Community Health Workers are also called Accredited Social Health Activist (ASHA) in India, Lady Health Workers (LHW) in Pakistan and Female Community Health Volunteers (FCHV) in Nepal.
The pandemic has illustrated the importance of a robust public health system supported by public health workers.

Community Health Workers (CHWs) have been an essential part of the response to Covid-19. Yet most governments have failed to recognise us as public health workers.

WHAT WE DO:

1. Provision of primary medical health care
2. Create awareness and provide information
3. Mobilisation and facilitation of access to public health care

WE DEMAND:

1. Adequate and timely payment that is not below the prevalent minimum wage for equivalent workers
2. Overtime pay as per country laws
3. Higher pay scale depending on educational qualification and years of service
4. Social security entitlements, pension payments, parental/carers/sick leave entitlements, as per country labour laws
5. Additional pandemic payments

Stay safe! Don’t forget to wear a mask!
Public Health policies are better when workers contribute to them.

WE DEMAND:

1. Democratic voice through our collective representation in the decision-making process.

2. Space for our representatives in national and policymaking committees for COVID-19 response and recovery plans.

3. Consultation in decisions relative to essential services in our communities.

4. Recognition of CHW unions as a social dialogue partner.

5. Mandatory social dialogue process in resolving health intervention implementation and monitoring issues.

A COLLECTIVE VOICE IN DECISION-MAKING PROCESSES

JOINT DEMANDS OF COMMUNITY HEALTH WORKERS IN THE TIME OF COVID-19
Governments have an obligation to ensure the safety and wellbeing of workers, including CHWs, as they perform their job.

WE DEMAND:

1. Adequate safety protocols as well as adequate personal protective equipment (PPE), following WHO or government standards, whichever is higher.

2. PPEs made suitable for women who comprise most CHW in south Asia.

3. Guidelines, protocols and training for COVID-19 care, personal safety, infection risk, management, and the use of PPE, developed specifically for CHWs and accessible to them.

4. Declaration of COVID-19 as an occupational disease under the WHO guidelines and ILO Conventions 155 and 161 and Recommendations 164, 171 and 194, including a right to compensation and rehabilitation should we be infected in the course of performing our duties.

5. An expansion of the definition of our ‘workspace’ to include the homes, health posts, communities that we serve, and transport to these communities.

6. Transport facilities or fuel and transport costs allowance.

7. Proper accommodations and nutritious food while in self-quarantine post-work.

8. Measures to protect us against discrimination and forced work in unsafe working conditions.
When governments treat CHWs as simply volunteers, and not critical public health workers, they are exposed to higher levels of risk, harassment and marginalisation.

WE DEMAND:

1. A work environment free of harassment and violence.

2. A dedicated helpline for health workers where we can receive information and support relating to public health as well as problems we are facing.

3. A grievance redressal mechanism to ensure timely action and resolution of grievances.

4. A strong media campaign to explain to the community the role that CHWs play in the response to COVID-19 in order to help counter the stigma attached to the work that we do during this pandemic.

5. Proper menstrual health management for female frontline health care providers, as well as free menstrual hygiene products.

DIGNITY AT WORK

JOINT DEMANDS OF COMMUNITY HEALTH WORKERS IN THE TIME OF COVID-19
CHWs have a Right to Health. Appropriate steps should be taken to ensure that we also receive care and protection.

WE DEMAND:

1. Regular free testing, free treatment, care and support for CHWs infected with COVID-19

2. A manageable workload and working hours as per law, and compensatory time-offs

3. Mental and psychosocial support with regular mental health check-ups, support and counselling sessions, to cope with the severe mental and physical exhaustion and anxiety faced due to overburdening work stress during this COVID-19 crisis

4. Arrangements for crèche and childcare within the communities in which we work

5. Exemption from COVID-19 duties for pregnant, lactating, CHWs of a certain age or with existing health risks

6. Priority COVID-19 immunisation, implementation of strict protocols and guidelines for CHWs engaged in the immunisation drive, once a vaccine is available

7. Nutritious food/meals at the health posts or a food allowance

FREE TREATMENT
CARE FOR US
The COVID-19 pandemic has highlighted the failure of governments to properly fund public health care system in our countries.

WE DEMAND:

1. An increase in budgetary allocations for public health to at least 5 percent of the country's gross domestic product (GDP).

2. COVID-19 Recovery Plans that are built around Right to Health and the concept of Universal Health Coverage for all, that all people can and must be cared.

3. Adequate budgetary allocations to increase CHW workforce; a monitoring and revision of arbitrary recruiting process, and a dismissal of intermediary recruitment groups.

4. Governments to fix the broken tax systems that fuel inequalities and diminish our common good.
UNIONS IN INDIA
Mumbai Mahanagar Karmachari Mahasangh (MMKM)
Hind Mahila Sabha (HMS)
Nagpur Municipal Corporation Employees Union (NMCEU)
Karnataka State Government employees Association (KSEGA)
Indian National Municipal & Local Bodies Workers Federation (INMLWF)
Tamil Nadu Government Officials Union (TNGOU)

UNIONS IN PAKISTAN
All Sindh Lady Health Workers and Employees Union (ASLHEWU)
Punjab Ladies Health Workers Union (PLHWU)

UNIONS IN NEPAL
Nepal Health Volunteers Association (NEVA)
Health Volunteer Organisation of Nepal (HEVON)

ILLUSTRATED BY NIRUPAMA VISWANATH

TO SUPPORT US AND TO KNOW MORE ABOUT THE CAMPAIGN, PLEASE VISIT:
HTTPS://WWW.FACEBOOK.COM/COMMUNITYHEALTHWORKERS