



# Investing in Workplace Women's Health and Well-being in the Kenyan Apparel Sector

## I. The Challenge

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

### *Kenya's Apparel Sector Is Growing:*

Globally, 60-75 million people work in the textiles, clothing, and footwear sector. In Africa in particular, apparel sourcing looks set to grow significantly in the coming years. According to a McKinsey report, "East Africa could indeed become a more important center for apparel sourcing," particularly as sourcing from China decreases.<sup>i</sup> The African Development Bank believes the apparel sector can create 400,000 jobs in Sub-Saharan Africa by 2025.<sup>ii</sup>

Kenya's garment factories have grown significantly in recent years, due to investments from abroad and support from the Export Processing Zones developed by the government. Although garment and textiles currently contribute seven percent to the country's export earnings, the government in Kenya's Vision 2030 identifies the sector as a driver of industrialization.<sup>iii</sup> Further, Kenya has benefited from the African Growth and Opportunity Act (AGOA), which gives certain countries duty-free access to the U.S. market—92 percent of its apparel exports in 2013 went to the U.S., according to UN Comtrade, as brands such as Calvin Klein, H&M, Izod, VF Corporation, Levi Strauss and more are increasingly sourcing from Kenya.

### *Women Make Up the Majority of the Workforce & Have Specific Needs:*

Roughly three quarters of the global textiles, clothing, and footwear sector workforce are women. As the apparel sector in Kenya grows, it has the potential to lift hundreds of thousands 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.

Across Africa, women **suffer severe challenges to their health and well-being. This can lead to high rates of absenteeism and reduced productivity.** Specifically:

- Female low-wage workers have limited access to worksite health services,<sup>iv</sup>
- Women often lack access to basic health and well-being information and services needed to live healthy, productive lives
- Women often face discrimination and challenges to advancement in the workplace.

And in Kenya specifically, a number of factors impact the ability of women to be healthy, productive workers:

- The maternal death rate remains high at close to 400 women per 100,000 dying from a pregnancy related cause;
- Four in 10 women are not receiving the recommended number of prenatal visits;<sup>v</sup>

- Only 24 percent of the lowest income women in Kenya use modern contraceptives, impeding their ability to plan their futures.

**Table 1. Women’s health and empowerment indicators for Kenya**

Maternal Mortality <sup>vi</sup>	Infant Mortality <sup>vii</sup>	Anemia <sup>viii</sup>	Contraceptive Prevalence <sup>ix</sup>	Unmet Need for Family Planning <sup>x</sup>	Gender-based Violence <sup>xi</sup>
362/100,000	36/1,000	41.40%	44.80%	17%	39%

## 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 workforce are both harmed when women workers lack of access to health care and experience inequality. When a majority of a company’s workforce is female, and they are not healthy and well, their employers face increased business risk from harmed reputation, lost revenue, and increased costs often seen in worker absenteeism, turnover, and lower rates of productivity – all of which ultimately affect a company’s bottom line. Conversely, companies with exemplary health, safety and environmental programs have been shown to outperform others in their industry by between three percent and five percent.<sup>xii</sup>

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

Category	Impact on Brand/Buyer Performance	Impact on Supplier Performance
<p><b>Risk Mitigation</b>  <i>The demands of stakeholders across the apparel industry present potential threats to the viability of companies. Attending to, and aligning with, stakeholder interests, reduces business risks.<sup>xiii</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 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 employee turnover</li> <li>- Reduced risk of delays of product from supplier</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>Competitive Advantage and Reputation</b>  <i>Activities that benefit both businesses and social good can improve competitive advantage through improved marketing and selling capabilities, higher attractiveness as an employer, stronger relationships with governmental and nongovernmental organizations<sup>xiv</sup></i></p>	<ul style="list-style-type: none"> <li>- Enhancing the perception of product quality</li> <li>- 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>- Enhancing the 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>  <i>Capturing costs savings in areas of business operations are critical to ensure financial efficiencies</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>- Increased outputs and productivity</li> <li>- Initiatives pay for themselves over time</li> <li>- More cost-effective use of existing health staff and expenditures</li> </ul>

## Mitigating Risk

Companies that fail to adopt emerging good practices in the responsible treatment of their workers' health and well-being risk becoming known as bad actors, and in worst cases, earning pariah status across global and local markets. For example:

- Despite companies spending an estimated USD \$8 billion per year on corporate responsibility initiatives, 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. This includes concerns for the health and well-being of women workers.<sup>1</sup> 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.
- Companies with known, negative corporate responsibility incidents – such as poor health and well-being for women workers – are punished by equity markets, losing 3.5% of alpha/year.<sup>2</sup>

In this context, it is vital to keep up with leaders who can use commitments to WWHE to insulate themselves against societal risks that other companies are becoming increasingly exposed to:

- Experienced managers from global buyers and Kenyan suppliers in the apparel sector interviewed by the UN Foundation note that peers and competitors are increasingly 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;
  - Both buyers and producers become more exposed to government regulations, to 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.

In Kenya, the right to health is a fundamental human right guaranteed in the Constitution of Kenya 2010<sup>xv</sup> and in labor regulation. Article 43 (1) (a) of the Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. As Kenya expands access to health coverage through its National Health Insurance Fund (NHIF), the need for insurance will grow. For formal employees, such as tea estate workers, NHIF is mandatory.<sup>3</sup> Yet it will be important to companies to show that workers can actually access the services covered by insurance. For contract workers, such as smallholder farmers, there is no requirement to provide health insurance on their behalf. However, there is a low-cost answer: ensuring workers in supply chains are signed up for insurance is a low-cost way to improve their health. This step also reduces costs. A 2018 article in Business Daily shares the story of Kimathi, a business owner whose lead manager Ken falls sick, and because he does not have health insurance, is forced to leave.<sup>xvi</sup> The story highlights how Kimathi struggles to find a replacement manager for Ken and only then realizes the importance of health insurance for his employees and all it has cost him and his business to replace Ken.

<sup>1</sup> Brown, Garret, "New reports shine spotlight on underlying causes of terrible working conditions in global supply chains," <http://www.thepumphandle.org/2019/09/04/new-reports-shine-spotlight-on-underlying-causes-of-terrible-working-conditions-in-global-supply-chains/#.XZJ3BSV7mu4>, 4 September, 2019.

<sup>2</sup> <https://westernfinance-portal.org/viewp.php?n=540792>, p.1

<sup>3</sup> NHIF mandatory for formal workers: <https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1513267>

By not investing in worker health and well-being, companies can risk harming workers and negative press coverage that could harm reputation and profits. For example, a 2019 CNN article titled “Ethiopia’s garment workers makes clothes for some of the world’s largest clothing brands but get paid the lowest,” highlight the challenges facing the primarily female workforce, many of whom have moved from rural areas to work in the factories and lack access to health, well-being, and job skills, in addition to a living wage.



Other headlines, like the from the Guardian reading “Revealed: women making clothes for west face sexual abuse,” highlight the sexual abuse and harassment faced by some female workers that can be addressed with health and well-being programs.

Revealed: women  
making clothes for west  
face sexual abuse.



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 build good will, support and even trust, what is often 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>xvii</sup>

## Strengthening Competitive Advantage and Market Positioning

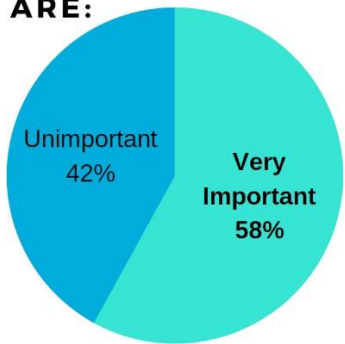
Investing in social initiatives can strengthen competitive advantage through improved marketing and selling capabilities.<sup>xviii</sup> Evidence shows that social performance helps build trust with customers and positively influences brand loyalty.<sup>xix</sup>

Numerous studies have shown 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>xx</sup> 2015 Nielsen poll of 30,000 consumers in 60 countries found consumers are willing to pay extra for sustainability. In particular, 73 percent of Millennials were willing to pay more compared to 66 percent of global consumers.<sup>xxi</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.

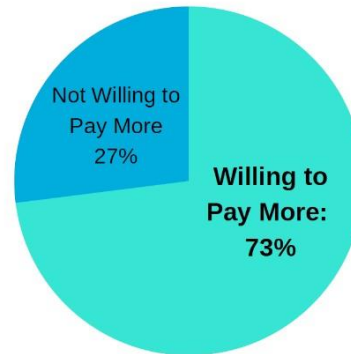
Morgan Stanley (2016)

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



Nielsen Poll (2015)

### MILLENNIALS WILLING TO PAY MORE FOR SUSTAINABILITY:



## Case Study: Hela

Some companies such as Hela - an apparel manufacturer that sources major brands such as Calvin Klein, Tommy Hilfiger, and Wrangler - have begun to realize the benefits of investing in the health and empowerment of women workers. Hela began operations in Kenya in 2016 with a workforce of 150; today, it employs 4,400 people – 75 percent of whom are women. Workers have access to free lunch, drinking water, including 20-liter containers to fill and take home, and an on-site health clinic staffed by a nurse midwife who provides basic first aid, check-ups for pregnant workers, and free condoms. A doctor also visits twice a week for more intensive services and refers employees to a nearby hospital when needed.



Hela clinic nurse midwife Rose, with HR manager Monica, and a pregnant worker stopping by the clinic for a check-up.

information and services, such as family planning, maternity care, cancer screenings, STI services, gender-based violence assistance, menstrual hygiene and more, reaching 10,000 additional workers, in Sri Lanka, Kenya, and Ethiopia, by 2022. Hela also committed to measure the health, well-being, and business outcomes generated from investments in

women and share these outcomes with other companies to encourage adoption of similar workplace investments.

Dominic McVey, a Group Board Director at Hela, explains Hela's commitment to women workers, saying, "Hela understands that a successful workforce requires a healthy workforce. This is why we are expanding our investment in health and empowerment for our women workers. People are our business; without our people, we don't have a business. Only when women workers have access to reproductive health care, education and training can they achieve their potential, and can we succeed as a business."

In addition, Marie Stopes Kenya provides mobile services at Hela every three months, including cervical cancer screenings, family planning services, blood pressure screenings, HIV/AIDS testing and awareness, and nutrition education.

Understanding the critical need for investments in the health and well-being of women workers, Hela recently committed to expand its current work by implementing HERhealth and partnering with local women's health and well-being providers to ensure workers have access to health and empowerment

***"We want to retain people ...  
The gains are more than the  
costs."***

- Monica Kamu, Human Resources Manager at Hela in the Export Processing Zone outside Nairobi, Kenya

## Reducing Costs

Investing in worker health and well-being has been shown to reduce business costs due to reduced absenteeism and turnover and increased productivity, generating a return on investment. While there is limited data on the costs of unhealthy employees in East Africa, evidence from other countries suggests costs can be significant. Studies have found that unhealthy employees take on average nine days more sick leave compared with healthy employees,<sup>xxii</sup> and that the cost of presenteeism (being at but not engaged in productive work) can exceed the cost of absenteeism.<sup>xxiii</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 staff turnover, indicating an overall return on investment of 3:1.<sup>xxiv</sup>

BSR's HERproject found a 4.5% decrease in turnover across 37 factory programs participating in HERhealth in six countries. The same study found a 22% decrease in the number of products requiring reworking.<sup>xxv</sup> A study in India found a \$2.77:\$1 return on investment through improved productivity, reduced maintenance expenses, and fewer reworks.<sup>xxvi</sup> In Ethiopia, researchers found that after participating in HERhealth, flower farms saw improvements in employee-management relationships and an increase in the number of women in management positions (from 26.3% to 36.7%).<sup>xxvii</sup> HERhealth resulted in reduced health-related absenteeism (from 19% to 10% in one factory), reduced turnover (from 14.5% to 8.1%) and reduced error rates.

Research by BSR in 2019 looking at health of agriculture workers in Kenya found that despite a majority of women workers surveyed reporting to know about contraception, a significant portion (23%) of women that want to delay pregnancy are not using a modern contraceptive method. This research also pointed out that unintended pregnancies for these workers can increase their childcare work, limiting their ability to participate in the workforce and their ability to take on more responsibility at work, thereby keeping them in lower paid positions.<sup>xxviii</sup>

Women workers have unique health needs that are often overlooked but are directly impacting their ability to live health lives and fully contribute to the workforce. Addressing these unmet health needs can improve health and well-being for women while reducing costs for employers.

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

WWHE programs can reduce costs for buyers as well 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>4</sup>
- **Second**, as producers benefit from WWHE and become more productive, buyers find benefits as they experience fewer delays, errors, and defects, while receiving a higher quality and more stable supply. This translates into avoided costs.

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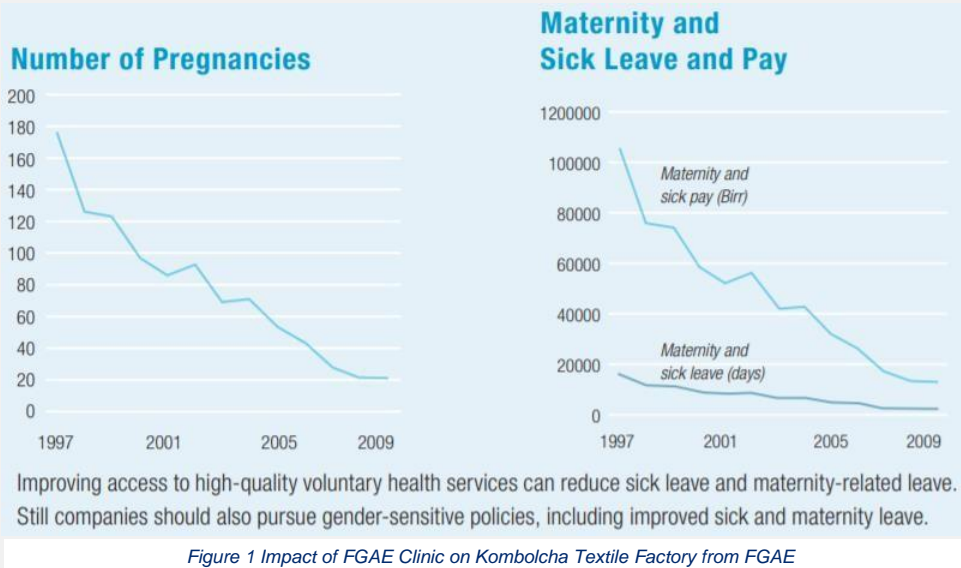
<sup>4</sup> Steve Rochlin, et al, Project ROI. [www.impactroiglobal.com](http://www.impactroiglobal.com)



## Case Study: Kombolcha Textile Factory

2019 research by BSR in Hawassa, Ethiopia interviewed 240 women workers in the apparel sector about how their health impacts their ability to work productively and found that close to one in three women (31%) had left work early because she did not have the necessary menstruation product (cloth/pad) to continue working. Every month, close to 30 percent of workers reported missing one to five days of work.<sup>xxix</sup>

The Kombolcha Textile Factory in Ethiopia, which employs more than 2,200 workers, half of whom are women, partnered with the Family Guidance Association of Ethiopia (FGAE), to set up clinics for workers delivering a wide range of sexual and reproductive health services. This partnership was spurred by the high rate of unintended pregnancies, complications during pregnancy and childbirth, and lack of prenatal and obstetric care for workers. Approximately 50 percent of the female workforce were on extended sick leave, severely affecting productivity and costing the company significant sums to find temporary workers to cover those who were out sick. In less than four years, the company saw new cases of STIs and HIV infections reduced to almost zero; an uptake of voluntary, modern family planning methods from 11 percent to 90 percent; dramatic reductions in unintended pregnancies, and improved access to quality prenatal and obstetric care, all leading to a significant reduction of maternity and sick leave and pay. As women were able to plan their pregnancies and access quality health services their health improved and they were able to dedicate more time to their work. Skilled staff were retained and the need for temporary workers was reduced. The factory owners saw so much value in the program that they set up their own clinics with trained service providers on site.



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

## Leveraging Opportunities

Some companies interviewed report concerns regarding the direct and indirect costs of WWHE programs, and the lack of subject matter expertise required to design and implement impactful programs. Yet, the evidence provided above suggests a strong business case. Companies that adopt good practices do not view WWHE just as programs, but leverage them according to the table below. In doing so they increase the potential for WWHE to provide a healthy return on investment (ROI).

<b>WWHE Program Resource Requirements</b>	<b>Leverage Opportunity 1: Risk Reduction</b>	<b>Leverage Opportunity 2: Brand and Marketing Communications</b>	<b>Leverage Opportunity 3: Work Force Development</b>	<b>Leverage Opportunity 4: Employee Communications</b>	<b>Leverage Opportunity 5: Defrayed Operating Expenditures</b>
WWHE entail direct costs from program: <ul style="list-style-type: none"> <li>• Design</li> <li>• Implementation</li> </ul> They incur indirect costs from staff that: <ul style="list-style-type: none"> <li>• Manage programs</li> <li>• Lose work time to participate in programs</li> </ul>	Informing key stakeholders that influence company risk (e.g., government officials, activists, community leaders, the press, investors, consumers, etc.) helps to insulate the company against the risks listed earlier in this section.	Promoting the company's commitment to WWHE builds affinity with and the loyalty of customers/consumers.	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.	Promoting WWHE to employees builds morale, leading to higher employee engagement, leading to reduced turnover and enhanced recruitment of talent.	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 Corporate Action

Kenyan apparel companies have an opportunity to invest in the health and well-being of their women workers in order to contribute to the Sustainable Development Goals, 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>xxx</sup> Outlined below are three interventions companies can consider as they look to improve the health and well-being of workers in their supply chains. The following estimates are illustrative and final resources required depend on worker needs, company and regional context, and the financing arrangement selected.

## Raising Health 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) - HERhealth Peer Educator Model

In Kenya, BSR's HERhealth uses a combination of intervention strategies to improve knowledge and health-seeking behavior of women and men and equip workplaces to support healthy workers. The program raises awareness on critical health topics, improves health-related behaviors, addresses common myths and misconceptions around health practices, and builds communication skills for discussing important health issues at work and at home.

Using a peer-to-peer model, HERhealth provides training to a cohort of peer educators on topics such as nutrition, personal hygiene, family planning, maternal health, and non-communicable diseases. Peer educators then conduct outreach during work hours to their colleagues and informally at home and in the community. As part of the program, participants conduct a rapid 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 and learn how they can be advocates for women's health. Management is engaged throughout the program to build their understanding of the importance of women's health for their workers and their business.

In addition, HERproject offers an integrated HERhealth/HERrespect program in Kenya. The integrated model uses health as an entry point for a broader conversation on sensitive topics such as gender relations and workplace stress.

### Illustrative Costs<sup>5</sup>

	USD/KES
<b>Total cost to reach 2,000 workers</b>	<b>\$17,500 / 1,801,625 KES</b>
<b>Annual Core Contribution*</b>	<b>\$6,000 / 617,700 KES</b>
<b>Cost per worker</b>	<b>\$11.75 / 1,209 KES</b>

<sup>5</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 \$6000 for members and \$8000 for non-members.

## Worker Voice: Meet Christine

Christine, a mother of two, works at Hela as a line manager. She grew up in a small town in Kenya's Central Province as one of ten siblings. Christine shared that she and her siblings struggled to make ends meet – she had to drop out of school when her parents could not afford school fees. Yet Christine was driven to build a better life for herself and explained that landing the job at Hela, which included so many benefits such as day care, health care, and clean water, has enabled her to thrive. Specifically, she shared the benefit she derived from the cervical cancer screening and five-year contraceptive implant she received from a Marie Stopes Clinic that came to the factory, saying “[It] has really helped me plan my family well ... I can really concentrate on my job and also concentrate on how I can advance my life, education-wise, and social-wise.” With her health and family planning concerns off her plate, Christine was able to apply for a promotion, which she received. Christine explained the importance of women like her having access to health and empowerment information and services saying, “they are going to work to the best of their abilities, because they will be assured of their health, and assured of their safety, and assured of their social status in society.”



Christine, a Hela employee who received cervical cancer screening, family planning, and day care through her workplace.

### Mobile Clinics

Companies without clinics onsite can partner with providers that provide periodic access to services at farm and production sites. Mobile clinics provide a range of health and well-being information and services to workers. A core set of services could be complemented by additional services to create packages that could be scaled according to the health needs of women workers and company priorities. Mobile clinics could visit worksites as frequently as is needed such as weekly, bi-monthly, monthly, etc.

#### → Marie Stopes Kenya – Mobile Outreach Teams

Marie Stopes Kenya (MSK) is one provider operating in Kenya that provides such mobile clinics. Mobile Outreach teams can deliver quality health services through mobile clinics. Outreach teams consist of two service providers (nurses or clinical officers) and a care assistant driver. MSK currently has outreach teams working in 42 of the 47 counties in Kenya.

Workers can access a comprehensive range of health services including contraception, sexually transmitted infection screening and treatment, cervical cancer screening, and gender-based violence referrals. Awareness activities occur in the week before the team visits the site to ensure the workers are aware of where and when they can access services. The team can also align service provision with health education activities such as HERhealth graduation ceremonies, implemented by BSR.

The total daily cost for a mobile clinic is \$950 USD and includes:

- Awareness raising of services by community health workers
- Servicing a maximum of 50 clients a day
- Cost of family planning commodities
- Group health talks
- One-to-one, client centered counselling
- Provision of contraception services
- Provision of additional health services including cervical cancer screening and referral of positive cases for treatment, sexually transmitted infection screening including HIV, and gender-based violence referrals

### Illustrative Costs

	Mobile Clinic Cost USD / KES
<b>Total cost to reach 400 workers</b>	<b>\$7,600 USD / 782,344 KES</b>
<b>Cost per worker</b>	<b>\$19 USD / 1,955 KES</b>

### Clinic Improvement

Companies with a clinic on-site can leverage existing resources at their farms and production sites, improve on-site clinics, and make referral linkages for women workers that seek more advanced services. A core set of services could include training for health providers, education and awareness of services for workers, investments in improved health equipment, and technical support to improve data collection and sustainable business practices.

#### → Marie Stopes Kenya – Company Clinic Franchising

One provider able to offer such clinic improvement services is Marie Stopes Kenya (MSK). MSK offers the opportunity to franchise the clinic which means providers will be given clinical and non-clinical training to build the capacity and quality of the clinic. This is a long-term health solution that creates an access point for workers located on farms where workers can seek a full basket of quality health services including general health, contraception, sexual and reproductive health services, including sexually transmitted infection testing, cervical cancer screening, and gender-based violence referral. The clinics operate on a fee-for-service model, but there are possible solutions to reduce or eliminate the charge to works, such as registration with the NHIF. MSK can work with the clinic to become NHIF-accredited, which will enable workers to receive services free of charge, sponsored by the Ministry of Health (MoH). Registering for NHIF will require an additional cost but will create long-term savings and sustainability for the clinics as they recover costs.

Social franchises can receive benefits from being part of the AMUA network.<sup>6</sup> Providers will receive the high-quality clinical training and supportive supervision, and benefit from business skills training to help them grow their facility and support procurement. Some equipment can be procured at discounted cost and by leveraging the economy of scale of the AMUA network, MSK can support franchised clinics to procure commodities at much lower cost than an individual clinic could achieve.

<sup>6</sup> Amua is a social franchise of Marie Stopes with a network of over 350 clinics across Kenya: <https://screenmedia.mariestopes.org/kenya/who-we-are/amua-clinics/>

The total estimated costs for year one of a franchised clinic (including the one-time investment of \$4,300) is \$9,305 USD.<sup>7</sup> This first year of costs includes:

- Clinical training and competency assessment of health care providers
- Basic equipment such as autoclave, examination couch, blood pressure machines, weighing scale, LARC procedure sets and bed screen.
- Branding to ensure workers are aware of quality service provision
- Business skills training
- Training on data reporting and use of data for decision making
- Supportive supervision visits
- Assistance enrolling workers into National Health Insurance
- Demand generation for services by use of community health volunteers
- Dissemination of the latest clinical policies, guidelines, protocols and job aids to service providers

For subsequent years, the recurring annual costs are \$5,000 USD per facility and include<sup>8</sup>:

- Continued provision of quality health services
- Support for community health volunteers and peer educators to generate demand for services and provide links to service providers
- Clinical quality assessments
- Supportive supervision for providers
- Referral linkages for cases requiring more intensive services
- Continued business skills training for sustainability and data reporting
- Continued National Health Insurance enrollment support

### Illustrative Costs

	Clinic Improvement	
	Year One Cost USD/KES	Subsequent Year Cost USD/KES
<b>Total cost to reach 4,800 workers</b>	<b>\$9,305 USD / 957,856 KES</b>	<b>\$5,000 USD / 514,700 KES</b>
<b>Cost per worker for clinic improvement</b>	<b>\$2 USD</b>	<b>\$1 USD</b>
<b>Total cost to reach 4,800 workers</b>	<b>\$86,400 USD / 8,933,760 KES</b>	<b>\$86,400 USD / 8,933,760 KES</b>
<b>Cost per worker for service voucher</b>	<b>\$18 USD / 1,861 KES</b>	<b>\$ 18 USD / 1,861 KES</b>

The number of clients a social franchise can see is dependent on multiple factors including the range of services they supply and the number of providers they have serving clients. It is estimated that a single provider can serve up to 400 clients in a month or 4,800 clients in one year with quality family planning and general health services.

In addition to improving the quality of the farm clinics, companies can also offer workers vouchers to help cover the cost of services. The average cost per service is \$5 - \$7, and most female workers receive approximately four services per year. A \$18 voucher would cover approximately three key services or 75% of services sought by workers.

<sup>7</sup> The exact amount for establishing a social franchise will be dependent on the facility capacity and resources. As assessment would take place before franchising activities begin with a more precise cost estimate.

<sup>8</sup> The figures above assume facilities are registered with a Master Facility List (MFL) code which enables the provision of free commodities from the MoH. Should this not be the case, MSK will support the facility to become registered.

## 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 is an illustrative costing model, pulling experience from companies in Kenya, that could be pursued.

**Illustrative Costing Model:** Global Apparel Company X sources from 10 factories. Global Apparel 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, while 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 and workers pay a small amount of pocket for some services.

## 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 and suppliers with each other and NGOs to share best practices and coordinate.	Robyn Russell	<a href="mailto:russell@foundation.org">russell@foundation.org</a>
<b>BSR's HERproject</b>	Raising Health Awareness through training	Margaux Yost	<a href="mailto:mvost@bsr.org">mvost@bsr.org</a>
<b>Marie Stopes Kenya</b>	Strengthening Service Provision through mobile clinics and referral networks	Eric Ayiera	<a href="mailto:eric.ayiera@mariestopes.or.ke">eric.ayiera@mariestopes.or.ke</a>
<b>SHOPS Plus Project / Abt Associates</b>	Conduct assessments and develop strategies for companies that seek to expand access to health services for their workers	April Warren	<a href="mailto:april_warren@abtassoc.com">april_warren@abtassoc.com</a>

### BSR 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 business 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 850,000 women.

In Kenya, HERproject™ has implemented programming in the following sectors: fruit and veg, tea, cut flowers, and garment and has been active in Kericho, Mombasa, Mount Kenya, Nairobi, Naivasha, and Nakuru. Local partners include the National Organization of Peer Educators (NOPE), Women's Empowerment Link (WEL), and the Kenya Flower Council (KFC).

### Marie Stopes Kenya

Since 1985, Marie Stopes Kenya (MSK) has offered a range of health services to women and their families across Kenya including contraception, pre- and post-natal care, cervical cancer screening and treatment, sexually transmitted infection and HIV testing and counseling, and other critical women's health services. MSK is dedicated to high quality standards, easy access, location and price. MSK runs 15 mobile outreach teams, 323 private franchise clinics, and 22 health clinics in the Western, Nyanza, Rift Valley, Central, Nairobi and Coastal regions.

MSK has deep experience working with the private sector, having provided mobile clinic health services and referrals to workers at Magana Flower farms and Twinings tea farms. At the Magana Flower farm workers reporting liking the services, and feeling empowered, motivated, and appreciate while the producer reported both economic and managerial value. MSK worked with Twinings to provide mobile health services to women workers at HERhealth graduation ceremony and Twinings shared that they partnered with MSK to provide health services because "the women demanded it," and that during service delivery "there was so much demand, everyone could not be served." Given this demand from women workers, MSK is now working with Twinings to expand access to health services through mobile clinics aiming to reach thousands of additional workers.

Additionally, 34 tea farms clinics have been part of MSK's franchise, including James Finlay, EPK, Kenyan Tea Development Agency (KTDA) in Meru, Nandi Hills, Kericho, Nyamira, Muranga, and more. MSK delivers services through multiple channels which operate different business models, dependent on the communities they are serving. Clients who are unable to pay for service can access a full range of contraceptive services through outreach, while those who can afford to pay can seek quality sexual and reproductive health services at MSK centers and social franchise facilities.

### 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 grantmaker 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



## Appendix B: Finance Options from UNF Framework for Corporate Action on Workplace Women’s Health and Empowerment<sup>xxx</sup>

FUNDING MODELS	EXAMPLES
<p><b>1. Buyer-led</b> Buyer covers 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> Buyer provides additional funds or long-term funds to supplier 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, 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> Buyer and supplier 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>
<p><b>5. Supplier Funded</b> Supplier assumes most or all of the costs from the start</p>	<p><b>Shahi</b> Shahi Exports is covering the full cost of a program with FPA India providing reproductive and maternal health to 19,000 people in India.</p>
<p><b>6. Worker Contribution</b></p>	<p><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.</p> <p><b>Insurance</b> In Kenya, Marie Stopes and Family Health Option Kenya work with factories and farms to sign workers up for government insurance.</p>
<p><b>7. Blended Financing</b> Buyer, supplier, governments, and multilaterals share costs</p>	<p><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.</p>

## References

- <sup>i</sup> McKinsey & Company, “East Africa: The next hub for apparel sourcing?” 2015, <https://www.mckinsey.com/industries/retail/our-insights/east-africa-the-next-hub-for-apparel-sourcing>.
- <sup>ii</sup> African Development Banks, Fashionomics Africa Annual Meetings, 2019, <https://www.afdb.org/en/news-and-events/multimedia/video/fashionomics-africa-annual-meetings-2019-23936>.
- <sup>iii</sup> Industriall, “Kenya: Union success in growing garment and textile sector,” 22, June 2018.
- <sup>iv</sup> Stiehl, Emily, et al, “Worksite Health Promotion for Low-wage Workers,” February, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5770241/>.
- <sup>v</sup> Kenya Demographic Health Survey, 2014, <https://www.dhsprogram.com/pubs/pdf/sr227/sr227.pdf>
- <sup>vi</sup> UNFPA, *World Population Dashboard*, 2017.
- <sup>vii</sup> World Bank, *Mortality rate: Infant*, 2017, <https://data.worldbank.org/indicator/sp.dyn.imrt.in>.
- <sup>viii</sup> WHO, Global Health Observatory (GHO) Data, *Global Database on Anemia*, 2017, <http://www.who.int/gho/countries/en/#B>.
- <sup>ix</sup> FP2020, 2016-2017 Progress Report
- <sup>x</sup> Track 20, FP2020 Core Indicator 2018 – 19 Summary Sheet, Kenya, <http://track20.org/Kenya>
- <sup>xi</sup> WHO, Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence, 2013, [http://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625\\_eng.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1).
- <sup>xii</sup> 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”, 2013, *JOEM* 55(9):993-1000.
- <sup>xiii</sup> Kurucz, Elizabeth C., Barry A. Colbert, and David Wheeler. "The business case for corporate social responsibility." *The Oxford Handbook of Corporate Social Responsibility*, 2008.
- <sup>xiv</sup> Bruch, Frank Walter Heike. "The keys to rethinking corporate philanthropy." *MIT Sloan Management Review* 47.1 (2005): 49.
- <sup>xv</sup> Constitution of Kenya (2010)
- <sup>xvi</sup> Business Daily, “Staff medical cover healthy for small firms,” 8, January 2018, <https://www.businessdailyafrica.com/corporate/enterprise/Staff-medical-cover-healthy-for-small-firms/4003126-4256124-v2tem4/index.html>.
- <sup>xvii</sup> AB Carroll and KM Shabana, 2010.
- <sup>xviii</sup> Brunch, 2005.
- <sup>xix</sup> AB Carrol and KM Shabana, 2010.
- <sup>xx</sup> Morgan Stanley. “Ethical Retailing Consumers Survey”, Morgan Stanley, 2016, <https://www.morganstanley.com/ideas/ethical-retailing-consumers-survey>.
- <sup>xxi</sup> Nielsen, “Consumer-Goods’ Brands That Demonstrate Commitment to Sustainability Outperform Those That Don’t”, The Nielson Company, 2015, <https://www.nielsen.com/us/en/press-releases/2015/consumer-goods-brands-that-demonstrate-commitment-to-sustainability-outperform/>.
- <sup>xxii</sup> Medibank Private, “The health of Australia’s workforce”, 2005, [https://www.medibank.com.au/Client/Documents/Pdfs/The\\_health\\_of\\_Australia's\\_workforce.pdf](https://www.medibank.com.au/Client/Documents/Pdfs/The_health_of_Australia's_workforce.pdf).
- <sup>xxiii</sup> PricewaterhouseCoopers. “Workplace Wellness in Australia, Aligning actions with aims: Optimising the benefits of workplace wellness”, 2010, <http://www.usc.edu.au/media/3121/WorkplaceWellnessinAustralia.pdf>.
- <sup>xxiv</sup> USAID, “Effects of a Workplace Health Program on Absenteeism, Turnover, and Worker Attitudes in a Bangladesh Garment Factory”, 2007.
- <sup>xxv</sup> HERproject Impact. <https://herproject.org/impact>.
- <sup>xxvi</sup> Catalyst Management Services. “HERhealth Project Assessment.” June, 2016.
- <sup>xxvii</sup> Fair and Sustainable Consulting. “Gender Business Case Final Evaluation Report.” 2018, <https://www.idhsustainabletrade.com/uploaded/2018/11/Gender-Business-Case-Report-Ethiopian-Flowers.pdf>.
- <sup>xxviii</sup> HERproject program data, 2019.
- <sup>xxix</sup> HERproject program data, 2019.
- <sup>xxx</sup> Sirsly, Carol-Ann Tetrault, and Kai Lamertz. "When does a corporate social responsibility initiative provide a first-mover advantage?." *Business & Society*, 2007. <https://doi.org/10.1177/0007650307299221DOI:https://doi.org/10.1177/0007650307299221>.
- <sup>xxxi</sup> Framework for Corporate Action on Workplace Women’s Health and Empowerment 2019, United Nations Foundation, UN Global Compact, United Nations Population Fund.