

# Lady Health Workers; Agents of Change in Need of Change

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Community health workers are the heart and soul of primary health care systems world over. As part of national strategy, Health Ministry of Pakistan in 1994 initiated Lady Health Worker Program (LHWP) to alleviate poverty and enhance health services.<sup>1</sup> Lady Health Workers (LHWs) have turned out to be change agents in their respective localities by rendering preventive and health related facilities and services. As they are part of the same communities, therefore it is very convenient for them to communicate and understand their customs, social values and languages as compared to outsiders.<sup>2</sup>

Currently, there are as many as 110000 LHWs nationwide.<sup>2</sup> Each LHW single handedly provides medical assistance to 1000 members of her locality and the duties of LHWs are for the most part greatly rewarding and efficient i.e.75cents per capita in under developed areas and in limited resources.<sup>1</sup> They carry out work from their residences which are termed “health houses”.<sup>3</sup> Sponsored by local governments, LHWs are, imparted training and provided with monthly supplies of medicines to provide health facilities in their respective catchment area.<sup>1</sup>

By 2007, National Program for Family Planning and Primary Health Care or LHWP was successfully extending basic health coverage to over half of the population of the country including 60% to 70% of the rural population. The success of LHWP was reported in an external evaluation done by Oxford Policy Management, from 2007 to 2009.<sup>4</sup> The study indicated that LHWs were successful in achieving the health targets in their working domains in comparison with the areas where no LHWs were deployed.<sup>5</sup> In the LHW served areas, women were more likely to use modern contraception, have tetanus toxoid vaccination, there was increased use of medical facilities round the clock for deliveries by trained birth attendants and immunization of children under 3 yrs of age.<sup>6</sup>

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**Received:** 25 January 2016, **Accepted:** 25 May 2016,

**Published:** 20 June 2016

The Federal Ministry of Health was dissolved in 2010 under Pakistan’s 18<sup>th</sup> Constitutional Amendment by devolving health responsibilities to the provincial and district governments.<sup>7</sup> The LHWP was also handed over to the provinces and its Federal program implementation unit was abolished. This devolution has hugely increased the responsibilities of the district and provincial health departments. Post devolution, the challenges of LHWP increased due to irregular funding and weak program management.<sup>8,9</sup> There was lack of consistent senior leadership at the provincial and district levels, failure to develop district level procurement mechanism, failure to distribute district and provincial level responsibilities and capabilities and lack of decision-making power. However, the situation is gradually improving.<sup>1</sup> In 2012, the LHWs were regularized through a legislative order, providing them with job security.<sup>10</sup>

The scope of LHW has changed over the years and they are also playing a vital role in the Polio Eradication Program, disease surveillance and health emergency response activities outside their catchment area.<sup>1</sup>

Many LHWs lost their lives in the Polio eradication program in the past few years. Low and irregular salaries, poor security, irregular drugs and equipment supplies, have all resulted in augmenting the problems of the LHWs.<sup>11,12</sup> Additionally, LHWP is at times susceptible to political influence due to its wide potential for employment.<sup>13</sup> Owing to these and other miscellaneous concerns, the World Health Organization expressed serious concerns that program might not be sustainable and might not meet the level of primary health care services needs as foreseen by Alma Ata.<sup>1,14</sup>

These problems can be addressed by well-defined management and supervisory system, strict recruitment and training criteria which develops a strong work force, effective health system integration for well-coordinated partnership and enhanced information system.<sup>1,13</sup> Political help and commitment is needed at all levels of the program to make it more effective and efficient in its deliverance.<sup>3</sup> The program can be used for future public health interventions because of its large coverage and robust work force. It can also be used as a catalyst in community women empowerment.<sup>13</sup>

It is obvious that LHWP has improved the health status of country and health indicators have improved in

the areas served by them<sup>3</sup> and they can help in achieving the targets if they are being supported properly. However, it seems that the agents of change need a major change in the management, scope and delivery of the services in order to preserve and sustain its integrity.

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