FIGHTING COVID ON THE FRONTLINES: STORIES OF SOUTH ASIA'S COMMUNITY WORKERS

PSI

BACKGROUND AND OVERVIEW

Marginalised rural and urban communities in countries across South Asia are reliant on the work of Community Health Workers (CHWs) for access to healthcare.

An essential bridge between the public health system and the community, Community Health Workers (CHWs) work in the communities, delivering essential health services, mobilising and creating awareness for a range of national health programmes. They broadly work in the areas of maternal and child health, sexual and reproductive health, mental health, communicable and non-communicable diseases to name a few. CHWs have filled a gap caused by under-funding public health systems, particularly in rural and marginalised communities, supporting significant improvements in life expectancy, public health and maternal and child health.

Yet these strategies were built around the gendered assumption that women should contribute unpaid labour to increase public health care. The CHW programmes were built using "volunteer" labour, assuming that women from marginalised backgrounds would be content to work for miniscule allowances, not wages. And while the women did embrace the idea of public service and contributing to the public good, rising costs and increasingly market-driven economies means that they have contributed years of their own labour at the expense of their own welfare, livelihoods and face insecure futures.

CHWs represent a substantial portion of the healthcare workforce in South Asia. In Nepal the workforce of this single programme is equivalent to almost three times the health workforce of physicians, nurses and midwives combined. **In Pakistan and India, CHWs comprise almost half of the health workforce, 43% and 46% respectively, as compared to that of physicians, nurses and midwives combined.** A commonality across these programmes is that CHWs are overwhelmingly women from rural, poor to modest backgrounds.

The 1978 Alma Ata Declaration on Primary Health Care (PHC), with its call for both more health workers and greater community participation, resulted in growing interest in engaging CHWs as a key component in expanding access to healthcare. The World Health Report of 2006, identified a pivotal role for CHWs in the achievement of Millennium Development Goals, particularly targets on maternal and child mortality, and mitigating the shortage of health workers in the region.

In 2007, the World Health Organization (WHO) identified a number of key factors that define CHWs. Typically, CHWs are members of the community in which they work, who they are selected by and are answerable to. They will usually have a shorter training period than more 'professional' health workers like physicians, midwives and nurses. The CHWs are responsible for a population of 600-1200 people (India: 1:1000, Nepal: 1:600, Pakistan: 1:1000-1200; CHW: Population).

CHWs have been pivotal in the fight against COVID-19 since the start of the pandemic. From community outreach for health education to assisting with contact tracing, CHWs have been there on the ground. They are playing an important role in the rollout of vaccines, facilitating the process by challenging vaccine hesitancy, encouraging registration, and keeping track of the vaccinated population.

Governments have even hailed them as 'warriors against COVID-19', and WHO credited the community engagement led by CHWs in India, known as accredited social health activist (ASHA) workers, as key to the country's initial success in the pandemic. But just as the COVID-19 pandemic and ongoing distribution of vaccines has highlighted the stark inequality between the Global North and South, the events of the last eighteen months have also demonstrated that the role played by CHWs is severely overlooked and undervalued across South Asia.

GENDERED WORK: THE SCAFFOLDING THAT HOLDS UP NEOLIBERALISM

Structural changes in the global economy, including the push towards the underfunding of the public sector and privatisation of healthcare, have placed CHWs under increased pressure. This is not a situation that has developed overnight, but is the result of the push over decades towards neoliberal ideology.

CHWs act as the primary link between facility-based healthcare services and communities who lack basic healthcare facilities and information, especially in remote areas. With the privatisation of healthcare and underfunding of the public health system, facility-based care remains out of reach for many communities living on the margin, further exacerbating existing inequalities.

By reaching these communities, the essential work that CHWs undertake often holds the public health system up. Yet, because it is considered to be the kind of labour women are 'naturally' obligated to perform, their work is often undervalued, invisibile, and sometimes not even considered as work. As political scientist Nancy Fraser has argued, this gendered division of labour is the scaffolding of neoliberal capitalism.

With low or no pay, CHWs are often treated as volunteers or activists rather than public health workers, with the exception in Pakistan. Annually, ASHA workers in India are remunerated USD 500 and Community Health Volunteers (FCHV) in Nepal receive just USD 250. In Pakistan, Lady Health Workers (LHWs) receive the equivalent of USD 2250 per year.

CHWs have shown incredible resilience and courage in the fight against COVID-19. Despite facing a disregard for their occupational health and safety, including the failure to provide adequate personal protective equipment (PPE) or training, CHWs risked their lives to help others. During COVID-19 duties, CHWs have also been subjected to severe stigma by some communities, who believed them to be "COVID carriers". In addition, they experienced an increase in sexual harassment and violence at work. Without the aid from the authorities and the government, the CHWs were left to fend for their own.

UNIONISING WOMEN WORKS

Over the years, CHW have defended their rights as workers, and won. CHWs in Pakistan organised the All Pakistan Lady Health Workers Association (APLHWA) in 2009, and in 2012 achieved recognition as public workers after a series of protests. The All Sindh Lady Health Workers and Employees Union (ASLHWEU) was instrumental to ensure their regularisation in Sindh, and fought to become an officially recognised union. They developed a three-stage strategy which involved both street protests and lobby meetings. In 2018, they won.

This struggle continues: the pandemic hasn't changed that. But it has brought CHWs across the region together to develop a joint charter of demands. From recognising them as public health workers to building a people-centred healthcare system, CHWs in India, Nepal and Pakistan are now united in their view of how their governments should lead the pandemic response and recovery. Realising these demands is an essential step towards building a public health system in the region that puts the health of the people before wealth.

In both India and Nepal, CHWs have also found a growing voice through their unions, often making similar demands to their comrades in Pakistan: recognition as public health workers, a minimum wage which is paid in a timely manner, occupational safety and health (OSH), and social security coverage.

STORIES OF COMMUNITY HEALTH WORKERS

In this storybook, we give a glimpse into one day in the lives of six women from India, Nepal and Pakistan, showing what it is like to work as a Community Health Worker.

The lives of these six women reflect the lives of many Community Health Workers in South Asia, the unpaid care and domestic work they do at home to support their families, and the underpaid health work they do to serve their communities that keeps the public healthcare system running.

SUNITA SUTAR, MUMBAI, INDIA
COMMUNITY HEALTH VOLUNTEER (CHV)
MUMBAI MAHANAGAR KARMACHARI MAHASANGH (MMKM)

Sunita's day begins before 6am with a meditation while her family is asleep. By 8am, she prepares food, sweeps the house, and cleans the kitchen, then she gets ready and leaves for work.

She arrives at the health center by 9am and reports to her supervisor, an Auxiliary Nurse Midwife (ANM). There are currently no COVID-19 patients at the Center as cases have dropped across Mumbai, but the pandemic changed Sunita's workload. Before she would cover 60 households, but this had doubled to 100-120 during the first phase of the pandemic as she had to perform door-to-door surveys. Sunita must still perform her regular responsibilities at the PHC too.

Today, Sunita worked at a routine, non-COVID vaccination camp organised for newborn babies and mothers. She was responsible for contacting mothers and collecting vaccination details for their babies, as well as calling them to the campsite. Sunita also observed newly pregnant women, kept track of babies suffering fevers, and looked out for open water sources in the community. Now that monsoon season has started, an increase in diseases like malaria is common.

Sunita succeeded in taking a number of mothers and their babies to the campsite. She also informed a newly pregnant woman about Pradhan Mantri Matru Vandana Yojana, the Indian government's maternity benefit scheme.

Once Sunita's official work day was done she rushed back home as, she had a union meeting to attend. Sunita is a proud member of Mahapalika Aarogya Seva Karmachari Sanghatana (Mumbai Mahanagar Karmachari Mahasangh). She attempted to join the meeting online, but bad reception and poor network coverage made it difficult to properly participate.

She learnt that they are planning a protest on 25th June, demanding payment and regularisation. Members like Sunita are angry about the way the government treated them during the pandemic: they are the backbone of the Covid-19 response, but are sidelined. An order to apply minimum wage provisions and a commitment to provide proper PPE have both been ignored.

At 6:30pm, Sunita started her evening prayers, but she remembered she had forgotten to put the clothes washing on, so quickly rushed to do that. Noticing that she looked exhausted, Sunita's daughter offered to help with the cooking of the evening meal. They cooked rice and red lentil curry for dinner, which they served at 8:30pm. Sunita believes the one positive of the pandemic has been men taking more responsibility for household tasks. Her husband and son helped to clean up after dinner - this never happened before lockdown.

Hi ! I am Sunita Sutar, a 44 year old Community Health Worker living in Mumbai with my husband and two children. I have been working at K. B. Bhabha Health Center in Shastri Nagar for 10 years.

After dinner, the family watched some television and Sunita began to wind down - she still had some small chores to do. By around 10:45pm, Sunita was exhausted: it was a long day, and now she was ready to sleep.

Sunita believes that populations in developing countries are more vulnerable to the pandemic, with limited access to vaccines and other medical resources, and rich countries should understand this dire situation and help these countries. While the rich get richer, the government does not have adequate funds to pay minimum wages to the frontline workers like Sunita who are risking their lives in fighting the pandemic. Sunita finds this shameful and unacceptable.

ARCHANA MISHARA, KANPUR, INDIA
ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)
HIND MAHILA SABHA (HMS)

She starts her day as early as 5:30 am, so that she can get ahead with her household chores before going to work.

She begins her work with cleaning her kitchen, sweeping and dusting the entire house. Then she fixes a cup of tea for herself before preparing breakfast and lunch for the family. After everyone wakes, breakfast is served. Then she gets ready to head to work.

She usually reaches the health centre by 10 am if there's no emergency call. Today was such a day.
She got a call around 7am from one of the pregnant women in the community. The woman was 5-months-pregnant and started bleeding in the morning. Since Archana had to accompany her to the hospital, she called up her work station to inform them that she would be late in joining her assigned Covid-19 vaccination duty today.

Hi ! I am Archana Mishra. I am a 40-year-old Accredited Social Health Activist (ASHA) worker, living with my husband, mother-in-law and 7-year-old son in Kanpur, Uttar Pradesh, India. I have been working in the Damodarnagar Public Health Centre (PHC) for the past 5 years.

With the pandemic, their duties increased manifold. Earlier ASHAs visited 20-30 houses on a daily basis, but with the additional Covid-19 duties they had to visit 100-200 houses every day. They are on call 24/7 and although their duty time is from 10 am to 4 pm, they are engaged in their duties in one way or another beyond their duty time.

With the second wave of the pandemic ravaging the country, all the health departments and health workers are working round the clock to vaccinate their communities. The ASHA workers do not shy away from their work-related responsibilities because the government expects them to do so, but their working conditions are very stressful because of the massive workload.

Archana did not have the time to have lunch today since she was busy running around to help the woman with the procedures in the hospital. She only managed to have her meal after 3:30 pm when she returned home. After a 30-minute rest, she again went out to attend a meeting of the Mahila Aarogya Samiti (Women's Health Committee). As the President of the ASHA Karmachari Sangathan, Archana has the added responsibility of representing the ASHA workers in the district.

In the evening, Archana helped her son with his homework while making dinner preparations. After dinner, she made preparations for Vatsavitri Pooja (a ritual which women performed for the longer life of her husband), which was on the following day.

Mentally and physically exhausted, she wrapped her day at around 11:30 pm, thinking of the long day ahead tomorrow.

Even though ASHAs are not recognised as workers and remain severely underpaid, Archana feels proud to contribute to building a healthier society. This deep commitment to care is what keeps the ASHA workers going. She thinks the hard work and efforts of the ASHA workers should be recognised by the government and they should be paid at least a minimum wage and other work benefits to live a life with dignity.

PUSHPA NEUPANE SHARMA, BUTWAL, NEPAL
FEMALE COMMUNITY HEALTH VOLUNTEER (FCHV)
UNION: NEPAL HEALTH VOLUNTEERS ASSOCIATION (NEVA)

Pushpa usually wakes up at 6 am and begins her day by cleaning the house and performing puja (a Hindu worshipping ritual). She then prepares breakfast for her family while listening to the news. She usually has to reach the healthcare centre before 10 am. Today she has to take part in the COVID-19 vaccination program.

Pushpa headed to the healthcare centre at 9:30 am and on her way informed the community people about where and how to get the COVID-19 vaccine. At the healthcare centre she assisted in the distribution of medicine to sick and pregnant mothers, immunized 42 children and provided COVID-19 vaccination to 197 people. She also counselled the parents of malnourished children about food and nutrition.

At around 2 pm she left the healthcare center and went to her field area to join a meeting with a group of mothers to provide information and counselling on health and sanitation, childcare, pregnancy check-ups, immunization, nutrition, breastfeeding and also on COVID-19 precautions. She then went back to the healthcare centre for her daily reporting. There she also met with pregnant and lactating mothers, elderly above 70 years of age, and asked them about their problems and advised them on where to get healthcare.

She came back home at around 4 pm but then again had to go out to distribute medicines to COVID-19 patients in her community. She was so busy at work, she did not have the time to eat her lunch. So she prepared a late lunch today and ate together with her family. She felt upset that despite working so sincerely and diligently everyday, there has never been a proper evaluation and encouragement from the government regarding the contribution of the FCHVs to providing healthcare in Nepal.

After 5pm Pushpa did the family's laundry, went to buy groceries and then prepared dinner. She took care of the dishes and other household chores after having dinner with her family. After 8 pm she helped her children in preparing their school assignments and alongside, prepared her daily report before heading to bed.

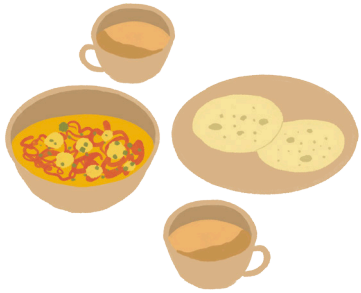
Hi! I am Pushpa. I am a 45-year-old Female Community Health Volunteer (FCHV) living in Butwal municipality of Rupandehi district in Nepal with my husband and two children.

I have been volunteering at Buddhanagar Sahar Swasthya Kendra for the last 23 years. I look after 250 households in her community. Before the pandemic, I normally used to work from 10 am to 5 pm every day but during the Covid-19 vaccination program I have been working extra hours.

Pushpa felt sad to be a citizen of a poor country. Her government was not well-prepared to manage the Covid-19 crisis, whereas the rich countries made the vaccination process their first priority. The vaccines that came from foreign donors were not sufficient to vaccinate all citizens. She felt her work was not safe until she was vaccinated. She felt even more sad to see people in Nepal waiting in line for 2 to 3 hours and still not be able to get vaccinated due to the shortage in supply. She believed the joint work of Nepal Health Volunteers Association (Swasthya Shwoyamsebi Sangh) and GEFONT (General Federation of Nepalese Trade Unions) was important in holding the Nepalese government accountable.

SAJINA SHRESTHA, BANEPA, NEPAL
FEMALE COMMUNITY HEALTH VOLUNTEER (FCHV)
UNION: HEALTH VOLUNTEER ORGANISATION OF NEPAL (HEVON)

She usually wakes up at 6 am and exercises for one and half an hour every morning. She then prepares breakfast for the family. Today she cooked potato curry and chapatis (bread) for breakfast. Her family runs a small business, but now due to Covid-19 lockdown they are staying at home.



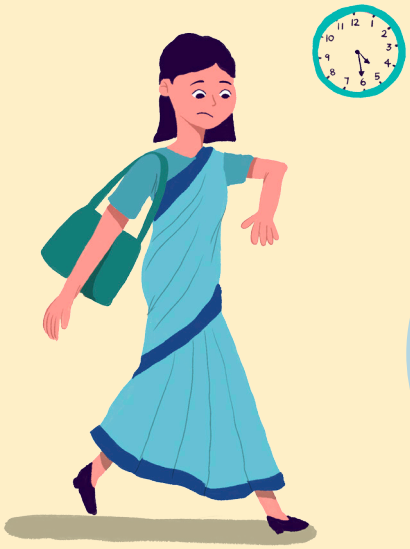
She left home at 8 am to visit the households in her community. She assessed the households that were financially struggling during the pandemic and submitted a list to the concerned authorities so they could get assistance. She also helped to distribute some relief materials to the needy households. She enquired whether the people in the community received their COVID-19 vaccination and if not, she informed them about the nearest health centre where they could get the vaccine.

Hi ! I am Sajina. I am a 47-year-old Female Community Health Volunteer (FCHV) who lives in Banepa municipality of Kavrepalanchok district in Nepal with my husband and child. I have been working at Lyaku Swastha Kendra for 15 years and Budol Swasthya Kendra for 6 years. I look after 400-500 households in my community. Before the pandemic, I used to work 7-8 hours a day but now after COVID-19 vaccination program began I work 9-10 hours a day.

She also informed them about the correct way to use masks and wash hands to protect themselves against the virus. She provided information to the mothers about proper food and nutrition intake for their babies and the benefits of breastfeeding.

She had to reach the Expanded Programme on Immunization (EPI) clinic by 10am and work in supporting the COVID-19 vaccination program until 5:30pm. Afterward, she visited the Budol City Health Center and Banepa Health Unit to report on the total number of the people vaccinated that day. She wished instead of relying on other countries, her country would be self-reliant on producing vaccines.

When she returned home she had to take care of household chores.



She was exhausted after a full day's work, even past her working hours and reflected on her day. Like her, many other health workers in Nepal worked tirelessly and regularly in the community in hunger, thrust and fear. The FCHVs do this work because they care for their communities but sometimes even the people in the community also do not appreciate them. She felt sad that, despite working diligently and providing essential healthcare services to their communities in battling Covid, the authorities hesitated to provide the facilities and remuneration that the FCHVs deserved.

The government praised the FCHVs as the pillars of the country, but in reality deprived them of facilities. Sajina wished that the government would consider the FCHV as employees, instead of volunteers and provided them with a minimum wage and other workers' benefits. That is why she became a member of the Health Volunteer Organisation of Nepal (HEVON) to advocate for the rights of the FCHVs.

SHUMAILA, TANDO ALLAHYAR, PAKISTAN
LADY HEALTH WORKER (LHW)
ALL SINDH LADY HEALTH WORKERS AND EMPLOYEES UNION (ASLHWEU)

Shumaila wakes up early in the morning at 7 am to prepare breakfast for the whole household. It takes a long time for her to prepare food because she has to use a wood fire oven to cook, as there is no gas supply in her house. Her family usually eats tea with paratha (bread) along with the leftover curry from the previous night.

She usually leaves for duty at 9 am after doing the dishes from the breakfast. She and other LHWs inform the community about the health of mothers and children, their nutritional needs and the ways of family planning. Administering vaccines and polio drops are their responsibilities as well.

She visits 5-7 houses in her community every day. In the village, the houses are located at considerable distances from each other so the LHWs have to walk long distances making their way through a difficult terrain covered with mud, thorns and stones, with dogs barking at them. Enroute, facing harassment on the streets was a regular affair.

Shumaila's responsibilities have increased due to the pandemic because she has to visit many more houses to inform people about the virus and persuade them to get vaccinated and take necessary precautions. She also has to perform extra duties at the Covid-19 vaccination centers.

Shumaila usually returns home at about 4 pm. She then prepares her daily report and teaches her nephews and helps them with their school homework. Today, she also did laundry for the family and helped her sister-in-law in preparing dinner. After dinner and doing the dishes, she went to bed at around 11pm and this is how her day ended.

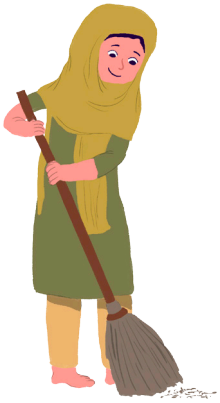
Hi ! I am Shumaila. I am a 40 year old Lady Health Worker (LHW) in Pakistan. I live in a small semi-tribal village in Tando Allahyar district of Sindh province with my brother and his family. With poor connectivity, availing basic internet connectivity is a big challenge. I have been working at the Goth Naseer Laghari Chamber for 12 years. Before the pandemic, I used to work 6 hours a day, but now the workload has doubled. In addition to my routine work I now have to mobilize communities for vaccination as well as provide polio vaccination.

The lady health workers were regularized in Pakistan as workers in 2012 after a national level struggle, yet they were deprived of their due rights, shared Shumaila. They are only paid the minimum wage which is inadequate for their work, and their salaries are often delayed by many months. There are issues with medical allowances and leaves, and retired health workers have not yet started receiving their pensions. All Sindh Lady Health Workers and Employees Union (ASLHWEU) is continuing their struggle to assert their labour rights with the government.

Shumaila believes the world has to work collectively to end the pandemic; so the governments must devise a mechanism for vaccinating everyone, whether rich or poor.

SOOMAL, HYDERABAD, PAKISTAN
LADY HEALTH WORKER (LHW)
ALL SINDH LADY HEALTH WORKERS AND EMPLOYEES UNION (ASLHWEU)

Soomal usually wakes up at 7 am and prepares breakfast for her family. After breakfast she cleans and sweeps the house, does the dishes, then gets ready for duty.



It takes her about half an hour to go to the field. During her visits she informs the households about family planning, nutrition and vaccination against coronavirus and other diseases.

Hi! I am Soomal. I am a 33 year old Lady Health Worker (LHW) in Pakistan. I live in a small village in Tando Allahyar district of Sindh province with my husband and two children. My husband works at a medical store but his salary is not sufficient to support my family. I have been working at Bloch Mohalla Chamber for 15 years and visit 5-7 houses in my community every day.

Before the pandemic, she used to work 6 hours a day, but now the workload has doubled. In addition to her routine work, she now has to mobilize communities for vaccination and educate people to follow the virus prevention guidelines.

Soomal informed that LHWs have been facing a lot of challenges in the field during the pandemic because people are afraid of letting them inside their houses lest they infect them. In the field the streets are in bad shape, they have to pass through muck and sometimes the dogs attack them.

Soomal returned from the field after 2 pm and cooked lunch for her family. After a short rest she documented her day's work for the monthly report and attended any visiting patients.
Soomal used a part of the house for the health service, where she put up display charts containing information about family planning and diseases, and kept some medicines for giveaways.

In the evening, she helped her children with school assignments, and took care of laundry and other house chores. She then prepared dinner for the family. After dinner, she ironed clothes for the next day.

At the end of the busy day, Soomal felt tired. On behalf of the Pakistani health workers, she demands from the rich countries to ensure that the COVID-19 vaccines reach everyone in the world, so that humankind can end the pandemic as soon as possible.

Soomal feels good that the world has found a solution to beat the coronavirus but when she looks at the people in her own country unwilling to take vaccines she feels sorry. She is also worried that if the vaccine prices go up the poor people may not be able to access it.

JOINT DEMANDS OF COMMUNITY HEALTH WORKERS IN THE TIME OF COVID-19

1. Recognition as public health workers

2. A collective voice in decision-making processes

3. Occupational safety and health protection

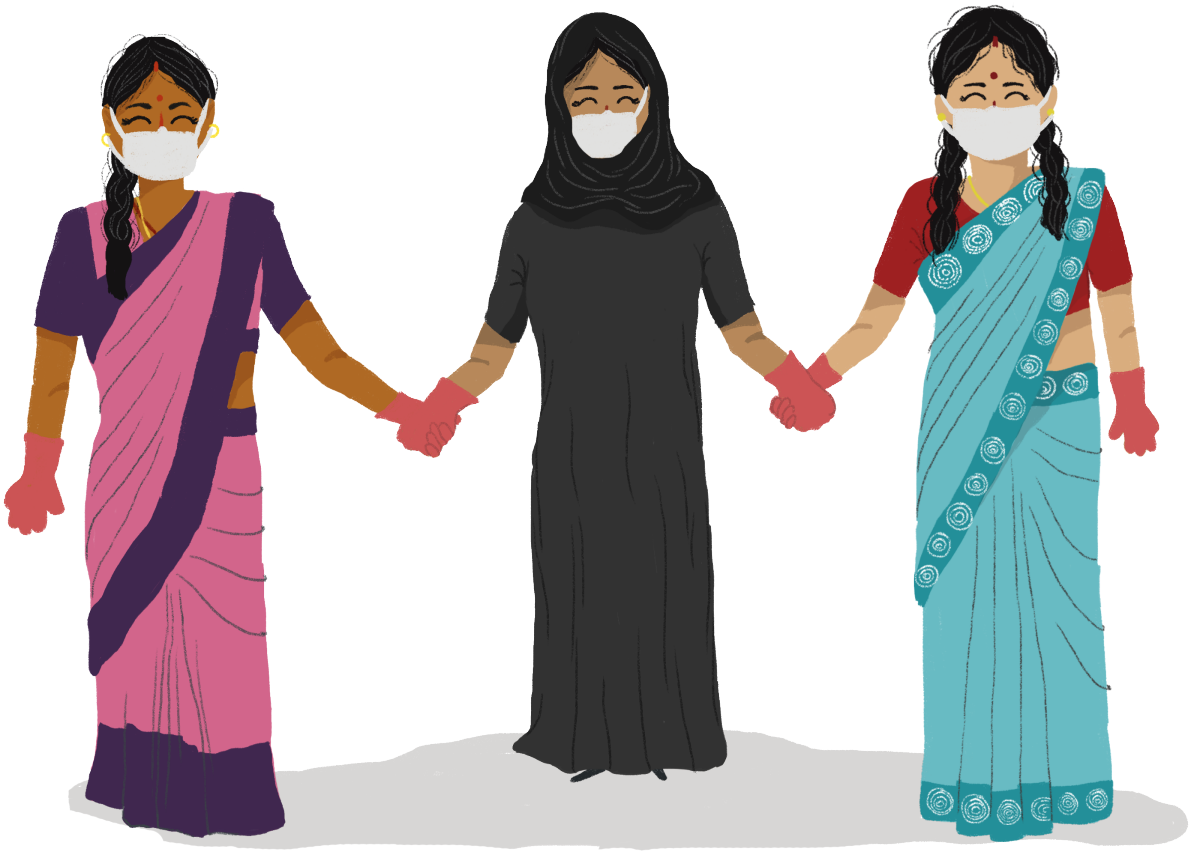
4. Dignity at work

5. Care for Us

6. A people-centred healthcare system

Produced by : Banaani Deka, Jeni Jain Thapa, Mir Zulfiqar Ali, Trimita Chakma and Ben Conway

COMMUNITY HEALTH WORK IS WORK



UNIONS IN INDIA

Union: Mumbai Mahanagar Karmachari Mahasangh (MMKM)
Union: Hind Mahila Sabha (HMS) Nagpur Municipal Corporation Union: Employees Union (NMCEU)
Karnataka State Government employees Association (KSEGA)
Union: Indian National Municipal & Local Bodies Workers Federation (INMLWF)
Union: Tamil Nadu Government Officials Union (TNGOU)

UNIONS IN PAKISTAN

Union: All Sindh Lady Health Workers and Employees Union (ASLHWEU)
Union: Punjab Ladies Health Workers Union (PLHWU)

UNIONS IN NEPAL

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

ILLUSTRATED BY NIRUPAMA VISWANATH

PSI PUBLIC SERVICES INTERNATIONAL

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