



PAKISTAN CASE STUDY

SEHAT KI DASTAK

(Health Knocking At the Door)





National Program for Family Planning and Primary Health Care (NP for FP&PHC) commonly known as “The Lady Health Workers; Program” (LHWP) was formulated in 1994. The vision of the program was to empower women within their own communities with localized cadre and flexible working hours to provide promotive, preventive, minor curative, referral support through the district health system and rehabilitative services for maternal and child health. It was ensured that the range of services offered by lady health workers are appropriate and in accordance to their level of literacy. Thus the program aimed to achieve objectives by acting as a catalyst for change and act as a linkage between communities and the health system, which serves them.



The recognition of potential and capacity of LHWs in health service delivery and demand creation in the communities led to the policy decision of program expansion, both in terms of number and skills of LHWs in early 2000. During the same period ‘Integrated Management of

Childhood Illnesses’ (IMCI) strategy also gained momentum in health arena of Pakistan. Thus given the pivotal role of LHWs in health service promotion within the communities, they were involved in community IMCI activities through specialized training packages to reach each and every sick child in the LHW covered communities.

LHWs Scope of Work

- ✓ **Mobilization of community.**
- ✓ **Liaison between formal health system and community.**
- ✓ **Health education messages.**
- ✓ **Registration of all families**
- ✓ **Provision of family planning services.**
- ✓ **Contribution in improving skilled birth attendant cover.**
- ✓ **Support other vertical programs (Nutrition, EPI, TB, Malaria, others).**
- ✓ **Prevention and treatment of minor ailments.**
- ✓ **Initiate information sheet about her respective catchment area.**

The lady health worker is responsible for 22 different key functions related to maternal and child health. It is comprised of the components of basic antenatal care, postnatal care, examination of neonates and growth monitoring of children. They are also responsible for tetanus toxoid vaccination for women of reproductive age (WRA) and are also involved in routine EPI. Therefore, through community IMCI, lady health workers were able to ensure the combined treatment of major childhood illnesses and emphasized on prevention of disease through immunization and improved nutrition.

The IMCI activities were further reinforced by introducing another initiative of ‘Mother and Child Week’ which was conducted biannually with a focus to address two major killer diseases of children under five i.e. diarrhea and pneumonia. This intervention was later scaled up nationwide by 2010.

In Pakistan, the IMCI strategy has contributed in decreasing the infant mortality by 5 percent over the last five years, from 78 deaths per 1,000 live births in 2002-2006 to 74 per 1,000 live births deaths in 2008-2012.

Furthermore, several evaluations of LHW Program has revealed and proven the fact that this program is being beneficial twofold. The implementation of community IMCI has improved the maternal and child health indicators in LHW covered areas and the program has and also been simultaneously instrumental in empowering women within their respective socio-cultural context.



“My job has made a lot of difference. I can travel alone and can drive as well. In the start, people advised me to become a teacher but I preferred this field. People respect me because of my job - the salary is also good. I have developed self-confidence and my knowledge has increased”.

(FGD with junior LHWs, Baluchistan)



“In remote areas where there are no doctors, Lady Health Workers perform an important role: we go to areas [where] other health professionals won't go.”

Khalda Perveen, a Lady Health Worker in Pakistan.