



Investing in Workplace Women's Health and Well-being in the Indian Agriculture Sector

I. The Challenge

The agriculture sector in India has the potential to lift millions of women and their families out of poverty and into prosperity, but only if the companies employing these workers address their unique health and empowerment needs.

Indian laws do require larger farms and companies to provide health services. For instance, all tea gardens over five hectares with over fifteen employees must provide on-site medical services to workers and their families.ⁱ This care is required to cover anemia, maternal health, immunizations, and other initiatives related to women's and children's health. Yet, this legislation is typically unenforced – and many tea gardens fail to meet dispensary requirements, offering low-quality medical care or none at all.ⁱⁱ

Companies need to view workplace women's health and empowerment (WWHE) as a strategic business priority to not just meet labor regulations, but go beyond it. The reasons why include the following:

Women Comprise a Majority of the Agriculture Workforce

Agriculture is a primary employer of women globally, with one of every four employed women working in the industry.ⁱⁱⁱ The largest sector of India's economy is agriculture, which employs 43 percent of the workforce.^{iv} In India, women constitute 33 percent of the labor force in agriculture, but as many as 80 percent of employed women rely on the sector as workers or independent farmers.^v Women are also predominant in floriculture, coffee, and tea:

- **Tea:** India is the world's second largest producer of tea, employing 1.2 million workers, about 60 percent of whom are women.^{vi}
- **Floriculture:** Women make up a significant portion of the global flower market as smallholders and wage laborers.^{vii}
- **Coffee:** Women undertake approximately 70 percent of the field work in coffee.^{viii}

Women Worker Health Is an Essential Business Concern

The availability of health information, products, and services has always been a challenge for poor women workers in India. The COVID-19 crisis has exacerbated these existing gender inequities and systemic short-comings. Even before the pandemic struck, research showed that approximately 50–60 million people in the country have been pushed to the brink of poverty because of health-related expenditures in the last decade.^{ix} Many factors limit the ability of women to be healthy, productive workers:

- Women lose one to two months of productive time a year due to illness in their family, according to the 2017 Global Health Monitoring Report, and nearly 50%-60% live with

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some form of undiagnosed illness and die earlier than more economically secure counterparts. ^x

- Agriculture work is physically taxing, meaning that women in these jobs often need greater healthcare than those working in less labor-intensive jobs. A 2019 [CNN piece](#) highlighted the high rates of maternal deaths and complications for women tea workers in Assam who were unable to receive needed prenatal care and other critical reproductive health services. ^{xi}
- Harassment and violence are also serious health challenges facing women agricultural worker. India's National Commission for Women saw a 94% increase in reports of gender-based violence after the country entered lockdown due to COVID-19 in March 2020. ^{xii}

Women Workers Lack Access to Healthcare

The challenges for women working in agriculture are particularly severe. They often work on remote farms, located long distances from health facilities. Their long work hours combined with unpaid care work for children and family members often means they cannot reach a health provider during regular hours of operation.

COVID-19 has underscored the existing inadequacy of health services and risk of disease for supply chain workers across India, most of whom have limited access to worksite health services. ^{xiii} India has one of the smallest healthcare workforces per capita of any country, with just one doctor for every 10,926 people and 1.8 nurses/midwives per 1,000 people. ^{xiv} This is far below the recommended 1:1,000 doctor to patient ratio and 4:1,000 nurse/midwife to patient ratio. These shortages are particularly severe in rural areas. In 2015, a study of 273 tea estates in Darjeeling, Dooars and Terai found that only 166 had hospitals, of which only 56 employed full-time residential doctors. 85 estates with hospitals had no dispensaries to provide medication to workers and families and 10 estates had neither a hospital nor dispensary. ^{xv}

Women workers also lack access to basic health information and services needed to live healthy, productive lives. The impacts are severe:

- One in five Indian women wants to delay her next pregnancy but is not using a modern contraceptive, impeding her ability to remain in formal work, according to Family Planning 2020. ^{xvi}
- Antenatal care is limited throughout India as only 50 percent of women have at least four prenatal visits as recommended by WHO. ^{xvii} Rural areas have high under-five mortality rates for children, exacerbated by limited antenatal care and rates of anemia close to 50 percent. In Assam, India's largest tea region, 18 percent of women have received full prenatal care and about 37 percent of women are using modern contraceptives. COVID-19 lockdowns and overburdened health facilities have further reduced access to contraceptives and maternal care for women across India. ^{xviii} In West Bengal only one in three women receive full prenatal care and 50 percent suffer from anemia.
- Existing health dispensaries fall short of legal requirements, thereby harming pregnant women workers. Most gardens in Assam with health facilities were found to not have enough equipment, beds, or medical and support staff to provide care for women workers. This meant many women with anemia worked on the plantation in the late stages of pregnancy, often even giving birth on the plantation. ^{xix} Additionally, extensive delays in ambulance response time leads some women in Assam to deliver babies at home while waiting for the ambulance to arrive. ^{xx}

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- Women in India have always been especially susceptible to the long-term health consequences of health disasters like COVID-19, which as strained plantations' limited health services.^{xxi} Well-aware that many estates were not already compliant with the legislation, the Gorkhaland Territorial Administration issued COVID-19 guidelines asking estates to hire qualified medical and paramedical staff due to the pandemic. However, The Telegraph India reported that most plantations lacked adequate medical staff and would likely not make the necessary hires.^{xxii}

The Agriculture Sector's Resilience Depends on Healthy Women Workers:

The sectors' resilience and future productivity requires addressing existing workplace issues and structural challenges that have been only worsened by COVID-19; the impacts of which will linger for years. These include:

- Harassment and gender-based violence: Agriculture was named as one of five "high-risk sectors for violence against women" globally by the UN High Commissioner for Human Rights.^{xxiii} This data was pulled by a study conducted in Maharashtra, India that found one-third of the 90 respondents who worked in agriculture have experienced workplace harassment.^{xxiv}
- Discrimination: In India, 78% of agriculture workers reported experiencing gender discrimination, which includes both active discrimination (denial of opportunities which were given to men, limited rights to make financial decisions) and structural inequities (balancing work with caregiving, difficulty accessing educational opportunities).^{xxv}
- Mental Health: Surveys indicate that Indian women are suffering disproportionately from mental health challenges; in general, women have two to three times greater a risk of developing post-traumatic stress disorder after emergencies.^{xxvi}

It should be noted the low, inequitable wage structures have a direct impact on women's health. Women spend their wages on their families' health needs, so low wages directly harm worker and family health and create a vulnerability to unexpected health costs. :

- Malnourishment is believed to be increasing for women, who are more likely than men to sacrifice food when their family lack money.^{xxvii} Poor nutrition harms pregnancies and has long-term effects on child development.
- Workers globally all far short of a living wage, and women workers face a significant gender pay gap in most countries, with many living in poverty.^{xxviii} A report by the Minister of Agriculture and Farmers' Welfare also found that women farmers and agriculture laborers are paid 22% less than their male counterparts.^{xxix} A 2018 report found that tea workers in Assam made INR 137/\$1.8 per day, far below the minimum wage of INR 250/\$3.40.^{xxx} While the wages have since increased, they remain very low.

Table 1. Women’s Health and Empowerment Indicators for India

	Maternal Mortality [i]	Infant Mortality^[ii]	Anemia^[iii]	Contraceptive Prevalence^[iv]	Full Prenatal Care
UK	9/100,000	4/1,000	15%	84%	
India	174/100,000	39/1,000	51%	54%	51%
Darjeeling, West Bengal^{xxxii}			49%	66%	34%
Assam^{xxxiii}	46,100,000	6/1000	35%	50%	

II. The Opportunity

The harm to women workers such as of poor health, harassment and violence and unequal and unsupportive work environments are well documented. These factors also hurt companies through lower productivity and worker performance and can increase business risks, ultimately affecting companies’ bottom lines.

The converse is also true – advancing women’s health and well-being and addressing gender inequality – creates business opportunities and benefits. Companies with strong health, safety, and environmental programs have been shown to outperform industry peers by three to five percent.^{xxxiii} Increasingly, investors are looking at Environmental, Social and Governance performance as a proxy for overall corporate strength. As evidence suggests, the best ESG performers are outperforming other companies during the pandemic.

Businesses can realize benefits from worker health in three ways: (1) Mitigating Risk, (2) Strengthening Competitive Advantage and Market Positioning and (3) Reducing Costs.

Table 2. Potential Business Benefits of Health & Well-being Investments

Category	Impact on Brand/Buyer Performance	Impact on Supplier Performance
<p><i>Risk Mitigation</i></p> <p><i>Companies face potential threats to their viability from stakeholders' demands and criticism across the apparel industry. Companies can reduce risks by attending to and aligning with their stakeholders' interests.</i> ^{xxxiv}</p>	<ul style="list-style-type: none"> - Reduced risk of investor backlash - Reduced risk of consumer backlash - Reduced risk of negative press coverage on worker health issues - Reduced reputation and increased public relations crises - Reduced risk of litigation for non-compliance - Reduced risk of citation by government - Reduced risk of high-quality suppliers choosing to do business with competitors - Reduced risk of turnover - Reduced risk of delays of product from suppliers - Reduced audit burden 	<ul style="list-style-type: none"> - Reduced risk of cancelled orders from customers - Reduced risk of complaints/litigation filed by workers for non-compliance - Reduced risk of negative press coverage of worker health issues - Reduced risk of citation by government - Reduced risk of employee turnover - Improved worker-manager relations - Improved union relations - Improved community relationships - Reduced audit burden
<p><i>Competitive Advantage and Reputation</i></p> <p><i>Companies can improve their competitive advantage by investing in activities that benefit both business and social good – creating improved marketing and selling capabilities, greater attractiveness as an employer, and stronger relationships with governmental and non-governmental organizations.</i> ^{xxxv}</p>	<ul style="list-style-type: none"> - Enhanced perception of product quality - Increased Market differentiation - Enhanced brand - Increased customer demand and loyalty - Improved marketing capabilities - Reduced risk of consumer boycotts - Increased reputational capital - Improved recruitment of mission-driven top talent 	<ul style="list-style-type: none"> - Enhanced perception of product quality - Enhanced brand and reputation - Increased attractiveness to buyers - Increased customer demand and loyalty - Improved marketing capabilities - Differentiation from other suppliers - Replacement by buyer harder as a top-quality supplier

<p>Cost Savings</p> <p><i>Companies can save on costs throughout business operations and improve financial efficiencies with wise investment in worker health and gender equality.</i></p>	<ul style="list-style-type: none"> - Maintained or reduced cost for purchased products, components, services, etc. - Enhanced morale and well-being leading to: <ul style="list-style-type: none"> o Increased productivity o Reduced turnover - Improved stability of reputable supply chain - Reduced number of supplier investigations 	<ul style="list-style-type: none"> - Reduced late days - Reduced absenteeism/lost days - Reduced overtime - Reduced production errors - Reduced turnover - Reduced shipping costs - Increased output and productivity <ul style="list-style-type: none"> - Initiatives pay for themselves over time - More cost-effective use of existing health staff and expenditures
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Mitigating Risk

Good management, especially post pandemic, requires addressing risks related to workers' health and well-being. Companies that fail to seriously recognize women workers' health needs or adopt good practices, improve systems, and address inequities risk becoming known as bad actors. For example: decreases in a company's stock value after one known negative social responsibility incident can outweigh the market benefits of two or more positive incidents.^{xxxvi} Despite \$8 billion per year in estimated spending on corporate social responsibility initiatives, companies are not seen as making nearly enough progress, if any, to protect the rights of millions of workers suffering from poor conditions in global supply chains.^{xxxvii} This includes progress on the health and well-being of women workers.

The pandemic is only increasing scrutiny that already was high on business' treatment of workers. The harm to women's health – both from a lack of care and services and unethical actions – has been common. And companies that do not take these risks seriously in their operations and supply chains will face public criticism, negative press and social media, and damage to reputations – in some cases leading to consumer backlash. These can have bottom-line impacts.



Pregnant women are risking their lives to bring people tea

By Swati Gupta, CNN
Video by Rajesh Mishra, Edward Kiernan and Jenny Marc, CNN
Graphics by Henrik Pettersson, CNN

For example, a 2019 CNN article titled “Pregnant women are risking their lives to bring people tea,” highlighted the high rates of miscarriage, maternal death, and other abuses facing women working on tea farms.^{xxxviii} Reporting by BBC and the

World Bank on poor health, living and working conditions on tea farms in India prompted action by major tea companies after reports of “high levels of malnutrition and ill health.”^{xxxix}

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INVESTIGATION-Missing wombs: the health scandal enslaving families in rural India

by Roli Srivastava | [@RoliOnaroll](#) | Thomson Reuters Foundation

having this procedure, which frequently resulted in hormonal imbalances and adversely impacted their mental health.^{xi} This story was picked up by news outlets worldwide and was dubbed the “missing wombs” scandal by Reuters^{xli}.

High quality workplace health and well-being programs and interventions that reach all workers can mitigate reputation risks. As a result, strong performance on worker health and safety can be seen as a proxy by investment community and other stakeholders of good management practices overall.

Strengthening Competitive Advantage and Market Positioning

Investing in social initiatives can strengthen competitive advantage through improved marketing and selling capabilities.^{xlii} Evidence shows that social performance helps build trust with customers and positively influences brand loyalty.^{xliii} Large brands and buyers of Indian agriculture exports have adapted to demands from conscious consumers, making social commitments that extend down their supply chains.

For example, **Unilever**, which counts Lipton Tea among its brands, has increased emphasis and commitment to social impact through its Sustainable Living Plan. This includes improving employee health, nutrition, and well-being^{xliv} and promoting responsible practices throughout its value chain.^{xlv}



In 2019, Unilever also announced its Global Safety Framework for Women in Rural Spaces with UN Women. It is expected to directly impact 30,000 people living on tea estates and smallholder farms and an additional 600,000 people indirectly through awareness raising and community mobilization activities in Kenya and India.^{xlvi} Through the United Nations Foundation, they also committed to guarantee access to basic healthcare services - including topics such as maternal health, family planning, mental health and other essential women's

health services – to reach 70,000 people by 2022. They have also established an industry-wide action platform to promote women's safety and empowerment in Assam, India.^{xlvii} This initiative

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has included safety workshops and discussions, awareness-raising programs on gender-based violence, mentorship programs, and vocational training.^{xlviii} The company has stood by its commitments despite lockdowns and challenges during the pandemic.

Unilever Chief Supply Chain Officer Mark Engel said: “Addressing issues such as harassment and violence across the entire value chain is critical, because without a safe working environment, women cannot fully participate in society or in the workplace if they fear for their safety or that of their daughters.”^{xlix}



I was prepared that the place is clean and my experience was excellent, I appreciate the help that I got, the staff have been educating us on family planning, breast feeding and are friendly.

- Lilian Cherono, a worker on Unilever's tea plantation in Kericho, Kenya, who receives health and empowerment information at work

Companies that fail to ensure the ethical treatment of workers, including access to basic healthcare, risk losing customers and missing out on market growth opportunities.

Case Study

Twinings Invests for Strong Supply Chains

Twinings has realized the benefits of investing in the health and empowerment of women workers. The organization began its work in Kenya, implementing BSR's HERhealth program with smallholder farmers and tea workers, most of whom are women. The program provides them with information on reproductive health and family planning, sexually transmitted infections, menstrual hygiene, pre and postnatal care, nutrition, and non-communicable diseases.



I feel grateful and lucky having attended HERhealth training, which has opened my eyes to take health related issues with the seriousness they deserve.

- Josefina, a tea farmer in Kenya supplying to Twinings who receives health and empowerment information in the workplace

The program has already shown returns. Health knowledge on key topics such as family planning, HIV, Hepatitis B, and pregnancy health have improved significantly. The number of women who are able to name a family planning method increased from 30 to 100 percent; women's knowledge of mother to child transmission of HIV increased from 9.5 percent to 77 percent; and women able to name three or more pregnancy risk factors increased from 11 percent to 86 percent.¹ Twinings has also seen an increase in the use of health facilities by

workers following trainings; improved worker relations with management, with workers feeling more comfortable discussing issues with their managers; and reductions in absenteeism, leading to improved productivity in the workplace.

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Twinnings saw the benefits to 40,000 workers and farmers who were reached by HERhealth. It decided to expand its commitment to reaching 100% of its supply chain in Kenya by 2023, reaching 75,000 women farmers with health services in Kenya, Malawi, and India.

Specifically in India, Twinnings is partnering with the Family Planning Association of India incorporating access to essential health and empowerment services including menstrual hygiene products, contraception, maternal and infant care, cancer screenings, STI screenings, and other critical services.

Companies that invest in worker health and well-being can enjoy increased productivity from worker absenteeism and turnover among other measures, generating a higher return on their investment (ROI). Studies have found that unhealthy employees take, on average, nine days more sick leave compared with healthy employees,ⁱⁱ and that the cost of presenteeism (being at but not engaged in productive work) can exceed the cost of absenteeism.ⁱⁱⁱ

Studies from the apparel industry, which has different workforce issues, can be relevant to agriculture on some issues. For instance, anemia and menstrual hygiene affect the productivity and well-being of workers in each sector. Swasti implemented its Invest for Wellness (i4We) program at Everblue Apparels in Doddaballapur, Bangalore Rural District, and at Arvind Ltd. in Bangalore reaching over 6,000 workers to provide low-cost, high-impact primary care, with a focus on menstrual health, anemia, and family planning. At Everblue Apparels, a single worker's absence due to anemia costs the company \$178.60/INR 13,392.5 per year. Furthermore, research indicates approximately 50% of women are anemic in India. Using that statistic for women workers in Everblue, investing in a program like i4We can save these kinds of companies approximately \$87,500/INR 6,561,280 annually.

Leveraging Opportunities

Some companies interested in making commitments to the United Nations Foundation's Private Sector Action for Women's Health and Empowerment initiative expressed common business concerns about the direct and indirect costs of investing in health programs. Many were concerned about the lack of subject matter expertise required to design and implement effective programs.

The evidence provided above points to many elements for a strong business case in general. However, companies that address women's health and empowerment in a strategic way do not view their interventions as one-off or short-term programs. They seek to embed WWHE in operations and systems that leverage across business and ESG functions as shown in the table below. In doing so, they increase the potential for benefits to both workers and the business.

“Healthier, empowered and sustainable communities are essential to ensuring strong supply chains, but we also believe working to improve lives in our supply chain is the right thing to do. Women form most of the workforce in tea gardens, but sexual health and reproductive rights can be a barrier to their development. When women and girls thrive, so do their societies.”

- Céline Gilart: Head of Social Impact

Category	Description
WWHE Program Resource Requirements	WWHE entails direct costs from the program; Design & Implementation. It also incurs indirect costs from staff that manage the programs and staff that lose time to participate in the programs.
Leverage Opportunity 1: Risk Reduction	Informing key stakeholders that influence company risk (examples: government officials, activists, community leaders, the press, investors, consumers, etc.) helps to insulate the company against the risks listed earlier in this section.
Leverage Opportunity 2: Brand and Marketing Communications	Promoting the company's commitment to WWHE builds affinity with and ensures the loyalty of consumers.
Leverage Opportunity 3: Work Force Development	WWHE programs naturally fit into company work force development programs. Participants become healthier, more motivated, and more productive. It can also improve management capacity as supervisors respond better to the needs of workers.
Leverage Opportunity 4: Employee Communications	Promoting WWHE to employees builds morale, leading to higher employee engagement, reduced turnover and enhanced recruitment of talent.
Leverage Opportunity 5: Defrayed Operating Expenditures	Companies that commit to WWHE find that third party development agencies, NGOs, and funders are willing partners, interested in cost-sharing the expense of WWHE programs.

III. Options for Investing in Worker Health & Well-being: Illustrative Interventions

Companies in Indian agriculture have many opportunities to invest in the health and well-being of their women workers and contribute to the Sustainable Development Goals (SDGs), while also realizing business returns. This section describes direct investments in programs to provide workers with health information and services which require direct financial investments.

It should be emphasized that companies can make a range of investments that involve using existing personal functions and resources to address women workers' health and empowerment. The United Nations Foundation's Framework for Workplace Women's Health and Empowerment captures the key steps and approaches to make necessary internal changes and take effective action. For instance, companies in all industries can use their government relations functions to work with governments to change policies. Companies should seek opportunities to work with government and civil society organizations on the critical task to improve access to public and private services for agricultural workers. Women in India's

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agricultural sector are not protected by the country's primary workplace harassment legislation. Employers in the agricultural sector are exempted from the Sexual Harassment of Women at Their Workplace Prevention Act, which requires employers to investigate and address reported incidents of harassment.^{liii}

The COVID-19 pandemic has also demonstrated that all companies will be measured against their response to the health challenges of workers, particularly women workers who face a lack of reproductive health services and information. Outlined below are two illustrative interventions that companies can consider as they look to improve the immediate and long-term health and well-being of workers in their supply chains. During this pandemic, many companies and organizations are testing models of virtual trainings, tele-medicine, and counseling that will become increasingly available through workplace technology. However, the cost estimates below are illustrative of in-person interventions, and final resources required depend on worker needs, the company, and regional context.

Health & Well-Being Awareness & Education

Companies can invest in programs that educate and empower women workers by expanding their access to health information and services.

Business for Social Responsibility (BSR) – HERproject Peer Education

Using a peer-to-peer model, BSR's HERproject provides worker trainings to a cohort of peer educators in a workplace setting. Peer educators conduct outreach during work hours to their colleagues and the wider community. The topics depend on the focus of the program – HERhealth, HERrespect, and HERfinance. For instance, the HERhealth program covers topics such as nutrition, personal hygiene, family planning, maternal health, and non-communicable diseases.

As part of the HERhealth program, in addition to worker trainings, factory or estate management representatives participate in health system trainings and activities. For instance, management guided a self-assessment of their clinic facilities, reviewed health policies and processes, and thought through situations where workers need to be referred to nearby health services. Participants also conduct a mapping of local health providers to improve access to healthcare services. Although the focus of training is women's health, men participate as peer educators to learn how they can be advocates for women's health. Management is also engaged throughout the program to build their understanding of the importance of women's health/

In addition, HERproject offers the HERrespect program in India. HERrespect helps promote gender equality in the workplace through participatory training for workers and management, awareness raising campaigns in workplaces, and reviews of policies and practices. By shifting norms that reinforce unequal relationships between women and men, supporting improved communication and teamwork, and strengthening factory systems, HERrespect aims to address the root causes of violence against women. Finally, HERproject India also offers HERfinance, a workplace program covering financial literacy and inclusion.

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Illustrative Costs¹

	USD / INR
HERhealth total cost to reach 2,000 workers	\$15,200 / INR 1,081,860
Annual Core Contribution*	\$9,000 / INR 640,575
Cost per worker	\$12.10 / INR 861

Local Context

Why Additional Health Services Are Needed

Under the Plantation Labor Act, workers are eligible for primary healthcare with free medication provided to workers and their family, maternity care, treatment for anemia, immunization, and institutional delivery. The law also requires provision of maternity leave for workers who have worked more than 80 days in the last year.

However, several challenges remain that should concern companies. First, the healthcare required to be provided is not comprehensive. For example, family planning, which enables women workers to choose when/if they become pregnant in order to plan their lives and fully participate in the workforce, is not required to be provided. Second, despite some requirements that women can access healthcare and maternity benefits, many are not aware of the laws or their rights. Third, because many tea farms are in remote locations, they often lack quality healthcare infrastructure such as clinics, hospitals, medicines, physicians, and nurses. This means workers must travel long distances to reach care, which can be cost-prohibitive.

While India is rolling out government-provided universal health coverage, individual states are responsible for helping to finance the roll-out implementation, leading to uneven access across states. Furthermore, while health insurance is key, many areas still lack qualified health providers, clinics, and hospitals needed to ensure quality access.

As a result of this poor access to care, agriculture workers in India often don't receive essential healthcare, leading to undiagnosed, high-impact, high-burden health conditions that in turn lead to absenteeism, attrition, lower efficiency, and productivity. This is where companies can partner with non-governmental organizations that have deep expertise in health and gender to improve worker health and well-being.

¹ "Standardized HERproject rates are calculated according to workplace location and workforce size. BSR recommends reaching an entire workforce via a single round of implementation, thus models and costs to reach larger workforces (more than 2,000 workers) may differ. Supplementary travel costs may be added if extensive travel is required. All additional and supplementary costs are calculated on a case by case basis and agreed prior to program launch."

* The payment of the HERproject Annual Contribution is prerequisite to starting new workplace programs in the corresponding year. The cost is \$9,000 for BSR members and \$12,000 for BSR non-members.

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Mobile Health

While most corporate estates have clinics, some clinics are not fully staffed and lack the full range of medicines and services workers need to be healthy and productive, particularly for women. Companies can work with outside partners to provide periodic health camps where health experts come to the factory for a day or two, set up temporary clinics, and provide critical health information and services.

Family Planning Association of India – Mobile Outreach Teams

The Family Planning Association of India (FPAI) is one provider operating in the country that provides such mobile outreach services.

FPAI offers a team of mobile service providers who can come directly on fixed days of the week or month to screen for key health conditions, provide out-patient health services, and give referrals more serious health needs. FPAI can offer these services through two options:

- (1) Setting up a service delivery point in a clinic or in the office of a private medical provider nearby during off-duty hours (typically during afternoons or evenings when private medical providers are closed); or
- (2) Providing a fully equipped van that serves as a “clinic on wheels.”

Prior to providing services, FPAI will work with community-based volunteers who have been trained by their organization to spread the word about health service needs and the upcoming availability of services in order to generate awareness and demand.

FPAI's mobile outreach team will then arrive to provide a wide variety of essential health and well-being services including but not limited to:

- Screening for and counselling on health needs including anemia, contraceptives, breast and cervical cancer, prenatal care, breastfeeding, sexually transmitted infections (including HIV/AIDS), hypertension, diabetes, and gender-based violence.
- Provision of health services including contraceptives, immunizations, menstrual hygiene, prenatal and postpartum care, anemia, and others.
- Referrals for treatment for maternity care, some forms of family planning, sexually transmitted infections (including HIV/AIDS), reproductive cancers, gender-based violence, and other more serious health issues.
- Provision of special service staff such as pediatricians, ophthalmologists, dentists, and others based on the needs identified in the specific community.

Outreach teams consist of a registered medical practitioner, staff nurse, assistant, counselor, lab technician, and a specialist medical consultant.

FPAI's service packages also include robust monitoring and evaluation where health data is electronically collected and analyzed regularly to show progress, and self-assessments are conducted to ensure the highest quality services are provided.

Illustrative Costs

The estimated cost to provide mobile outreach-based health and well-being information and services is \$13/INR 975 per year per worker. This \$13 per worker covers \$3/INR 225 for

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education, \$4/INR 300 for services, \$3/INR 225 for commodities, \$2/INR 150 for training of managers and health staff, and \$1/INR 75 for management costs. The cost per worker includes:

- Service sessions for clients (The first service session for a new client is followed by three follow-up sessions for the same client in a given year);
- Information, education, and communication materials and programs;
- Peer educator training, training of healthcare professionals from estate clinics or hospitals, commodities (nutrition supplements/ contraceptives, medicines), district level advocacy, and networking and management at the local level/

Worker Voice

Ms. Lalo Mahali

Lalo Mahali was married at 17 to an older man and by age 18 had one child. Her husband worked on a tea farm and she and her child lived on the farm as well. Lalo was not accepted by her in-laws or husband because she was from a lower caste, and her husband would physically abuse her frequently, often while intoxicated. She thought that after she had her second child at age 19, her husband might stop abusing her, but he continued to beat her even after her second son was born while claiming the child was not his. After many years of abuse, Lalo escaped her husband and went to live with her mother. It



Ms. Lalo Mahali who received women's health and rights information and services from FPA India

was while living with her mother in Kalchini that she decided to join a Mother's Club hosted by the Family Planning Association of India, where for the first time in her life she learned about her right to live free of violence, her right to plan her family, and other rights and health information she never knew before. Lalo eventually trained to become a counselor herself and applied for a job at the tea garden. She started slowly conducting group meetings on gender-based violence and women's empowerment and referring women for health services at the FPAI clinic. The word spread about her sessions, and eventually many women sought her out for advice. After garnering love and respect from the community, Lalo was elected Deputy Chief of the Kalchini Village. She continues to work as a counselor and tea worker, helping women who once faced the same challenges she did to live happier, healthier lives.

IV. Financing Options

There are a variety of options for how companies finance access to health information and services for women workers in their supply chains. The financing options in Appendix B outline seven different potential funding models. However, the most sustainable financing models will enable cost-sharing between brands and suppliers, with governments and workers covering some costs where possible. Below is an illustrative costing model that pulls experience from companies globally.

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Illustrative Costing Model: Global Tea Company X sources from ten farms. Global Tea Company X identifies Implementing Partner(s) Z and offers to cover the full cost of a workplace women's health and empowerment program for the first two years, ramping down funding to 50% of the costs. Meanwhile, the suppliers take on the cost of the program as cost-savings accrue from reduce absenteeism and turnover and improved productivity. Implementing Partner Z works to sign workers up for government-provided insurance or services and workers pay a small amount out-of-pocket for some services.

The cluster model of pooling resources is being tested in manufacturing by Swasti in two industrial zones in India (Bangalore and Karur) which allows brands buying from the same industrial zone to join with suppliers to share the cost to provide workplace health and well-being information and services. The cluster model provided by Swasti builds on their Invest for Wellness (i4We) program which ensures primary care of members (locally) and navigates them through a range of existing secondary and tertiary providers combining medical, behavioral, and social science with a mix of technology. The cluster model goes one step further by creating a Well-Being center within an industrial zone staffed by a physician, a team of nurses, a counsellor, a worker well-being trainer, and a monitoring and evaluation officer. This creates a one-stop-shop for health and well-being information and services for workers and their family members.

The cost to run the cluster model is approximately \$10/INR 750 per worker assuming a minimum reach of 20,000 workers. The costs for agricultural works no doubt will be different as there is much less concentration. However, the principle is the same, namely that rather than each brand or factory paying the cost per worker on their own, brands and factories pool their resources to share the costs. The cost will come down as more workers are enrolled. This model also promotes collective support for workers in obtaining government support and services that they are entitled to but do not have the wherewithal to obtain.

V. Appendix A: Selected Health Partners & Contacts for Getting Started

Please contact any of the individuals below with questions, for additional information, or to get started.

Organization	Specialization	Contact	Email
United Nations Foundation	Connect companies, suppliers, and NGOs to share best practices and coordinate	David Wofford	dwofford@unfoundation.org
BSR's HERproject	Delivers evidence-based women's health and empowerment programming for workers and managers in partnership with local expert organizations	Lisa Staxang	lstaxang@bsr.org
Family Planning Association of India	Strengthening service provision through health camps, clinic improvement, and referral networks	Manisha Bishe	manishabhise@fpaindia.org

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St. John's Medical College	A college based in India that aims to train healthcare personnel committed to serving the poor in the margins	Dr. Bobby Joseph	b.joseph@stjohns.in
Swasti Health Catalyst	Provision of comprehensive health and well-being services through the Invest for Wellness (i4We) model which addresses health needs of workers and the impact on businesses	Joseph Julian	julian@swasti.org

United Nations Foundation

The United Nations Foundation (UNF) connects people, ideas, and resources with the United Nations by building expert coalitions, developing large-scale partnerships, and carrying out issue-based grassroots campaigns that make it easy for people to help the UN create a better world. The Foundation was created in 1998 as a U.S. public charity by entrepreneur and philanthropist Ted Turner. Since then, the role of the United Nations Foundation has evolved from a traditional grant maker to an actively involved problem solver. Within the framework of more than 10 specific issue campaigns, the Foundation works closely with the UN Secretary-General to solve the great challenges of the 21st century – poverty, climate change, energy access, population pressure, gender equity, and disease.

UNF's Private Sector Action for Women's Health and Empowerment Initiative works with dozens of multinational corporations, connecting them with the United Nations and key implementing partners, supporting their efforts to achieve the Sustainable Development Goals, convening key stakeholders at strategic moments, partnering on thought leadership, and developing strategies to lift up the global development work of private sector leaders and increase investment in workplace women's health and empowerment.

BSR's HERproject

BSR's HERproject™ is a collaborative initiative that strives to empower low-income women working in global supply chains. Bringing together global brands, their suppliers, and local NGOs, HERproject™ drives impact for women and businesses via workplace-based interventions on health, financial inclusion, and gender equality. Since its inception in 2007, HERproject™ has worked in more than 750 workplaces across 14 countries and has increased the well-being, confidence, and economic potential of more than one billion women.

In India, HERproject has primarily been implemented in the apparel, textile, and consumer electronics sectors, and has therefore mostly been active in the Delhi, Bangalore, and Tirupur/Coimbatore areas. Local partners include Swasti Health Catalyst (Swasti), PSG Medical Institute (PSG), and Kshitij.

Family Planning Association of India

Family Planning Association of India (FPAI) has over seven decades of experience in the field of sexual and reproductive health and rights (SRHR). It has assisted millions of people living in rural and urban areas in fulfilling their aspirations to improve their quality of life. Established in 1949, FPAI is India's leading and largest SRHR organization. It provides information on

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sexuality education and family life, along with a wide range of services to improve the health and happiness of millions of women and their families.

FPAI operates in 45 branches and projects across 18 states, and has deep experience working with the private sector. It has more than three decades of experience setting up workplace health programs in sectors including power looms, sugar mills, cigarette rolling factories, tea plantations, and garment and shoe factories. In particular, FPAI runs a women's health program for women working in garment factories. The program provides education to workers - many of whom are first-generation migrants from Karnataka - on how to prevent unintended pregnancies, reproductive tract and sexually transmitted infections and HIV, and screenings for non-communicable diseases such as cardiovascular disease, stroke, diabetes, and cancer.

Through these workplace health programs, FPAI has documented improvements in employee health, self-esteem, morale, stress reduction, and productivity. By addressing health issues early on before they become more costly, employers implementing FPAI programs have seen reduced insurance costs, absenteeism, and staff turnover.

Swasti Health Catalyst

Swasti Health Catalyst is an international not for profit and a niche service provider in the public health sector, delivering end-to-end solutions as well as short and long-term support and facilitation, thereby combining research and practice. Established in 2004, Swasti Health Catalyst aims to empower people and communities to lead healthy lives.

Swasti is strongly driven by the belief that its work should challenge established norms and break barriers –specifically the inextricable link between ill health and poverty – to innovate and create change. Swasti's initiatives address behaviors, systems, and social determinants together to ensure the well-being of the most hard to reach populations. Swasti works with the rural and urban poor including young women in factories, women in sex work, farming communities, marginalized gay men and transgender people and factory workers.

Swasti has worked with more than 250 factories and corporations across India and other parts of the world to improve workplace health and well-being reaching over 220,000 workers through various programmes with the support of 20+ brands and foundations. Swasti recognizes that the challenges to well-being are not only limited to health, and hence its programs address key enablers in an integrated way. Swasti's flagship program, Invest for Wellness (i4WE), is based on its 15 years of experience in preventing diseases and conditions, and reaching communities to provide effective treatment when required. Swasti learns from examples of what works and what does not work, in India and globally, to understand the missing pieces in health, such as leveraging technology to scale up reach and processes. Swasti's work has reached 29 countries and is nationally and globally recognized.

St. John's Medical College

St. John's College is a private, religious minority medical college and hospital based in Bangalore, India. It was established in 1963 and is a part of the St. John's National Academy of Health Sciences run by the Catholic Bishops' Conference of India. The college aims to train healthcare personnel committed to serving the poor in the margins. For the last ten years, St. John's Medical College has consistently been ranked among the top ten medical colleges in the country. In 2018, the college partnered with Apple to conduct a needs assessment of the health and well-being of employees in global supply chains, and also provided nutrition consultation that has improved several supplier cafeterias.

VI. Appendix B: Finance Options from the UNF Framework for Corporate Action on Workplace Women's Health and Empowerment^{liv}

FUNDING MODELS	EXAMPLES
<p>1. Buyer-led Buyers cover whole cost of program</p>	<p>Twinings Twinings is covering the full cost of BSR's HERhealth and health and well-being services for 50,000 workers in Kenya, Malawi, and India.</p>
<p>2. Incentive Funding Buyers provide additional funds or long-term funds to suppliers in exchange for workplace programs</p>	<p>Levi Strauss & Co. To secure supplier buy-in for Worker Well-Being, LS & Co. covers 50% of program costs in year one, ramping down funding over a 3 – 5 year period and thereby allowing the vendor to take over the costs.</p> <p>Long-Term Purchase Commitments Suppliers are often willing to invest in workplace initiatives that go beyond compliance if brands commit to buy from them for 2+ years, giving them confirmed revenue they can invest and use to generate returns.</p>
<p>3. Incentive Financing</p>	<p>IFC's Global Trade Supplier Finance Program Buyers work with IFC to offer suppliers implementing worker well-being programs– Suppliers use savings to cover cost of programs.</p>
<p>4. Shared Cost Buyers and suppliers share ongoing costs</p>	<p>BSR's HERproject Buyers and suppliers share costs to implement BSR's HERproject.</p> <p>Swasti Swasti is developing a cluster model where brands buying from the same suppliers in the same geographic area pool funds with suppliers to reduce duplication and cover costs of programs implemented.</p>
<p>5. Supplier Funded Suppliers assume most or all of the costs from the start</p>	<p>Shahi Shahi Exports is covering the full cost of a program, with FPAI providing reproductive and maternal health to 19,000 people in India.</p>
<p>6. Worker Contribution</p>	<p>Vouchers IPPF has devised a voucher system for brands sourcing from Sri Lanka, where employers provide vouchers to workers to cover a portion of the cost of services provided by IPPF up to an agreed annual monetary value for each worker.</p> <p>Insurance In Kenya, Marie Stopes and Family Health Option Kenya work with factories and farms to sign workers up for government insurance.</p>
<p>7. Blended Financing Buyers, suppliers, governments, and multilaterals share costs</p>	<p>Adidas, PouChen Group, World Bank, EU, AusAID, Grand Challenge Canada, LS&Co. These organizations jointly invested \$500,000 to work with Marie Stopes Vietnam to establish services within factory health clinics, build capacity for factory health staff, and conduct outreach to factory workers.</p>

VII. References

- ⁱ The Plantations Labour Act of 1951. *Ministry of Labour and Employment*. <https://labour.gov.in/sites/default/files/The-Plantation-Labour-Act-1951.pdf>.
- ⁱⁱ CAO Investigation of IFC Environmental and Social Performance in Relation to: Amalgamated Plantations Private Limited (APPL), India. *Compliance Advisor Ombudsman*, 6 September 2016. http://www.cao-ombudsman.org/cases/document-links/documents/CAOInvestigationReportofIFCinvestmentinAPPL_EN.PDF.
- ⁱⁱⁱ Employment in agriculture, female. *International Labour Organization*, 21 June 2020. <https://data.worldbank.org/indicator/SL.AGR.EMPL.FE.ZS?end=2019&start=2019&view=bar>.
- ^{iv} India: Distribution of the Workforce Across Economic Sectors from 2009 to 2019. *Statista*, 2020. <https://www.statista.com/statistics/271320/distribution-of-the-workforce-across-economic-sectors-in-india/>.
- ^v "Move Over 'Sons of the Soil:' Why You Need to Know the Female Farmers that are Revolutionizing Agriculture." *Oxfam India*, 15 November 2018. <https://www.oxfamindia.org/women-empowerment-india-farmers>.
- ^{vi} Anantharaman A. "India's Tea Industry Struggles to Flourish." *Stir*, 24 April 2020. <https://stir-tea-coffee.com/features/india-tea-industry-struggles-to-flourish/>.
- ^{vii} Wubalem G. A seminar review on impact of floriculture industries in Ethiopia. *International Journal of Agricultural Economics*. 2019; 4(5):216-224. Doi: 10.11648/j.ijae.20190405.14.
- ^{viii} Gender Equality in the Coffee Sector. *International Coffee Organization*, 2018. <http://www.ico.org/documents/cy2017-18/icc-122-11e-gender-equality.pdf>.
- ^{ix} Gabert R, Ng M, Sogarwal R, et al. Identifying gaps in the continuum of care for hypertension and diabetes in two Indian communities. *BMC Health Serv Res*. 2017; 17(1):846. doi:10.1186/s12913-017-2796-9.
- ^x Tracking Universal Health Coverage: 2017 Global Monitoring Report. *World Health Organization and The World Bank*, 2017. <https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf;jsessionid=42D4BFF632DB891DD46A260C442756A1?sequence=1>.
- ^{xi} CNN, Pregnant women are risking their lives to bring people tea, February 6, 2019, <https://www.cnn.com/2019/02/06/health/india-assam-tea-asequals-intl/index.html>
- ^{xii} Nigam S. "COVID-19: India's Response to Domestic Violence Needs Rethinking." *South Asia Journal*, 14 May 2020. <http://southasiajournal.net/covid-19-indias-response-to-domestic-violence-needs-rethinking/>
- ^{xiii} Stiehl, E, et al. Worksite Health Promotion for Low-Wage Workers: A Scoping Literature Review. *American Journal of Health Promotion*. 2018; 32(3):359-373. doi:10.1177/0890117117728607.
- ^{xiv} Deshpande A. "Protecting women is missing from pandemic management measures in India." *Quartz India*, 27 March 2020. <https://qz.com/india/1826683/indias-approach-to-fighting-coronavirus-lacks-a-gender-lens/>.
- ^{xv} Sutradhar, KC. Tea-Labour Movements in the Northern Bengal Since 1947. *SSRG International Journal of Humanities and Social Science*. 2018; 5(5). <http://www.internationaljournalssrg.org/IJHSS/2018/Volume5-Issue5/IJHSS-V5I5P105.pdf>.
- ^{xvi} "India." *Family Planning 2020*. <https://www.familyplanning2020.org/india>.
- ^{xvii} India: National Family Health Survey (NFHS-4). *International Institute for Population Sciences*, 2015-2016. <http://rchiips.org/nfhs/NFHS-4Reports/India.pdf>.
- ^{xviii} Motihar, R. "COVID-19 May Erase India's Maternal Mortality Gains of 2 Decades." *The Quint*, 29 June 2020. <https://www.thequint.com/voices/women/covid-19-impact-on-reproductive-health-services-of-women>.
- ^{xix} Gupta S. "Pregnant women are risking their lives to bring people tea." *CNN*, 6 February 2019. <https://www.cnn.com/2019/02/06/health/india-assam-tea-asequals-intl/index.html>.
- ^{xx} "Maternal Mortality Burden on Adivasi Workers in Assam Tea Plantations: Report." *The Wire*, 23 July 2018. <https://thewire.in/health/maternal-mortality-burden-on-ativasi-workers-in-assam-tea-plantations-report>.
- ^{xxi} Fatema SR, Islam S, East L and Usher K. Women's health-related vulnerabilities in natural disasters: a systematic review protocol. *BMJ Open*. 2019; 9(12). doi:10.1136/bmjopen-2019-032079.
- ^{xxii} Chhetri V. "GTA issues COVID-19 rules for tea gardens." *Telegraph India*, 22 March 2020. <https://www.telegraphindia.com/west-bengal/gta-issues-covid-19-rules-for-tea-gardens/cid/1757136>.
- ^{xxiii} Bachelet M. Opening statement by Michelle Bachelet, UN High Commissioner for Human Rights. *United Nations Human Rights Council*, 27 June 2019. <https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=24747&LangID=E>.
- ^{xxiv} A Research Study on the Nature, Incidence, Extent and Impact of Sexual Harassment of Women at Work Place in the State of Maharashtra. *Yugantar Education Society*. http://ncwapps.nic.in/pdfReports/A_Study_on_Impact_Of_SH_At_Work_Place_In_Maharashtra.pdf
- ^{xxv} Global Women In Agriculture: Research Findings. *Corteva*, 2018. <https://www.corteva.com/content/dam/dpagco/corteva/global/corporate/general/files/Global%20Women%20In%20Agricuture%20White%20Paper%20100318.pdf>.
- ^{xxvi} Olf M. Sex and gender differences in post-traumatic stress disorder: an update. *European Journal of Psychotraumatology*. 2017 Sep 29;8(sup4):1351204.

xxvii Fatema SR, Islam S, East L and Usher K. Women's health-related vulnerabilities in natural disasters: a systematic review protocol. *BMJ Open*. 2019; 9(12). doi:10.1136/bmjopen-2019-032079.

xxix Pandey K. "Hard work, but low wages for women farmers: Women farmers earn 22 per cent less than their male counterparts." *DownToEarth*, 18 September 2018. <https://www.downtoearth.org.in/news/agriculture/hard-work-but-low-wages-for-women-farmers-61656>.

xxx Banerji A and Hussain Z. "India tea workers live in 'appalling' conditions on \$2 a day: report." *Reuters*, 22 May 2018. <https://www.reuters.com/article/us-india-tea-workers/india-tea-workers-live-in-appalling-conditions-on-2-a-day-report-idUSKCN1IN29P>.

[i] "World Population Dashboard." *UNFPA*, 2017. <https://www.unfpa.org/data/world-population-dashboard>.

[ii] "Mortality Rate, Infant." *World Bank*, 2017. <https://data.worldbank.org/indicator/sp.dyn.imrt.in>.

[iii] "Global Health Observatory (GHO) Data." *World Health Organization*, 2017. <https://www.who.int/gho/countries/en/>.

[iv] FP2020 Women at the Center. *Family Planning 2020*, 2016-2017. <http://progress.familyplanning2020.org/>.

xxxi State Fact Sheet – West Bengal. *Government of India, Ministry of Health and Family Welfare*, 2016.

http://rchiips.org/nfhs/pdf/NFHS4/WB_FactSheet.pdf.

xxxii State Fact Sheet – Assam. *Government of India, Ministry of Health and Family Welfare*, 2016.

http://rchiips.org/nfhs/pdf/NFHS4/AS_FactSheet.pdf.

xxxiii Fabius R, Thayer R, Dixon BA, et al. The Link Between Workforce Health and Safety and the Health of the Bottom Line: Tracking Market Performance of Companies That Nurture a "Culture of Health." *Journal of Occupational and Environmental Medicine*. 2013; 55(9):993-1000. doi:10.1097/JOM.0b013e3182a6bb75.

xxxiv Kurucz EC, Colbert BA, Wheeler D. "The Business Case for Corporate Social Responsibility." *The Oxford Handbook of Corporate Social Responsibility*, 2008. doi:10.1093/oxfordhb/9780199211593.003.0004.

xxxv Bruch F and Heike W. "The keys to rethinking corporate philanthropy." *MIT Sloan Management Review*. 2005; 47(1):49. <https://sloanreview.mit.edu/article/the-keys-to-rethinking-corporate-philanthropy/>.

xxxvi Lin-Hi N and Müller K. The CSR bottom line: Preventing corporate social irresponsibility. *Journal of Business Research*. 2012; 66(10): 1928-1936. <https://doi.org/10.1016/j.jbusres.2013.02.015>.

xxxvii Brown G. "New reports shine spotlight on underlying causes of terrible working conditions in global supply chains." *The Pump Handle*, 4 September 2019. <http://www.thepumphandle.org/2019/09/04/new-reports-shine-spotlight-on-underlying-causes-of-terrible-working-conditions-in-global-supply-chains/#.XZJ3BSV7mu4>.

xxxviii Gupta S. "Pregnant women are risking their lives to bring people tea." *CNN*, 6 February 2019.

<https://www.cnn.com/2019/02/06/health/india-assam-tea-asequals-intl/index.html>.

xxxix Rowlatt J.. "Indian tea workers' conditions remain very poor." *BBC*, 12 November 2016.

<https://www.bbc.com/news/world-asia-india-37936349>.

xl Jadhav R. "Why many women in Maharashtra's Beed district have no wombs." *The Hindu Business Line*, 11 April 2019. <https://www.thehindubusinessline.com/economy/agri-business/why-half-the-women-in-maharashtras-beed-district-have-no-wombs/article26773974.ece>.

xli Srivastava R. "New taskforces to tackle 'missing wombs' scandal in rural India." *Reuters*, 1 August 2019.

<https://www.reuters.com/article/us-india-slavery-health/new-taskforces-to-tackle-missing-wombs-scandal-in-rural-india-idUSKCN1US0LW>.

xlii Bruch F and Heike W. "The keys to rethinking corporate philanthropy." *MIT Sloan Management Review*. 2005; 47(1):49. <https://sloanreview.mit.edu/article/the-keys-to-rethinking-corporate-philanthropy/>.

xliii Carroll AB and Shabana KM. The Business Case for Corporate Social Responsibility: A Review of Concepts, Research and Practice. *International Journal of Management Review*. 2010; 12(1). doi:10.1111/j.1468-2370.2009.00275.

xliv Enhancing Livelihoods. Unilever, 2019. <https://www.unilever.com/sustainable-living/enhancing-livelihoods/>. Private Sector Mapping Study; Deloitte, 2015

xlv "Introducing our plan." *Unilever*, 2017, <https://www.unilever.com/sustainable-living/the-sustainable-living-plan/>.

xlvi Sustainable tea – leading the industry. *Unilever*. <https://www.unilever.com/sustainable-living/reducing-environmental-impact/sustainable-sourcing/sustainable-tea-leading-the-industry/>.

xlvii Meet the Companies Making Commitments to Workplace Women's Health and Empowerment. *United Nations Foundation, Private Sector Action for Women's Health*, 2019.

<https://www.privatesectoractionforwomenshealth.com/commitments>.

xlviii Guide to Support the Implementation of the Global Women's Safety Framework. *UN Women*, 2019.

https://www.unilever.com/Images/guide-to-support-the-implementation-of-the-gwsf_tcm244-549744_en.pdf.

xlix A Global Women's Safety Framework in Rural Spaces. *UN Women*, 2018. https://www.unilever.com/Images/a-global-womens-safety-framework-in-rural-spaces_tcm244-529405_1_en.pdf.

¹ Private Sector Action for Women's Health and Empowerment: How Business Can Invest in Women and Realize Returns. *Universal Access Project*, 2017.

https://docs.wixstatic.com/ugd/01ff14_e1153d05650c4291a0c3b0b94525107f.pdf.

ⁱⁱ The health of Australia's workforce. *Medibank Private*, November 2005.

https://www.medibank.com.au/Client/Documents/Pdfs/The_health_of_Australia's_workforce.pdf.

ⁱⁱⁱ Workplace Wellness in Australia, Aligning actions with aims: Optimising the benefits of workplace wellness. *PricewaterhouseCoopers*, 2010. <http://www.usc.edu.au/media/3121/WorkplaceWellnessinAustralia.pdf>.

ⁱⁱⁱⁱ https://harvardilj.org/2010/08/online_51_srivastava/#_ftn21.

^{iv} Framework for Corporate Action on Workplace Women's Health and Empowerment. *United Nations Foundation, United Nations Global Compact, United Nations Population Fund*, 2019. <https://www.unglobalcompact.org/library/5720>.