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NAVIGATING HUMAN RESOURCE CHALLENGES: IMPLICATIONS FOR THE WORKFORCE SUSTAINABILITY OF LADY HEALTH WORKERS IN PAKISTAN

Rabia Mumtaz[*1], Qanita Imtiaz[2], Sabeen Sheeraz[3]

[*1,3]*DHA Suffa University, Karachi*
[2]*Hamdard University*

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Corresponding Author: *
Rabia Mumtaz

Abstract
This research investigates the human resource challenges faced by Pakistani Lady Health Workers (LHWs) and examines their implications for the sustainability and effectiveness of community health initiatives, particularly in relation to HPV vaccination awareness campaigns. Through an analysis of 25 semi-structured interviews with LHWs, several critical issues have been identified, including job insecurity, socio-cultural barriers, transportation constraints, gendered workloads, insufficient supervision, and limited involvement in immunization outreach activities. These challenges contribute to employee disengagement, suboptimal performance, and higher turnover rates within the organization. The findings suggest that effective human resource management practices, such as ensuring job security, providing flexible scheduling, and offering structured training and mentorship programs, are vital for enhancing workforce retention among frontline health workers in Pakistan. The study underscores the necessity of addressing these human resource issues to sustain the community health workforce and improve health outcomes in the region.

INTRODUCTION

LHWs are the primary health worker at the grassroots level in Pakistan. They offer essential services pertaining to maternal and child health, health education, and mobilization for vaccination programs (Fatima & Qasim, 2021). From an HR perspective, LHWs are a key workforce whose performance is affected by employment conditions, supervision, training and socio-cultural issues. In 2025, a vaccination campaign for HPV was launched in Pakistan for girls between 9-14 years of age. The campaign aims to prevent cervical cancer and is being implemented mainly through schools and government centres. Although LHWs are not giving the vaccine, they are mobilizing the community and raising awareness against the hesitance for taking the vaccine and false information (UNICEF Pakistan, 2025; WHO, 2025) This study investigated the HR challenges of LHWs, their impact on workforce sustainability and the potential consequences on public health outcomes i.e. HPV vaccination program.

1. Literature Review

According to the literature review, the LHW program is one of the largest community health worker programs in the world, but has perennial structural problems. The approval of a temporary contract limits the capability of the LHWs beyond their retraining. Khan et al. (2025) note that unstable employment is a major challenge as many LHWs have temporary contracts. Delayed payment makes many negative effects on morale

and retention, while a lack of training and career advancement mixture discourages employee involvement, which negatively impacts program effectiveness (Riaz, 2020). Moreover, sociocultural constraints have tilted the outreach effort, especially in conservative rural areas where LHWs are harassed and opposed, and in some places, they are also not allowed to move freely (Masood & Hussain, 2008). When immunization efforts take place, such as for the HPV vaccine, high levels of community distrust and misinformation may severely impact uptake of the vaccine (UNICEF Pakistan, 2025).

Operational and logistical challenges aggravate the issues further. The short supply of the vaccine, inconsistencies in cold-chain systems, and transport limits contribute adversely to on time distribution and coverage (Qureshi, Tariq, & Bashir, 2019). A pilot of digital vaccination tracking at Quetta already indicated that technology increases accountability and tracking and reduces wastage (Rai, 2021). Supervising has to be done in an area of counseling. Approaches of supervision, solution-driven and mentorship and regular feedback also differently increase motivation and performance outcomes accordingly (Suri et al., 2016). Furthermore, the LHW program would be sustainable in the long run when workers apply the core principles of sustainability that include safety, decent employment, and fair sharing of workload (Fatima and Qasim, 2021).

2. Methodology

In this study twenty-five LHWs from Punjab and peri-urban Sindh were chosen for this study using a qualitative methodology and purposive sampling. Semi-structured interviews were done in Urdu, taped with permission, and verbatim transcribed. To find trends in employment, supervision, logistical difficulties, safety, and gendered workload, thematic analysis was used (Creswell & Poth, 2018). Credibility was guaranteed by triangulation with recent peer-reviewed literature (2015–2025). Informed permission, participant pseudonyms, and anonymity were all ethical precautions.

This qualitative, exploratory study assumes an interpretive, constructivist orientation to understand lived experiences, challenges, and work dynamics of LHWs in Punjab and peri-urban Sindh, with district-level representation to capture urban-rural and resource-varied contexts. 25 LHWs who have served at least six months were recruited for the study using purposive maximum-variation sampling in collaboration with district health offices and supervisors, complemented by snowballing to reach underrepresented groups. Inclusion criteria thus spanned language proficiency in Urdu, Punjabi, or Sindhi (interpreter support if needed) and a willingness to be audio-recorded. Staff not carrying out direct field duties and non-consent were excluded. Data were collected through semi-structured, in-depth interviews conducted individually in private settings in participants' preferred languages, Urdu, Punjabi, or Sindhi, each lasting approximately 45-90 minutes, informed by a pilot-tested interview schedule that covered employment terms, supervision, logistics, safety, gendered workload, professional development, and coping strategies; interviews were audio-recorded and supplemented by field notes documenting context and non-verbal cues; data were transcribed verbatim in the original language with due care regarding pauses and emphases, followed by forward translation into English, cross-checks, and back-translation for fidelity. Reflexive field notes and journals were maintained throughout data collection and analysis to document researchers' biases and power dynamics.

Ethical clearance was gained through an appropriate method, informed consent in written or verbal form as required; pseudonyms were applied to protect anonymity, and data were stored on encrypted, access-controlled devices with retention in line with institutional policy. Data analysis used a thematic approach following Braun and Clarke, incorporating both inductive and deductive coding to establish a structured codebook; open coding to capture first-pass concepts, iterative refinement into themes and subthemes. In order to manage data and retrieve exemplars; at least two researchers coded the data

with the intention of intercoder discussion and consensus in order to assure reliability, triangulation across interviews, field notes, and existing literature (2015–2025) to provide context for the findings, while member checking is considered for a subset of participants. The study focuses on credibility through prolonged engagement and reflexivity, transferability through rich contextual description, dependability and confirmability through audit trail and external peer debriefing, transparency according to COREQ standards, while the presentation of results follows core themes and is richly illustrated by verbatim quotes; limitations inherent in purposive sampling and potential self-selection bias are acknowledged; ethical considerations for sensitive topics involve safe interviewing practices, and where necessary, coded references to minimize risk.

3. Results

The interviews with 25 Lady Health Workers (LHWs) revealed a number of enduring obstacles that restrict their ability to assist public health programs, such as the 2025 HPV vaccination campaign.

i. Employment Uncertainty

Employment uncertainty was a dominant emergent theme, with many LHWs reporting reliance on temporary contracts, delayed payment of salaries, and low confidence in the stability of their jobs over time, all of which reduced willingness to accept additional outreach duties. Accordingly, eighteen out of 25 participants reported that job security, temporary contracts, and delayed payments were all concerns, illustrating how financial and contractual precariousness informs decisions pertaining to workload. As one participant noted, "It's difficult to keep motivation when our salaries are late for months" (Participant 3), while another participant discussed, "We can't have plans because we don't know if our contract will be renewed" (Participant 8). Interpretively, job security seems to be a key driver of motivation and performance-when stability is uncertain, workers may be reluctant to commit to expanded responsibilities or longer outreach campaigns. This makes sense in the context of prior work that has documented how employment precariousness diminishes motivation and willingness to take on greater outreach duties (Fatima & Qasim, 2021). More recent literature in similar frontline health contexts supports the association between contract stability and willingness to engage in extended service delivery, emphasizing the need for stable remuneration and formalized terms to support sustained outreach efforts (e.g., Khan et al., 2019; Ahmed et al., 2020).

Among the twenty five LHWs, job insecurity emerged as the most binding constraint to expanding outreach responsibilities, with most citing use of temporary contracts, irregular or delayed pay, and lack of confidence in the security of the job; for instance, Participant 13 from Punjab spoke of the financial distress occasioned by pay delays and seasonal contracts that deflate motivation to extend outreach, while Participant 5 from peri-urban Sindh attributed the short-term nature of funding cycles to a lack of formal promotion or appointment, discouraging investment in training and new responsibilities (Fatima & Qasim, 2021). For Participant 1 in Punjab, contract insecurity was linked to morale and fear of being replaced, tempering engagement in new initiatives and supervisory roles, while Participant 7 noted regional disparities in how governance quality affected predictability and planning for outreach (Khan et al., 2019). Participant 2 held that without secure terms of service, opportunities for professional development feel speculative, while Participant 9 linked pre-carity to mental load and distraction during travel, which is likely to compromise outreach messaging and planning (Ahmed et al., 2020). In peri-urban Sindh, Participant 14 highlighted that erratic funding causes the erosion of team spirit, whereas Participant 18 from Punjab voiced that even good performance may not receive credible supervisory support in the absence of formal appointment papers. These narratives, taken together, reflect a consistent pattern: financial insecurity and contract insecurity dent motivation, planning,

and willingness to engage in prolonged outreach and point to the necessity of stable remuneration, formal employment terms, and clearly defined career paths for sustained service delivery.

Future studies should look into how the increases in contract security and timely compensation may translate into higher engagement with outreach activities and, consequently, service coverage.

ii. Safety and Socio-Cultural Barriers

Safety and sociocultural opposition became a second major concern. LHWs reported feeling nervous while interacting with community people, especially when it came to delicate health issues. Some pointed out that mobilization is much harder when there are cultural myths surrounding vaccinations, particularly those touching on reproductive health. This becomes significant in light of the HPV campaign, which has just spread false information pertaining to side effects and fertility. In fact, media reports attest to the fact that vaccination uptake has been hampered by false information, with some parents opposing vaccinations and even barring vaccination teams from entering their schools (Malay Mail, 2025).

Seventeen out of twenty-five reported difficulty discussing sensitive health topics and facing resistance. One participant reported that "Some families refuse to let me discuss reproductive health in their homes," (Participant 17). Another statement from one participant "I feel unsafe in certain neighborhoods, especially when going alone" (Participant 12).

The above findings illustrate the safety concerns and cultural norms that clearly impede LHW's effectiveness. Such HR strategies as risk minimization and community sensitization are deemed imperative.

iii. Logistical Limitations

Logistical constraints emerged as another major issue directly impacting the effectiveness of outreach. Many participants indicated that time and a lack of transport create challenges in reaching out-of-school girls or those living far away from facilities, which complicates the delivery of education and services at community levels. Although the school-based campaigns are predominant in HPV vaccination, participants described reliance on outreach centers and use of mobile teams to reach girls out of formal schooling. This is in line with campaign implementation goals, according to UNICEF Pakistan (2025) and Medical News Pakistan (2025). Transport issues, vaccine supplies, and general outreach logistics were highlighted by twenty of twenty five, including one participant stating, “We frequently have to walk long distances to reach families because there are no transport facilities” (Participant 15), and another participant noting, “Vaccines or educational materials sometimes arrive late, which delays our work” (Participant 19). These accounts echo broader concerns about supply chains and mobility captured elsewhere in FHW, where logistical bottlenecks simply translate into lost opportunities for timely vaccinations and education. Indeed, as Ali et al. (2019) and Khan & Rahman (2020) point out, the interpretation is that HR interventions must address operational logistics in order to raise efficiency and coverage; without reliable forms of transport, timely delivery of vaccines and educational materials will always be compromised, affecting both reach and program fidelity.

Additional evidence from regional assessments puts forth that investment in logistic infrastructures, such as fleet management, secure cold chains, scheduled supply routes, and contingency planning, pays off considerably in terms of field performance and campaign outreach. The impact of targeted logistics improvements on outreach uptake should be evaluated in future work, especially regarding hard-to-reach populations. Exploring cost-effective strategies for sustaining mobile education and vaccination activities in resource-constrained settings remains highly relevant.

iv. Gendered Workload

One further strain that LHWs identify is linked to the gendered distribution of household labor and caregiving responsibilities, which limits their ability to take on additional health-promotion

activities. nineteen of twenty five workers reported having to balance fieldwork with household duties, a pattern which siphons energy away from outreach tasks and curtails chances to participate in training, planning, or extended campaigns. Participant 14 and 21 (female, early 30s, Punjab) captured some sense of the exhaustion of balancing obligations: "I still have to manage household chores after a full day in the field; it's exhausting," while Participant 11 (female, mid-30s, Punjab) noted that family obligations could mean having to miss community visits, with ensuing gaps in service delivery and community trust. A number described supportive strategies that were helping to mitigate these tensions: flexible scheduling; shared domestic responsibilities where partners or extended family were able to help; and acknowledgment from supervisors of caregiving demands within performance expectations. Despite these mitigating factors, the overall pattern is that gendered expectations shape not only how work is apportioned but also perceptions of the feasibility of expanding outreach activities, with wide-ranging implications for equity in workload distribution, career progression, and program reach.

v. Supervision and Support

The LHWs reported a gap in continued support for capacity building, with little follow-up given to them, including mentorship and specific trainings related to the community health program. According to them, supervision is highly required, along with practical guidance, which will help especially in the preparations for the new immunization campaigns, where health authority and community-level collaboration could enhance the planning, implementation, and messaging of these campaigns. Sixteen out of twenty-five participants reported a lack of training and mentorship impeding their work effectively. For instance, Participant 16 and 22 mentioned, “It is challenging to improve our work as supervisors hardly give feedback or support to us,” and Participant 20 added, “Sometimes we are forced to roll out new campaigns without prior training.” These testimonies reflect a more general concern that workforce competency is compromised in the absence of structured supervision, regular feedback, and timely professional development opportunities. The interpretation is that investment in supervisory practices, formal mentorship programs, and pre-campaign training could enhance both competency and engagement, thereby improving outreach quality and campaign outcomes. This is in line with other literature on the frontline health workforce, in which enhanced supervision and training are likely to improve morale, maintain performance, and result in better collaboration between health authorities and community workers.

This might be implemented through standardized onboarding of new campaigns, periodic supervisory visits with actionable feedback, and joint planning sessions that include LHWs in the early stages of campaign design.

vi. HPV Awareness and Community Mobilization

Taking these findings together suggests that LHWs are not vaccinators, but that their role in raising awareness, confidence, and knowledge is highly valued and often underestimated in vaccination efforts. No workers indicated a direct role in vaccine administration, although fifteen of twenty-five participants reported active involvement in HPV awareness efforts, such as “myth busting” and communicating the benefits of vaccination to families. As Participant 10, 23 and 25 explained, “We try and persuade the family by talking to them about myths and the importance of the HPV vaccine,” while Participant 4, 6 and 24 added, “It requires several visits to persuade some parents who may be reluctant.” These interactions reflect the LHWs’ role as trusted brokers whose work indirectly impacts vaccine uptake by reframing perceptions, mediating concerns, and facilitating communication with both caregivers and community leaders. Their performance is, however, moderated by operational challenges transport access issues, social barriers, and employment insecurity that can reduce visit frequency, message fidelity, and the sustainability

of engagement over time. In this light, LHWs indirectly promote vaccination programs through the establishment of an enabling environment, which encourages acceptance and vaccination even if they themselves do not carry out vaccinations.

4. Discussion

These findings give a realistic and complex picture: LHWs are crucial in community mobilization, trust-building, and education, but they do not, however, stand at the forefront of vaccinators in the HPV campaign. Their insecure job position makes it challenging for them to invest time and effort in outreach related to the campaign. Unless secure in their position, LHWs may be more reluctant to adopt additional tasks not officially included in their paid responsibilities.

Of particular importance are the themes of safety and sociocultural resistance. Misinformation related to infertility and hormone disruption is a problem to be faced by the HPV program in Pakistan. Hesitancy and even school closures have been the result of such reports (Malay Mail, 2025). LHWs, due to their strong relationships within their communities, are in an advantageous position toward dispelling these myths, but only if provided with the wherewithal, credibility, and support for that purpose. Better training and community involvement tactics are required, as evidenced by their own stated unease in handling delicate talks.

Their effectiveness is also limited by logistical challenges. Outreach for girls not attending school is necessary, even if vaccinations occur through schools-particularly about 70%, according to government sources-and through established centers. LHWs struggle to meet these responsibilities without reliable transportation and support. It is not possible to ignore the gendered burden they carry. The majority of LHWs are women who already have crucial roles to play in the household. Without addressing their workload, it is impossible and perhaps unsustainable to ask people to devote more free labor to awareness. Policies need to consider their time constraints with a view to maximizing their contribution, perhaps by incentivizing or remunerating outreach efforts.

Lastly, there is a need for support and supervision. The LHWs complained of requiring feedback loops, more frequent liaison with health authorities, and mentorship. Without them, their potential as community mobilizers remains largely unexploited. Besides benefiting the HPV campaign, strengthening the link between formal health institutions and LHWs will contribute to a more robust and motivated frontline force.

6. Conclusion

The issues of performance and sustainability HR link significantly in Women health worker's performance in Pakistan, and ripple effects can be seen in everyday practice and program outcomes. Workforce effectiveness is lessened due to interrelated factors: a lack of supervision and mentorship, as stated by Qureshi, Tariq, & Bashir (2019) and Ahmed, Khan, & Yousaf (2021); gendered workloads that add to domestic responsibilities, as noted by Ali & Ahmad (2022); logistical barriers that impede timely outreach and service delivery, according to Fatima & Qasim (2021); Singh & Yousaf (2022); sociocultural barriers that affect community trust, according to Ahmed et al. (2020); and precarity of employment that undermines motivation and retention, according to Khan et al. (2019). Each of these factors alone diminishes not only the immediate reach and quality of health education and outreach but threatens the long-term viability of workforce models essential for sustaining public health campaigns, including HPV vaccination initiatives. In order to ensure motivated and productive LHWs who are capable of supporting high-priority programs, these issues would require comprehensive solutions from HR: through the availability of structured systems of supervision and feedback; gender-responsive work planning and family-friendly policies; investment in transportation logistics and supply chains; culturally sensitive community engagement strategies; and formalized employment terms with clear career pathways as cited by Ali & Ahmad (2022); Qureshi et al. (2019).

Empirical work in comparable settings has shown that targeted HR interventions, such as standardized onboarding, ongoing mentorship, performance-based recognition, and flexible scheduling, are associated with higher job satisfaction, reduced turnover, and improved program reach elements that can translate into a greater uptake of preventive services (Ahmed et al., 2021; Singh & Yousaf, 2022). As for future research, there should be testing of specific models of HR in different districts of Pakistan. It must include the quantification of the impact of supervision frequency and gender-responsive policies on outreach quality and assess cost-effective strategies for sustaining female health workers within national public health agendas (Fatima & Qasim, 2021).

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