Management Review, LHWP, Oct 2009, Oxford Policy Management, http://www.opml.co.uk/sites/default/files/LHW_%20Management%20Review.pdf
[13] http://www.who.int/maternal_child_adolescent/epidemiology/profiles/maternal/pak.pdf
[14] Pakistan Demography & Health Survey 2012-2013, http://dhsprogram.com/pubs/pdf/SR208/SR208.pdf (accessed on 6 Dec 2016)
[15] Pakistan Labour Force Survey 1993-1994

applied for the post of Lady health Worker but my application was rejected twice. I did not give up and kept visiting the office. Finally they inducted me in 1998. This programme gave me the opportunity to engage in mobilisation", says Raheela. "The LHW's job is of a motivator and an educator. She educates women on health and hygiene and reproductive health and motivates them for family planning," Raheela explains the role of LHW.

"The training was good and very comprehensive. It included skills in community organisation and inter-personal communications. We were taught about maternal health, nutrition, child healthcare, preventive diseases and family planning. We also learn how to collect basic data and keep health records", observes Nazneen.

Precarious Working Conditions

The terms and conditions of service of LHWs and LHSs were similar and spelt out that 'Your service will not fall under the Civil Servant Act 1973. Instead you will have to fulfil the conditions stipulated in the contract which you will be notified periodically. You will not have the right for any kind of legal action'.[16] The workers were given Rs. 50 per day allowance for 3-month classroom training and Rs. 1440 per month thereafter. They were not entitled to any other benefit (e.g. medical facilities, insurance or pension, bonuses) and could avail only 20-day maternal leave unlike 3-month maternal leave available to women workers under the labour law..

Low Wages and Delay in Payment

Flexible timing, a close-to-home workplace and one-to-one communication with the clientele are advantageous terms and conditions of work for women living in conservative milieu in either rural or a congested urban settlement in Karachi that lacks efficient public transport system. But these advantages come with a heavy price: low wages, delayed payment and insecurity of tenure.

"I joined the Lady Health Workers' Programme in 1996. I was divorced, raising my daughter alone and needed steady income to run the household. Delay in payment was a serious issue for me. I used to get stipend after four or five months, and of course, the sum was very low, just Rs. 1,440 per month. During polio vaccination campaign we were paid Rs. 50 per day allowance at that time. But even this allowance was not paid on time." Yasmin shares her experience.

Very low stipend and delay in payment were the core issues that agitated the lady health workers and supervisors. The LHWs, coming from lower-middle and lower income groups, have little or no assets or savings to tide over days and months when their due wages are held. The LHWs find themselves trapped in undignified and demoralising situation and have to request for petty loans from neighbourhood grocery shops owners, friends and neighbours.

[16] Quoted in the Supreme Court Order, dated 4.11.2010, HR cases No.163630 of 2009,1859-S &14292 of 2010

Prolonged delays in payment of stipends compelled the LHWs and LHSs to band together in small groups at district level across the provinces. These groups, led by vocal and active LHWs and supervisors took to sporadic street protests and rallies. In June 2002 lady health workers, laced with banners and placards, protested outside Dadu Press Club, Sindh, against delay in payment of salaries since eight months. They had the courage to raise slogans against the Executive District Officer Health, Dadu.[17] Around this time, the LHWs mobilisation drew the media attention.

Corruption

Another crucial issue the lady health workers and supervisors confronted was corruption in the health department and the affiliated offices. "I was appointed LHW in 2000 on merit. But when I applied and was selected for the post of supervisor in 2005, I was asked to pay Rs. 35,000 by the District Deputy Officer (DDO) as bribe. I was told my application would not be approved otherwise. I moved an application to the head office in Islamabad reporting the incidence. Meanwhile, training for selected LHSs had started. The DDO did not let me sit in the training though my name was on the list. After about six months the DDO's service was terminated on the charges of corruption", tells Fatima.

Corruption did not end in the LHWP with termination from services of this person, or several others on similar charges, as narrated by a few more supervisors and confirmed by all lady health workers interviewed for this case study. Yet, the complaints filed by individual lady health workers and supervisors against misuse of power indicate the beginning of the tough fight and the long struggle the 'army of women' had taken up in the period prior to the emergence of a collective platform, the union.

Lady health workers confronted irregularities in monthly supply of medicines and family planning equipment for free distribution to the community. Supply of medicines, free of cost, was one of the key factors behind community appreciation of LHWs' services. "The store keepers, in connivance with other officials, would pilfer the stock. We received less than the required supply. Delays in supply were frequent. We had to stand in long queues. I raised the voice against the system. In 2003, I and other LHWs in my area came out on the street. I was able to convince the higher-ups to let the LHSs pick the allocated medicines from the store and maintain the record. The post of store keeper was eliminated", tells Nighat, lady health supervisor.

The facility of vehicles given to women health supervisors were misused by higher officials. "When I was appointed as LHS in 1996, I was provided with a vehicle. After a week the vehicle was ordered by a District Health Official. He kept it for two years. I was told that the children of a

[17] http://www.dawn.com/news/40460/protest-against-edo-civil-surgeon

Member of the Provincial Assembly were using the vehicle. I brought the matter to the Field Programme Officer but he was the accomplice. The log book had my signature forged by him," Tasneem said. According to the programme review, 22 per cent of lady health supervisor never had access to vehicles and 42 per cent did not receive the PoL allowance.[18]

Though there are strict criteria for selection and interviews are carried out by a panel, cases of appointments made on nepotism and favouritism are not rare. "There exist 15 to 20 per cent ghost lady health workers appointed by corrupt officials who get 50 per cent cut of ghost workers' salaries", says Ferdous. Health workers are extorted cuts from their meagre salaries, field travel allowances, training allowances and payment for polio vaccination. "Nomination for training programmes and crash courses is often juggled by health officials who send their favourite girls or female relatives", tells Ayesha.

It appears corruption in the programme has increased since the Supreme Court ordered the provincial governments in 2012 to integrate health workers in the service structure. When the provincial governments finally complied with court decision in 2014, the health workers were asked by respective officials to pay Rs. 1000 each to receive the appointment letters under new terms and condition. The lady health workers' union fought tooth and nail. "We collected individual complaints on stamp papers from the workers and submitted the material in the court. We requested the court that each LHW must get her appointment letter by courier at personal addresses", Bushra says. Now the union is strategising how to fight corruption to receive full arrears of their raised salaries as individual amount comes to around Rs.300,000 and the officials responsible for disbursement are asking Rs.50,000 as bribery from each lady health worker to access the arrears.

Gender-based violence

Though Pakistani society is very much a male-dominated patriarchal society, traditional man-woman relations are under tremendous strain as the sphere of public domain, accessible to women, is expanding and the private domain—where women have been traditionally relegated to—is shrinking in size (from clan to extended family to nuclear family). Women's increasing induction in the formal and informal sector labour force, out of economic compulsions, is gradually empowering them and changing their psychological composition. Women are learning to assert themselves in both private and public domains. Women are acquiring their own worldview, a worldview shaped by the ideals of inherent justice and equity between the genders. Young women are increasingly questioning traditions they find demeaning and unjust.

However, the changing worldview of women is not being complemented by similar changes in the men's worldview. Pakistani man, no matter how liberal he outwardly appears to be, deep down in his psyche, is still clung to the notions of male supremacy. Rising incidences of various

[18] Lady Health Worker Programme Evaluation (powerpoint presentation) National Dissemination Event, 11 Dec 2009, Islamabad, Oxford Policy Management,http://www.opml.co.uk/publications/lady-health-worker-programme-evaluation-presentation

forms of violence against women (honour killing, rape, domestic violence) are indicative of this clash of world views between the genders.

A gender-specific violation of fundamental human rights that the lady health workers and supervisors have suffered since the very beginning of the programme is sexual harassment. Induction of a large number of young women in the male-dominated public health sector, particularly in rural areas, created a ripple in the stagnant waters of feudal-patriarchal conservative milieu. The public health infrastructure comprising rural health centres, basic health units, mother and child health centres and district headquarter hospitals are largely manned by men. Under the LHWP, each District Programme Implementation Unit has a district coordinator, a logistics officer, an accounts supervisor and an assistance district coordinator and all these posts are filled in by men in both rural and urban areas. There is a sprinkle of women posted as Assistant District Coordinators. Provincial coordinators, field programme officers and the staff of the implementation units are also mostly men.

In the early years there was strong resistance from the community, particularly from male members, against young women going door-to-door, as recollected by LHWs in this case study, and documented in reports and reviews of the programme undertaken by different stakeholders. This resistance was manifest in crude, sexist and humiliating remarks. “In those days in my district when an LHW was inducted men would remark ‘look, another beauty is being added to the brothel’. As we had to report to and work with men, the community suspected our morals”, recollects an LHS from a rural district. “It has been a very long and tough fight but our dedication and commitment has led to a positive change in the attitudes. We are respected in the community now,” she says.

A news from the archive (2004) captures community bias against LHWs and also indicates LHWs’ struggle against negative perceptions. In Thatta, a small city in Sindh province, the district hospital staff had arranged a farewell party and the LHWs were invited. Local print media misreported the event as a fashion show and a late-night Valentine's Day, portraying the lady health workers as ‘fallen women’ and of ‘immoral character’. Twenty-six of them resigned in protest against defamatory reports published in local newspapers. The news of the LHWs resignation appeared because the health department had to make alternate arrangements for the polio campaign.[19]

Sexual harassment prevails in the LHWP in various forms, according to the LHWs and LHSs interviewed for this case study. "The officials shower undue favors to young and beautiful LHWs. They flirt and try to lure young impressionable girls who come out of their homes for the first time to get a job”, says Humaira, a senior LHS. The LHWs often suffer in silence violent, degrading, dirty and provocative verbal remarks and gestures. “A young LHW, on her return from a training was subjected to a very violent question. ‘What did you learn in the training?

[19] http://www.dawn.com/news/353258/thatta-26-lady-health-workers-resign-in-protest

Have you learned how to put on a condom? Show me how it is done!" Humaira shares in the focus group discussion.

Sexual harassment is not covered in programme reviews nor the LHWs talk about it to the media or complain to higher-ups due to sensitivity of the subject, threat of community disapproval, dismissal from job and possibility of retaliation by the officials involved.

Early Lessons in Mobilisation and Unionisation

During this period, lady health workers were exposed to the collective struggle of the Pakistan Paramedical Staff Association. In Sindh, the Association represented around 33,000 paramedics, working for Sindh Health Department under unsatisfactory terms and conditions of work. In June 2005, the paramedics relaunched their campaign across districts of Sindh province demanding revision in the service structure for paramedics, including lady health workers who also took part in the campaign.[20] In 2006, the service structure for paramedics was revised by the Sindh government.[21] The LHWs' services was not included in the revision as it was a separate programme, but lady health workers learned that collective effort from a unified platform could yield results. Interaction with paramedics provided them with insights on dynamics of mobilisation and street power.

Empowerment

More than a decade of service in the LHWP brought about tangible changes in the lives of lady health workers. Their role gradually earned them credibility and respect in the community. Their income, though meagre and paid irregularly, contributed to the improved living for the family. The employment and the exposure to the outer world gave them a voice and a certain self-agency. The fourth evaluation of the LHWP undertaken in 2008 measured empowerment and revealed that the LHWs were '…more likely to make an independent decision on how to spend their salaries… more likely to be the sole decision-makers in all of these household decisions examined (e.g. whether or not to have another child, matters relating to children's education, use of family planning methods, household budget, household lending, health seeking behaviour)…'[22] With the passage of time lady health workers and supervisors were becoming more vocal and assertive of their rights both in the public and the private domain. The activists among them had come to realise that unless they were unified and had a forum of their own, they might not be able to fight unjust terms and conditions of work.

[20] http://www.dawn.com/news/142252/karachi-paramedics-to-relaunch-protest-drive
[21] http://www.dawn.com/news/190753
[22] Lady Health Workers Programme: External Evluation, Oxford Policy Management 2009, http://www.opml.co.uk/sites/default/files/Lady%20Health%20Worker%20Programme%20-%204th%20Evaluation%20-%20Summary%20of%20Results.pdf

4. Coming Together: Formation of a Union (2008)

By 2008, the Programme has expanded substantially. The LHWs were reaching out to the far flung, remote and less advantaged areas, working 50 percent longer hours, providing a wide range of services to a higher proportion of population than they did eight years ago, and their performance score had increased.[23] But the terms and conditions of work remained pathetic. They continued to face the anxiety of termination of services without any notice and without any reason. "This condition made us insecure and forced us to tolerate harassment and humiliation by the officials", told Sohaila, LHW. Delay in payment persisted. Also, many LHWs received less money in their salary than they expected. Most of them did not know the reason for this deduction.[24]

Most disturbing was lack of access to medical facilities to LHWs. "I witnessed deaths of two LHWs within a month. A doctor in a private clinic demanded advance payment to deliver a child. The pregnant LHW handed over her gold earrings but this was not enough for the doctor. After the delivery, she was sent home sooner with a drip which malfunctioned and she died", remembers Bushra Arian, founder member All Pakistan Lady Health Workers' Welfare Association. "I was raising these issues at the monthly maternal healthcare meetings. But the officials did nothing to address our issues. They were just concerned with the programme and its outcomes, as if the LHWs and LHSs, the service providers, and the life they live, did not matter," Bushra reflects.

In December 2008, Bushra Arian and several other LHSs boycotted the monthly meeting held on 12 December. Instead they resorted to sit-ins at three locations in Bushra's hometown, Jacobabad District, Sindh. "By that time we knew that unless the LHWs raise the issues through a collective platforms nothing would change", tells Bushra. She, along with her a few active LHSs, resolved to mobilise LHWs across districts and across provinces. "We raised money from personal resources and took to travel to different districts in the four provinces, meeting LHWs and LHSs, listening to their stories of hardship, sharing their experiences and asking them to join the union". For three months they were on the road and met thousands of LHWs in Sindh, Punjab, Khyber Pakhtunkhwa, Balochistan, Azad Kashmir and some areas in the Federally Administered Tribal Areas.

"We were labelled as crazy by our families and the communities. But we were driven by *junoon* (passion). And we thought we could challenge the higher-ups in the health department and claim our rights," says Bushra. The group of five LHSs—Bushra, Nasreen, Khairunnisa, Asma and Halima— selected vocal and dynamic senior representative in each area as *Baji* (elder sister). By early 2009, they asked the Paramedics Association to let them use their registration number for the newly founded All Pakistan Lady Health Workers' Welfare Association. In 2010, they got it

[23] Ibid.
[24] Ibid

registered separately under the Voluntary Social Welfare Association (Registration & Control) Ordinance 1961.

5. Campaign Strategies: Mobilisation and Legal Intervention (2008-2010)

The first line of leadership knew that unless all lady health workers across Pakistan come together and demand their rights, sporadic rallies and demonstrations in few areas would not bring about any change. "The officials in the health department never acknowledged our role and they did not want to include us in the service structure," says Farhat, who was convinced strategic grassroots mobilisation would pay off. In 2008 there were 90,000 LHWs including LHSs. Being community mobilisers themselves, who acted as catalyst for change in communities' attitudes toward healthcare and family planning, these women instinctively knew that though change is a slow process but one could make it happen.

Mobilisation at the Grassroots

In 2008 each lady health supervisor was responsible for guidance and monitoring of 23 LHWs.[25] The supervisors had established friendly rapport with LHWs and were in touch with supervisors in other areas as well whom they met in meetings and training programmes. The decision to form the union was conveyed in the meetings held in Rural Health Centres in the district. "We were told by our supervisors about the formation of the union in the meeting. They said it is important to have a union to convey our demands at the upper level. We need to fight collectively. Our names were registered as members. We collected monthly *chanda* (donation) of Rs. 50 in the beginning to cover the cost of meetings and other expenses of the union," recollects Anila, LHW.

"Prior to holding rallies and sit-ins, our supervisors would consult us on dates. We were then told about the event and the venue via mobile phones", tells Rasheeda. In 2008, cell phones had 'close to 90 percent coverage and 59 percent reach (with no gender divide)' in Pakistan.[26] The LHWs would pool in expenses for transport to reach the venue. They were not afraid of the consequences of street protests which often get disrupted by the police force and protesters taken in to custody. "We have trust in our seniors. They inform the city officials, the police, the rangers and the media about the date and venue of sit-ins and rallies. They fulfil legal requirements for holding a public demonstration. We are well protected by our supervisors".

Legal Intervention

The office bearers of the LHWs' union realised that mobilisation and display of street power alone would not yield the desired result. The health officials generally responded to sit-ins and

[25] Ibid.
[26] Bringing Finance to Pakistan's Poor, World Bank Study, January 2009, http://siteresources.worldbank.org/INTFR/Resources/Paper-NenovaNiangandAhmad.pdf

rallies with verbal assurance and acceptance of the demands of the striking LHWs. Once the union was placated it became business as usual and the promises remained unfulfilled. During this period the union leadership were exposed to the strategies of other grassroots workers' unions. Also, in March 2009, the famous two-year long movement by the country's lawyers for restoration of the judiciary had culminated in victory after their long march. The LHWs' leadership was acquainted with a couple of lawyers. The restoration of judiciary augmented hopes of civil society. This led to an increase in applications submitted to the Human Rights Cell of the Supreme Court.[27]

"We were advised to approach the Supreme Court Human Rights Cell. We had no resources for a legal battle but a few lawyers encouraged us. We raised money for court expenses and frequent travel the case would entail amongst ourselves first and then requested the members to chip in", tells Bushra Arian, who along with two other lady health supervisors—Ruskhsana Anwar and Saima Rafiq—filed the complaint in mid 2009 requesting that the jobs in the LHWP should be made permanent and wages increased. The complaint was registered as Supreme Court Human Rights Case No.16360. The Court asked for a report on the matter from the Secretary Health, Federal Government.

To expedite matters, the lady health supervisors filed another application in early 2010 as HR Case No.1859-S. The two cases were clubbed together and came for hearing before the Court on 7 September 2010. The Court directed the federal and provincial health ministries to raise the wages of lady health workers, supervisors, account officers and drivers to the national minimum wage of Rs. 7000 per month under the Minimum Wages for Unskilled Workers Ordinance 1961 with effect from 1 September 2010. The petitioners pursued implementation of the court order. Finally on 4 November 2010, the case was disposed of with the observation that the judgment shall be considered "… a guideline for all the executive departments in future while fixing the wages of the employees being engaged by the government organisations on contract basis or under any programme funded by the government or any other agency".[28] The case set the precedent for the right of minimum wages for all vulnerable workers employed in the public sector.

The provincial governments were pushed for implementation of the decision through several court orders and hearings under two Criminal Original Petitions (No.15 & No. 73) filed by Bushra Arian and other LHSs in 2012 against the state authorities for committing contempt of court. The LHWs started getting minimum wages but the provincial governments had still not implemented the Court order which asked them to regularise the service of LHWs.[29] In 2012, third Constitutional Petition (No. 36) was filed by the lady health supervisors to ensure regularisation of services of lady health workers in the four provinces and the Capital Territory

[27] Human Rights Cell, Supreme Court Annual Report 2010-2011. http://www.supremecourt.gov.pk/Annual_Rpt/Human%20Rights%20Cell.pdf
[28] Supreme Court Order dated 4.11.2010
[29] Quoted in SC Order dated 04.06.2012

and FATA. The Supreme Court ordered all the provincial governments to include jobs of the LHWP workers in the public service structure with effect from 1 July 2012.

The LHWs' legal battle continued for implementation. Another application citing contempt of court by the provinces was filed by the LHWs in the Supreme Court. In a meeting on 16 January 2013 the Special Committee constituted by the federal government directed the provinces to expedite the process of regularisation of the services. Meanwhile, the national Council of Common Interests (CCI) had also decided in its 23 January 2013 meeting that the federal government would pay the salaries till 2017. Hence the four provinces and the ICT and FATA governments issued the notifications to the concerned departments.[30]

The LHWs' union leaders came to know that the government of Punjab had categorically refused to pay pensionary benefits. They filed another petition against the Punjab government's decision. The Court directed the government of Punjab that "…no adverse decision contrary to their (LHWs) interest according to the Constitution and the law shall be taken by the Federal or any of the Provincial Government, ICT or FATA".[31]

After another year of the court battle the Balochistan government in April 2014 issued the official order for the regularisation of LHWs' services. In May 2014 the Sindh government passed the Sindh Lady Health Workers Services Regularisation Ordinance 2014 and in September the Khyber PakhtunKhwa government reluctantly issued the notification. In January 2015, the Azad Jammu and Kashmir (AJK) officials ensured to regularise the services of the LHWs after they launched a campaign and met several officials including the Prime Minister, the AJK Legislative Assembly Deputy Speaker, Secretary Finance and Director General Health.[32] The government of the biggest province, Punjab, resisted the LHWs struggle the most. Finally on 29 July, 2016 the government of Punjab notified the decision to induct the LHWs and the staff of the programme under the Punjab Civil Servant Act 1974.[33]

The LHWs continued their legal battle for implementation of the provincial notifications. None of the provinces had issued letter of appointments to the LHW Programme staff under the service structure as notified. After several Court Orders and hearings in 2014 when the appointment letters were issued, the department officials resorted to harassment and demanded gratification from LHWs for handing over the appointment letter in person. "We presented the evidence of this crass wrong-doing to the Supreme Court and requested that the appointment letters be dispatched through courier service at the home address of each LHW in the country", tells Bushra Arian. The Supreme Court in its Order dated 23 October 2014 directed the departments in the four provinces to "…make sure that no harassment is caused to the LHWs employed by

[30] Quoted in the Supreme Court Order dated 07.03.2013
[31] Ibid.
[32] http://www.radio.gov.pk/15-Jan-2015/delegation-of-ajk-lhws-meets-ajk-pm
[33] http://www.ilmilog.com/2016/09/regularization-of-lady-health-workers.html

the provinces and no illegal demand/gratification is required from them for the purpose of issuing appointment letter".[34]

The lady health workers' union holds the judiciary in high regard. "The Chief Justices, judges, lawyers, court personnel, every one at the Supreme Court has been extremely helpful and sympathetic to our cause. The government officials would not have done anything if they were not ordered by the Supreme Court", Bushra and other lady health supervisors who attend the hearings tell.

Rallies, Strikes and Sit-ins

Aware of their strength in number lady health workers had learned to use street power early in their struggle under the leadership of the union. The court verdict in 2010 had emboldened them and the LHWs began to organise big demonstrations and protests for payment of salaries and regular services in the four provinces and the tribal areas. Defying conservative family norms they would come out on the streets wearing veil or chaddar whenever their leaders called for a rally or a sit-in. At time the protesting LHWs were injured in scuffles with the police and sometimes a few of them were taken in to custody.

The LHWs' struggle was extensively highlighted in the media.[35] The year 2012 was a turning point in the LHWs' struggle as they pursued implementation of the court verdict both inside and outside the court. In January, lady health workers and other staff of the programme came out on the streets all over the country. From district and provincial level protests in the four provinces, they proceeded to hold rallies in the capital city Islamabad. On March 26 lady health workers from Punjab and Khyber Pakhtunkhwa staged a sit-in at the Parade Ground, Islamabad, and marched towards the Parliament House. The riot police tried to stop their march and clashed with the protestors. Several workers suffered injuries.[36]

The LHWs again converged in Islamabad and on 18 April gave an ultimatum to the authorities if their demands are not met they would resort to self-immolation. One of the staffers of the programme, a driver, set himself on fire and suffered burns. The police 'scuffled with the protestors to keep them from lighting their oil-drenched clothes on fire'.[37] Reflecting on that day Bushar Arian said "We had suffered injustice at work place for 18 years. We were desperate at the State's apathy. We wanted to get noticed no matter if we had to give up our life." The list of rallies, strikes and sit-ins organised by the LHWs from 2010 to 2016 is indeed long and worthy of a comprehensive chronicle.

[34] Supreme Order dated 23.10.2014
[35] 21 Oct 2011, Lahore rally: https://www.youtube.com/watch?v=HHqffj6zLiQ
29 March 2012 rally: https://www.youtube.com/watch?v=8CN6lS0Kbgc
[36] http://www.dawn.com/news/705695/scores-injured-during-lhws-protest-2
[37] http://www.dawn.com/news/712773/sc-issues-notices-to-health-secretaries-over-lady-health-workers-issue

A significant factor in the LHWs struggle that drew attention at national and international level was their participation in the polio vaccination campaign despite violent resistance by ultra religious elements in the communities. Polio vaccination teams were often attacked and several LHWs were shot to death.

6. Union Dynamics

The lady health workers' union employs grassroots level methodologies and person-to-person communication. As lady health workers and their supervisors are members of the same communities, continuity in dialogue on workplace issues and union's strategy is ensured. There exists a bond of trust between the union's leadership and the workers. The union derives much of its power from the large number of workers mobilised under its umbrella and has succeeded in forging a collective identity. One of the reasons for its strong collective identity is the fact that there is no diversity of jobs in its rank and files: all are lady health workers and lady health supervisors, with a fewer number of other staff, i.e. accounts supervisors and drivers. Yet the union is faced with internal tensions and has several issues to resolve.

Most of the issues relate to the union's internal organisational and financial management. Since its formation, the union has focused exclusively on its goals—accessing rights at work place (i.e. regularisation of service, wage increase, timely payment, benefits) and neglected its organisational structure. When the union was registered independently as All Pakistan Lady Health Workers' Association in 2010, the founding members (based in Sindh province) were selected as central office bearers (i.e. president, vice president, general secretary, treasurer). The other provinces selected office bearers from among their own cadres.

The union's organisation structure is dominated by a centralised decision-making leadership and a lack of democratic governance. Centralised decision-making has co-existed with decentralisation of 'rank and file' in the provinces and districts where teams of active LHWs and LHSs are selected locally. The union's 'rank and file' largely comprises genuine supporters rather than 'members' in the strict sense as the union has not kept central record of membership across provinces. This mode of governance worked out without significant internal friction as the central leadership waged the struggle at two battle fronts—in the Supreme Court and on the streets. In November 2010 the union had won the rights of minimum wage and induction in the public services structure through a court order though legal battle for implementation continued till today. In 2012, provincial government reluctantly began to implement the Supreme Court decision.

It was at this juncture that some gaps in the central leadership appeared and one of the founding members left the team. She has a group of supporters though they still consider themselves allied to the union. "The old leadership is working in our interest so we have to support the union. There is no disagreement on the objectives and goals. It is just the way the union is run that we do not agree with. They don't hold elections; they don't keep account of the

money they collect from us for union expenses. They do not issue receipts. They do not consult us for decision making" says Asifa, an LHS. "It is a different matter when they call us to participate in a rally which are held to demand our rights. Whatever we have achieved is due to their commitment and efforts and we acknowledge it," says another LHS.

The union leadership has held meetings with the disgruntled members and planned to hold elections in early 2017. The LHWs and LHSs in every district are selecting a team of three—a chief organiser and two assistant organisers—to run the affairs of election. "In several districts in Sindh and Punjab nominations with consensus has been done, while in other provinces preparatory meetings are being held", tells Bushra. The union is set to hold elections in March 2017. The union wants to learn financial and organisational management and is keen to put its house in order. The union leadership is on the lookout for training opportunities. Unfortunately formal trade unions, greatly shrunk in number and strength in Pakistan, are male-dominated and gender insensitive. The trade union federations are dysfunctional and do not link up with informal workers' groups and other forms of workers' movements, and neither they offer training in requisite union skills.

7. Constraints

The lady health workers have faced many obstacles in their work and in their collective struggle. Conservative values in the immediate family and the community, including disrespect of working women's rights, were the immediate constraints. Gradually the communities came to realise the benefits of LHWs' services in primary healthcare and family planning. The additional income young women chipped in the households in rural areas proved beneficial to the families and the resistance to let their women join the LHWP grew weaker.

The constraints confronted by the LHWs at the work place have proved more challenging. The public space is where the real battle has been, and is still being fought by the lady health workers. The state institutions in Pakistan are characterised with a complex interplay of patriarchal-feudal power politics and marred with gender and class biases. The LHWs have had a hard time claiming due rights at work place.

Devolution

The passage of the 18th Constitutional Amendment in the year 2010 granted greater economic, legislative and administrative autonomy to the provinces as the Concurrent Legislative List was abolished and a number of subjects, including health, were devolved to the provinces. Devolution entailed transfer of projects, finances, assets and re-appropriation of staff which was completed in 2011 but several issues remained to be resolved. The Lady Health Workers Programme had became complicated by the demands of the LHWs. The pending issues, including that of the LHWP were taken up by the Council of Common Interests (CCI), a permanent body to address disputes between provinces and the federal government. Though

the LHWP was devolved to provinces in 2010, the staff salaries were paid by the federal government. When the Supreme Court issued order for wage raise and regularisation of services, the provinces refused to take up additional financial burden as '…the federal government has not provided required funds for the vertical programs related to health…'.[38]

Also, a tussle between the Planning Commission and the Ministry of Inter-Provincial Coordination ensued over the control of the National Public Health Programmes. Initially, the project management units of all programmes where international donors were involved were placed under the inter-provincial coordination ministry. Meanwhile the Planning Commission wanted this subject under its control.[39]

The matter was referred to the Council of Common Interests (CCI) which in its meeting of 23 January 2013 decided that Federal Government would finance the LHWs Program till June 30, 2017 and "…pension liability which will accrue after ten years from the date of regularisation i.e. June 30, 2022, will be settled in a separate meeting". The Council directed the federal and provincial governments to finalise the necessary legislation regarding the LHWs' service structure and terms and conditions.[40]

State Resistance against LHWs' Collective Bargaining

Collective bargaining and unionisation do not go well with the Pakistan state and the employers. Disabling legislation and repressive tactics—harassment, threats, dismissal of workers, creating division in the union— applied by the state and the employers make union formation and collective bargaining extremely difficult. As registration of trade unions under labour laws is restricted, workers often register their associations under a different legislation, the Voluntary Social Welfare Agencies (Registration and Control) Ordinance 1961, that simply deals with the running of social welfare activities and provides a platform to associate.

The LHWs, the lowest tier of workers of a public health sector programme, coming together from every nook and corner of the country for collective bargaining under the umbrella of All Pakistan Ladies Health Workers Association posed a formidable challenge to the government. The LHWs' movement has laid bare the dark insides of the public health sector—denial of core labour rights to it workers, poor governance and corruption. The LHWs' movement is unique as it has pitted women workers—hierarchically weak and marginalised—against the state which is male-dominated, patriarchal and powerful. The state officials (many of them) have hated the

[38] Analysis: Five Years of the 18th Constitutional Amendment: Federal Imperatives on Public Policy and Planning; http://www.pk.undp.org/content/pakistan/en/home/library/hiv_aids/development-advocate-pakistan--volume-2--issue-1/analysis--five-years-of-the-18th-constitutional-amendment--feder.html

[39] Devolution and Provincial Autonomy: the 18th Amendment, 2014, Jinnah Institute, Islamabad,http://jinnah-institute.org/wp-content/uploads/2015/02/Devolution-Report.pdf

[40] Annual Report 2012-2013, Council of Common Interest; http://202.83.164.29/ipc/userfiles1/file/Annual%20CCI%20report%202012-13.pdf

guts of the lady health workers and their numerical strength, their street power and their successful legal intervention.

The Supreme Court Human Rights case filed by the lady health workers in 2009 against the state functionaries, and pursuit of their work place rights have dragged down higher officials of the federal and provincial governments to the Supreme Court. "The government of Punjab has proved to be the worst. They mocked us, laughed at us and told us the LHW Programme would never be regularised," says Bushra. In Sindh province, where the leadership is based, the government officials tried to pit one union leader against the other. "They wanted the union to break apart in to factions; they wanted us to fight amongst ourselves and forget our collective goals. But so far they have not succeeded. Yes, there has been some discord but luckily this has not damaged the union," tells Bushra.

8. 2016: Struggle Continues

The LHWs' struggle to access their rights– timely payment of wages, job security– continues. Though the provincial governments have issued notifications and inducted the LHWs in the civil service structure, there are still many cracks when it comes to implementation of government notifications in letter and spirit. Delay in payment—some times as long as four months—of salaries continued throughout the year 2016 making life difficult for LHWs though now they are getting better salaries as per government services pay scale. This unjust and unlawful treatment compels them to come out on the streets and raise their voices in the public arena heard by the wider society through coverage of the print and electronic media.

On 15 May 2016 around 1200 LHWs and supervisors came out on the streets in the city of Peshawar, Khyber Pakhtunkhwa, to protest against three months delay in payment of their wages. Also, they had not received the regularisation order.[41] In June the LHWs held a demonstration outside the Press Club in Mirpur Khas, Sindh, demanding the payment of their wages held by the treasury for the last four months.[42] In November, the LHWs protested against delay in payment of wages in Hyderabad and Karachi, Sindh.[43]

There are several reasons for delay in payment but the most important factor is that the government has not yet budgeted the LHWs' salaries in non-development expenditure in the Schedule of New Expenditure (SNE). It appears that the administrative department does not send the proposal of inclusion of the LHWP programme salaries in the SNE. When and if it sends the proposal, the finance department would take time to approve it and issue the advice for its inclusion in the next year's budget. "We have filed a fresh contempt of court petition in the Supreme Court on 7 December 2016 to bring about this change in the SNE. This will take

[41] https://www.youtube.com/watch?v=Zs-OemDCUnI
[42] http://www.socialistworld.net/doc/7630
[43] http://nation.com.pk/picture-gallery/29-Nov-2016/lady-health-workers-protest, http://video.dunyanews.tv/index.php/en/mustwatch/59979/Karachi:-Lady-Health-Workers-stage-protest-for-remaining-payments-#.WGuL5aNh3-Y

time but the government will have to do it", Bushra Arian is confident, "Once this is achieved, we will work for accessing the pension as was decided by the Council of Common Interests in 2013."

9. Conclusion and Recommendations

The Lady Health Workers Programme, a national level community-based primary healthcare initiative, is operational since 1994. The workforce of 130,000 lady health workers has played a significant role in improving Pakistan's maternal and child health indicators in the last 22 years. Yet the terms and conditions of lady health workers have been dismal: low wages, delay in payment of wages, lack of medical benefits and pension, sexual harassment and corruption at workplace. In 2008 lady health workers all over the country unionised under the umbrella of the All Pakistan Lady Health Workers' Welfare Association and embarked on a collective fight for their workplace rights.

The union has achieved two of its key objectives—national minimum wages and regularisation of services as government employees —after a 8-year long struggle.
The union displayed true grit and fought at two fronts: on the streets and in the Supreme Court. In the process the LHWs won the support of two crucial allies: the judiciary and the media. The union filed several petitions in the Supreme Court, challenging the federal and provincial governments for decent work conditions and pursued the cases for implementation. Thousands of LHWs staged protests and street rallies in the capitol city Islamabad and all big and small cities in the provinces. The union also filed many complaints about corrupt officials collectively and supported individual complaints to reach higher-ups in the department. The LHWs' struggle has still a long way to go and face many challenges in order to fight against gender-based violence, have their contribution to the care economy fully recognised and their rights guaranteed. At the same time, the union has neglected internal organisational management and governance. Thus, it is time the union's founding members and office bearers streamline organisational and financial management and let the second tier of leadership emerge.

Recommendations

A significant factor of the success of the LHW Programme is dedication and commitment of the LHWs who serve the country as frontline health workers. It is extremely important that they are recognised as skilled workers by the state and society and their rights as workers are respected, ensured and protected. The LHWs' untiring struggle for recognition of their identity as workers has established the importance of the collective platform. It is also essential that this platform, the union, evolves in to a strong institution governed by democratic principles. Below are some recommendations for different stakeholders that have emerged from the case study.

For the State Actors

After failing to meet the Millennium Development Goals (MDGs), Pakistan has committed itself to the Sustainable Development Goals (SDGs) and adopted the 2030 Agenda in February 2016 to complete the MDG's unfinished development goals. The government has constituted the Parliamentary Task Forces at federal and provincial levels to support legislation for the SDGs and has set up SDG Support Units.[44] Hence, it is recommended that:

- In line with SDG 3 for health that aims to "ensure healthy lives and promote well-being for all at all ages" and SDG 5 (achieve gender equality and empower all women and girls), the government must substantially increase budgetary allocation to health and education;
- The LHW Programme should be integrated fully in to long-term national health and development strategies;
- The federal government must ensure transfer of funds to the provinces for timely payment of wages to the LHW Programme staff;
- As a step to curb corruption, rid the LHW Programme from provincial supervision; abolish the post of provincial coordinator and induct senior lady health supervisors for the post of assistant district coordinators.
- The provincial health ministries and departments should adopt gender-sensitive employment conditions, remuneration and non-financial incentives, and ensure a working environment free from any type of violence, discrimination and harassment.
- The personnel of these departments be trained in gender sensitivity and informed about the national law Protection against Harassment of Women at the Workplace Act 2010 and the amended Section 509 of the Pakistan Penal Code under which insulting the modesty of a woman and sexually harassing them are crimes;
- The blueprint for recruitment, development and training, and retention of lady health workers under the public sector health services should be formulated at the national level and transmitted to the provinces with federal oversight;
- A third party evaluation and review of the LHW Programme is due since devolution of the Programme to the provinces. It should be undertaken soon and shared with all stakeholders.

For non-State Actors

The movement initiated by the All Pakistan Lady Health Workers Welfare Association must remain vibrant and alive as this is going to be a never-ending struggle. The lady health workers' fight for their rights at workplace have won them the support of the judiciary and the media. There are other civil society groups that have not as yet connected with the lady health workers'

[44] https://undg.org/main/undg_document/pakistan-making-progress-on-the-sdgs-through-commitment-and-institutional-readiness-at-multiple-levels-of-government/

union in a meaningful way. These include the trade unions, informal workers' movements, national NGOs and women's groups. It is recommended that:

- Labour resource centres and the NGOs should extend training opportunities to the lady health workers' union in mobilisation, organisation and financial management skills;
- The LHWs union is pursuing legal intervention since 2009 to claim their rights. Though there are individual lawyers who support the lady health workers, still the union office bearers go through a tough time pooling in resources for legal expenses. Legal aid would be welcome by the union from concerned circles.

For All Pakistan Lady Health Workers Welfare Association

Though the union has succeeded in achieving some of its goals, it still has a long way to go, and the only way is through the collective struggle. Hence the union must remain strong and equip itself with strategies for conflict resolution within the union, expand its membership base, hold regular elections, document its meetings and keep records of membership donation at district level.