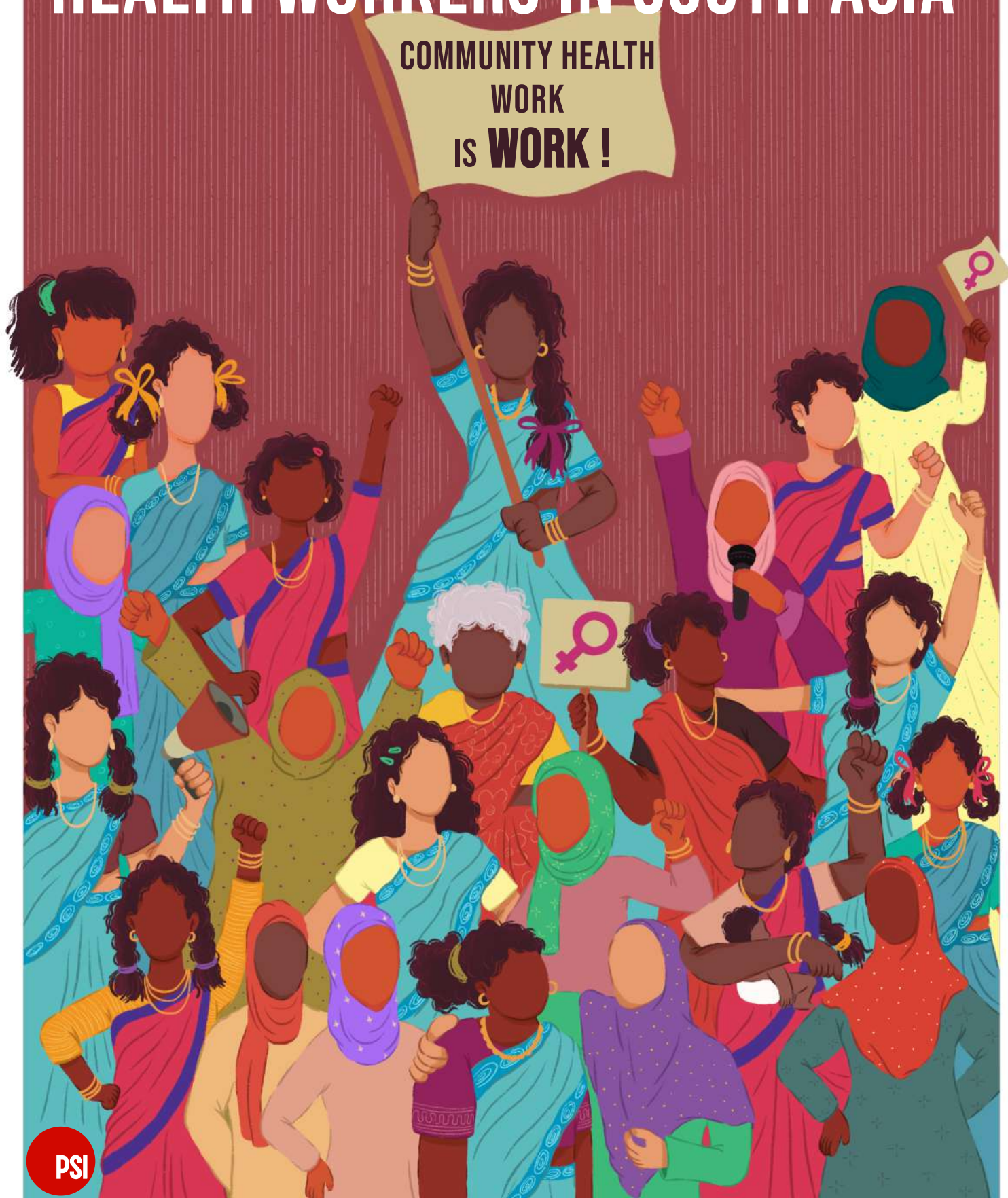


JOINT DEMANDS OF COMMUNITY HEALTH WORKERS IN SOUTH ASIA



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.

As Community Health Workers (CHWs), we must be formally recognised as public health workers, entitled to decent pay, regular and prompt salary payments, back pay for work previously completed, and increased pay for longer service. All protections under labour laws, including social security benefits, pension payments, and entitlements to parental, carers, and sick leave should be extended to us.

1 CHWs must be recognised as public health workers entitled to public sector wages and benefits.

2 Recognition that CHWs are entitled to enjoy decent work and all associated labour standards of the International Labour Organisation (ILO).

PSI



WE DEMAND RECOGNITION & RIGHTS AS WORKERS

3 Our remuneration should not be below the prevailing minimum wage for equivalent positions and should be negotiated with CHWs' unions.



4 Wages should be paid regularly and promptly, with the back pay owed to many CHWs paid immediately. Until we earn a living wage, our allowances should not be subject to tax deductions.



5 Overtime / additional hours must be regulated and compensated in accordance with country laws.

6 Length of service should be recognised through higher pay scales for CHWs.

7 As officially recognised workers, we should be afforded all protections under labour laws, including social security benefits, pensions, and entitlements to parental, carers, and sick leave.



CHWs must have a seat at the decision-making table in policy-making processes, and our unions must be recognised as vital social dialogue partners, consulted on health policies at national and sub-national levels. Our pay and conditions must be negotiated through social dialogue, and no decisions should be made about us, without us.

WE DEMAND A COLLECTIVE VOICE



PSI

1 Our representatives should be included in national policy-making committees, specifically when formulating protocols around public services that involve CHWs. Post Covid-19 recovery plan committees should include union representation to ensure adherence to protocols.

2 Unions of CHWs should be recognised as vital social dialogue partners, consulted regularly at national and sub-national levels. This engagement will enable better understanding of our work and health concerns before shaping national policies. Before any responsibilities are assigned to us, CHW representatives should be sought for practical recommendations.



3 Our wages and conditions must be negotiated through social dialogue with our unions. Our right to form and join trade unions and to take industrial action to advance our collective interests must be respected.



We require comprehensive safety measures, including tailored PPE, appropriate workspaces with essential amenities, compensation for illnesses contracted on duty, and the provision of training in various languages and formats.

In times of crisis and pandemics, stringent safety measures, and substantial support are non-negotiable.

WE DEMAND OCCUPATIONAL SAFETY & HEALTH PROTECTIONS

PSI

1 We demand adequate occupational safety and health provisions, including proper compensation if we suffer any work-related illnesses or injuries.



2 Considering the community-centred nature of our work, we require appropriate workspaces with essential amenities like seating areas, restrooms, and water facilities.



3 Given that our workplaces include community homes, health posts, and public roads, it's crucial to provide safe transport facilities, particularly during periods of movement restrictions.



4 Essential work equipment, such as torch lights, bags, protective gear, and safety tools, should be readily provided.

6 Training in various languages and formats should be provided, recognising our exposure to infectious diseases as an occupational risk.

7 Our right to safety and health should not be compromised, and we should not be forced to

work under unsafe conditions or face discrimination simply because we are not officially recognised as workers or deemed a lesser part of the health system.



5 In times of crisis and pandemics, we call for stringent safety measures and substantial support. As frontline workers, we require clear, accessible safety protocols and gender-specific personal protective equipment (PPE). If we contract an illness on duty, we should be entitled to compensation, proper care, and access to suitable quarantine facilities.



To combat abuse, harassment, and discrimination, governments should provide safe work environments, establish complaints committees for harassment issues, and implement a grievance redressal mechanism in collaboration with unions. Public education campaigns can counter stigmatisation, and special attention should be given to reproductive healthcare needs.

WE DEMAND RESPECT AND DIGNITY AT WORK



PSI

1 Governments must recognise their obligation to provide us with a work environment free from violence and harassment. We should feel safe in reporting any incidents of harassment, violence, or safety concerns without fear of retribution.



2 A dedicated helpline should be implemented, allowing us to access information and support related to public health and personal challenges.



3 Grievance redressal mechanisms, including complaints committees, should be established in collaboration with unions, to ensure timely action and resolution of any grievances relating to sexual, physical or psychological harassment and violence raised.

4 To counter stigmatisation, governments should launch robust media campaigns that educate the public about the crucial role CHWs play in providing essential public health and childcare services.



5 Special attention should also be given to female frontline healthcare providers, including provisions for menstrual health management and the supply of menstrual hygiene products.

We assert our right to comprehensive societal care, including healthcare coverage, regular disease testing and treatment, and mental health support. Decent working conditions, manageable work hours, the right to halt unsafe work, and provisions for food, housing, and childcare are essential. Additionally, legal protections such as paid sick leave, work-related injury compensation, and mandated maternity leave should be guaranteed.

PSI

1 Government should ensure that comprehensive healthcare and life insurance coverage is provided to all CHWs.

2 Regular free testing and treatment of communicable diseases, care and support must be provided to CHWs.

3 Paid sick leave, consistent with the entitlement of other public sector workers must be assured.



4 The government should provide workers compensation in case of death or injury of any workers, including during work related travel.

5 Mental and psychosocial support, regular mental health check-ups, and counselling sessions should be systematically provided to address the severe mental and physical exhaustion and anxiety faced by CHWs.



7 Maternity leave, as mandated by law, must be granted to CHWs.

8 Childcare facilities should be established within the communities we serve.

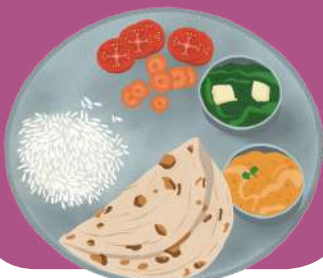


6 We demand a manageable workload and schedule, limiting workdays to 8 hours and adhering to maximum weekly hours. We must not be forced to work continuously, as was the case during the pandemic.



9 We must retain the right to individually or collectively halt work if there is a fear of exposure or unsafe work conditions, without facing retaliation.

10 Nutritious food/meals should be provided at health posts, or a food allowance should be extended to CHWs.



11 Housing should be provided for CHWs who don't enjoy adequate housing in the communities.

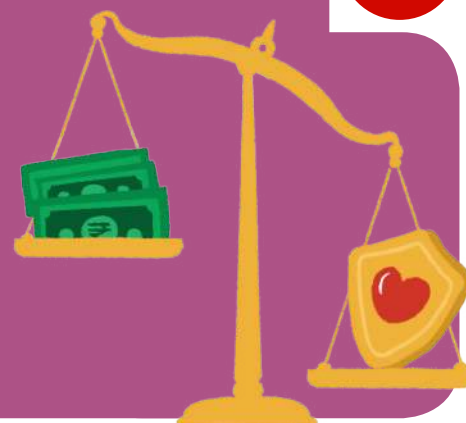


Recognising the Human Right to Care governments should prioritise health over profit by increasing public health budgets, investing in universal public health systems, promoting transparent hiring processes for CHWs, and establishing a fair tax system to mitigate inequalities.

**WE DEMAND A
HEALTHCARE SYSTEM
FOR PEOPLE, NOT PROFIT**



1 We need a healthcare system that prioritises health over wealth. Budgetary allocations for public health should rise to at least 5 percent of the GDP, as recommended by the World Health Organisation (WHO).



PSI

2 Our government should recognise the human right to care for all, and consequently provide decent working conditions to the care workers.



3 Community health and childcare work, being public goods, must form an integral part of primary health care.



4 Plans and policies, including Covid-19 recovery plans, should be grounded in the principle that everyone can - and must - receive care. Investments in universal public health and social care have been shown to boost economic health, and these, along with investments in prevention and primary care, should form the cornerstone of recovery efforts.

5 Governments must allocate sufficient budgetary resources to expand the CHW workforce. The arbitrary recruitment process should be scrutinised and overhauled by the relevant authorities, and intermediary recruitment groups involved in some countries should be disbanded.



6 A caring economy will require redistribution. While we have been contributing our labour and dedication for decades, billionaires and corporations are contributing little to nothing to support the public good. We demand that governments address the flawed tax systems that exacerbate inequalities and undermine our collective welfare.

COMMUNITY HEALTH WORK IS WORK



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
(ASLHWEU)
Punjab Ladies Health Workers
Union (PLHWU)

UNIONS IN NEPAL

Nepal Health Volunteers
Association (NEVA)
Health Volunteer Organisation of
Nepal (HEVON)

ILLUSTRATED BY NIRUPAMA VISWANATH



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