



# Investing in Workplace Women's Health and Well-Being in the Indian Apparel Sector

## I. The Challenge

The apparel 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 understand and address the unique needs of women workers.

Companies should view workplace women's health and empowerment (WWHE) as a strategic business priority. The reasons why include the following:

### *Worker Health Is An Essential Business Concern:*

Access to health information, products, and services has always been a challenge for poor workers in India. The COVID-19 crisis has exacerbated existing gender inequities and systems short-comings. 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.<sup>i</sup> Many factors impact the ability of women to be healthy, productive workers:

- The most significant health problems among garment workers include cardiovascular, respiratory, gastrointestinal, gynecological, ophthalmological, and nutritional problems and mental illness.<sup>ii</sup> For example, 57% of women surveyed in Tirupur, India have anemia.<sup>iii</sup>
- Musculoskeletal problems have been shown to cause fatigue, weakness, and permanent disabilities among female garment workers in India.
- 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 some form of undiagnosed illness and die earlier than more economically secure counterparts.<sup>iv</sup>
- Female garment workers have reported that they can only work in the apparel industry for a maximum of five to ten years due to its extreme toll on their physical and mental health.<sup>v</sup>

### *Women Make Up 75% of the Workforce & Have Unique Health Needs:*

Globally in the textiles, clothing, and footwear workforce of over 75 million workers,<sup>vi</sup> more than three quarters are women.<sup>vii</sup> These women workers face significant challenges to their ability to thrive, poor health being a primary one. In India, over 12 million workers are formally employed in the apparel sector.<sup>viii</sup> but experts estimate that a total of more than 45 million people are employed both directly and indirectly.<sup>ix</sup> Across India, women *suffer severe challenges to their health and well-being – at work, these can lead to high rates of absenteeism and reduced productivity.* Research finds that:

- Low-wage workers have limited access to worksite health services particularly in apparel supply chains in India.<sup>x</sup>
- Women workers often lack access to basic health and well-being information and services, including reproductive health, needed to live healthy, productive lives. 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.<sup>xi</sup> Furthermore, only 51% of women in India had at least four prenatal visits as recommended by WHO and 17 percent of women had no prenatal visits at all.<sup>xii</sup>

- Women often face discrimination, harassment, and other challenges to advancement in the workplace. The Fair Wear Foundation estimates that 60% of female garment workers in Bangladesh and India have experienced harassment.<sup>xiii</sup> Only 11% of female garment workers formally report sexual harassment or abuse to anyone.<sup>xiv</sup> A 2016 study found that only 3.6% of cases reported by female garment workers resulted in action from employers or police. None resulted in criminal charges.<sup>xv</sup>

*The Long-Term Industry Resilience Depends on a Healthy, Productive Workforce:*

COVID-19 has exposed existing inadequacy of health services and risk of disease for poor workers. A resilient supply chain is one that addresses women workers' need for access to workplace health services<sup>xvi</sup> and to basic health and well-being information and services needed prevent infectious diseases and promote good health and productive lives. A productive, resilient workforce for the long term requires that business provide safe environments and supportive services for recovery from COVID-related harms – including gender-based violence. This includes creating workplaces free from discrimination, supporting women's advancement, and paying equitable living wages. Women spend their wages on their families' health needs, so low wages directly harm worker and family health and create vulnerability to unexpected health costs:

- 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.<sup>xvii</sup> In India women in the garment sector earn on average just 57 rupees for every 100 earned by men.<sup>xviii</sup>

**Table 1. Women's Health and Empowerment Indicators for India**

	Maternal Mortality <sup>[i]</sup>	Infant Mortality <sup>[ii]</sup>	Anemia <sup>[iii]</sup>	Contraceptive Prevalence <sup>[iv]</sup>	Gender-based Violence <sup>[v]</sup>
UK	9/100,000	4/1,000	15%	84%	29%
India	174/100,000	39/1,000	51%	54%	29%
Tamil Nadu <sup>1</sup>	66/100,000	20/1,000	55%	53%	41%
Kerala <sup>2</sup>	46/100,000	6/1000	35%	50%	14%
Karnataka <sup>3</sup>	106/100,000	27/1000	45%	63%	21%

## II. The Opportunity

**Investing in worker health and well-being can create value for businesses in three principal ways: 1) Mitigating Risks 2) Strengthening Competitive Advantage and Market Positioning and 3) Reducing Costs.**

Companies and their workforces are both harmed when women workers lack access to health care services and information and experience gender inequality. Women face poorer health and

<sup>1</sup> Gov. of India, Ministry of Health and Family Welfare, National Family Health Survey, State Fact Sheet Tamil Nadu

<sup>2</sup> Gov. of India, Ministry of Health and Family Welfare, National Family Health Survey, State Fact Sheet Kerala

<sup>3</sup> Gov. of India, Ministry of Health and Family Welfare, National Family Health Survey, State Fact Sheet Karnataka

well-being and reduced capacity at work. Companies with less healthy workers face increased business risk from harmed reputation, lost revenue, and increased costs because of higher worker absenteeism, higher turnover, and lower rates of productivity – all of which ultimately affect companies' bottom lines. Conversely, companies with exemplary health, safety and environmental programs have been shown to outperform others in their industry by three to five percent.<sup>xix</sup>

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

Category	Impact on Brand/Buyer Performance	Impact on Supplier Performance
<p><b><i>Risk Mitigation</i></b></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.<sup>xx</sup></i></p>	<ul style="list-style-type: none"> <li>- Reduced risk of investor backlash</li> <li>- Reduced risk of consumer backlash</li> <li>- Reduced risk of negative press coverage on worker health issues</li> <li>- Reduced reputation and increased public relations crises</li> <li>- Reduced risk of litigation for non-compliance</li> <li>- Reduced risk of citation by government</li> <li>- Reduced risk of high-quality suppliers choosing to do business with competitors</li> <li>- Reduced risk of turnover</li> <li>- Reduced risk of delays of product from suppliers</li> <li>- Reduced audit burden</li> </ul>	<ul style="list-style-type: none"> <li>- Reduced risk of cancelled orders from customers</li> <li>- Reduced risk of complaints/litigation filed by workers for non-compliance</li> <li>- Reduced risk of negative press coverage of worker health issues</li> <li>- Reduced risk of citation by government</li> <li>- Reduced risk of employee turnover</li> <li>- Improved worker-manager relations</li> <li>- Improved union relations</li> <li>- Improved community relationships</li> <li>- Reduced audit burden</li> </ul>
<p><b><i>Competitive Advantage and Reputation</i></b></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.<sup>xxi</sup></i></p>	<ul style="list-style-type: none"> <li>- Enhanced perception of product quality</li> <li>- Increased Market differentiation</li> <li>- Enhanced brand</li> <li>- Increased customer demand and loyalty</li> <li>- Improved marketing capabilities</li> <li>- Reduced risk of consumer boycotts</li> <li>- Increased reputational capital</li> <li>- Improved recruitment of mission-driven top talent</li> </ul>	<ul style="list-style-type: none"> <li>- Enhanced perception of product quality</li> <li>- Enhanced brand and reputation</li> <li>- Increased attractiveness to buyers</li> <li>- Increased customer demand and loyalty</li> <li>- Improved marketing capabilities</li> <li>- Differentiation from other suppliers</li> <li>- Replacement by buyer harder as a top-quality supplier</li> </ul>

<p><b>Cost Savings</b></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"> <li>- Maintained or reduced cost for purchased products, components, services, etc.</li> <li>- Enhanced morale and well-being leading to: <ul style="list-style-type: none"> <li>o Increased productivity</li> <li>o Reduced turnover</li> </ul> </li> <li>- Improved stability of reputable supply chain</li> <li>- Reduced number of supplier investigations</li> </ul>	<ul style="list-style-type: none"> <li>- Reduced late days</li> <li>- Reduced absenteeism/lost days</li> <li>- Reduced overtime</li> <li>- Reduced production errors</li> <li>- Reduced turnover</li> <li>- Reduced shipping costs</li> <li>- Increased output and productivity</li> <li>- Initiatives pay for themselves over time</li> <li>- More cost-effective use of existing health staff and expenditures</li> </ul>
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## Mitigating Risk

Addressing risks related to workers' health and well-being is an essential part of good management, a truth the COVID-19 crisis has served to highlight. Companies that fail to adopt existing and emerging good practices for responding to workers' health and well-being do a disservice to their workforces and risk becoming known as bad actors, and in worst cases, earning pariah status across global and local markets. For example:

- Despite Fortune Global 500 firms spending approximately \$20 billion per year on corporate social responsibility programs, leading global activists remain dissatisfied with the progress made to protect the rights of millions of workers suffering from abusive conditions in global supply chains.<sup>xxii</sup> This includes concerns for the health and well-being of women workers. They view this spending as public relations and window dressing, not addressing fundamental worker needs. This should be especially concerning when paired with the next finding.
- Decreases in a company's stock value after one known negative corporate responsibility incident can outweigh the market benefits of two or more positive incidents.<sup>xxiii</sup> Equity markets punish companies for incidents of corporate irresponsibility – such as poor health and well-being for women workers – so harshly that companies cannot always compensate with publicized corporate responsibility.

In this context, leading companies are committing to workplace women's health and well-being so that they can protect themselves against societal risks:


- India has one of the smallest health care workforces per capita of any country, with just one doctor for every 10,926 people.<sup>xxiv</sup> The COVID-19 pandemic has put further strains on existing hospital facilities and staff that are already very limited, and exposes the long-term risks to business and workers of infectious diseases as well as lack of access to health services.
- Experienced managers from global buyers and Indian suppliers in the apparel sector are aware that peers and competitors are developing WWHE programs. Falling behind these competitors makes companies vulnerable to activist campaigns, negative press, regulatory action, and backlash from consumers, employees, and investors. Revenue will be threatened as:
  - Buyers seek to purchase from producers that commit to WWHE;
  - Producers in high demand choose to do business with buyers that support WWHE; and
  - Both buyers and producers become more exposed to government regulations, to

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negative press coverage, worsening community relations, and increased audit burdens.

High quality workplace health and well-being programs that reach all workers can mitigate these reputation risks.

Now more than ever, by not investing in worker health and well-being, companies risk harming workers and receiving public criticism and negative press coverage that can harm reputation and profits. For example, a [2019 Reuters article](#) (below) reported on garment factories in Tamil Nadu, India, that gave workers unlabeled drugs at work for menstrual pain. The workers said that these drugs caused depression and anxiety, urinary tract infections, fibroids and miscarriages.<sup>xxv</sup>



## Indian factories found endangering seamstresses' health with illegal pills

Other reports, such as [the one below](#) from Human Rights Watch, highlight the widespread verbal and physical abuse endured by women workers in the garment sector. In addition to highlighting common abuses, the report notes that even in countries like India that have anti-workplace harassment laws on the books, “many workers are not aware of their rights or of employer responsibilities under these laws, and have not undergone preventive trainings at work.”<sup>xxvi</sup>

## Combating Sexual Harassment in the Garment Industry



HUMAN  
RIGHTS  
WATCH

Government officials and local communities are not always supportive and are at times antagonistic towards the actions of private firms. This may result in additional regulatory hurdles such as challenges obtaining necessary licenses, which can impede a company’s ability to conduct business efficiently. However, firms that respond to stakeholders’ demands can obtain what is referred to as a “social license to operate.” By investing in an initiative that aligns with the interests of these stakeholders, the firm gains their consent and support to pursue their financial interests.<sup>xxvii</sup>

### Strengthening Competitive Advantage and Market Positioning

Companies that invest in social initiatives can strengthen competitive advantage through improved marketing and selling capabilities.<sup>xxviii</sup> Evidence shows that social performance helps build trust with customers and positively influences brand loyalty.<sup>xxix</sup>

Numerous studies have shown that consumers are increasingly concerned about where their products come from and are increasingly willing to pay more for ethically made products. A 2016 Morgan Stanley research survey done in the U.K. found that when choosing among retailers, more than half of young consumers find ethical credentials somewhat or very important.<sup>xxx</sup> Moreover, a 2015 Nielsen poll of 30,000 consumers in 60 countries found that

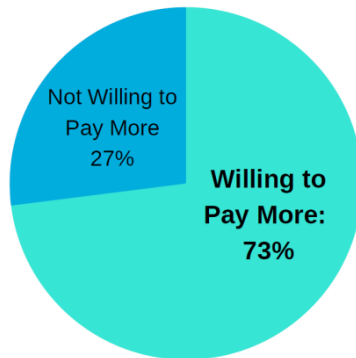
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consumers are willing to pay extra for sustainability; 73 percent of millennials were willing to pay more compared to 66 percent of global consumers.<sup>xxxi</sup>

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

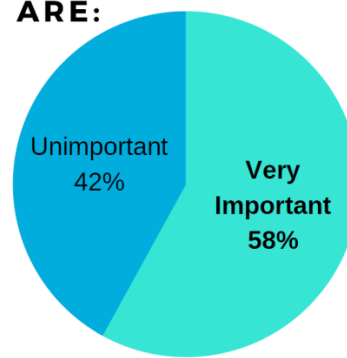
Nielsen Poll (2015)

**MILLENNIALS WILLING TO PAY MORE FOR SUSTAINABILITY:**



Morgan Stanley (2016)

**16-24 YEAR OLDS SAY ETHICS WHEN SHOPPING ARE:**



**Case Study**

**Shahi**

Shahi - India's largest apparel manufacturer - recently committed to partnering with the Family Planning Association of India (FPAI) to reach all 9,000 workers in six factories in the Peenya district of Karnataka, India and over 10,000 community members, with women's health information and services, including sexual and reproductive health (SRH) made up of family planning (FP), STI testing and treatment, and mother and child health by 2020.

FPAI will implement train-the-trainer programs for Shahi's factory staff to be able to undertake sensitization workshops with 9,000 workers on SRH and FP issues. FPAI will also train Shahi's nurses and doctors to provide appropriate SHR and FP support, including advice, testing, and referrals to approved community health providers. Through community clinics managed by FPAI, Shahi will support the extension of similar services to over 10,000 community members in the Peenya locality, many of whom are also garment workers. The clinics will also provide contraceptives and will make referrals to government health services.

***“Shahi understands the unique health and well-being needs of women, including family planning, are directly related to their personal and professional development and sees investing in workers as a valuable strategy to enable women to contribute fully to the business and to society.***

- Laura Quinn, Former Global Sustainability Partnerships Advisor, Shahi Exports

Shahi understands that the unique health and well-being needs of women are directly related to their personal and professional development and sees investing in workers as a valuable



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strategy to enable them to contribute fully to business and to society. Shahi's investment in this initiative complements a wide range of existing health, well-being and advancement programs including access to basic health services at 65 factories, provision of low-cost sanitary pads, wide-scale testing for anemia, support for pregnant women, prevention of sexual harassment training, and implementation of BSR's HERfinance and HERrespect programs throughout many factories. Over 38,000 female workers have also completed Gap Inc.'s holistic life skills training program - Personal Advancement and Career Enhancement (P.A.C.E.) - with a target of reaching 54,000 women by 2024. This was spurred in part by the results of a randomized controlled trial carried out by Good Business Lab (GBL), a labor innovation lab. Their independent study found that P.A.C.E. generated a net ROI of 258% after eight months of programming.



After surveying workers, including migrant workers, Shahi found a high unmet need for family planning advice, safe abortion support, and reproductive health education - as well as considerable taboos around discussing FP in households and communities. This program aims to support workers in planning their families, managing their pregnancies, and addressing issues such as contraception to live healthy, productive lives. The program in six factories represents a one-year pilot project. Shahi, along with FPAI and the Good Business Lab will be evaluating several elements of the program's success: (1) Effectiveness on delivering against key

outcomes for women's health outlined in the results framework for the program, including business outcomes; and (2) Encouragement interventions (nudges co-created using design thinking by GBL, primarily including peer to peer enables safe space in factory for women to talk about SRH) that can increase women's likelihood of accessing family planning and reproductive health services. Following the outcomes of the pilot, the program's methodology will be adapted and optimized with the aim of scaling it to all 65 Shahi factories.

## Reducing Costs

Companies that are investing in worker health and well-being have reduced business costs due to reduced worker absenteeism and employee turnover and increased productivity, generating a higher return on investment (ROI). Studies have found that unhealthy employees take, on average, nine days more sick leave compared with healthy employees,<sup>xxxii</sup> and that the cost of presenteeism (being at but not engaged in productive work) can exceed the cost of absenteeism.<sup>xxxiii</sup>

A study of the effects of workplace health service delivery in Bangladesh found that provision of on-site health services; including general health, pre-natal care, digestive health, and voluntary reproductive health and family planning; resulted in an 18 percent decline in absenteeism, and a 43 percent decrease in turnover, indicating an overall return on investment of 3:1.<sup>xxxiv</sup>

In India and Bangladesh, the Walmart Foundation, Swasti, and CARE, developed and implemented the Women in Factories initiative, training over 50,000 garment workers in more than 30 factories with life skills training on communication, hygiene, reproductive health,

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occupational health and safety, gender sensitivity, and targeted leadership to support career development. An independent analysis of the program, led by Tufts University, examined the impact on key performance indicators (late-coming, absenteeism, production defects, production efficiency, turnover, accidents) and found significant ROI ranging from reduced late days per month - 45 per 100 women to 17 per 100 women - improved productivity by five percent, reduced workforce turnover from 30 per 100 workers to 23 per 100 workers, and other key outcomes.<sup>xxxv</sup> Other health interventions have decreased rates of musculoskeletal problems for garment workers in India and increased their output. The quality of products also improved.<sup>xxxvi</sup>

BSR's HERproject found a 4.5% decrease in employee turnover across 37 factory programs participating in HERhealth in six countries. The same study found a 22% decrease in the number of products that required reworking.<sup>xxxvii</sup> A study in India found a \$2.77 return on every \$1 spent, or INR 208 for every INR 1 spent through improved productivity, reduced maintenance expenses, and fewer reworks.<sup>xxxviii</sup>

Swasti's Invest for Wellness (i4We) program has been rolled out at Everblue Apparels in Doddaballapur, Bangalore Rural District, and at Arvind Ltd. in Bangalore reaching over 6,000 workers. The i4We program provides low-cost, high-impact primary care, with a focus on care for women - such as menstrual health, anemia, and family planning - in dozens of factories across India.

Based on data from Everblue Apparels, i4We has shown a significant business impact. For example, a single worker's absence due to anemia costs the company \$178.60/INR 13,392.5 per year. Applying the logic that approximately 50% of women are anemic in India and that 50% of women workers in Everblue are potentially anemic, investing in a program like i4We shows that Everblue would have saved approximately \$87,500/INR 6,561,280 annually. They would have also improved business outcomes in the form of 1.78% reduction in worker turnover, 1.4% reduction in absenteeism and a 5.7% increase in productivity.



Figure 1 Costing Savings from Health Program at Everblue Apparels

Increased Productivity + Reduced Absenteeism + Increased Retention = **COST SAVINGS**

**Tools:** To estimate return on investment, factory owners can use a [Self-Assessment Tool](#) developed by Tufts University with the support of Walmart Foundation. After three months, factories will begin to calculate the ROI and calculate it through the year.





## ROI of HERhealth at Factory in India

Catalyst Management Services conducted a cost-benefit study of HERhealth implementation at a factory in India and found a \$2.77 return on every \$1 spent, or INR 208 for every INR 75 spent.

- **The costs** included covered for example: training and event costs, equipment costs, and costs of workers and managers participating in trainings.
- **The benefits** included: quantity and quality of workdays both increased, maintenance expenses reduced, and cost savings related to not losing experienced workers.

Overall Cost to Benefit Ratio	
Total Costs	INR 253,274
Total Benefits	INR 702,072
Cost to Benefit Ratio	2.77

WWHE programs can also help suppliers make better use of existing resources since many programs also improve the capacity of onsite nurses and other health staff to promote worker health. These programs also reduce costs for buyers in at least two ways:

**First**, when employees become aware that their employer supports WWHE programs, their commitment to their employer increases. This leads to reduced turnover and absenteeism and supports increased productivity.<sup>xxxix</sup>

**Second**, as suppliers benefit from WWHE and become more productive, buyers also benefit as they experience fewer delays, errors, and defects, while receiving a higher quality and more stable supply. This translates into avoided costs.

### Leveraging Opportunities

Companies that adopt good practices do not just view WWHE as programs; they also strategically leverage them as shown in the table below. In doing so, they increase the potential for WWHE to provide a healthy ROI.

Category	Description
<b>WWHE Program Resource Requirements</b>	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.
<b>Leverage Opportunity 1: Risk Reduction</b>	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.
<b>Leverage Opportunity 2: Brand and Marketing Communications</b>	Promoting the company's commitment to WWHE builds affinity with and the loyalty of customers/ consumers.
<b>Leverage Opportunity 3: Work Force Development</b>	WWHE programs fit naturally 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.
<b>Leverage Opportunity 4: Employee Communications</b>	Promoting WWHE to employees builds morale, leading to higher employee engagement, reduced turnover and enhanced recruitment of talent.
<b>Leverage Opportunity 5: Defrayed Operating Expenditures</b>	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

Indian apparel companies have an opportunity to invest in the health and well-being of their women workers to contribute to the Sustainable Development Goals (SDGs), while also realizing business returns. Experience suggests that there is a first mover advantage when implementing social initiatives; if made visible to external audiences, the reputational benefits of a new initiative typically accrue disproportionately to the first few companies that undertake it.<sup>xi</sup> 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 loss of access to reproductive health services and information and face increased violence.

Outlined below are three 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.

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The following estimates are illustrative and final resources required depend on worker needs, company and regional context, and the financing arrangement selected.

## **Raising Health & Well-Being Awareness**

Companies can invest in programs that educate and empower women workers by expanding their access to health information, teaching women healthy behaviors and practices, and ensuring women know when and where to seek care. This can be done through a variety of formats, such as in-person training sessions for all workers, training peer educators who then go on to teach other workers, or online or mobile phone-based training and reminders.

### **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 informally at home and in the community. The topics depend on the focus of the program – HERhealth, HERrespect, and HERfinance. For instance, the HERhealth program cover 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 management representatives participate in health system strengthening training and activities. For instance, participants from the management including Human Resources and the nurse conduct a guided self-assessment of their clinic facilities, review health policies and processes, and think 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 engaged throughout the program as well to build their understanding of the importance of women's health for their workers and their business.

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 offer HERfinance, a workplace program covering financial literacy and inclusion.

Illustrative Costs<sup>4</sup>

	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

## Worker Voice

## Meet Ramalakshmi

Ramalakshmi, a 38-year-old garment factory worker with two children, works at Everblue Apparels, Ltd. in India as the scrapping operator. She is the sole earner of her family because her husband's income as a farmer is so unstable. Ramalakshmi leaves home every day at 7:00 am after completing all her household duties, getting her children ready, and sending them to school, to travel 70 kilometers to work. She doesn't reach home until 8:00 pm, after which she does more household work.

Ramalakshmi was struggling to perform at work due to frequent bouts of fatigue and weakness. She was taking a half an hour break every day and using at least two days of sick leave every month, making it difficult to meet her production targets. She was barely producing 30-35 pieces a day, while her target was 40 pieces.



Ramalakshmi, is an employee at Everblue Apparels. She received health services at her workplace that improved her health, her family's health, and her productivity.

Through the i4We program, Ramalakshmi was diagnosed with anemia and then referred to access the Employees' State Insurance Corporation (ESIC) facilities for treatment and counselling on nutrition advice by a nurse. After completing her medication for three months, Ramalakshmi's hemoglobin count rose, she felt healthier and more energetic, and was taking fewer breaks and sick days and thereby increasing her productivity. From producing 30-35 pieces per day, she was able to achieve more than 45 pieces. She is better aware of her health and the health of her family. The Invest for Wellness program also encouraged her to have her

<sup>4</sup> "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 \$9000 for BSR members and \$12000 for BSR non-members.

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husband and children screened for anemia; all of them were diagnosed as anemic and are now receiving treatment.

## Local Context

### *Why Additional Health Services Are Needed*

In India, health care for garment workers falls under the purview of the government's Employee State Insurance Corporation (ESIC). However, uptake of ESI services among factory workers has been low due to various factors such as knowledge of services, distance to ESIC hospital facility and inaccessibility, and the loss of a day's wage due to missed work. According to data in the ESIC's 2017-2018 annual report, uptake of ESI services for health was 59% in 2014-2015, 60% in 2015-2016, 51% in 2016-2017 and a mere 39% in 2017-2018. This also leads to workers incurring high out of pocket expenditures on health.

Garment workers can also receive health care through the public health system, but problems of underfunding and staff shortages mean workers often cannot access the care they need through this public system. Additionally, essential hospital services are not always free, and workers must pay for specialist services which often serves as a deterrent to receiving the care they need. Finally, although India is rolling out a government insurance scheme, insurance does not cover primary care, which includes many of the key services women workers need to thrive such as family planning, anemia care, reproductive cancer screenings, pre-natal care, etc.

As a result of this poor access to health care, women garment workers in India often do not receive health services leading to undiagnosed, high-impact, high-burden health conditions which in turn lead to increased absenteeism and attrition, lower efficiency and lower productivity. This is where non-governmental organizations with deep expertise in health and gender can play a role in partnering with companies to improve worker health and well-being, thereby generating business returns.

### **Health Camps**

While most companies have factory 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 such as family planning, cervical cancer screenings, gender-based violence screenings, and other services not offered through factory clinics.

### **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 to a factory or location nearby on fixed days of the week or month to screen for key health conditions, provide for out-patient health services, and refer for more serious health needs. FPAI can offer these services through two options:



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(1) Setting up a service delivery point in the factory clinic or in the office of a private medical provider nearby during off-duty hours (typically during afternoons or evenings when private medical provides 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 among workers about the need for health services 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, pre-natal care, breastfeeding, sexually transmitted infections (including HIV/AIDS), hypertension, diabetes, and gender-based violence.
- Provision of health services including contraceptives, immunizations, menstrual hygiene, pre-natal 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 factory or 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, services is USD \$13/INR 975 per year per worker. This USD \$13 per worker covers \$3/INR 225 for 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 health care professionals from brand/supplier factory clinics, commodities (nutrition supplements/ contraceptives, medicines), district level advocacy, and networking and management at the local level only.

<b>Mobile Outreach Services</b>	<b>Cost USD / INR</b>
Cost per worker	<b>USD \$13 / INR 403</b>

## Monitoring and Evaluation

The options above include the cost of monitoring and evaluation, but some companies running their own programs should consider investing in monitoring and evaluation services to test what works in order to make needed adjustments and determine which interventions to scale. Feedback on the impact of workplace programs is also critical to convince leadership and management that investments in workers generate returns.

### Good Business Lab (GBL)

Area of collaboration	Scope of Work	Cost Details*
Co-create/Design	<ul style="list-style-type: none"> <li>Understanding the context of a problem and interacting with various stakeholders</li> <li>Undertaking scoping work</li> <li>Carrying out design thinking research to co-create a solution from the ground up</li> </ul>	~USD 35,000/ INR 2,624,510 for an engagement of ~6 months
Test	<ul style="list-style-type: none"> <li>Evaluating the social and business impacts of a program using randomized controlled trial (RCT)</li> <li>This includes primary data collection, data analysis, and collaborating with academics from top universities in the world to ensure rigorous methodology</li> </ul>	~USD 150,000/ INR 11,247,900 for 12 months, covering ~3,000 workers.  ~USD 300,000/ INR 22,495,800 for 24 months, covering ~4,000 workers.
Disseminate	<ul style="list-style-type: none"> <li>Talking about the problem, solution, results, evaluation - any aspect of a program - through online and offline media platforms.</li> <li>Non-monetary: Social media coverage and co-hosting webinars</li> </ul>	Project related videos or creatives (USD 1,600-2,400 or INR 119,978 – INR 179,967); Annual Zine collaboration (USD 2,000/ INR 149,972); co-hosting conferences, seminars, etc. (determined on a case-by-case basis)

Apart from the three stages mentioned above, GBL can also work with a partner in the scale-up stage of a project. Implementing at scale depends on a number of variables, along with the preferences of and resources available to our scale-up partner. For example, when GBL scales up any intervention at Shahi Exports, it usually entails:

- Communication by GBL and communication collaterals for management and workers, and GBL staff time to oversee the implementation at Shahi (several locations)
- Dedicated Shahi staff time (Human Resources, trainers) for the supervision of the respective project/program implementation
- Marketing collaterals with regards to the project at Shahi Exports
- Cost of training of trainers, staff, etc. at Shahi
- If the project involves technology, it could include paying a nominal fee for its use and yearly maintenance cost by Shahi Exports

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- The budget for scale-up therefore needs to be tailor-made at an advanced stage after understanding the needs, requirements, and resource constraints of our prospective partner

*\*These are general figures based on previous projects and partnerships and are subject to change based on the exact terms of agreement and scope of work.*

## IV. Financing Options

There are a variety of options for how companies finance access to health information and services for the 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 are two financing options with potential within the India context.

### Cluster Model

The cluster model, being tested by Swasti in two industrial zones in India (Bangalore and Karur) allows brands buying from the same industrial zone and many of the same suppliers, 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, creating 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 cost will come down as more workers are enrolled. There is an additional one-time step up cost in year one of \$3/INR 225 per worker.

The idea behind the cluster model is that rather than each brand or factory paying this \$13/ INR 975 cost per worker on its own, brands and factories pool their resources to share the costs. Below is an illustration of what a cost-sharing could look like. The example below illustrates costs if three brands covered 75% of the costs in year one, and three suppliers covered 25% of the costs. Year 2 illustrates the cost division if brands reduced cost-sharing to 50% of costs, splitting the costs evenly with suppliers.

	Year 1	Year 1 Total 20,000 workers	Year 2	Year 2 Total 20,000 workers
<b>Brand 1</b>	\$3.47/ INR 260.2 per worker	\$69,400/ INR 5,204,040	\$2.33/ INR 174.8 per worker	\$46,600/ INR 3,494,350
<b>Brand 2</b>	\$3.47/ INR 260.2 per worker	\$69,400/ INR 5,204,040	\$2.33/ INR 174.8 per worker	\$46,600/ INR 3,494,350

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<b>Brand 3</b>	\$3.47/ INR 260.2 per worker	\$69,400/ INR 5,204,040	\$2.33/ INR 174.8 per worker	\$46,600/ INR 3,494,350
<b>Supplier 1</b>	\$0.87/ INR 65.2 per worker	\$17,400/ INR 1,304,760	\$1/ INR 75 per worker	\$20,000/ INR 1,499,720
<b>Supplier 2</b>	\$0.87/ INR 65.2 per worker	\$17,400/ INR 1,304,760	\$1/ INR 75 per worker	\$20,000/ INR 1,499,720
<b>Supplier 3</b>	\$0.87/ INR 65.2 per worker	\$17,400/ INR 1,304,760	\$1/ INR 75 per worker	\$20,000/ INR 1,499,720
<b>TOTAL</b>	\$13/ INR 975 per worker	\$260,000	\$10/ INR 750 per worker	\$20,000/ INR 1,499,720

## Insurance

Another option worth considering is private insurance, which also allows for cost sharing. SNV Netherlands Development Organization, with the support of the Netherlands Government and the Carrefour Foundation, has piloted private health insurance for ready-made garment workers in Bangladesh, offering a comprehensive package that includes hospital services, maternity care, out-patient care and primary care. The annual premium is INR 498 for annual coverage of INR 12,993 and a life-time coverage of INR 30,000. Importantly, the insurance costs are shared between the donor (the Netherlands Government) or buyer, the factory, and the worker. In year one, the donor or buyer takes on more of the costs and reduces that contribution over time.

Year	Donor/Buyer	Factory	Worker
<b>Year 1</b>	INR 329	INR 82	INR 82
<b>Year 2</b>	INR 230.2	INR 131.5	INR 131.5
<b>Year 3</b>	INR 148	INR 172.6	INR 172.6
<b>Year 4</b>	---	INR 263	INR 230.2

The factories adopting the insurance product have already seen strong business outcomes, including: production efficiency which has increased to 4.05% on an average, with one factory alone showing an increased production efficiency of 9.96%; and a return on investment ratio in these factories of 13:1.

## 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
<b>United Nations Foundation</b>	Connect companies, suppliers, and NGOs to share best practices and coordinate.	David Wofford	<a href="mailto:dwofford@unfoundation.org">dwofford@unfoundation.org</a>
<b>BSR's HERproject</b>	Delivers evidence-based women's empowerment programming for workers and managers in partnership with local expert organizations.	Lisa Staxang	<a href="mailto:lstaxang@bsr.org">lstaxang@bsr.org</a>
<b>Family Planning Association of India</b>	Strengthening service provision through health camps, clinic improvement, and referral networks	Manisha Bishe	<a href="mailto:manishabhise@fpaindia.org">manishabhise@fpaindia.org</a>
<b>Swasti</b>	Provision of comprehensive health and well-being services through the Invest for Wellness (i4We) model which addresses health needs of workers and impacts business	Joseph Julian	<a href="mailto:julian@swasti.org">julian@swasti.org</a>
<b>SNV Netherlands Development Organisation</b>	Piloted private health insurance for ready-made garment workers in Bangladesh	Farhtheeba Rahat (Fara) Khan	<a href="mailto:fkhan@snv.org">fkhan@snv.org</a>
<b>Good Business Lab</b>	Designing and testing using rigorous, academic research, the impact of worker wellbeing programs in factories	Lavanya Garg	<a href="mailto:garg@goodbusinesslab.org">garg@goodbusinesslab.org</a>

### 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 1 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.



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## 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 get a better quality of life. Established in 1949, FPAI is India's leading and largest SRH organization. It provides information on sexuality education and family life, along with a wide range of services in SRHR including family planning, aiming 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 Bengaluru 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 pregnancy, reproductive tract and sexually transmitted infections and HIV, along with screening for non-communicable diseases such as cardiovascular disease, stroke, diabetes, and cancer.

Through these workplace health programs, FPA India 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 FPA India programs have seen reduced insurance costs, absenteeism, and staff turnover.

## Swasti

Swasti, a 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, 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 most hard to reach populations. Swasti works with the rural and urban poor including young women in factories, women in sex work, farming communities, women in sex work, marginalized gay men and transgender people and factory workers.

Swasti has worked with more than 250 factories and corporations across India and other part of the world on improving workplace health and wellbeing 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 the key enablers to health 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 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.

## 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 UN 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

## VI. Appendix B: Finance Options from UNF Framework for Corporate Action on Workplace Women's Health and Empowerment<sup>xli</sup>

FUNDING MODELS	EXAMPLES
<p><b>1. Buyer-led</b> Buyers cover whole cost of program</p>	<p><b>Twinnings</b> Twinnings 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><b>2. Incentive Funding</b> Buyers provide additional funds or long-term funds to suppliers in exchange for workplace programs</p>	<p><b>Levi Strauss &amp; Co.</b> To secure supplier buy-in for Worker Well-Being, LS &amp; 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><b>Long-Term Purchase Commitments</b> 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><b>3. Incentive Financing</b></p>	<p><b>IFC's Global Trade Supplier Finance Program</b> Buyers work with IFC to offer suppliers implementing worker well-being programs improved credit rating and advance payments – Suppliers use savings to cover cost of programs.</p>
<p><b>4. Shared Cost</b> Buyers and suppliers share ongoing costs</p>	<p><b>BSR's HERproject</b> Buyers and suppliers share costs to implement BSR's HERproject.</p> <p><b>Swasti</b> Swasti is developing a cluster model where brands buying from the same suppliers in the same geographic area or industrial park pool funds with suppliers to reduce duplication and cover costs of programs implemented.</p>

<b>5. Supplier Funded</b> Suppliers assume most or all of the costs from the start	<b>Shahi</b> Shahi Exports is covering the full cost of a program with FPAI providing reproductive and maternal health to 19,000 people in India.
<b>6. Worker Contribution</b>	<b>Vouchers</b> 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. <b>Insurance</b> In Kenya, Marie Stopes and Family Health Option Kenya work with factories and farms to sign workers up for government insurance.
<b>7. Blended Financing</b> Buyers, suppliers, governments, and multilaterals share costs	<b>Adidas, PouChen Group, World Bank, EU, AusAID, Grand Challenge Canada, LS&amp;Co.</b> 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. Pou Chen now continues to resource service delivery within factory health clinic.

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