Business for Social Responsibility

Addressing the General and Reproductive Health of Women in Global Supply Chains

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INTRODUCTION

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology.

Women are affected by many of the same health conditions as men, but women experience them differently. The prevalence among women of poverty and economic dependence, their experience of violence, negative attitudes towards women and girls, racial and other forms of discrimination, the limited power many women have over their sexual and reproductive lives and lack of influence in decision-making are social realities which have an adverse impact on their health."

- United Nations, Beijing Declaration and Platform for Action[1]

Women comprise a majority of the workforce in labor-intensive manufacturing industries such as apparel, footwear, toys, electronics, food processing and house-wares. They also work extensively in the informal sector, including in agriculture and handicrafts. The working environment in these industries can present health hazards to both male and female workers. Women employees, however, risk greater health consequences because they are often of childbearing age and are regarded with less social status than men, causing them to be less educated and more vulnerable. Consequently, they face unique needs in terms of health education, access and nutrition.

This report presents the findings of a project initiated by Business for Social Responsibility (BSR) with the support of the David and Lucile Packard Foundation to improve awareness of the reproductive and general health needs of women workers in the global supply chain.

This project presented a unique opportunity to support the promotion of women's health programs, including reproductive health issues. The project focused on health programs and practices in four countries – China, India, Indonesia and Mexico. Each of these four countries is a major exporter into the global manufacturing economy, with a large concentration of labor-intensive industries such as apparel, footwear and toys. These industries employ thousands of women workers, the majority in the age group of 16-30.

The women workers are often the first generation to work outside of their homes, and have frequently migrated from rural areas to urban manufacturing centers in search of employment. They face new challenges associated with working in a factory environment with uneven health and safety conditions and also discrimination against women arising from cultural and religious norms in their societies. They are vulnerable to risks on both fronts, so programs designed to improve health must acknowledge these factors.

[1]United Nations, Beijing Declaration and Platform for Action, Strategic Objectives and Actions, Paragraph 92., http://www.un.org/womenwatch/daw/beijing/platform/health.htm#diagnosis.
[3] World Health Organization, *World Health Report 2000*, p.36 and p.191.

Project Methodology

The project studied best practices among factory programs and community projects in China, India, Indonesia and Mexico. The factories were largely from the apparel and footwear sectors because of the labor-intensive nature of the production process and the large number of young women employed in these industries. The projects provided education, screening and treatment facilities to women workers and members of communities.

The projects were studied through a written survey followed by site visits. The site visits included interviews with project managers and participants, physical observation, and review of project materials, both in print and video. In addition, BSR consulted with a broad range of experts in each country, including representatives of nongovernmental organizations (NGOs) working in the area of women's health, and multilateral organizations such as the World Bank and the World Health Organization.

The breakdown of projects visited is as follows:
China: Two community projects in southern China
India: Six projects including five factory based programs (apparel) and one community based program in Delhi, Bangalore and Chennai
Indonesia: Five projects including four factory based programs (footwear and apparel) and one community based program in the greater Jakarta and Bandung areas
Mexico: Eight projects including one factory based program (electronics) and seven community projects in Juarez and Mexico City

Report Organization

The report is organized by country. Each country section provides an overview of the health situation in that country, drawing from interviews with project participants, NGOs, and reports from multilateral organizations. This is followed by a brief overview of projects profiled – detailed information on the projects profiled is provided in the Project Descriptions section at the end of the report.

The next section is a needs analysis that describes how the projects meet some or all of the following needs as relevant:

- General Occupational Health – this was included to provide information on the basic health facilities available to women workers and forms the basis for analysis of more specific needs such as reproductive health.
- Family Planning and Reproductive Health
- Nutrition
- Access to health
- Discrimination
- Self-Esteem (Self-Empowerment)
- Child Care
- Harassment
- General Health Education and Screening
- Enjoyment of benefits relevant to women's health

- Access to qualified medical care
- Family Health

The section ends with options in terms of designing and implementing effective reproductive health programs.

The final "Resources" section provides information on nongovernmental organizations in each of the four project countries that could be useful sources of information and collaboration on health issues.

EXECUTIVE SUMMARY

The twenty-one projects visited in China, India, Indonesia and Mexico are representative of a broad range of efforts to meet women's reproductive health needs. As each of the following country reports indicate, reproductive health was often – and most successfully – approached through the perspective of general health, especially within a factory setting. Factory management has traditionally approached health in terms of occupational health and safety and has not focused on other areas of individual health such as reproductive health, self-esteem and nutrition. Although the medical community has long advocated that health is a state of "physical**,** mental and social well-being and not merely the absence of disease or infirmity," within the context of labor intensive industries such as apparel, footwear, toys and electronics, perspectives on women's health remain quite narrow.

Hence women workers, the majority of whom are migrants from rural areas and between 16-30 years old, have few reliable sources of reproductive health care in the workplace. As indicated in this report, one of the most pressing issues faced by women workers is the need for more information, including different methods of contraception, sexually transmitted diseases and pre and post-natal care. Access to surveillance and screening to check abnormal menstruation, reproductive tract infections and cervix cancer and breast cancer were also commonly expressed needs. There are societal and political factors that shape the approaches to reproductive health, including the public health care systems' focus in China, India, Indonesia and Mexico on population control and family planning, without the corresponding provision of information or services related to broader areas of reproductive well-being. Cultural and religious factors also hinder open discussion and proactive action on reproductive health issues.

Major Findings

Presented here is a comparative look at some of the major findings across different countries in the areas of reproductive health, self-esteem, nutrition, and general occupational health.

Reproductive Health

Reproductive health remains a crucial need for women workers in all of the four countries surveyed. As some of the successful company and NGO projects have demonstrated, it is possible to develop strategies to improve awareness and the ability to respond to reproductive health issues within the workplace. Due to a lack of knowledge and experience and cultural norms, however, this remains an under explored area of women's health in the supply chain.

In China, the state's "one-child" policy has placed a strong emphasis on contraception with little in the form of supporting services on hygiene, menstruation, sexually transmitted diseases including HIV/AIDS, pre and post-natal care and women's well-being. Further, as independent organizations or NGOs are hindered by a lack of resources and inadequate access to factories, those that do provide health services are restricted to education and screening and cannot provide crucially needed treatment.

In India, the state policy has emphasized birth control to the exclusion of other needs. This has led to a high level of ignorance on reproductive health, pre and post-natal care, menstruation and women's well-being. Indonesia faces similar problems.

While factories in both countries are beginning to identify needs and devise ways to meet them, women's health is a new concern and factories lack the necessary expertise. External organizations play a crucial role and are beginning to collaborate with factories. However, due to cultural and religious norms, and political limitations, these efforts are restricted to a few factories. Where factories have made the effort to provide education, screening and treatment services, there has been a positive response from women workers.

In Mexico, in addition to a general lack of awareness, cervical and breast cancer are of serious concern. Most of the facilities available to women workers are through NGOs and community groups, which have been successful in working with their target populations. A few of these groups have also set up training and screening programs in collaboration with factories. However, the majority of services are still only available outside factory walls.

Nutrition

In all four countries surveyed, many women workers are underweight and anemic. They consequently suffer from exhaustion, stress and are highly susceptible to infection. Poor diet is one of the causes. Factory and NGO programs stressing the need for improved diet has helped to increase awareness. Special care for pregnant workers through education and distribution of dietary supplements has also been effective.

Given that nutrition derives from several factors outside the factory such as availability of nutritious food, time needed to purchase and prepare meals and a woman's tendency to sacrifice her well-being for the sake of family needs, it remains an area with considerable room for improvement. Education programs have proven to be effective, especially when combined with practical demonstrations of how to prepare low cost foods. There needs to be a continuous effort to provide education in this area and focus on self-help measures. While distribution of dietary supplements are useful in times of special need such as during pregnancy, they cannot be a replacement for long term improvement through increased awareness and knowledge.

Self-Esteem

Self-empowerment is an important enabling factor to realization of rights, including better health. While a few innovative ideas have been implemented, most women workers do not have access to such opportunities. Women workers are not able to form their own groups or find other outlets for self-expression, due to long working hours and restrictions on interaction outside of working hours.

Hence factory initiatives provide one of the few opportunities for workers to interact and learn together. To some degree, factories have begun to realize that a more empowered worker can contribute to efficient production and also to greater ownership of compliance and implementing programs. In an effort to move away from a top down approach, some of the factories visited in India and Indonesia have initiated self-awareness training programs to improve self-expression and negotiating skills. For example, one factory in Indonesia provided opportunities for informal interaction with workers, thereby encouraging them to come forward and express their opinions. Opportunities for self-improvement such as classes in embroidery or provision of a library have also helped in the process of self-development.

General Occupational Health

Factory managers in China are beginning to realize the importance of good health and safety in ensuring compliance and improving the country's image as a manufacturing location. However, this has not yet translated into concrete awareness and training mechanisms on the shop floor. Employers also generally do not provide compensation for occupational illnesses.

In India and Indonesia, several of the factories visited had extensive general health and safety measures in place and also provided benefits required by law such as welfare officers, an ambulance room, a crèche or childcare center, and medical staff. Job specific training and screening for occupational hazards was also conducted periodically. However, the projects visited represent a small segment of the apparel industry and health facilities are generally not as thorough and extensive. In Mexico, the majority of the projects visited were community-based programs. Factories did not seem to have extensive health facilities. The one factory-based program that was visited did provide health training and clinical services, but based on interviews with local health organizations this seems to be an exception.

While general occupational health may not directly meet some of the specific needs of women workers, when it is effectively implemented such as in India and Indonesia, it has proven to be a useful stepping-stone for additional efforts in areas such as reproductive health and nutrition. While in theory it may be possible to concentrate on these additional areas exclusive of general health, in practice this does not seem feasible and general health often forms the basis for deeper and more specific interventions

In general, the factories continued to rely on general health facilities to address reproductive health concerns and had begun the process of working with external expert organizations to devise appropriate and specific strategies. The realization that empowerment of women workers was necessary to ensure access beyond mere availability of reproductive health services has also begun to take hold within companies. An important finding that many NGOs shared with BSR was that empowerment and awareness of rights was crucial to ensuring that women workers are able to express needs and seek assistance when needed and

hence actually ensure access. A corollary to direct reproductive health services in this regard is the importance of awareness of good nutrition and also self-esteem and the ability to negotiate with colleagues, supervisors and factory management. Hence some of the factories surveyed also included programs on nutrition and self-esteem as a means of boosting access to improved reproductive health.

The ten community health projects visited took a much more holistic approach to women's reproductive health with an emphasis on building knowledge and capacity and involving the entire community. The strategies used included increasing women's participation in community affairs, making products and services available through community members and contributing to management and leadership development skills.

Options for Effective Reproductive Health Programs

Community projects have been successful in empowering women to take charge of their reproductive health, and provide useful lessons for implementing programs in a factory setting. Some characteristics of effective programs include:

- Reproductive health issues are often hard to detect due to cultural and religious norms that place restrictions on the open discussion of such matters. Therefore factories may need to use a combination of approaches including general education and outreach, close interaction with human resources and medical personnel and accessible screening services in order to promote reproductive health.
- Education, awareness and knowledge of rights are important enabling factors in the full access to improved reproductive health. Hence factories that also provide training in self-esteem and education on sexuality and reproductive health issues create a better environment to ensure improved health.
- Preventive activities such as education and raising awareness often only show results in the long run, so factories need to be prepared to make a long-term investment to improve reproductive health.
- Since women workers generally have limited time and mobility, it is important that health services be brought to the workplace and organized around their schedules.
- Management commitment is crucial to ensuring that reproductive health programs receive priority attention by all staff including supervisors, production managers and workers.
- External organizations are a useful resource in terms of expertise, skills and approachability to workers. They can play a useful role in needs assessment, program design, implementation and evaluation.
- Long-term improvements in reproductive health are often linked to greater awareness and empowerment at the community level. Focusing efforts on improving awareness and access in the community can have useful payoffs within the factory.

CHINA

Country Summary

Several health issues in China arise out of a system of inadequate public health care and private care that is well beyond the means of workers. Most women workers are also migrants from rural areas and do not have the same rights of access to public health as local residents. Consequently women workers, mostly between the ages of 16-25, face several problems due to a lack of awareness of their legal rights and poor working conditions. The most commonly reported health concerns are anemia, hepatitis B, abnormal menstruation, poor vision, exhaustion, stress and exposure to occupational hazards in the workplace.

The two projects profiled in this report have been initiated by NGOs and are focused on raising awareness of legal rights and health risks among women workers in the Guangdong province in southern China. Both projects bring education and screening services to thousands of workers through local centers, mobile vans and collaborative programs with factories.

While the projects have been successful in raising awareness and assisting women workers in identifying health risks, they are not able to provide sustained treatment due to the limited resources. Hence, while these projects provide useful lessons on the importance of education as an enabling factor in improving health and how to approach women workers, they cannot be a replacement for an improved public health care system or sustained action by factory management.

Country Health Overview

Women workers in China confront several factors that challenge their ability to access health care.

- A health care financing system that has been characterized as one of the "least fair" in the world, meaning that poor people cannot afford the out-of-pocket expenses[3]
- A lack of basic knowledge about their rights under China labor law
- A lack of information about occupational health issues
- Few mechanisms for assistance to migrant workers, who make up a sizable portion of the workforce in global supply chains
- The politicization of reproductive rights

It is estimated that there are at least 150 million migrant workers in China.[4] This cohort of workers is critical because: (a) a very large proportion is made up of women between the ages of 16 and 25; (b) their concentration in the fast-growing export regions of the country contribute greatly to China's economic growth, and (c) they are, or can be, exposed to education and assistance by virtue of their link to international trade.

[4] Statistics for the year 2000 from a speech by Dr. Liu Kaiming and Dr. Tan Shen at BSR's Supplier Workshop on Labor Practices and Corporate Social Responsibility, October 23, 2001, Shenzhen, PRC.

China: Health Statistics[5]	
Life Expectancy at Birth (Male)	68.71 years
Life Expectancy at Birth (Female)	73.04 years
Infant Mortality Rate	33.20 (per thousand live births)
Maternal Mortality Ratio	56.20 (per 100,000 live births)
Percentage of Population with Adequate Sanitary Facilities	38 percent
Doctors per 10,000 population	20.2
Nurses per 10,000 population	9.9

Some of the structural problems affecting women workers' access to health services are due to the limited protections for migrant workers in general. The workers are "outsiders" and not afforded the same rights as local residents. For example, migrant workers pay fees to local governments for their work permits and their temporary residence permits. However, the fees collected do not allow them to access public health benefits. They are still denied access or given limited access to local public health care, and if they attempt to send their children to local schools, the fees are prohibitively high. The workers' fees help support local and provincial administrations that in many cases provide no benefits to migrants, given that China does not have a functioning national social insurance system yet.[6]

In addition to the lack of protection for migrants, another structural issue is the lack of enforcement of Chinese labor law. There are not enough inspectors or courts to deal with the problems that already exist, compounded by the reality that local authorities in the eyes of many are more concerned with attracting and retaining industry than policing it. Numerous observers have noted that there are few formal accountability systems to enforce existing legal requirements. Legal rights and health needs are inextricably bound together in China, because meeting the latter is dependent upon enforcement of the former. Education about women's legal rights is as crucial as delivery of health services, a point highlighted by the two China projects profiled in this report.

State-owned enterprises (SOEs) are considered more accountable for worker health care because public health inspectors are able to enter at any time. But the reality is that the quality of care is insufficient to meet employees' needs. Meanwhile, privately owned enterprises can deny access to health inspectors and are not obliged to provide on-site health care services.

However, in response to the rise in workplace accidents, China's government implemented a new health and safety law on May 1, 2002. It obligates employers to provide occupational hazard information prior to employment, training for workers, medical exams, occupational health facilities, and accident insurance.[8] Although the new law may take time to become fully implemented, it provides the legal basis for workers to bring legal actions to force their

[5] Country Health Profile for China, World Health Organization Western Pacific Region, 2001. See www.wpro.who.int/chips
[6] "Rural Health: The Sickness Trap" Far Eastern Economic Review June 13, 2002
[8] "Law introduced to fight work-related diseases," South China Morning Post, April 13, 2002, page 8.

employers to respond to workplace-related injuries and illnesses, which are widespread in China -- official statistics for 2001 reported over 13,000 injuries or diseases. [9]

The structural problems in China are worsening as the economy transitions toward greater reliance on private capital and less state involvement. Healthcare reforms in China in the 1980s allowed hospitals and doctors to charge any size fee. Consequently doctors' fees exceed the workers' ability to pay. A doctor's visit plus medicine typically costs 100 yuan and a blood test for illness costs 85 yuan in a region where salaries are typically 400-700 yuan per month. So, a worker would pay about a week's salary to seek basic medical care, preventing most from ever seeing a doctor.

Women workers usually have access to low-cost contraception, and some SOEs provide this at no charge. China's one-child policy is not supported by public reproductive health services; rather, it is implemented via a legal residential permit system accompanied, at times, but not always, by access to low-cost contraception. Access to contraception is better in cities; workers in industrial areas outside of cities have difficulty obtaining contraceptives.

Inspired by the one-child policy, some local governments will sell workers a "birth control card" every three months. This certifies that the woman is on birth control, however, the government sells the card only and provides no actual services. Because women need these cards to obtain employment, access may well reflect employment status far more than reproductive health status.

Health Status of Women Workers

Women workers are confronting a range of health problems that stem from unsafe workplaces, poor working conditions, pollution, lack of education, and lack of knowledge about occupational health. Common problems include:

- Hepatitis B (estimated to affect 10% of China's population[10])
- Poor nutrition, leading to a large number of workers being underweight
- Abnormal menstruation, including dysmenorrhea, amenorrhea
- Low blood pressure
- Anemia
- Hazardous exposures in the workplace, risk of industrial accidents
- Exhaustion due to a combination of long work hours, poor nutrition, and overcrowded living facilities
- Stress
- Poor vision
- Unwanted pregnancy
- Rape and sexual harassment (rate unknown, victims rarely go to the police)
- Skin rashes from occupational exposures

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[9] Ibid.

[10] Country Health Profile for China, World Health Organization Western Pacific Region, 2001. See www.wpro.who.int/chips

[12] "China announces sharp rise in AIDS," BBC News, April 11, 2002.

There are reports that working conditions in Chinese export factories often violate Chinese labor law, which provides for a 40-hour workweek with no more than nine hours of overtime. Nevertheless, many migrant workers are reported to be working 70 hours or more at their jobs, which can substantially impact their health. In fact, there is often an incentive not to have suspected conditions diagnosed. For example, a worker diagnosed with Hepatitis B would in many cases be forced onto unpaid leave in spite of the law requiring a sickness allowance, which is rarely followed. For migrant women workers in particular, being forced onto unpaid leave can be a financial disaster, and may prevent them from maintaining their resident permits, which are formally tied to remaining employed.

The two projects profiled from China projects that focus on educating women of their legal rights and providing them services.

Projects Profiled

Two organizations profiles in this report are particularly active in finding ways to meet the health needs of Chinese working women. The Asia Foundation and the Chinese Working Women Network (CWN) have each created a group of projects that seek to provide women workers with basic health checks, information about good health and occupational health, and legal information and services.

- The Asia Foundation has gained access allowing it to provide services directly in the workplace for those factories that voluntarily participate in its programs.
- The Chinese Working Women Network (CWN) has a mobile van service that is stationed in designated, approved locations where there are a number of nearby factories. Each of these organizations has reached tens of thousands of workers, through printed information, seminars and exhibitions and direct service.

The common program elements in both projects include: basic health check screenings, health seminars, distribution of pamphlets, exhibitions of information, private consultations with counselors, and referral to legal services. (See Appendix for further description.)

The Asia Foundation works with local partner organizations in and around Guangzhou, and CWN works with local partner organizations in and around Shenzhen. Both cities are located in Guangdong province, where industrial growth has boomed in the last 20 years. Shenzhen has gone from being a small village to a city of seven million inhabitants in just two decades. The fuel for this industrial growth has been a migrant labor workforce that arrived from all parts of China. The Asia Foundation and CWN operate in a similar context and have some common approaches that warrant mention.

Both organizations work through local partner groups that officially sponsor project activities. This structure, made necessary because of Chinese law, means that the selection of local partner organizations is a critical step to any project's success.

In addition, each organization works by taking information to the workers in the factories where they work. This may mean offering programs inside the workplace, or placing a mobile station outside the workplace, but the information has to be taken out to the workers

where they work and live. Workers do not have time or resources to seek out assistance in distant locations.

Another notable feature is that the programs combine health information and legal information. The health and legal information come from different channels due to the different expertise required, but a worker who is specifically seeking one of these types of information will have the opportunity to learn where to find the other.

The programs are staffed through a mixture of professional staff and volunteers. Success is dependent upon volunteers, such as workers who serve as peer-to-peer educators, or health and legal professionals who donate time to help teach a seminar. The element of volunteerism is an important one to encourage direct participation by workers, so that they become "active" in determining their needs and not just "passive" recipients of information. Encouraging participation through volunteer activities ensures that workers provide input into how the projects are implemented. Both The Asia Foundation and Chinese Working Women Network are concerned with increasing worker participation in active ways. The projects run on comparatively small budgets, especially in light of the size of the population being served.

Case Study: Reaching Out to Workers: Women's Health Express (WHE)

The Women's Health Express (WHE) is a mobile service center that provides information on labor rights, women's rights, and occupational health in Guangdong Province in Southern China. Its goal is to provide education and social opportunities to women workers who do not have access through other means.

Poor public and private health facilities

Health services are nominally provided by the government, but healthcare reforms in the 1980s left hospitals and doctors free to charge any size fee, so the doctors' fees now exceed the workers' ability to pay. Large factories may have an on-site doctor and medicine, but the quality of both varies. Medium and small factories do not offer any services, nor do they participate in the social insurance system. Common health problems among women workers include anemia, exhaustion, poor nutrition, Hepatitis B, abnormal menstruation, poor access to contraceptives and lack of awareness with regard to legally provided maternity leave.

Women's Health Express Services

The Women's Health Express (WHE) is managed by five staff of the Chinese Working Women Network with periodic assistance from a pool of approximately 150 volunteers from among women workers in the area. In 2001, the WHE van visited set spots in industrial areas for 2.5 hours each day, three times per week. The van offers a lending library, educational exhibitions, basic health screening and discussion groups. Screenings include a body check (this service varied and included various screening campaigns, such as height, weight, blood pressure, vision, and anemia). Consultations on personal problems and health matters, talks on Hepatitis B, pamphlets on occupational health and display boards are also provided. Volunteers help set the agenda for discussion groups which range from feedback

on WHE's services to specific health issues. The volunteers receive some training (from basic to more advanced) and are empowered to speak to fellow workers about health issues.

Growing Impact
In 2001, a total of 42,275 persons were served, either directly or by receiving materials. 16,608 persons had a body check and 855 had personal consultations. Approximately 24,000 people read the display boards that were set up. About 57,330 handbills and 2,000 pamphlets on occupational health were distributed. 6,292 persons visited the library and 1,192 people checked out a book. About 700 participants attended talks on Hepatitis B. WHE staff state that the impact has been to raise awareness about good hygiene and good health. Due to resource constraints they are not able to provide follow up treatment and counseling services. The goal for 2002 is to increase the number of volunteers and to set up a center for education on occupational health that can train workers.

Meeting Women Workers' Needs

The most common health problems reported by the profiled organizations are listed above and include poor nutrition, anemia, exhaustion, abnormal menstruation and poor knowledge of reproductive health. There are three primary methods to assist women with these problems: education, screening/testing, and treatment. The projects profiled here are able to assist with the first two needs, but can only handle the third need in a limited way. The only way to deliver effective treatment and follow-up is through a healthcare system, which is beyond the scope of the profiled projects.

- **Education**
  Education is an important tool for addressing the following identified problems: poor nutrition, occupational exposures and hazards, exhaustion, and sexual harassment. Education can teach what good nutrition is and what types of symptoms are caused by poor nutrition. Education can also deliver information about workers' rights to maternity benefits as well as information on China labor law on working hours and overtime pay. Workers themselves may use the information to negotiate better conditions with management, thereby alleviating exhaustion or other types of problems stemming from workplace conditions. Lastly, education can raise awareness about what behaviors are acceptable or not acceptable in the workplace, so that a worker knows when to ask for help if she is being harassed. Surveys by both projects found that workers are unaware of legal rights to maternity leave, sick leave, compensation for injuries and other benefits. Hence providing information on legal rights has been a strong emphasis of both projects. Legal rights are a useful place to begin to define a need, and workers are eagerly seeking this information because it is not readily provided elsewhere.

- **Health screening**
  Screening is a tool that can detect anemia, underweight, low blood pressure, and poor vision, as well as check a range of other standard basic health benchmarks. This allows an expert to give advice to women on what steps they should take to prevent or correct the problem.

- **Treatment**
  Treatment needs are unfortunately not being met through the current public health structure. The problems identified above that require treatment (and follow-up) include Hepatitis B, abnormal menstruation, stress, pregnancy, rape, and counseling. Some counseling services are being provided by these projects, but can only be offered to a very limited number of women. Basic ongoing health care, such as annual exams or infection checks, is not accessible, nor is treatment available for significant health problems. The Asia Foundation partners are including some discussion of HIV/AIDS, but they would not be in a position to provide testing/treatment services. HIV infection is now estimated at 850,000 cases by the Chinese government, although outside agencies such as the World Health Organization believe the real numbers may reach up to 1.5 million cases.[12]

Other needs specifically highlighted by the projects outlined above are as follows:

- **General Occupational Health**
  While the projects have made efforts to meet the educational needs of workers in terms of better knowledge of health and safety procedures in the workplace, workers receive little support from factory management in this area. The Asia Foundation project did succeed in hosting a high profile conference on labor and health issues in Guangzhou that was attended by national and local public officials, academics and private business and was well covered in the media. However, there have been few concrete steps taken by employers to provide information directly to workers. The factories that have participated in the projects outlined above have either been those that are already welcoming of such efforts or those lacking in resources to implement their own programs – neither represent the factories with the worst health and safety conditions and in greatest need of such programs. In addition to lack of information, workers also do not receive compensation for workplace injuries. Since there are a large number of worker compensation claims in court, redress through legal means is not a practical option for workers. Legal reforms slated to come into effect from May 2002 that will require employers to pay for diagnosis and treatment of occupational illnesses may provide some relief to workers, but mechanisms to prevent occurrence are generally lacking.

- **Family Planning and Reproductive Health**
  Apart from provision of contraceptives by some local governments, there are no services for family planning and reproductive health. Contraceptives (condoms) are also not readily available outside of the cities and industrial areas. The projects do provide information on reproductive health issues, however, apart from counseling, they are not able to provide further treatment as might be needed in cases of abnormal menstruation, sexually transmitted diseases, unwanted pregnancies, or rape. The projects have highlighted that there are important needs in this area, but local government and private industry expect migrant workers will return home when they are ready to start families and receive services in their home provinces. Anecdotal evidence suggests a large percentage of migrant workers are staying in their new areas, which means that a range of services needs to be developed in these new industrial cities.

- **Nutrition**
  A screening by the Women's Health Express of the Chinese Working Women's Network found that 36% of those screened were underweight. Poor nutrition has also contributed to exhaustion, poor vision and susceptibility to infections. The projects emphasize the importance of improved diet as a preventive measure, but training alone is not adequate to improve nutritional status.

- **Discrimination**
  There have been reported cases of women workers being dismissed when they are pregnant and of such a clause being included in the employment contract. Due to the one-child policy, women workers are also dismissed when pregnant with a second child. There is little that the NGOs can do to correct this, other than providing awareness of right to maternity leave and protection against dismissal.

- **Self-Esteem**
  The Nanshan Center, the Women's Health Express and the Asia Foundation's centers at Tsinghua University and the Guangdong Women's Cadre Training School also provide recreational activities such as a lending library, classes in English, Cantonese, photography etc. In addition, the projects also rely on a large number of volunteers and peer educators drawn from the workers who have been attracted by opportunities for self-development. Participating workers have developed responsibilities and interests outside of the workplace and built up leadership skills. Building self-esteem is crucial for greater participation in the workplace and the voicing of health and other needs. The programs are beginning to tap the abilities of workers, but both agencies say there is much more to be done, especially to establish long-term relationships in a constantly shifting population.

- **Childcare**
  Childcare is not required by law and not provided to workers. Child care is still not regarded as a major issue, because those that have children often have family assistance with child care.

- **Awareness about harassment**
  The projects do provide counseling on a variety of issues, including harassment. Policies and programs on harassment, however, are not provided in factories.

- **Access to qualified medical care**
  The project surveys found that while a few large factories have qualified medical personnel and supply of medicines, the vast majority do not provide doctors or nurses. A few factories participate in private health insurance schemes, but this is rare. Private health care in the industrial areas is expensive and not affordable to workers. There is little access to qualified medical care, as it is priced too high for workers to afford.

Conclusion

Factories in China do not provide crucial awareness, screening and treatment services to deal with women's health needs. This is reflective of broader shortfalls in the public health care system and structural impediments in reaching migrant workers and providing appropriate care. While the NGO projects surveyed have been effective in highlighting needs and enabling some sections of workers in Guangdong province to realize the importance of fulfilling needs, the majority of workers do not have recourse to such mechanisms and their needs are largely left unfulfilled.

Based on the study of women worker's health in China, the following conclusions have been reached:

- Education is an important enabling factor to full realization of legal rights and access to reproductive health. As the projects profiled have demonstrated, the level of awareness with regard to benefits provided by law and basic health case is very low. Providing targeted information on issues such as hygiene, nutrition and reproductive health as well as individual counseling creates an environment where workers are empowered to be proactive and seek treatment or otherwise improve their health. All of the different avenues through which the projects raise awareness – display boards, pamphlets, presentation events and mobile libraries have attracted large numbers of workers and have lead to greater participation in other project activities such as physical check-ups, counseling and personal consultations with physicians.
- Workers often seek information on legally required benefits along with information on health. Legal benefits are perceived as an access point to better health facilities.
- NGOs are required to function through local, official sponsoring organizations as per the law and hence are restricted in their ability to provide services.
- Due to limited mobility of workers, bringing services to workers through mobile vans or in-factory programs has proved effective in reaching out to them.
- Worker involvement has been crucial in ensuring the success of the projects, such as through participation by workers as peer educators. This allows workers to directly access their peers and facilitates sharing information.

INDIA

Country Summary

In India, the most important health issues arise out of poor public health facilities and a situation of some of the world's poorest living conditions. Regional differences in health and uneven access to services by women and communities from traditionally lower castes have resulted in a situation where the country faces inadequacies in basic health indicators such as malnutrition and infant mortality. The law does provide for the promotion of the health of workers by requiring all workers to contribute to the state Employee State Insurance (ESI) scheme and by requiring that medical facilities, personnel and childcare be provided in factories. However, ESI facilities are often under-staffed and inadequate to the needs of women workers.

The projects described in this report represent efforts by manufacturers and community groups to provide basic health facilities and training and also respond to needs identified through surveys. These needs include more information on reproductive health, specifically on contraceptive use, pre and post-natal care, infections and abnormal menstruation. Other issues that women workers face include poor nutrition and anemia, anxiety related to dual roles at home and work and susceptibility to infections. The projects visited work through both in-house facilities and contracted out services.

The projects have begun to make inroads into specific areas such as reproductive health, nutrition, self-esteem and harassment and have been able to maintain and promote good standards in occupational health and safety. In terms of approaches, a combination of in-house facilities with external expertise as needed seems to be most effective in reaching out to workers. Permanent staff including human resource personnel or medical staff also play an important role in building trust with workers and soliciting information on sensitive issues related to reproductive health.

Country Health Overview

India continues to face enormous challenges in the area of health, with regional disparities, a sharp divide in rural-urban availability of health services and disproportionate access by certain sections of the population. This exacerbates a situation of some of the world's poorest living standards and health infrastructure. Although the country has made considerable strides in basic health indicators such as infant mortality rate and life expectancy, public health services are unevenly distributed among urban and rural areas. There are also serious regional differences in health indicators with southern states like Kerala, Tamilnadu and Maharashtra in the west having higher life expectancies than northern and eastern states such as Uttar Pradesh, Bihar and Madhya Pradesh.

Women and scheduled castes and tribes (the Indian government term for indigenous people and communities from traditionally lower castes) also have a higher infant mortality rate than those of other sections of the population.[13] Due to these vast differences, there is

[13] Infant Mortality Rates (IMR) have gone down from 110 deaths per 1,000 live births in 1981 to 70 deaths per 1,000 live births in 1999. Life expectancy has gone up from 54 years in 1981 to64.6 years in 2000. The IMR

considerable polarization of health conditions with malnutrition, high infant and maternity mortality rates and preventable infections co-existing with substance abuse and degenerative diseases arising out of lifestyle changes such as diabetes, hypertension and cancer.

In spite of sustained efforts to set up a network of public health centers, infrastructure is still not adequate to meet current needs. There are currently 4.8 physicians and 4.5 nurses per 10,000 population.[14] Expenditure on health has declined from 1.3 percent of GDP in 1990 to 0.9 percent of GDP in 1999. Of this, 17% is on public health and the rest on private health care.[15] This level of private spending on health (80 percent) is one of the highest in the world and often comes from out-of-pocket expenses by those who cannot afford it – debt to finance medical treatment is quite common. Public health facilities are generally inadequate and obsolete, and it is estimated that less than 20 percent of those seeking out-patient care and less than 45 percent of those seeking in-patient care approach public health facilities.[16] Only 10 percent of the population has some form of insurance and this is often inadequate.[17]

India: Health Statistics[18]	
Life Expectancy at Birth (Male)	62.3 years
Life Expectancy at Birth (Female)	62.9 years
Infant Mortality Rate	68 per thousand live births
Maternal Mortality Ratio	407 per 100,000 live births
Percentage of Population with Adequate Sanitary Facilities	31 percent
Doctors per 10,000 population	4.8
Nurses per 10,000 population	4.5

Over the last decade, the government has set up independent vertical organizations to implement its disease control and family planning programs, including for example, specific programs to control tuberculosis and malaria. This has resulted in expensive and unsustainable programs with independent staff who are not involved in broader aspects of health. In rural areas especially, the public health system is devoted almost completely to family planning, leaving out important areas such as nutrition and preventive care.

Poor infrastructure and inadequate resources are further heightened by serious problems of gender disparity. The female adult literacy rate is 44.5 percent as opposed to 67.8 percent for adult males.[19]

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rate in rural areas is 75 per 1,000 live births and in urban areas is 44 per 1,000 live births. Scheduled castes have an IMR of 83 per 1,000 births as opposed to a national IMR of 70. *National Health Policy 2002, Government of India.*

[14] World Health Organization estimates.

[15] *National Health Policy 2002,* Government of India.

[16] Ibid.

[17] *Raising the Sights: Better Health Systems for India's Poor.* Health, Nutrition, Population Sector Unit, India, South Asia Region. The World Bank November 3, 2001.

[18] *Health Situation in South-East Asia: Basic Indicators 2000,* World Health Organization.

[19] *Human Development Report, 2001,* United Nations Development Programme (UNDP).

Women face several additional hurdles in access to health services and information, including an environment of increasing violence against women both in the public and private spheres, a declining female to male population ratio and open discrimination. While there are not extensive statistics on the status of women's health, a 1991 study found 87.5 percent of pregnant women to be anemic. [20] The maternity mortality ratio is 400 per 100,000 births and birth weight of less than 2,500 grams is reported at 31 percent.[21] The contraceptive prevalence rate is about 40 percent.[22]

India's urban population, currently at 28.1 percent and expected to go up to 35.9 percent by 2015[23], consists largely of rural migrants who live in disadvantaged communities with poor access to drinking water and other basic facilities. The majority of workers employed in manufacturing industries in Delhi, Chennai, and Bangalore consists of these migrants. The majority of workers in the south are women aged 18-45, with the average age of approximately 25. The majority of workers in the north are males, in approximately the same age group. Most workers have an average of ten years of schooling. In addition to poor living conditions, they often face long commutes to the workplace and the responsibilities of extended families. Women especially face dual responsibilities of taking care of families and children. Unlike other Asian countries, factories in India rarely provide accommodation for workers. *note: what does "accommodation" mean here?*

Indian labor law requires that all factories with more than ten workers be registered with the Employee State Insurance (ESI) Corporation that provides insurance against sickness, disability and death and also provides for benefits such as maternity leave.[24] All workers earning up to Rs. 6,500 per month[25] are eligible for ESI benefits – the employer makes a monthly contribution of 4.75% and deducts 1.75% from employee wages. ESI also has a network of hospitals and clinics – workers visit the ESI facility closest to their residence for treatment. However, similar to other public health facilities, ESI facilities are generally understaffed, lacking in essential medicines and equipment and are not always located within the reach of workers. Some employers also feel that since the service is free it is not valued highly by workers.[26] Another indicator of the way ESI facilities are perceived is that temporary workers (usually migrants) often do not want to contribute the 1.75% of their wages as they believe that they do not get enough value in return.[27] ESI facilities are also not always open in the evenings and workers are not able to visit them during the day because of the factory schedule.[28]

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[20] Country Health Profile for Inida, World Health Organization South-East Asia Region, 2001. See http://w3.whosea.org/cntryhealth/india/index.htm
[21] ibid.
[22] ibid.
[23] *Human Development Report, 2001,* United Nations Development Programme (UNDP)
[24] Employee State Insurance Act, 1948
[25] About US$133 at Rupees 1 = $0.02
[26] Interviews during site visits to factories
[27] ibid.
[28] Interviews during site visits to factories

All factories with more than 500 workers are required to maintain an ambulance room with medical and nursing staff available during all working hours.[29] All factories with more than 1,000 workers are required to have full time welfare officers.[30]

Women workers receive legal protection from excessive working hours (cannot work between 7 p.m. and 6 a.m.). Paid maternity leave of twelve weeks is provided (six weeks before and six weeks after delivery) through ESI.[31] Women workers cannot be dismissed solely on the basis of taking maternity leave.[32] Factories with more than 30 women workers are required to provide child care facilities for children below six years of age.[33] Nursing mothers are also entitled to two paid breaks of fifteen minutes duration each per day until the child is fifteen months old. [34]

Employers are required to take preventive steps against sexual harassment including providing a complaint mechanism through the formation of a Complaints Committee, headed by a woman, with not less than half the members also being women and also including a third party representative (NGO or other body).[35] The Committee investigates complaints and also makes an annual report to the Government.

In spite of the provision of ESI and legal protection, women workers face several risks in the area of health:

Health Status of Women Workers

- As indicated earlier, poor nutrition and living standards have lead to the widespread prevalence of **anemia**, especially among working, lower income women. This leads to fatigue in the workplace and increased susceptibility to respiratory infections and communicable diseases.
- **Tuberculosis** cases are frequent in factories.[36] This is reflective of the national situation, where an estimated 14 million people suffer from active tuberculosis and about 500,000 deaths are reported annually from the disease. Since it is spread through a patient's cough, workers in crowded factory situations are at risk of being infected. Tuberculosis is also the leading cause of deaths among HIV/AIDS infected patients.
- Cases of **typhoid**, which is passed through infected food and water, are also reported among factory workers.[37]
- **Urinary tract infections**, which can occur and spread in unhygienic conditions are also common.

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[29] Factories Act, 1948
[30] ibid.
[31] Maternity Benefit Act, 1961
[32] ibid.
[33] Factories Act, 1948
[34] Maternity Benefit Act, 1961
[35] The guidelines were promulgated by the Supreme Court of India in *Vishaka v. State of Rajasthan.* Vishaka v. State of Rajasthan, 1997 6 SCC 241
[36] Interviews during site visits to factories
[37] ibid.

- High levels of **anxiety** have also been reported by women workers arising out of the pressure of handling the dual responsibilities of home and work. Single workers also face pressure from family to marry and often are not able to discuss their anxieties with family members.
- Women workers are also concerned about what constitutes a **healthy woman** or a **healthy mother**. They do not have enough information on appropriate diet, preventive care, or how to take care of children.

Reproductive Health

- Women do not have enough **information** on family planning and contraceptive use. The ESI facilities do not provide background information on the various methods available and women are unable to make an informed choice. The government family planning program has traditionally focused on meeting targets and encouraged a few methods such as sterilization and injections. Consequently women workers have little control over their reproductive lives and when they choose to have children.
- While **sexually transmitted diseases** including HIV/AIDS are not a serious concern in terms of numbers of cases, women workers are aware of the disease and concerned about risky sexual behavior by husbands. Again there is lack of information on how specifically STDs are spread and avenues for treatment. HIV/AIDS is of greater concern among male workers in north India.
- **Reproductive tract infections** (white discharge) are commonly reported.
- **Menstrual hygiene** - Most women re-use old cloth instead of disposable materials.
- **Ignorance of pre and post-natal care** – Provision of iron supplements and tetanus toxoid is not common during pregnancy. Most women, even in urban areas deliver without the aid of trained personnel and at homes rather than in hospitals or clinics.[38]

Projects Profiled

Against the backdrop of widespread inequity that women face in health and employment, the factories profiled in India have used a variety of approaches to deal with pressing health issues. BSR visited six projects in Bangalore, Delhi and Chennai – five of the projects were based in factories and one was based in a community with a large number of migrant workers. The companies profiled are relatively large, ranging in size from four facilities with about 1,600 workers to 35 facilities with over 19,000 workers. About 90 percent of the workers in the factories surveyed are women. The health programs are generally part of a larger practice of promoting employee well being. The community project serves an area of approximately 25,000 residents, many of whom work in apparel factories and are migrants from other parts of the country.

[38] The World Health Organization reports that 49.1 percent of pregnant women consulted with trained personnel, 53.8 percent of pregnant women received two or more doses of tetanus toxoid, 34.2 percent of deliveries were attended by trained personnel and only 24.5 percent of deliveries occurred in private and public facilities in the year 1992-1993. http://w3.whosea.org/women2/index.htm

Case Study: Community Empowerment to Promote Reproductive Health

Swaasthya

Swaasthya has developed a comprehensive strategy towards women's health in a low income community in Delhi. Swaasthya works not just to improve health but also for overall women's emancipation, including access to legal rights, preventing domestic violence, and improving social equity. Community development has been emphasized in order to enhance the community's own capacity to respond to reproductive health needs, to help overcome social barriers to attainment of reproductive health services and to enable the community to demand and ensure a high level of services.

Tigri is a low income area on the outskirts of Delhi that is home to about 25,000 people. Only twenty percent of the population are original residents. The rest consist of new residents including floating migratory skilled labor who work on a contract basis in apparel factories. The population consists of a mix of different languages, cultures and religions living either as extended families or as smaller families. There are no primary health facilities in the community and the nearest hospital is several miles away.

Community Approach
The main elements of the approach are information, education and communication (IEC), clinical services and social and economic development. All staff and volunteers are local residents of Tigri.

Health education is carried out through one-on-one interaction with residents, organized groups, informally at street corners and in the local market, through home follow-up visits and through peer educators. Adolescent girls and boys and men are also included in education efforts. Topics include maternal health, pre and post-natal care, sexual health, condom promotion, reproductive tract infections, menstrual health, child health, vaccinations, diarrhea, anemia and nutrition. Innovative strategies include broadcast of videos and news clips produced by Tigri residents (titled "Tigri Dhadkan" or "Heartbeat").

Clinical services are provided through a clinic and laboratory. Community based condom depots are managed by local women who provide contraceptives and menstrual hygiene materials for sale at their homes.

In order to promote social and economic development, community women have formed "panchayats" (governing councils) to investigate and redress cases of domestic violence. Pooled savings of the group are also available to individual members as needed.

Towards Self-management
Swaasthya's programs reach over 10,000 residents of Tigri. The strategy of including community members as volunteers and staff has allowed the management of the programs to gradually move to the community. They have moved from passive acceptance to avowed

interest, monetary contributions and participation in program planning, development and monitoring. This ensures that the programs will be sustainable in the long run.

Type of Programs

The programs profiled meet different needs. In terms of structure, they are organized in the following ways based on available resources and needs of employees:

- **In-house facilities staffed by employees of the company.** These range from medical and nursing staff, welfare officers and crèche (child care) attendants required by law, to specialist doctors (e.g. gynecologists), laboratory technicians and medical officers who oversee the health of workers beyond legal requirements. In most cases, human resources personnel collaborate closely with health-specific staff in implementing programs and also act as an additional pair of eyes and ears when interacting with workers.
- **In-house facilities staffed by visiting, part-time medical staff**. These projects involve doctors, nurses and counselors, with a minimum visiting frequency of once a week. In some cases, a company with several facilities rotates a full-time doctor and nurse between different facilities.
- **Health programs contracted out to local NGOs, government departments or industrial associations**. The type of services provided by these external groups range from training in first aid and fire fighting to raising awareness on malnutrition and pre-natal care. Often these take the form of periodic "health camps" that focus on a specific issue and provide information, conduct tests and screening and prescribes treatment. While the health camp approach has been criticized by NGOs for not providing sustained services and only serving to highlight awareness, it remains popular in factories probably because of the relatively fewer resources needed for implementation. Vaccination drives against cholera or typhoid are also very popular.[39]
- **Outsourcing of health programs to nearby clinics or hospitals.** Some companies believe that this is a more sustainable approach to providing screening and treatment services than setting up the facilities in-house. Further, workers sometimes feel that they are getting more value from an outside facility than their own, due to the quality of luck or fortune associated with certain doctors and facilities.[40]
- **Programs part of larger, collaborative projects**. Interesting initiatives have also been undertaken as part of collaborations such as the Global Alliance for Workers and Communities, a partnership between brands and manufacturers to ascertain worker's needs and aspirations, and find ways to fulfill those needs. The Global Alliance's needs assessment survey, conducted in nineteen factories in north and south India highlighted aspirations in several different areas. In these surveys, health emerged as an important area of concern to workers.

[39] Interviews with NGOs
[40] Interviews during site visits to factories

- **Community Health Projects.** The community health project works through a variety of forums within the community – peer educators, self-help groups, video news programs, a clinic, and a women's community governing council. The requirement for participation in these forums is that the individual be a community resident.

Meeting Women Workers' Need

The various structures outlined above meet women's health and reproductive health needs to varying degrees. In some cases, the structure is not designed to go beyond screening and curative care, thereby not reaching important areas such as education and awareness. In other cases, the factories have succeeded in raising awareness on important health issues, but have not been able to provide supporting services in the form of treatment or prevention.

- **General Occupational Health**
  The general situation regarding occupational health in the export factories is critical to understanding the specifics of women's health overall, and reproductive health in particular.

  The factories surveyed through this project have several good health and safety practices in place on the factory floor and have invested in required equipment such as fire extinguishers and first-aid kits. They have also provided training on fire fighting and use of first-aid – in some cases this training is provided to all workers on a rotating basis and in others to a smaller group. The training is generally provided by an external group, in most cases a local hospital. All workers generally receive some kind of safety orientation at the time of hiring, in the form of a training or distribution of a pamphlet. Where there was an injury arising out of an occupational hazard, the factories reported paying for the treatment. One company had a link with a nearby private hospital whereby workers could seek treatment and be reimbursed by the company, in addition to any treatment at ESI facilities. Needle injuries are the most commonly reported hazard. The same company also carries out preventive screening of workers based on job type. For example, workers in the checking factory have periodic eye examinations to ensure that their eyesight is not affected by the rigors of the job. Another factory has provided training on the proper ways to lift heavy loads for those working in the warehouse section. All the factories surveyed paid specific attention to the needs of pregnant women in terms of moving them to lighter work. One respondent stressed the importance of gaining the involvement of supervisors and production staff in order to ensure that pregnant women are given appropriate work. On the whole, the companies have succeeded in setting up and screening procedures around specific areas of occupational health, have made provision for compensation in case of injury beyond that required by law and are also putting into place preventive measures to ensure that those who are especially vulnerable, such as pregnant workers, are protected. However, this analysis is limited to the factories visited and general health and safety conditions are not as good. In addition to missing equipment and lack of training, workers are often left with the ESI facilities as their only recourse in case of injury.

- **Family Planning and Reproductive Health**
  Reproductive rights are a growing focus of health programs in factories. While there has been considerable emphasis on legal benefits for pregnant workers, factories have begun to discover, through surveys and health camps, that women workers are also anxious about different aspects of reproductive health such as infections, menstrual hygiene and contraception. These concerns do not fit easily into existing health programs since they deal with issues that women are not necessarily comfortable discussing in the workplace and do not naturally arise in the course of work.

  Nevertheless these concerns can have a considerable affect on the mental well-being of workers. Some of the common approaches that factories surveyed used to meet these concerns are as follows:
  - A full-time gynecologist who provides counseling and treatment to workers when required – specific issues include contraception and infertility treatment
  - Worker education in the form of pamphlets and training on personal hygiene, contraception, and sexually transmitted diseases including HIV/AIDS
  - Provision of menstrual hygiene materials in factories
  - In the community project, women have formed into self-help groups that discuss issues such as domestic violence, menstrual hygiene, contraceptives and HIV/AIDS
  - The community project has also organized condom depots that are managed by local women who provide contraceptives and menstrual hygiene materials for sale at their homes

  Probably because the major needs among women relate to information and awareness, the factories did not report on extensive screening and treatment services related to reproductive health. Where there are medical staff available, women workers do approach them with specific needs for diagnosis and treatment. The efforts outlined above are only a beginning and there remains much to be done even in factories with programs in the area of reproductive health.

- **Nutrition**
  As noted earlier, nutrition is a prime need for women workers and companies have tried to improve awareness and access to nutritious food in different ways. Education and training has been the most popular means of focusing on the issue. Educational programs range from an annual "Nutrition Day" to highlight low-cost, nutritious foods that are easily available to workers, to more sustained programs targeting specific populations such as pregnant workers. One factory provides pamphlets to pregnant workers highlighting the importance of iron supplements and nutrient rich foods. A full-time gynecologist also speaks to women individually about appropriate diet. Some factories also encourage a better diet by providing nutrient rich foods such as sprouts at a very nominal cost to women workers everyday. The factories report that workers have begun to understand the reasons for fatigue and low stamina and try to improve their diet rather than merely relying on medication to cure their ailments.

- **Access to health**
  Since a majority of the workforce in the factories visited are women, female workers are generally able to make use of health services available to them. While there is no discrimination in terms of availability of services, women workers have not always been included in the design of the programs. The initial focus was on occupational health and fulfilling legal requirements. Once these programs became operational, there was a slow realization of needs such as reproductive health that go beyond the capability of existing programs. These needs have been detected through surveys, daily interaction with welfare officers and existing health programs. Factories are beginning a process of consultation with workers and health experts to devise ways to meet these needs. However, the programs still remain largely management driven.

- **Self-esteem (Self-empowerment)**
  Self-esteem is also slowly gaining recognition among factory management as an important factor in the development of one's full potential as an employee and individual. While most of the factories surveyed attempted to improve self-esteem by having welfare officers or human resources personnel build rapport with individual workers or by providing counseling when required, one of the factories surveyed has developed a day long self-esteem training to enable workers to realize their self-worth. The training, which includes 20-25 workers, covers self-awareness, dealing with positive and negative emotions, expressing feelings, developing patience and negotiating terms through games, role play and interaction with others in the group. The size of the group allows for interaction among workers, who may feel more comfortable expressing themselves in the anonymity of a larger group. Workers report an increase in confidence and ability to negotiate as a result of this training. The community project provides various opportunities to develop self-esteem to women and adolescent girls – through self-help groups, participation in a governing council and production of a weekly TV magazine. These interactive activities enable the participants to learn specific skills and also develop leadership and management abilities. Staff on the community project report that there is a greater ability to express health problems and work collectively as a result of these activities.

- **Child Care**
  Almost all of the companies visited had fully functional crèches (child care centers). The crèches are staffed by trained attendants (ratio of one attendant for about 20 children) and also provide food to the children. One factory reported that the crèches are also used as an access point to the mothers, who are given training on correct nutrition, simple remedies for diarrhea and vaccinations for children. Monthly meetings are held with the mothers to go over issues of concern. The children are also given a quarterly health check-up. While the number of children in the crèches is not large (20-25 children in a facility with over 300 workers), it does seem to be of great help to the mothers who report that they are now able to concentrate better on work.

In the cases where there is a fully functional crèche, it has proved to be a very useful benefit. One company had the crèche centralized for all its facilities – mothers drop off the children in company buses and pick them up in the evening. This enables the company to take advantage of larger numbers and invest in diverse staff such as a full-time teacher in addition to caregivers. Unfortunately, the majority of companies in the manufacturing sector do not provide child care facilities and if they do, they are not fully functional (do not have full time attendants). Workers are also not always informed of the availability of the facility or encouraged to make use of it.

- **Harassment**
  All of the factories visited had programs on sexual harassment, including awareness raising through training for supervisors and workers and a complaint mechanism in the form of a Committee. These measures have lead to better awareness of the issue and what is acceptable behavior and what is not (such as touching or sexually colored remarks). The committees have also helped to bring instances of harassment to the open and workers report feeling more confident in bringing up such instances.[41] While the establishment of firm policies and complaint mechanisms are positive steps that have helped highlight the issues, most factories in the apparel industry have not yet instituted these measures and still have a long way to go in terms of improving awareness and taking preventive steps.

- **Enjoyment of Benefits Relevant to Women's Health**
  As noted earlier, the law provides benefits for women workers including restrictions on working at night, maternity leave, nursing breaks and childcare. Women workers in the factories visited have been broadly able to avail themselves of these benefits. All of the factories provide childcare, however, not all women bring their children to these facilities and hence are not able to take required nursing breaks. Maternity leave is generally available, however, the majority of apparel factories do not allow workers to take full maternity leave, especially the six weeks prior to delivery.

- **Family Health**
  While the factories visited did not provide specific services to families (with the exception of the crèches), there was a philosophy of educating the mother to reach the entire family. To this extent, education programs emphasize nutrition, pre and post-natal care and the importance of routine check-ups to monitor eyesight and other aspects of well-being. Facilities that provided individualized services to employees such as counseling or specialist doctors found that many of the questions related to the health situation of the entire family. Some factories encouraged workers to bring family members to health events such as the awareness raising camps. There is no consistent effort, however, to reach out to families. Given limited resources, the factories visited seem to have taken the approach of working to educate the individual in greater depth rather than reach out to a wider group of family members.

[41] Interviews during site visits to factories

Conclusion

The factories visited are well managed and relatively large. The level of health services provided is quite high when compared to general practice in the industry. Most of the factories have strong occupational health programs and have also begun to take steps to reach out to workers on other areas such as reproductive health and nutrition.

- Those factories that have provided health facilities in a central location are providing useful services, however, they have not necessarily been able to reach out to workers and gauge the level of awareness on health issues or identify broad problems. While such services have proved to be very useful for screening and treatment, they are not always able to detect underlying causes and suggest preventive measures on a broad scale. Workers who use these services often come with a specific ailment that needs treatment. Medical staff do not always have the time to reach out to other workers for education, awareness raising or other purposes. The welfare officers and human resources personnel perform the important function of interacting with workers on the shop floor and learning more about various issues including health. Hence the provision of health services alone, while useful, does not ensure that there are adequate preventive measures in place.

  One of the factories visited has taken the opposite approach – contracting out medical services to external hospitals and clinics and providing education, awareness raising and self-esteem training to workers through human resource personnel and invited NGO experts. This factory believes that it is more important to provide workers with the knowledge required to promote their own health and that they will be able to avail of external services through ESI and other facilities when needed.

  A combination of both approaches seems to be the most effective, given the clear shortfall in public health facilities. While there is a clear need for screening and treatment facilities, this alone is not enough to ensure broad improvements in health. Constant interaction with workers to detect issues of concern and work out appropriate strategies to implement them is also crucial. Since workers do not always have the time to approach medical staff, it is important that resources and personnel be brought to them.

- While it is useful to have medical personnel and other facilities focused solely on health, the well-being of workers is intimately connected with other issues such as self-esteem, ability to approach supervisors and management and the incidence of harassment. Hence, providing clear policies, training and opportunities for interaction also creates an enabling environment within which workers may identify and improve on reproductive health issues as well. Worker-management committees have also been a useful means of identifying issues (such as grievance committees or committees on harassment, as required by law).

- In terms of education, the periodic "health camps" do a good job of raising awareness, but are not able to provide follow-up services in case workers have additional questions or would like to take action. The most effective training

includes a close link to permanent staff, so workers have a visible means of follow-up. This is especially crucial for sensitive reproductive health issues.

- All of the factories reported that scheduling trainings and other broad-based health activities was not easy due to conflicts with production, and that cooperation and understanding from supervisors was crucial to facilitating trainings. Holding the training partly during working hours (e.g. at the end of the day, a half hour prior to closing time) gave an important message to the workers that the training was considered important by the company.

- Commitment from senior management in the form of supporting such initiatives is crucial. Support is demonstrated in the form of participation in planning and communication to workers. This attitude also filters down to the supervisor level so gaining worker participation becomes easier.

- Based on interviews with factory management, there seems to be a link between turnover rates and good health facilities. One factory reported a turnover rate of twelve percent when compared to the industry average of sixteen to seventeen percent. This was attributed partly to good health facilities.

INDONESIA

Country Summary

The health care system in Indonesia is currently going through a process of privatization and decentralization, making health care expensive and harder to access for most workers. Most women workers are also migrants from rural areas who live in dormitories or close to factories in poor conditions. They are susceptible to many of the risks of living in urban centers stemming from pollution, lack of safe drinking water, and pre-existing health conditions. Health issues faced by women workers include anemia, respiratory tract infections, intestinal parasites, lack of information on contraception and pre and post-natal care, reproductive tract infections, and a high infant mortality rate. Cultural and religious norms especially affect discussion and action on reproductive health issues, especially with single women.

The projects visited are factory-based efforts to identify and overcome some of the above health issues. The factories visited provide basic screening and treatment facilities, based in both footwear and apparel factories and in the community. Educational programs on nutrition, pre and post-natal care and reproductive health issues such as sexually transmitted diseases and safe sex are also provided. Factories have also begun to interact with workers in a less formal context through counseling sessions or providing worker care centers where human resources personnel meet with workers periodically. External organizations have played a crucial role in using their expertise in health issues and strategies to identify needs and design programs..

The projects have demonstrated the importance of education for the long-term improvement of health and the need to involve the local community. Since many of health problems stem from poor nutrition and unhygienic living conditions, change at the community level is also needed to make a difference within the workplace. While there is a realization of the importance of reproductive health to women's overall health in the workplace, health services remain largely within the private sphere with the broad exception of educational efforts.

Country Health Situation

Indonesia currently lags behind other countries in Southeast Asia in key indicators of women's health such as maternity mortality rate, infant mortality rate and malnutrition.[42] The state established a health policy in the 1980s that focused on getting basic services to the poor through an extensive network of primary health centers operating in peripheral locations, and relying on providers with modest training.[43] During this period, progress was made on several fronts – contraceptive use rose to over 60% and the total fertility rate fell from 4.7 to 2.8 births per woman.

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[42] For example, Thailand has an infant mortality rate of 35 per 1000 live births as compared to 46 in Indonesia. *Health Situation in South-east Asia: Basic Indicators 2000. World Health Organization, 2001*

[43] *Health Strategy in a Post-Crisis, Decentralizing Indonesia.* World Bank, Human Development Sector Unit, East Asia and Pacific Region. November 17, 2000.

Since the financial crisis of 1997 and subsequent changes in government, however, the focus shifted towards decentralization and privatization of the system. The total national expenditure on public health fell from 2.5% of Gross National Product (GNP) in 1986 to 1.65% of GNP in 1995. Public health care providers were given the opportunity to work part-time on private accounts to supplement their incomes. As a result, the number of people seeking care from public facilities has fallen, while the growth rate of private facilities has increased. The poorest 20% of the population have begun to rely on self-treatment rather than access private facilities. The role of foreign aid and NGOs activity have become increasingly important in ensuring that health services reach this section of the population.

Indonesia: Health Statistics[44]	
Life Expectancy at Birth (Male)	66.6 years
Life Expectancy at Birth (Female)	69 years
Infant Mortality Rate	46 per 1,000 live births
Maternal Mortality Ratio	373 per 100,000 live births
Percentage of Population with Adequate Sanitary Facilities	66 percent
Doctors per 10,000 population	1.6
Nurses per 10,000 population	5

Increases in industrialization, vehicular emissions and untreated industrial waste have led to serious levels of air pollution and contamination in surface water in urban and industrial areas. As a result, there is a high incidence of respiratory, skin and bowel diseases among residents of these areas. In many cities, facilities for clean water are located next to septic tanks, leading to further contamination of drinking water.

Lifestyle changes over the last 20 years have also contributed to increases in substance abuse and smoking, especially among adolescents.

In this scenario, factory workers, who are largely migrants living away from their families, are susceptible to many of the health risks of urban, industrial areas with little recourse to appropriate care. Although the law provides for periodic medical examinations by a doctor and health education[45] there are no specific guidelines on the kinds of tests to be included in medical examinations and how health education is to be administered. As a result, implementation of these measures is uneven and varies across industries and regions. The law does provide for payment of social security (JAMSOSTEK), but this only covers accidents and not health promotion. Some companies provide additional insurance to their workers (the government JAMSOSTEK B or other private plans) but this is not a widespread practice. Company clinics are also required to share medical records with the public health system, but this is rarely done in practice.

[44] *Health Situation in South-East Asia: Basic Indicators 2000,* World Health Organization.
[45] *Law 1/70 and Minister of Manpower Regulation No. 7 of 1964 ("Per-7/64).* On health education the law states that "the focus of health development is to increase the knowledge, attitudes and practice (in health) of the people".

Pregnant workers are prohibited from being dismissed due to pregnancy. Employers are also required to re-allocate work so that pregnant workers are not involved in dangerous or heavy work, without affecting their pay or status within the company.[46]

Some companies do provide health facilities such as clinics with full time doctors. However such doctors are generally focused on providing curative care and have very little time for preventive activities. For example, a doctor may see as many as 150 patients in one day, leaving little time for health education. Some company doctors visit two or three times per week, other factories have only paramedics. Some company clinics also provide short-term in-patient care (e.g. one day). Companies also generally make arrangements with hospitals in the vicinity of the factory (both government and private) for workers to seek treatment. Each sub-district has one public health center which is usually only for out-patients and serves residents of that area. Workers tend to visit small shops (*"warungs"*) and shops that sell herbal medicines when they need treatment for minor ailments.[47] These facilities are located close to where the workers live and are seen to be more convenient. Some surveys on company clinics have found that the quality of care is not satisfactory due to long waiting times, generic medicines, limited time with doctors and a lack of clear instructions from clinic staff.[48]

There is also a perception in Indonesia that footwear and apparel industries are frequently in danger of losing business due to instability in Indonesia and a constantly shifting set of relationships between local manufacturers and their international customers. This leads to a high turnover of workers. Companies in these industries are not perceived to be willing to make investments in health care, as they are uncertain that workers will stay with them for the long term, as compared to workers in electronics, an industry in which workers generally stay in the same job for ten years or more. Companies with skilled workers also tend to invest more in the health care needs of their workers.

Health Status of Women Workers

The majority of women working in the apparel and footwear industries in Indonesia are in the 18-22 age group, and are migrants from rural areas who have typically completed junior (9 years) or senior (12 years) high school. The main health problems faced by these women workers are as follows:

- **Anemia** – studies by the World Health Organization have shown that about 51 percent of all pregnant women in Indonesia are anemic (statistics not available for general population of women).[49] Workers believe that factories do not provide nutritious food at work, so workers buy food from outside vendors, whose offerings may have little nutritional value and may contain harmful substances. Poor diet is aggravated for

[46] Manpower Regulation No. Per-03/Men/1989 ("Per-03/89")
[47] "When workers are experiencing health-related problems, more than half of them visit facilities other than the factory clinic to meet their health needs. Almost a third, for example, go to a "small shop" (a kiosk or booth), and a quarter visit the herb shop. About 27% go to the factory clinic on a frequent basis, but 58% go there only occasionally." The Global Alliance Needs Assessment survey. http://www.theglobalalliance.org/assessment.cfm/6/30/45/128
[48] ibid.
[49] *World Health Organization* http://w3.whosea.org/cntryhealth/indonesia/index.htm

women workers by the menstrual cycle.[50] These factors can contribute to the development or aggravation of anemia.

- **Intestinal parasites**, a pre-existing condition contracted prior to working in factories (often when living in rural areas), are also common among women workers.[51]
- Most workers stay in rented rooms, with five to six sharing a room. Even when dormitories are provided, living conditions tend to be crowded and contribute to the **spread of disease**.[52]
- **Respiratory tract infections** (cold, cough etc.) are commonly reported, as are stomach disorders (acidity, gastric, diarrhea), and urinary infections.[53]

Reproductive Health

- Workers have little **access to information on reproductive health or contraceptives.** Company clinics generally provide contraceptives only to married women due to a social and cultural taboo against providing such services to single women (men generally do not receive contraceptives at the clinics). Single workers seeking contraceptives are forced to go to private pharmacies and generally do not do so since they are far away, and expensive to reach using public transportation.[54]
- **Unwanted pregnancies** are one of the results of the poor access to reproductive health. While there have been no surveys on this, NGOs interviewed have observed an increase in the instance of pre-marital pregnancies. Abortion is illegal, and especially difficult to access for single women. Cultural and religious norms against pre-marital sex make the provision of reproductive health services a difficult process. Single women often suffer more for this and are not able to access these services openly and safely. Consequently, they are in danger of approaching unqualified doctors and resorting to unsafe means of care.
- **Reproductive tract infections** (white discharge) is commonly reported.
- **Abnormal menstruation**, including dysmenorrhea and amenorrhea is also common.
- Workers often do not always take the **1.5 months maternity leave** provided prior to delivery (the 1.5 months leave after delivery is generally taken). Pregnant workers are also not generally moved to lighter work, as required by law and internationally-accepted principles.
- **Ignorance of pre natal & post-natal care**. Many workers do not want to go to hospital because of lack of transportation and because they do not understand hospital procedures. Some also return to home villages for delivery, where facilities are poor.
- **High infant mortality rate**. Indonesia has a higher infant mortality rate than most Asian countries (48 per 1000 births). Ignorance of pre-natal care, use of traditional midwifes (bleeding during birth) and poor health of expectant mothers (including anemia) are some of the reasons for the high rate.

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[50] Interviews with NGOs. The Global Alliance Needs Assessment survey of over 4,000 workers in seventeen factories in Indonesia, also points to 86.1 percent of women who reported having "weakness" (October 2000). 85% of the workers surveyed were women. http://www.theglobalalliance.org/assessment.cfm/6/30/45/128

[51] Information gathered during site visits to factories. Also reiterated in Global Alliance Needs Assessment Survey. http://www.theglobalalliance.org/assessment.cfm/6/30/45/128.

[52] Interviews with NGOs.

[53] Information gathered during site visits. Also reiterated in Global Alliance Needs Assessment Survey. http://www.theglobalalliance.org/assessment.cfm/6/30/45/128.

[54] Ibid.

- **Child care** is generally not provided and workers consequently leave children in the care of their parents (child care is not required by law).
- The incidence of **HIV/AIDS** is still relatively low in Indonesia. Some of the NGOs interviewed believed, however, that the reported figures may be the tip of the iceberg since the rate of sexually transmitted diseases (STDs) is relatively high. NGOs feel that HIV/AIDS is not very well understood by the business community and employers do not perceive it as a serious problem. Several employers fear that if education on HIV/AIDS is provided, it will be seen as a problem in that factory that needs rectifying. Eighty percent of the reported AIDS cases in Indonesia are in the working age group of 20-49.
- The incidence of AIDS is higher among industries with a large number of male workers such as **mining, transportation and shipping** rather than industries such as garments and footwear with majority female workers.

Projects Profiled

Given the recent financial crisis and uncertainty in public health services, workers are increasingly forced to use private services. BSR visited five women's health projects in the greater Jakarta area and Bandung. Four projects were factory based, and one was community based. Three of the programs visited were in footwear factories and one was in an apparel factory. The companies visited had large workforces, ranging in size from 4,000 workers to over 20,000, and the majority of the workers were women. The footwear factories tended to be larger than the apparel factories, and also had fewer customers.

Several factors are responsible for making footwear factories' relationships with their customers more stable than those in the apparel industry. Footwear manufacturers tend to have more stable, long-term relationships with their customers, and they often invest more in the infrastructure of their facilities and devise longer term programs for employee well-being. Footwear brands are also able to work more closely with manufacturers on such programs.

Types of Programs

The programs reviewed as part of this project included the following characteristics:

- **In-house facilities managed by full-time employees.** These ranged from a minimum of doctor and nurse to specialists such as dentists, gynecologists, counselors and occupational health experts. The footwear facilities, which had larger workforces than the apparel facilities, were able to provide more specialized services such as counseling and dentistry due to the larger numbers or users. Such specialized services were considered too expensive for apparel factories to provide.
- **Health programs that are contracted out to local NGOs, government departments or industrial associations.** The type of services provided by these external groups range from training in first aid and fire fighting to raising awareness on cancer or the benefits of breast feeding. In one case, a factory had invited an NGO to carry out a needs assessment survey to be followed by an intensive training program to raise awareness on issues of concern.

- **Specific services that are contracted out to local hospitals**. This approach was adopted especially in cases where the company is not able to provide needed services, e.g., dental services.
- **Community programs**. The community project BSR visited is jointly funded by a brand and a large apparel manufacturer and employs more than 15,000 workers in ten facilities. Rather than locate the clinic in the workplace, the company chose to set it up in a community where the majority of its workers live. Services are provided free of charge to its own employees, and the services are made available also to other residents of the community, who pay a nominal fee. The company has also contracted with other apparel manufacturers in the area to allow their workers to visit the clinic as well. In return the companies pay a fee to the founding company.
- **Programs that are part of larger projects**. Notable in this group is work led by the Global Alliance for Workers and Communities ("Global Alliance"), a partnership between brands and local manufacturers to ascertain workers' needs and aspirations, and to find ways to fulfill those needs. The needs assessment survey, conducted in 17 apparel and footwear factories in Indonesia, highlighted aspirations in several different areas, and health emerged as an important area of concern to workers. Another program, initiated by a brand, provides assessment and internal health and safety capacity development, whereby a specialized health and safety organization carried out assessments of the brand's suppliers and works with the factories to develop their programs.

Case Study: Promoting Health and Well-Being through Counseling

Pou Chen Indonesia

Pou Chen Indonesia is a footwear manufacturing facility with over 8,000 workers, the majority of whom are women. In addition to providing clinic facilities, medical check-ups and health education with specific emphasis on maternal health, the company established a "Worker Care Center" and a Library and Counseling Center to interact informally with workers and discuss problems.

The Worker Care Center is located near the shop floor in the factory and in the dormitory to provide workers a place to relax during breaks. The Center is staffed by human resources personnel and serves as an informal venue for workers to discuss any issues of concern and as an initial point for identifying problems. The factory reports that there are about ten to 20 workers in the Center during every break.

The factory has also set up a Library and Counseling Center for its workers. The library is well frequented, with over 200 visitors a day. Materials provided include magazines, fiction and books on maternal, child and reproductive health. The counseling center, which is housed in the same building as the library, has a staff of four counselors including a nutritionist. Most of the workers who visit the counseling center discuss health issues – women discuss problems of reproductive health and menstruation and married women discuss childcare. Relationships are also frequently discussed. The Counseling Center also

provides for telephone hotline that is used more widely than face-to-face meetings with the counselors.

Both the Worker Care Center and the Counseling Center serve as an informal point of contact with workers as well as a means to provide individualized health information. In addition, the company is able to receive feedback from workers and learn of potential issues and problems. Workers are comfortable discussing issues in the Counseling Center because the specialized staff is removed from production and factory management. The company continues to provide screening, surveillance and treatment facilities which serve as useful means of follow-up to issues raised through counseling and informal interaction.

Meeting Women Worker's Needs

The needs highlighted in the introduction are extremely varied, and different approaches will likely prove quite useful in addressing them. It also became clear that several factories surveyed found that the expertise of external organizations was critical in addressing some of the more complex issues that have arisen, beyond the initial concerns of occupational health and access to medical care.

- **General Occupational Health**
  The general situation regarding occupational health in the export factories is critical to understanding the specifics of women's health overall, and reproductive health in particular.

  All of the factories surveyed in Indonesia offer training programs on health and safety concerns related to specific positions, including training on first aid, fire emergencies and use of personal protective equipment (PPE). The use of PPE is especially emphasized in footwear factories that use a high level of chemicals and have high-noise operations. Such factories hold frequent trainings, display charts and posters on the shop floor and require supervisors to strictly enforce regulations. Some brands are also advocating a move away from use of chemicals to water-based solvents and use of pellets rather than powder materials (less dust and air pollution).

  The annual medical check-up required by law includes a physical examination, a blood test, an x-ray and a urine test (the law does not specify what is to be included). When a specific illness is found, the factory clinic commences treatment when possible – in some instances, the factory does not have the facilities available and recommends that the worker go to an external hospital. For example, one factory found a large number of workers with dental problems in its annual check-up, but could not afford to provide the services of a dentist in-house – it recommended the workers to nearby medical facilities. In cases of long-term illnesses such as tuberculosis, social security (JAMSOSTEK) provides compensation on a decreasing scale for up to a period of one year while the worker seeks treatment. Workers in specific jobs undergo tests appropriate to the risks of their position, e.g. workers in high-noise areas undergo ear tests and food handlers in the cafeteria are tested for Typhus, Hepatitis and other communicable diseases. Food handlers also receive

vaccinations against these diseases. Some factories reported that all workers receive Tetanus injections due to the high number of needle injuries – in other factories visited, this was only provided to pregnant workers.

Specific attention is also paid to the needs of pregnant workers in the footwear factories visited. They are prohibited from working with chemicals, standing for too long at a time (more than two hours) or doing heavy work. Some factories provide special identity cards to pregnant workers. One of the factories visited allowed pregnant women to leave work an hour early.

Most of the factories visited also had Health and Safety Committees with representatives from workers, management and unions (where operational) that met approximately once a month to go over health and safety issues. The meeting minutes were posted in a public place in the factory. In some cases, members of the Committee also received training and certification in fire fighting and first aid.

Factories that have had their health programs assessed by an external health and safety organization are also instituting written emergency response plans that include coordination with local external referral hospitals. Record keeping has also been emphasized – especially keeping records confidential. Early detection systems through more frequent health check-ups are also being developed, so diseases such as Tuberculosis can be isolated early.

In sum, the factories have set up systems to protect occupational health on several fronts. With the help of external organizations, they are also devising ways to ensure that these systems work in tandem to also enhance surveillance, prevention and treatment capabilities.

- **Family Planning and Reproductive Health**
  As noted earlier, the factories visited pay direct attention to the needs of pregnant workers. This also extends to medical care and advice:
  - The factories visited provide periodic check-ups to pregnant workers, either through existing medical staff or visiting specialists (mid-wives or gynecologists). The check-ups are usually held once a month.
  - The factories also hold classes for pregnant women on pre and post-natal care and proper nutrition. The classes are held as often as twice a month in some factories.
  - The factories provide iron tablets and tetanus injections – these initiatives are part of a government program to promote pre-natal care. Some factories also provide dietary supplements in the form of vegetables, milk, eggs etc.
  - One of the factories visited conducted a seminar on the importance of breast-feeding and how to make the workplace "mother-friendly." The seminar was attended by the Minister for Women's' Empowerment as well as pregnant workers of the factory.

  Factories report that pregnant women feel a greater awareness of the importance of good diet during pregnancy as a result of these classes.

Other reproductive health measures provided by the factories include:

- Classes on sex education, sexually transmitted diseases (STDs) and HIV/AIDS. The classes provide information on how the diseases are transmitted and safe sex.
- Individual treatment for STDs at the company clinics. Clinic staff report that workers are generally hesitant to bring up cases of STDs. Some patients come in at the early stages but do not return for a full diagnosis and treatment. This could be attributed to some extent to the stigma attached to such diseases.
- A few workers receive contraceptives from the company clinics (includes those covered by State Social Security, JAMSOSTEK), but contraceptives are generally not given to single workers due to cultural and religious restrictions on pre-marital sex.

- **Nutrition**
  Nutrition bears directly on women's' health in the factories, and some of the factories visited sought to enhance both the nutritional content of the workers diet in their factory, as well as provide education that enables women to understand more directly the link the between nutrition and their health. Among the footwear factories visited, one provided dormitory accommodation and all meals to workers. The rest of the factories provide lunch and tea during breaks. Workers performing overtime work are also provided with an evening meal if they remain at the factory beyond a certain time. In addition to providing meals, the factories also provide training on the importance of good nutrition to prevent fatigue, weakness and anemia. The factories also report that the training has helped workers realize the importance of eating meals on time, and understand that headaches and other ailments are often a result of poor nutrition.

- **Access to Health**
  While the health programs outlined above are available to all workers and the majority of workers are women, this alone does not guarantee that they have access to health services. Factors such as appropriateness of services provided, availability of time to visit the facilities, time available to medical staff to carry out preventive activities and counsel workers are all relevant in determining access to health. Although the factories visited have tried to include all of these factors in the design and delivery of their services, they have not been consistently successful as is evident in the high prevalence of anemia, lack of pre and post-natal care for pregnant workers and other health issues.

- **Self-Esteem (Self-Empowerment)**
  Several persons interviewed for this project stated that women's self-esteem was a critical factor enabling women to get and make use of proper health care. While none of the factories visited provided specific training to workers on building self-esteem or empowerment, several have tried to provide avenues for self-expression and confidence building. For example, one of the footwear factories has set up a "Worker Care Center" in the factory and dormitory premises for workers to relax during breaks. The Center is staffed by staff from human resources and serves as an informal venue for workers to discuss issues of concern. The Center acts as an initial

point for identifying problems. The factory reports that there are about ten to 20 workers in the Center at during every break. The factory has also provided a library and counseling center for its workers. The library is well frequented, with over 200 visitors a day (total number of workers in the company is over 20,000). The counseling center has a staff of four, including nutritionists. Most of the visitors to the counseling center discuss health issues – women discuss problems of reproductive health and menstruation and married women discuss childcare.

The factories that have schools for the children of workers also provide classes for women workers in tailoring, embroidery and other areas of interest. While the above measures are not specifically targeted at building self-esteem, they do provide an avenue for self-development for workers.

- **Child Care**
  Childcare was not provided by any of the factories visited. Some of the factories visited have a school for children of workers, co-sponsored by the customer brand company. As mentioned earlier, childcare is not required by law, but is an important need for many of the women workers.

- **Enjoyment of benefits relevant to women's health**
  In the factories visited, the workers are able to avail themselves of health benefits provided by Indonesian law (outlined in the introduction) without much hindrance. However, the scarcity of benefits such as childcare impacts negatively on the health of working women and their children. This limits women workers' ability to care for their infants. Children are often left in the care of family members who may not be able to give them proper care. One of the factories visited did a survey of infant deaths among their workers and found that one of the causes was feeding inappropriate food to infants.

- **Access to Qualified Medical Care**
  As noted above, access to quality care is a very direct way of enhancing women's health. All four factories and the community project visited as part of the survey provide workers with access to qualified medical personnel in the form of doctors, nurses, specialist doctors and counselors on-site. The number of medical personnel ranged from one full time doctor and two full time nurses for 4,000 plus workers to seven general physicians, three specialists (occupational health expert, surgeon and dentist), six nurses and two paramedics for over 20,000 workers. All four facilities visited provide out patient care only. The number of cases seen ranged from 75 to 200 per day. Medicines are provided free of charge. Although the on site facilities are more thorough than those available through the public health system, the medical staff are not always adequate and have little time for education and preventive activities. Hence surveillance tends to be ad hoc and in response to incidence of illness rather than proactive in detecting risks.

- **Family Health**
  All of the footwear factories visited provided health care to the families of the workers as well, through the company clinics. In some cases, even if family

members sought care outside the company facilities (because of the absence of certain services), the company reimbursed them. The community project also provides care to families of employees of the contracting companies. Where there are education programs for women workers especially, they have reported that the benefits extend to their children and families as well.

Conclusion

The factories visited and the community project that was studied used a variety of avenues to reach their target populations. All of the factories had strong programs in general and occupational health – they have also begun to explore additional issues such as reproductive health and nutrition, often with the help of external organizations. While none of the projects visited have made much progress in these additional areas, they have begun to realize the importance of providing support to areas beyond basic health. For example, a factory that conducted a survey of the high rate of infant mortality among workers found that the cause was often due to ignorance of post-natal nutrition. This, the factory believed, was an indication of the poor state of nutrition among women workers as well, leading to fatigue and increased susceptibility to infection. Given the poor state of public health facilities in Indonesia, the factories surveyed have realized the importance of taking on responsibilities beyond those of general occupational health.

The study of health programs in the workplace in Indonesia reached the following specific conclusions:

- Women's reproductive health continues to remain within the private sphere and cultural and religious norms prevent the public acknowledgement of problems and proactive measures for improvement. The factories visited that identified reproductive health as a major need through surveys have begun to make inroads into this area, mainly through education. Provision of contraceptives and other proactive measures are not widespread and limited to married workers.
- The care and protection provided for pregnant workers in the factories visited is above average when compared to general care for workers in the apparel industry.
- Education is a powerful means of bringing about self-empowerment and realization of an individual's health needs. Whether through classes on specific subjects or the provision of means of communication to workers, factories that have created an enabling environment have found it easier to learn about problems and improve reproductive health.
- Worker participation is crucial for the long-term improvement of health through better nutrition and prevention.
- Factories with larger number of workers and more stable business relationships are able to provide broader health facilities.
- Facilities for screening and surveillance of general health are often used as an avenue for detecting broader health issues such as nutrition or gauging awareness with regard to reproductive health.
- External organizations have been a useful means through which companies have been able to conduct surveys, identify needs, evaluate capacity and devise ways to fulfill needs. They often have expertise and knowledge in specific areas of women's

health and experience in interviewing workers and detecting underlying symptoms and causes of health problems.

- Among the factories visited, it was not possible to conclude that one means of delivering health services was more efficient than the other (e.g. in-house facilities versus external services). What did seem to be most effective was to ensure that basic health facilities were available to workers at all times, with specific expertise available as needed. However, there was a capacity gap between providing basic health facilities and being able to identify more complex needs. For example, company doctors do not always have the time to counsel workers or discuss health issues in depth. In this scenario, external organizations played a very useful role in identifying needs.
- The popularity of the community clinic with workers and their families and the fact that the founding company has succeeded in contracting out the clinic's services to other factories in the vicinity proves that there is a great need for health services in the communities where workers live. Such facilities may serve workers better by being located in their community, rather than in the factory.
- Long-term solutions to health problems often lie within the communities where workers live and are not limited to improvement of health within the factory walls. Better hygiene, nutrition and preventive measures need to be made part of home as well as work life in order to overcome common problems such as anemia, intestinal parasites and susceptibility to infections.

MEXICO

Country Summary

Women workers in Mexico rely largely on private means of health care. Social Security provided by employment has poor facilities and with the exception of birth control, women's health issues are generally not addressed. Based on interviews with NGOs and site visits, health facilities in factories are not extensive. Most women workers are migrants to manufacturing centers close to cities or on the border with the United States. The most serious health issues that women face include occupational health hazards arising out of bad ergonomics and exposure to toxic chemicals, pregnancy discrimination, high incidence of cervical and breast cancer, sexual violence arising out of poor security and late working hours and unwanted pregnancies.

The projects described in this report largely represent efforts by community based NGOs to meet specific needs related to reproductive health. They include education and awareness strategies as well as close interaction with individuals within the community. The community projects have been successful in providing access to appropriate information, screening and treatment services for the target population. In general, little attention is paid to reproductive health within factories or by worker's associations.

Country Health Situation

Healthcare in Mexico is still largely linked to employment or provided through private means. Out of a total population of 98 million, the private sector provides health services to approximately 12.3 million citizens, who are predominantly upper middle class. Approximately 38 million Mexican citizens look to Social Security to address their health needs. Social security-related services, however, are available only to those who are employed. Various public sector institutions provide some kind of coverage to an additional 9 million citizens, while the Mexican Heath Department cares for approximately 14.5 million persons. Over 22 million Mexicans (20% of the population) are estimated to have no access to healthcare.[55]

Mexico: Health Statistics[56]	
Life Expectancy at Birth (Male)	70.2 years
Life Expectancy at Birth (Female)	76.2 years
Infant Mortality Rate	27 (per 1,000 live births)
Maternal Mortality Ratio	55 (per 100,000 live births)
Percentage of Population with Adequate Sanitary Facilities	73 percent
Doctors per 10,000 population	18.6
Nurses per 10,000 population	N.A.

[55] FEMAP: Federación Mexicana de Asociaciones Privadas de Salud (Mexican Federation of Private Health Associations), 2001.
[56] *Human Development Report, 2001,* United Nations Development Programme (UNDP).

Beyond the issue of birth control and family planning, stakeholders claim that Mexican health institutions (both public and private) historically have devoted little time and few resources specifically to the issue of women's health. In decades past, dialogue focused on rights dealt with the notion as it relates to labor, and the rights of men and women were more or less seen in the same light. As a rule, access to healthcare was not discussed using the language of rights. Unions are reportedly still generally reluctant to engage women workers on the issue of health. The problem of not addressing health and rights from the perspective of gender also appears in part to be social and cultural in origin, and mirrors the historic view of women in Mexican society. Along these lines, whatever approach is developed in dealing with women's health must consider how home and work life impact each other. Such activity has thus far been limited almost exclusively to the Distito Federal (Mexico City region). In other states, the situation for women's health care is much worse. Presently, there are no specific studies that focus on the health of women (or women workers specifically) in Mexico. This glaring lack of data has come to be seen as a significant impediment to positive change.

Recently the unique health needs of women have in fact begun to find a place on the agendas of civil society in Mexico. Within the last three years, there has been a slight trend among women union leaders to begin thinking about how they can direct their female members to a network of health services. Likewise, some initial discussion has occurred regarding how the government might help to create a national dialogue around the issue. While women in Mexican society have traditionally served as the principal family caretaker, in recent years they have increasingly taken up the added responsibility of working outside the home. This has resulted in the creation of additional challenges for a segment of the population whose health needs were already largely underserved.

While the health community has begun to consider ways to approach the issue of women workers' health (within the context of developing new ways to address women's health in general), the actual businesses and factories that employ women workers have thus far been slow to act in a significant way. Despite this lack of activity on the part of both government and the private sector, NGOs have forged ahead in developing new and innovative strategies to meet the health needs of Mexican women. These NGO activities provide models upon which future factory-based programs could be based. Primary needs, as identified through NGO interviews, include:

- Family planning
- Domestic violence prevention
- Cancer detection (cervical and breast cancer)
- Reproductive rights and health education
- Childcare
- Old-age care
- Help for disabled people
- Improved security for women workers

The Mexican government has also begun to consider ways in which women's health issues might be brought to the public's attention and subsequently addressed in some form. The government's near-term goals include:

- Mainstreaming gender into the public's and policymakers' dialogue on health
- The disaggregation of health data so that reliable gender indicators may be identified
- Increasing the presence of women in the healthcare industry (both as health providers and decision makers)
- Addressing the inequities that currently exist within the healthcare industry in terms of salary and position (Services are provided by women, while decisions are made by men)
- Increasing private sector participation in health problem alleviation (for example, the private medical sector does not share its demographic data with the government[57])

Mexican labor law provides some benefits with regards to women's health, specifically protection of pregnant workers. They are provided with a total of twelve weeks of maternity leave, six prior to delivery and six after.[58] During this time, workers cannot be dismissed and retain their rights under the labor contract. This period of leave may be extended if the worker cannot return to work after the six week period due to health reasons, at 50 percent of wages. Maternity leave is paid for by the Social Security Institute or IMSS, provided that the employee was registered with the IMSS for at least 30 of the preceding 52 weeks. New mothers are also allowed two additional breaks a day of half hour duration each to nurse their infants.[59] Pregnant women must also be provided with chairs to sit during work.[60]

The law also provides for joint management and labor committees to set standards and assume responsibility for workplace enforcement in plants and offices. These committees are required to meet at least monthly to consider workplace needs and file copies of their minutes with federal labor inspectors.

Health Status of Women Workers

Mexican woman living in both urban and rural areas must often deal with the reality of limited access to health care. State provided social security services are inadequate as program capacity is stretched beyond its ability. Furthermore, factories have generally failed to take the initiative with regard to women's health.

Women workers confront a range of health problems that stem from unsafe work places, poor working conditions, a lack of health-related information, and a lack of information regarding basic human and labor rights. Women also tend to ignore their own health. While women employed in the public sector, for example, have the benefit of access to an annual medical exam, they tend not to use it – but instead utilize such time off to tend to family

[57] Interview with Dr. Blanca Rico, Secretary of Health, D.F. Dr. Rico is a government official working in a newly formed office focused on women's health.
[58] Torriente, Anna. *Mexican & US Labor Law & Practice.* National Law Center for Inter-American Free Trade, 1997.
[59] Constitution of Mexico. Article 123(A)(V).
Mexican Federal Labor Law. Article 170.
[60] Mexican Federal Labor Law. Articles 170, 172.

needs, including children and husband and often times their parents as well. Women are increasingly functioning as the sole breadwinner in a home, but despite holding a full time job, they are nevertheless still responsible for the management of their families. Typically, their own needs (both mental and physical) end up as last on their list of priorities. Furthermore, workers often live in communities that are far from the factories, where they have very few facilities or health services. Specific concerns include:

- Very few factories provide health education or any other type of training
- Check-ups for diabetes and other easily detected illnesses are not typically offered in factories
- Supervisors often do not let workers leave the factory, making workshop attendance outside the factory difficult
- A lack of emergency exits in factories
- Exposure to toxic chemicals
- Repetitive stress problems
- Poor ergonomics
- Standing all day or otherwise for an entire shift
- Written polices are not put into practice, further compounded by the fact that many workers are illiterate and unable to understand policies
- Social security is no longer reliable, as there is no longer adequate funding for medicines and essential services
- Security and transportation for workers at the plants are poor[61]
- An overwhelming lack of adequate childcare facilities that places additional stress on women workers
- No consideration for need of pregnant women
- Pregnancy discrimination, whereby women are dismissed when it is revealed that they are pregnant is also a serious issue. The incidence of pregnancy discrimination is reported to have decreased recently, but it remains a concern

Reproductive Health Issues

The inclination among Mexican women to ignore their own health needs has been linked in part to the continuing widespread prevalence of phenomena such as domestic violence and poor reproductive health. Common reproductive health issues include:

- Lack of information on family planning and appropriate contraception. Most women workers are single and too young to have children (21). Based on NGO estimates, about 30% of women workers in the border town of Juarez are sexually active and do not use any form of protection
- High incidence of cervical cancer and breast cancer[62]

[61] Security problems have been at a crisis level for years in the northern border town of Juarez, where hundreds of female workers have been murdered or otherwise "disappeared," usually while returning home after their work shift has ended.

[62] Mortality from cervical cancer was 10.2 per 100,000 women in 1995 and mortality from breast cancer was 6.6 per 100,000 women. Pan American Health Organization (PAHO) http://www.paho.org/English/SHA/prflMEX.htm.

- Prevalence of domestic and sexual violence. Women in border towns are especially vulnerable due to the poor security and late hours of work
- Lack of information on sexually transmitted diseases (STDs) and HIV/AIDS
- Lack of information on individual sexual health, including menstruation and need for pap smears

Projects Profiled

BSR staff visited eight projects in Mexico, all community-based and run by NGOs with the exception of one program based in a factory. The projects were located in Mexico City and the border city of Juarez, a large manufacturing center mostly for export to the United States and Canada. The programs were managed by both national and local NGOs and the emphasis was broadly on women's rights, reproductive rights and issues of violence and security. The large number of NGO programs is indicative of the fact that there were not as many women's health programs managed by factories for their own workers. In most cases, women workers access these programs externally, outside of factories. Although these programs were not designed to meet the unique needs of women workers in export facilities, they have evolved into useful sources of information and services to women workers, who do not have access to many other resources.

The programs provide education, counseling, clinical services and treatment through the following avenues:

- **On-site community centers:** These are usually staffed by volunteers and occasionally by paid staff and located in the community where workers live. Volunteers provide counseling on issues including relationships, reproductive health, contraception, personal security, the need for daycare and long hours. Contraceptives (pills and condoms) are also distributed, sometimes for a nominal fee. Those with specific health problems are referred to appropriate hospitals. Qualified nurses also visit occasionally to examine specific cases.
- **Provision of clinical services:** Some of the projects visited have also set up hospitals and clinics with the goal of providing quality services at low or no cost.
- **Training and education**: Several of the projects visited have focused on providing training and education to groups of women in communities and close to the factories. Issues covered include sexual health, domestic violence and power and leadership, or how to express themselves in the workplace and within unions. In Juarez, union members have negotiated the right to attend trainings during working hours without loss of pay, but non-union members must still attend during their time off. In some cases, the NGO organizing the training makes up for lost wages to non-union workers.
- **Individualized medical attention:** Some of the projects also conduct interviews with individuals after having gained acceptance within the community and counsel them on important health issues. They also conduct tests as needed to identify health problems (such as a pap smear for cancer) and refer them to medical personnel for follow-up. In some cases, the visits are conducted on mobile vans that are also fitted with medical equipment (such as cancer detection facilities).

- **Advocacy:** One of the projects visited is also involved in advocacy to influence legislation on reproductive health, sexually transmitted diseases (STDs) and HIV/AIDS.

Case Study: Including Women's Health in Union Activities: MUTUAC

Mujeres Trabajadoras Unidas, A.C. (MUTUAC)

MUTUAC is a Mexico City-based NGO that provides instruction on a variety of issues via workshops to Mexican women workers. Topics include sexual health and reproductive rights, domestic violence education and power and leadership workshops designed, in part to help women develop their voices and take on leadership positions in worker unions.

Socio-cultural Challenges and Women Workers' Health
Historically, dialogue surrounding the issue of workers' rights in Mexico has been limited to a narrow spectrum of traditional labor issues, and within this context the rights of men and women were essentially viewed in the same light. To the limited degree that workers' health has been explored, there are no specific studies on the health of women workers in particular. Thus, any efforts to begin addressing this specific issue must start out by recognizing and working around this conspicuous lack of data. Further, in traditional Mexican society, women have often assumed a broad range of responsibilities focused on the management of home and family. In recent years, this daunting list of obligations has grown to include the additional role of sole breadwinner. Despite the added burden of full time employment, women are still expected to fulfill their traditional role of looking after an extended family. Such a situation often results in a woman putting her own needs, both mental and physical, at the end of an exceedingly long list of priorities.

Mutuac's Workshops
MUTUAC conducts approximately 30 workshops per year. In 2002, the Solidarity Center of Mexico City will partner with MUTAUC in the development and implementation of 14 workshops. Workshops are two days in length, and approximately 30 women attend each. Participants include both union and non-union women workers. Union members are typically able to attend workshops during the workday with full compensation. Non-union Maquila workers, however, usually attend weekend workshops. It is MUTUAC's policy to pay for any lost wages on the part of individuals who miss work in order to attend a MUTUAC seminar. Yolanda Ramirez, an attorney and MUTUAC staff member, reports that skilled workers are more likely to receive time off in order to attend a workshop. Maquila de MexMode (formerly Kukdong) will serve as the site of one such reproductive rights workshop.

Incremental Success
In the past, unions in Mexico have systematically failed to address the issue of health with their female members. While Mexican federal law requires workers' committees to focus on health, in practice this has simply not been implemented. Due in part to the efforts of organizations such as MUTUAC, however, there has been some incremental success on the

issue. The last three years, for example, have seen a trend among women union leaders who have begun considering ways in which they might direct female members to networks of women's health service providers. This has been particularly true in Mexico City, but less so elsewhere.

Meeting Women Worker's Needs

As indicated above, the majority of projects visited by BSR in Mexico are community based. Interviews with NGOs have indicated that more health programs are managed by community groups rather than by employers, and that the business community has yet to develop significant women's programs. Hence in the following analysis, we will be looking at the broad range of efforts to meet needs, as reflected by the projects visited and not only at factory oriented programs.

- **General Occupational Health**
  The general situation regarding occupational health in the export factories is critical to understanding the specifics of women's health overall, and reproductive health in particular.

  The projects visited were mainly concerned with specific aspects of women's health and did not focus as much on general occupational health. One of the projects visited was based in an electronics factory that had provided general health facilities as well. Facilities include providing training in first-aid, pre and post-natal care, nutrition and cancer prevention. Workers are also given periodic health check-ups that include diabetes detection, high blood pressure detection, intestinal parasite control, vision and hearing. Other services provided include tetanus prevention, personal fitness (workers exercise on the factory floor everyday) and free medication. According to NGO reports, the services provided by the factory visited seems to be well above facilities provided by other companies in the US border city of Juarez.

- **Family Planning and Reproductive Rights**
  Most of the projects visited focused on different aspects of reproductive health. Approaches included counseling, training, screening, treatment and preventive measures. Since the major needs are in the area of information on reproductive health and contraception and cancer prevention, the projects have tried to fulfill these needs both at the individual and community level. At the community level, the projects visited focused on raising awareness about cervical and breast cancer, use of contraceptives, safe sex, STDs and HIV/AIDS and pre and post-natal care. At the individual level, several of the projects make one-on-one visits and provide testing when required (usually for cancer) and make referrals for treatment. They also monitor pregnant women to ensure that they are in good health – for example looking for swollen feet which could be a sign of high blood pressure. The volunteers who make the visits are usually community leaders who are trained to recognize symptoms of disease and carry out basic tests such as measuring blood pressure or conducting a pap smear. Such services are also mobile, through the use of vans that travel to different parts of the community. These efforts have had success in reaching out to the communities that they operate in and assisting

individual women. However, women workers are in large part unable to access these services through the workplace and do not have always have recourse to treatment through a public healthcare system either. Issues of unwanted pregnancies, STDs and cervical cancer continue to remain serious public health problems in Mexico.

- **Discrimination**
  According to NGOs interviewed, discrimination on the basis of pregnancy testing whereby pregnant workers are dismissed is still a common practice among manufacturers. Although the law does allow for pregnancy testing, it is often followed by dismissal on the basis of testing. In spite of this, several employers still continue with the practice of dismissing pregnant workers, in order not to incur costs of maternity leave. While brand responses have included a ban on pregnancy testing or monitoring for dismissal of pregnant workers, in practical terms it continues to be difficult to prevent such discrimination.

- **Child Care**
  Child care is not provided in factories and is an acutely felt need among working women. The factory visited reported that 50 percent of its turnover (of five percent a month) was due to lack of child care. Out of 1,500 workers, 40 to 50 percent are estimated to have children. Several of the NGOs interviewed also reported that there women workers were often forced to leave their jobs in order to stay home and take care of their children – this was an especially difficult dilemma for single mothers. They were also unable to provide needed care to their infants.

Conclusion

The projects visited have demonstrated that innovative approaches to identifying and meeting women's health needs are effective in raising awareness and enabling proactive action in the form of screening and preventive care. However, based on interviews with NGOs and the single factory-based health program visited, there are few means to improve health within the workplace. The law in Mexico provides for protection for pregnant workers and the formation of health and safety committees, but does not require proactive measures such as an annual health check-up or training and education. Poor enforcement of the law has also led to uneven implementation. Hence, the majority of women workers are forced to seek other means of screening, testing and promoting health.

Specifically, the study of women worker's health in Mexico came to the following conclusions:

- Specific attention has not been paid to the rights of women within labor and union structures. This lack of gendered perspective means that women workers' needs, especially in the area of health, is not actively promoted by unions.
- Research indicates that employers have not provided extensive facilities for the promotion of good health within the workplace. This is attributed to a lack of legal requirements and poor resources, in addition to cultural norms that do not consider the issue of women's health to be relevant in the workplace. The government's social security program (IMSS) also does not provide extensive coverage.

- The public health care program has focused mostly on family planning and birth control programs.
- Education and raising awareness is an important pre-requisite to direct action by workers in promoting their own health, especially on health problems such as cervical and breast cancer that can only be detected through proactive means.
- Programs run by NGOs have been successful in reaching out to working women in the communities where they live. Programs that allow for individualized attention, either through one-on-one visits or interaction in a community center have been the most successful in terms of moving from advice to action.
- Several of the NGO projects visited have also collaborated with companies to implement programs in the workplace. These have been successful in providing needed services to women workers. However, the number of such projects is small in comparison to programs outside the workplace and there is not yet enough of a track record in collaboration to provide the basis for conclusive study.

OPTIONS FOR EFFECTIVE REPRODUCTIVE HEALTH PROGRAMS

The following options are based on interviews with factory staff and members of the NGO community in the four countries visited. Options are also drawn from conclusions reached based on project visits.

Reproductive Health

- Reproductive health issues specific to women workers are often harder to detect due to cultural and religious norms against open discussion. Hence, factories need to use different approaches – a combination of general education and outreach, close interaction with human resources and medical personnel and availability of screening services in order to promote reproductive health.

- Education is an important enabling factor to realizing legal rights and access to reproductive health. Especially for women workers, access is also restricted due to cultural norms and lack of awareness. Hence, even if services may be available or required by law, education is the bridging factor to their full realization.

- Improved reproductive health is also linked to other areas of well-being such as self-esteem, freedom from fear of harassment and approachability of superiors. Hence, focusing on these areas adds to the effectiveness of reproductive health programs.

Designing Effective Reproductive Health Programs

- Preventive activities, such as educating workers, takes a long time to show results (two to three years). Curative activities tend to have more immediate results and hence companies find these strategies more attractive. However, in order to truly improve health conditions, companies need to be prepared to make long-term investments in education, awareness raising and prevention before seeing concrete results. Health must be seen as a long-term investment with expenditure declining over time.

- Providing screening and treatment facilities alone is not enough to improve health. Education, awareness and prevention are also imperative. In terms of education, providing workers the capacity to follow-up with factory staff with whom they feel comfortable, such as permanent medical staff, human resources personnel or other staff, is crucial to ensuring that learning translates into action.

- When drawing up a budget for reproductive health, it is advisable to allocate an amount per worker for the entire factory rather than budget for the number of cases that can be taken on by a clinic or other health facility. Having an amount per worker ensures that preventive activities are also covered in addition to the more narrow focus on screening and treatment.

- Since workers are not always able to access services due to lack of free time or awareness, it is important that services be brought to workers. This can be organized

through interaction with individual workers by factory staff or by mobile facilities in the case of community projects or programs run by NGOs.

- When developing health strategies, a company must consider if its long term goal is that the health facility be self-sustaining or that it continue to rely on company resources. Accordingly, the company may also need to develop a marketing strategy if it intends the health facility to be self-sustaining (for e.g. by contracting out its services to nearby factories).

- Facilities must be separated from the factory floor. Patients and the medical staff must have privacy to discuss issues.

- Companies will need advice from external organizations such as health and safety organizations, community groups, other factories or the public health care system in order to devise and implement reproductive health programs. Companies do not always have the expertise required to implement programs. In seeking the assistance of external organizations, companies need to clarify what their role will be and define discreet tasks for completion. Working closely with external groups in needs assessment and program planning also ensures that factories do not end up with programs that are unrealistic and difficult to implement.

- Periodic evaluations of health facilities are a useful to gauge the success of a program and to help develop future plans. These evaluations can be conducted by both internal and external staff.

- Long term improvements to health will only be realized through improvements at the community level, such as through increased awareness, personal hygiene and good sanitation. Reaching out to the community through education or preventive programs is also useful in promoting improved reproductive health.

Factory Management

- Health problems have a negative impact on productivity and can lead to high absenteeism. Focusing on health reduces these risks and also improves worker confidence. This is especially important in labor intensive industries such as apparel and footwear.

- Management commitment is crucial for the success of health projects. Commitment must be visible to all workers in the form of time spent participating in projects, financial support and attention given to the issue. Commitment conveyed to all levels of the factory leads to increased cooperation among supervisors, production managers and other staff responsible for implementing programs.

Project Descriptions

China

1) <u>China Working Women Network (CWN)</u>
Shenzen and Hong Kong, China

There are three main project components: 1. Shenzhen Nanshan Womens Center 2. Women Health Express (WHE) 3. Oral history project

The goals are to promote the betterment of Chinese women and to promote feminist awareness. The Nanshan Womens Center was established in cooperation with the All China Federation of Trade Unions (ACFTU) and offers classes for members in subjects such as English, Cantonese, handicrafts, and photography, as well as organizing social outings, holiday parties, and discussion groups. Women pay a membership fee of five yuan per year.

The Womens Health Express was established in partnership with the Guangdong Province Prevention and Treatment Center for Occupational Disease. WHE is a mobile service center that provides information on labor rights, women's rights, and occupational health. It has a lending library, educational exhibitions, basic health screening, and discussion groups.

There are a total of nine staff members. A staff of five accompany WHE on its rounds. There are also 200 worker volunteers, 50 at the Nanshan Center and the remainder help periodically with WHE.

The total budget for the Nanshan Center and WHE is approximately US $100,000. The initial money for WHE came from the Reebok Foundation and the remaining funds come from personal donations. The three-year grant for WHE is ending and CWN is seeking additional funding to continue services as well as establish a permanent occupational training center in a local hospital.

Sampling of project impacts:
For WHE in 2001:
139 days of service
42,275 persons served in total, either directly or by receiving materials
16,608 had a body check (services vary and include screening campaigns, such as height & weight, blood pressure, vision, and anemia, each of which had a different number of participants)
855 had personal consultations including health, psychological matters and personal problems
24,000 estimated people read the display boards that were set up
57,330 handbills distributed
2,000 pamphlets on occupational health distributed
6,292 visited the library; 1,192 people checked out a book
700 received talks on Hepatitis B

2) <u>The Asia Foundation</u>

Hong Kong and Beijing, China

There are three main project components: 1. Education and counseling 2. Mobile health center 3. Legal aid services

The goal of the first two project components is to improve women's health and hygiene in factories. There are three education and counseling centers co-sponsored by Tsinghua University and the Guangdong Women's Cadre Training School. They offer classes on topics such as self-esteem, legal rights, health care, gender relations, AIDS/HIV awareness, personal hygiene, and interpersonal skills.

The mobile health service, co-sponsored by the Women's Department of the Guangdong Labor Union, performed a survey to identify the health needs of women workers. It investigated six enterprises and followed up by providing services to workers at these factories. Services included medical check-ups, posters about health, and occupational safety and health counseling. The Women's Department of the labor union produced an educational video compact disc about women's health issues, based on survey findings. The mobile health service also did presentations and counseling at 14 events in eight cities; a safety course for 170 female union members in nine cities; consultation on legal regulations; and counseling.

The total full-time staff for all three projects is approximately nine people; each project has approximately three dedicated staff and a few additional helpers. More are involved on a volunteer or contract basis, including some specialists who deliver services in specific, limited instances. The Asia Foundation's China Country Director dedicates a significant portion of time to coordinating the projects. Many volunteers are involved, such as workers who volunteer to help at weekend seminars and women from the Women's Cadre Training School. The budget is US $150,000 a year total for all three projects together.

The Levi Strauss Foundation originally funded the project and The Asia Foundation is seeking additional company and foundation support to continue current services and add an additional training and counseling center, hold a training-of-trainers workshop in Guangdong, and introduce vocational training to the existing roster of classes.

Sampling of project impacts:

- 500 women have obtained counseling from the centers
- 5,527 women received physical check-ups
- 140,000 women received information via presentation events
- 170 union members received safety protection training

India

1) <u>Swaasthya</u>
New Delhi, India

Organization: Swaasthya is n NGO founded in 1995 that has developed and instituted a reproductive health model in a low income area in Delhi, and used the lessons to shape policy and wider programs on health.

Projects:
Swaasthya has implemented programs in the low income neighborhood of Tigri at the outskirts of Delhi. The population of Tigri is about 25,000 with a significant additional number of floating migrant labor that is employed in nearby factories, including apparel. The programs implemented are as follows:

- **Information, Education and Communication** covering all aspects of reproductive and related health for behavioral change. Special programs for women, men and adolescents through workshops, at home, on street corners, through peer educators, and at schools. Innovative strategies include broadcast of videos and news clips produced by Tigri residents (titled "Tigri Dhadkan" or "Heartbeat"). Women have formed into self-help groups that discuss issues such as domestic violence, menstrual hygiene, contraceptives and HIV/AIDS. Men working in factories and shops in the area have also been approached to form groups.
- Provision of **basic health care services** though a clinic and laboratory including curative (general and child health, management of STDs and reproductive tract infections) and preventive services (pre and post-natal care, immunization of children and pregnant women and counseling). Community based condom depots are also managed by local women who provide contraceptives and menstrual hygiene materials for sale at their homes. Swaasthya volunteers and staff also provide individual follow-up and counseling to women at homes. All staff and volunteers are also local residents of Tigri.
- **Community development plan** for sustainability of the project and building local capacity. The management of the clinic and other programs is now being handed over to local residents. Community women have also formed "panchayats" (governing councils) to investigate and redress cases of domestic violence among others. Pooled savings of the group are also available to individual members as needed.

Following the success of the above programs in raising awareness and access to better reproductive health, Swaasthya is now engaged in documenting and evaluating its experiences. The goal is to study practical effects in Tigri, e.g. determining if the age of marriage for girls has risen as a result of its programs. Swaasthya is also a founder of a network of NGOs working on adolescent health called Kidawri.

2) <u>Gokuldas Images</u>
Bangalore, India

Organization: Gokuldas Images is an apparel manufacturing company with approximately 9,000 workers in 18 plants in Bangalore, India. About 92 percent of the workers are women in the age group 19-45. The median age is between 25 and 30 years.

Projects: In the area of women's reproductive health and general health, Gokuldas Images provides the following services:

Facilities:

- An Ambulance Room (infirmary), doctors and nurses
- Quarterly health check-ups for all workers
- Pre-natal checks for pregnant workers
- Iron tablets are provided for anemia, especially among pregnant workers
- Creches (child care centers) are attached to each factory. There are 20-25 children in each of the crèches. There are trained staff who manage the crèches, with a ratio of one staff person per 20 children. There is a monthly meeting with the mothers of the children. The mothers are given lessons on how to prepare low cost meals. The crèche attendants are given training once a year to refresh their knowledge and skills.
- Each factory has a Grievance Committee and management interacts with workers through this Committee.

Education:

- There are three women welfare officers who rotate across sixteen units. There is also a permanent lady medical officer who has formed a rapport with the workers and discusses issues such as reproductive health, stress and proper nutrition.
- The Parivar Seva Sanstha (PSS), a Bangalore and Delhi based NGO conducts a quarterly training camp for children of workers and cafeteria staff. In addition, the Food and Nutrition Board, a government agency, has conducted a quiz on nutrition.
- The Karnataka State Commission on Women has given training on sexual harassment for supervisors.
- The company has also worked with a community health organization to set up a focus on preventive rather than curative care. To this end, they are in the process of hiring a medical coordinator and individual factory health officers. The new medical officers will be responsible for health education, trainings and medical camps.

3) <u>Ambattur Clothing Company</u>
Chennai, India

Organization: Ambattur Clothing Company is a Chennai-based apparel manufacturing company with 14 facilities employing about 4,400 workers. 80 percent of the workers are women. The majority are in the age groups 18-28 and 36-45 years. Average education is middle to high school level (8-12 years of schooling).

Projects: Ambattur Clothing Company provides the following services in the area of women's reproductive and general health:

Facilities:

- Welfare Center with crèche, a full-time doctor, visiting specialists, nurses, pharmacy and laboratory. Visiting specialists include a pediatrician, ear, nose and throat specialist, a gastric specialist, a general physician and a senior gynecologist, all of whom are available two to three times a week. Patients are also referred to nearby hospitals as necessary. If the illness is occupational and related to the job, then the company pays for treatment. The Welfare Center requires a one-time registration fee of Rupees 2 per worker (approximately US $0.05) and charges a fee of Rupees 5 for a consultation with a specialist. Laboratory services and medicines are provided at

cost. In future, the company would like to expand to provide in-patient care as well in the Welfare Center. Currently, the doctors see about ten to 15 cases per day.

- The crèche has over 60 children and is managed by a staff about ten including trained teachers. Lunch, milk and refreshments are provided to the children. A nominal charge of Rupees 25 (approximately US $0.50) is charged per child.
- During menstruation, women workers are provided with clean cloth to be used as hygiene material if needed and are asked to take sick leave if necessary. Such requests are usually channeled to the supervisor through the line helper.
- The company requires pregnant workers to perform light work and encourages them to take maternity leave at least seven to ten days prior to delivery. Breast-feeding is also encouraged through educational programs. Names of pregnant workers in the advanced stage of pregnancy (post seven months) are sent to all factory managers and pay roll in-charge. A van is also available to transport pregnant workers who may need emergency medical care. The medical center maintains a medical history card for all pregnant workers.

Education:

- Pregnant workers receive specific individual counseling from clinic staff and also participate in lectures and seminars on pre-natal care and proper nutrition. Workers are compensated for time spent in seminars. A pamphlet is distributed to all pregnant workers with pictures illustrating pre and post-natal care and appropriate nutrition. The pamphlet is available in both Tamil (local language) and English and is part of the program of individual counseling, lectures and seminars. Male workers may bring their wives to the training with permission from the human resources personnel at their facility.
- Sexual Harassment Training is provided to all supervisors. The training is required and employees are compensated for time in spent training. The company also provides written Guidelines that explain Ambattur Clothing's policy against sexual harassment, disciplinary procedure, complaint mechanisms, and how to conduct an audit on the issue. The Guidelines are available to all employees through the personnel department. Workers are also trained on how to use the complaint mechanism. The Guidelines are available in English and Tamil.
- Health "camps" are held on specific issues such as prevention of polio, Hepatitis B, eye care, diabetics and other relevant health issues. These camps are held intermittently for a day or half a day and include vaccination and awareness campaigns. Specific health issues are also raised based on occupation. For example, ENT (Eye, Nose and Throat) camps are held for mechanics and housekeeping staff who work in high noise areas. Fabric checkers also have specific eye tests done to ensure that they maintain good eyesight. Workers attend these camps during working hours and are compensated. An annual "Nutrition Day" is held to spread awareness, especially among pregnant workers.
- Behavioral Training: Supervisors are given training focused on developing inter-personal skills and proper behavior in the workplace. The training is held intermittently and conducted by external consultants. Supervisors are compensated for time (held during working hours).

- Safety Training: Periodic training is given to all workers on emergency preparedness, use of fire extinguishers, chemical handling, first aid and use of PPE. This is required of all workers and conducted by internal staff and external consultants. Programs are also conducted by National Safety Council (government organization). Events such as "Safety Week" and quizzes are held to highlight the importance of safety and prizes are given to high performance units. A detailed manual on safety procedures and dos and don'ts is also distributed. It contains safety policies and guidelines on good housekeeping, personal hygiene, fire prevention, accident prevention, first aid, emergency response, material handling, chemical handling, and machinery and electrical equipment. It is available in both Tamil and English. It is also available in each facility with production and human resource personnel.

4) Arvind Brands Limited
Bangalore, India

Organization: Arvind Brands is a Bangalore-based apparel manufacturing company with four facilities employing about 4,400 workers. 91 percent of the workers are women. The average age is 21 and the average number of years of schooling completed is ten.

Projects: Arvind Brands provides the following services in the area of women's reproductive and general health:

- A comprehensive health check-up is provided to workers periodically – this includes an eye test and blood test for anemia.
- Workers are also provided with immunization against Hepatitis.
- Practical demonstrations of how to prepare nutritious food such as sprouts are organized periodically in the canteen. The company also brings in external speakers to talk about the importance of good nutrition.
- Pregnant workers are provided with vitamin pills.
- Self-empowerment training: All workers are provided with training to improve self-esteem, confidence and ability to express themselves. The training is held in groups of 20-25 workers for one day. All workers are given training on a rotating basis and workers are compensated for time spent (held during working hours). The training is conducted by human resources personnel from a factory other than worker's, so there is no conflict of interest. Topics covered in the training include self-awareness, dealing with positive and negative emotions, expressing feelings, developing patience and negotiating terms. Techniques used include games, role play and interaction with others in the group.

5) Gokuldas Exports
Bangalore, India

Gokuldas Exports is a Bangalore-based apparel manufacturing company with 35 facilities employing about 19,000 workers. Approximately 80 percent of the workers are women in the age group of 18-40 years. The majority are in the age group of 20-25 years. The average number of years of schooling completed is eight and above.

Projects: Gokuldas Exports provides the following services in the area of women's reproductive and general health:

- Periodic health check-ups
- Full-time doctor and medical staff
- Training on personal hygiene
- AIDS awareness talks given by external organizations
- Awareness on family planning and contraception
- Eye screening camps
- Blood donation program
- Use of street theater to improve awareness of health issues, performed by external groups

Training is generally held at the end of the day, an hour prior to closing time so that workers can discuss the issues among themselves after the training. Training is generally not held during peak production periods.

- Supervisor training: Training for supervisors on how to improve communication skills, motivate workers and the qualities of a good supervisor. The five day training is conducted by an external organization and the employees are compensated for time spent in training.

6) K. Mohan and Company
Bangalore, India

K. Mohan and Company is a Bangalore-based apparel manufacturing company with seven facilities employing about 5,000 workers. Approximately 90 percent of the workers are women in the age group of 18-34 years. The average age of workers is 23-25 years.

Projects: K. Mohan and Company provides the following services in the area of women's reproductive and general health:

Facilities:

- An Ambulance Room (infirmary) with full-time doctor shared between units and a nurse per facility
- Each facility has a welfare officer (required by law in a facility with over 500 workers)
- A crèche (child care center) is provided in all facilities and managed by trained staff
- Sexual Harassment Committee (required by law) comprised of a doctor, welfare officer, external NGO and two to three women workers from each section. Representatives from the human resources department are invited to participate in meeting as needed.

Education:

- Training is provided on proper nutrition and the benefits of eating green vegetables. Training is proved by factory staff or external organizations.
- Talks are given by the doctor on causes and ways of preventing reproductive tract infections.
- The company conducted a study on absenteeism and concluded that one of the major reasons was due to the demands of responsibilities at home for women workers. This included sick family members, alcoholism by male members and

domestic violence. Consequently, the company organized trainings to raise awareness on the ill effects of alcoholism and smoking for both male and female workers and their family members. The welfare officer also keeps track of workers with high absenteeism rates and determines if the cause is domestic violence, illness or other family problems.

- Supervisor training: Training for supervisors on how to improve communication skills, motivate workers and the qualities of a good supervisor. The five day training is conducted by an external organization and the employees are compensated for time spent in training.
- Use of street theater to improve awareness of health issues, performed by external groups.
- First-aid training is conducted every two months in groups of 30 workers by an external health and safety organization. A fire drill is held three times a year and evacuation times are monitored by an external organization.
- Training has also been provided to workers in the warehouse on proper methods of lifting when loading and unloading (generally male workers).
- Workers have been provided with training on traffic safety rules by the local police department, as one of the facilities is located close to a busy highway.

Trainings are generally held at the end of the day and in some cases overlap with working hours, when workers are compensated for time spent in training. Workers are provided with refreshments during trainings.

Indonesia

1) <u>PT Dewhirst</u>
Bandung, Indonesia

Organization: PT Dewhirst is an apparel manufacturing facility in Bandung, Indonesia with over 4,300 employees. About 90 percent of the workers are women in the age group of 18-50, with the majority between 20-30 years of age. Average education is junior to senior high school (9 to 12 years of schooling).

Projects: PT Dewhirst provides the following services in the area of women's reproductive health and general health:

Facilities:

- Health care insurance under the optional JAMSOSTEK (B). (JAMSOSTEK A, Social Security is compulsory).
- First aid room with qualified personnel on site including two full time doctors and two full time nurses who rotate shifts. There are an average of 175 patients per day with a high of 200 patients on Mondays. The doctor is present from 8 a.m. to 4 p.m. and a nurse is available from 6 a.m. to 10 p.m. The doctor produces a monthly report on the number of patients, types of illnesses etc.
- Annual health check-up that includes chest x-ray, eye check-up, dental check-up and a general examination.

- Pregnant women: At any given time about 75 women are pregnant in the company. Pregnant women receive free tetanus shots from the local government health department.
- There is a high infant mortality rate in the region. Dewhirst has conducted an investigation into recent infant deaths and found that the causes range from unhygienic deliveries at the hands of traditional midwifes to feeding inappropriate food to infants.
- Reproductive health: JAMSOSTEK B provides for free contraceptives (pills and injections). Employees must pay for other forms of contraception. Condoms are not provided for male employees. A total of 360 employees receive family planning from the clinic (also registered with the company doctor as their JAMSOSTEK doctor).
- The Health and Safety Committee is comprised of about 60 representatives from all the departments (chosen by department heads) and the representation is revised every year. The Committee meets once a month. Members are sent for fire, evacuation and first aid training to a professional health and safety institution in Bandung twice a year.

Education:

- The doctor conducts basic hygiene classes for workers. There is a high instance of diarrhea among employees, 35 percent of whom live in nearby communities ("kampungs"). Training is also conducted on cancer and nutrition. Each training is conducted for four groups. Health and nutrition is held twice a week for one hour to 75 minutes. Training on other issues is held intermittently.
- Dewhirst donates scrap fabric to a local NGO working on cancer issues. In return, the NGO has conducted seminars for the employees on women's cancer issues (breast cancer and cancer of the cervix). The NGO has also provided pap smears for the employees at reduced price.
- Currently there are plans to partner with Yayasan Kusuma Buana (YKB), a Jakarta-based health NGO to focus worker education on health, specifically reproductive health. YKB conducted a survey of factory workers and found that women workers did not have adequate knowledge of safe contraception, pre-natal care and safe delivery methods. Hence the management decided to engage YKB for a longer period to educate workers on these issues. YKB will initially train 40 "peer educators" from among the workers who will then transfer knowledge to their colleagues. YKB will also be actively involved in the project through field staff.

2) <u>Pou Chen Indonesia</u>
Jakarta, Indonesia

Organization: Pou Chen is a shoe manufacturing company close to Jakarta, Indonesia. The facility visited has a workforce of over 8,000 workers, the majority of whom are women.

Projects: Pou Chen provides the following services in the area of women's reproductive health and general health:

Facilities:

- Clinic with capacity of 24 beds for day care, emergency room, pharmacy and two ambulances. Staff include one occupational health doctor, seven general doctors, a surgeon, a dentist, six nurses and two paramedics. The clinic is open 24 hours a day.

- Annual check-up including a physical examination, x-ray, blood and urine tests.
- Private medical insurance plan for workers.
- Library: The library is well frequented, with over 200 visitors a day. Materials provided include magazines, fiction as well as books on maternal, child and reproductive health.
- Counseling Center: The counseling center is housed in the same building as the library and has a staff of four counselors including three nutritionists. Most of the workers who visit the counseling center bring up health issues – women discuss problems of reproductive health and menstruation and married women discuss childcare. Relationships are also frequently discussed.
- Worker Care Station: A Worker Care Center has been set up close to the shop-floor in the factory and dormitory premises for workers to relax in during breaks. The Center is staffed by human resources personnel and serves as an informal venue for workers to discuss any issues of concern and as an initial point of identification of problems. There are about ten to 20 workers in the Center at every break time.
- Pregnant workers are prohibited from working with chemicals, standing for long hours and heavy work. They are issued with special identity cards so they can be easily identified. Pregnant workers are also provided with additional food supplements such as milk, green beans and iron tablets.

Education:

- Training on pre and post-natal care is provided to pregnant workers twice a month. Advice is also provided from the clinic to individual workers when needed. A seminar was held by the company to promote breast feeding that was attended by the Minister for Women's Empowerment.
- Training is also given to workers on sex education including STDs and HIV/AIDS.
- All workers including canteen employees are provided with training in first aid.

3) <u>Karwell Clinic</u>
Jakarta, Indonesia

Organization: PT Karwell is an apparel manufacturing company in Jakarta with ten facilities employing over 15,000 workers. About 90 percent of the workers are women. The company has established a clinic in a residential area where most of its workers live with joint funding from a brand partner. Rather than locate the clinic in the workplace, the company chose to set it up in a community where the majority of its workers live. Services are provided free of charge to employees and their families, and services are made available to other residents of the community for a nominal fee. The company has also contracted with four other apparel manufacturers in the area to allow their workers to visit the clinic as well. In return the companies pay a fee to the founding company. Prior to the establishment of the clinic there were no health facilities in the area and workers had to travel long distances to access care.

The clinic is staffed by two general physicians and three nurses. The clinic is open everyday from 8:00 a.m. to 8:00 p.m. and on Sundays from 5:00 p.m. to 8:00 p.m. Services provided by the clinic include general examination, immunization, minor surgery, family planning and

a pharmacy. Women are provided with contraceptives. Pregnant women are provided with vitamin and iron pills. Patients are also treated for STDs. Patients with specific problems are referred to specialists. About 50 patients visit each day. In the long term, the clinic would like to be more sustainable by attracting paying patients and providing more specialized services. The initial funding grant expires in 2002.

4) PT Lintas (Adis)
Jakarta, Indonesia

Organization: PT Lintas is a footwear manufacturing facility close to Jakarta with over 4,000 workers. About 70 percent of the workers are women and the average age is 24. The average education is high school or 12 years of schooling.

Projects: PT Lintas provides the following services in the area of women's reproductive health and general health:

Facilities:

- Clinic with one doctor and three nurses. The doctor is available from 7:00 a.m. to 7:00 p.m. and sees about 75 cases per day. The clinic provides one day care (patients cannot stay overnight). Medicines are provided for free.
- The doctor gives talks on HIV/AIDS, Dengue fever and drug abuse to the workers every few months.
- Pregnant women are prohibited from working with solvents, cannot stand for long periods and cannot lift heavy objects. They are given specific training on pre and post-natal care by the doctor and undergo a check-up every three months. They are also given vitamins and iron tablets as needed.

Education:

- Workers are also trained on first aid and hygiene. The trainings are generally held during the day. If they are held after normal working hours, then workers receive overtime pay.
- There are also charts on the shop-floor explaining the recommended course of action in case of a safety or health emergency.
- The company has also been working with an external organization that has carried out an assessment of internal capacity with regards to occupational health and safety and has devised ways to strengthen capacity. Specific areas of focus include health risk assessment, health surveillance, instruction and training, first aid and medical emergency response, addressing occupational diseases, record keeping and health promotion.

5) PT. Pratama Abadi
Jakarta, Indonesia

Organization: PT Pratama Abadi is a footwear manufacturing facility close to Jakarta with over 7, 200 workers. About 80 percent of the workers are women of average age 24. The average education is middle and high school or eight to 12 years of schooling.

Projects: PT Lintas provides the following services in the area of women's reproductive health and general health:

Facilities:

- Clinic with four general physicians, one occupational health physician and three nurses. The clinic is open 24 hours per day and doctors are available from 8:00 a.m. to 5:00 p.m. The doctors reside close to the factory and can be contacted after hours in times of emergency. The company also has an emergency response system in collaboration with a nearby hospital. The clinic provides basic services and a free pharmacy and sees about 100 cases per day. The company also has its own ambulance. Clinic services are also extended to the families of workers.
- Annual medical check up that includes specific tests for those working in areas of high heat and noise and work with chemicals. Specific tests are also required for food handlers and drivers.
- Vaccinations: Food handlers are given Hepatitis and typhoid vaccinations. Doctors, nurses and workers trained in first-aid are given Hepatitis B and tetanus vaccinations.
- Aerobics classes are conducted in a fitness center twice a week.
- Pregnant workers are able to visit a midwife in the clinic, who is available three times a week. They also receive iron tablets and vitamins. A schedule of required checks is posted outside the clinic so pregnant workers are aware of how often they need to visit. Pregnant women are prohibited from working with solvents, cannot stand for long periods and cannot lift heavy objects. Required vaccinations for babies are also available in the clinic.
- Women workers receive contraceptives from the clinic.
- There are charts on the shop floor that explain how to respond in times of medical emergency and also the procedure for obtaining sick and menstrual leave.

Education:

- The company has conducted HIV/AIDS awareness programs with the help of external organizations.
- Training on how to prevent anemia through the distribution of iron tablets has occurred with the help of external organizations and periodic health fairs.
- Other topics of training include chemical hazards, heat stress, noise, safety and accident prevention.

An outside speaker is generally invited to provide training once every two months. Internal medical staff also provide training once a month. Trainings are held during working hours for about an hour each. A convenient time is arranged with the Production department to hold the trainings.

Mexico

1) **FEMAP: Federación Mexicana de Asociaciones Privadas de Salud (Mexican Federation of Private Health Associations)**
   Juarez, Mexico

Organization: FEMAP serves as an umbrella organization for 44 NGOs in 87 cities and 23 states, who are members of and work in coordination with FEMAP staff. Launched in the early 1980s to provide family health services, FEMAP is now one of largest NGOs in Mexico. The organization's overarching mission is to eradicate poverty and improve the quality of life for all Mexicans. Health services and micro enterprise programs target women, and use an integrated strategy to allow women to control their health (including reproductive health), then to improve their economic status. The organization also provides services and advice regarding the prevention and treatment of HIV/AIDS, family planning, and other medical services. It also coordinates health projects for women maquiladora workers, training and supporting workers as health promoters and documenting health abuses.

Projects:

- **Community Clinic and Counseling Center:** Volunteers work out of a home located in a community in Juarez that consisted mainly of factory workers. Women (only some of whom are workers) visit the home throughout the day, sitting with the volunteers, discussing a variety of issues such as reproductive health and rights, family planning, etc. Volunteers also sell condoms and birth control pills for a nominal fee. For those requiring medical assistance, volunteers refer them to the appropriate facility. There are 38 coordinators in all of Juarez, each is responsible for 12 volunteers. The home was open every day, with an average of 35 individuals visiting per week (includes some men, though rare). Nurses from FEMAP hospitals come to the house every 3 months. Coordinators meet with doctors monthly for training and check-in.
- **FEMAP Family Hospital:** There are two FEMAP hospitals in Juarez, 17 in all of Mexico, all of which are privately funded. The Family Hospital in Juarez has a staff of 97 doctors. In 2001, 540,000 individual patients visited in the year or about 1,340 patients per day. The cost of service depends on a patient's ability to pay. The hospital estimates that from 1981 to 2001, the average number of children per mother in the community dropped from 3.4 to 2.3 and infant mortality rates dropped from 104 to 22 (per 1,000 live births).
- **Services to Companies:** FEMAP also provides health services to factories, including training to health and safety committees of management and workers (required by law), screening services, training on family planning, drug abuse, recycling and environmental protection.

2) <u>Centro de Estudios y Taller Laboral,(CETLAC)</u>
<u>Labor Workshop and Studies Center</u>

Juarez, Mexico

Organization: Established jointly by Frente Auténtico del Trabajo (FAT) and United Electrical Workers (UE) in 1996 to provide training and information to Juarez residents concerning fundamental labor problems including discrimination, occupational health and legal rights in the work place. In addition to providing services, CETLAC is part of an effort to establish a positive image for organized labor in a community where unions are often viewed with suspicion.

3) Phillips Facility

Juarez, Mexico

Organization: The Phillips facility employs approximately 1,500 workers, 60 percent of whom are women.

Projects:
The factory provides the following services to its workers with regard to reproductive and general health:

- Two infirmaries staffed by a doctor and supporting medical staff.
- New Phillips employees go through a five-day orientation process, including on health and safety issues.

Topics covered in ongoing training on health issues include training on family planning methods, cancer prevention (colon and breast cancer), a course on First Aid, the dangers of drug abuse, diabetes detection, high blood pressure, stomach disorders, tetanus prevention, prevention of respiratory tract infections and good vision and hearing. Training on family planning methods and cancer prevention are the most popular types of training provided.

- Personal Fitness: Workers exercise by request of the factory everyday on the shop floor, every 4-5 hours.

The factory holds a health fair periodically with over ten organizations presenting on prenatal care, family planning, nutrition and breast feeding. About 2,500 people attend the fair. Workers bring their families and talk to organizational representatives at booths.

- The factory uses pamphlets and brochures as one means of communication to keep employees up-to-date on range of programs being offered.
- A Quality of Life Survey is used by management to gauge what projects are successful and wanted by employees.
- Turnover in the factory is five percent a month. It is estimated that this is largely due to the lack of childcare in the factory. About 40 to 50 percent of the employees have children.

A primary security challenge is educating women workers on precautions that should be taken when commuting to and from the factory. As a result of the recent violence against women in Juarez, the factory has begun to provide transportation during times of need. Some of the local citizens close to the factory have also formed a task force to assist the police in reducing crime, similar to a neighborhood watch.

4) Mujeres Trabajadoras Unidas, A. C. (MUTUAC)

Mexico City, Mexico

Organization: MUTUAC offers legal aid and psychological counseling to working women. The organization investigates, compiles, and disseminates information relevant to the rights of women workers. MUTAUC also offers courses on nontraditional jobs for women in

coordination with the Mexican government (e.g. Office of the Secretary of Labor). Scholarships are provided where need is demonstrated.

The workshops focus on a variety of issues, including sexual health, domestic violence and developing leadership skills to help women have a greater voice within unions. While union members come during the workday and don't lose pay, non-union maquila workers come during the weekend and Mutuac pays for any lost wages.

5) Semillas (Sociedad Mexicana Por Derechos de la Mujer)
Mexico City, Mexico

Organization: Semillas is a nonprofit, philanthropic organization that is dedicated to supporting social change that improves women's status through "philanthropy with a gender perspective." It believes that women's poverty and marginalization are major obstacles to sustainable development and that the empowerment of women is a key to the future wealth and well-being of nations. Through its Seed Grant Program (SGP), Semillas funds projects designed and directed by women which are built on the experience and analysis of their community life. It has supported over 120 projects in 20 states since its founding in 1990.

Semillas has also worked to have an impact on legislation related to reproductive health, quality of life, direct service, STDs and HIV/AIDS and cervical cancer. The organization also conducts research on current needs in this area and how to include gender indicators into public policy. It is also advocating for additional training for nurses, doctors, social service, and mental health personnel to include a gender perspective in their work.

6) La Red
Mexico City, Mexico

Organization: La Red is an umbrella organization of 18 member groups that work on women's health issues. The goal of La Red is to strengthen its member groups. The organization makes itself visible through campaigns and through denunciations of violations against women. A commission was formed as a result of pressure from the group which came out with recommendations on how to improve systems for detecting cervical cancer.

Projects: The member organizations of La Red work in the following areas:

- **Prevention of Cervical and Breast Cancer and Orientation to Rights:** There was a desire to do more than simple campaigns and to be proactive. "Promotoras" or trained health representatives are send out in four vans to five different communities. First, promotion occurs in communities in order to develop community acceptance of the project. Then a personal interview is conducted in private (in order to identify what socio-economic factors are at work, identify hidden risks, cervical cancer) to identify a woman's needs and identify socio-economic factors. This initial interview takes approximately three minutes. This is followed by specific action, depending on what has been found. Tests may be administered if needed and only after obtaining permission, usually a pap smear. The goal of the program is to improve the self-image of the women they are helping, and to explain what's going on from a medical perspective in layman's terms.

- **Monitoring the Health of Pregnant Women:** The "promotoras" also visit pregnant women in the community and monitor their health. They measure blood pressure and look for signs of high blood pressure. They also look for signs of domestic violence and fear and make referrals to doctors or legal aid organizations if necessary. They also explain what their rights are as patients and what expectations they may have from doctors.

"Promotoras" are typically community leaders who participate in two months training sessions on all the major health related issues, both conceptual and practical. The effort is focused on defining health as mental, social and physical well-being. The fact that the program is mobile is key. As a result, they are able to bring their services directly into communities of women who normally would have no access. Many women don't have clinical histories because during past visits to a doctor, they did not receive detailed information from the doctor, thus preventing them from understanding their own health. So far, the programs has reached over 15,000 women.

7) <u>CIMAS, D.F.</u>
Mexico City, Mexico

Organization: CIMAS is an NGO that offers quality, holistic care with a specific focus on women's health. It focuses primarily on gynecological health, and cervical and breast cancer.

Projects: CIMAS works in the following areas:
- Menopause and related problems
- Cervical cancer detection
- Reproductive health services including contraception

When on the phone with women who have called to access services, CIMAS representatives always use a survey tool to help guide the conversation and to ensure that necessary data is gathered. They would like to encourage the women to participate in their own health care and hence don't call them patients, as that may be too passive. One consultation of 40-50 minutes will cost about 170 pesos. A pap smear costs 120 pesos. About 20 women are served per day. CIMAS also tries to use simple terms so that women understand what they are talking about with regard to their health. They try to communicate that it is their right to have all of their questions answered. They also do not assume everyone is heterosexual. Lesbian women have their own sexual health issues.

8) <u>ELIGE</u>
Juarez and Mexico City, Mexico

Organization: ELIGE focuses on reducing violence against women through a greater understanding of legal rights and providing psychological support. Their definition of violence includes domestic violence, work-related violence and sexual violence. They are also trying to establish networks among different NGOs that would then form support groups within the community. They offer workshops on sex and reproductive rights and how to prevent violence.

Resources

The following resources were compiled as part of BSR's research into women's health needs. Included are global resource organizations as well as organizations specific to the four focus countries of the project - China, India, Indonesia and Mexico.

Global

1) International Labor Organization (ILO)

Organizational Overview: The ILO is a United Nations affiliated agency that promotes social justice through the establishment of labor rights standards. A tripartite agency (workers, employers and governments participate as equal partners), the ILO formulates conventions on basic labor rights including child labor, freedom of association, forced labor, equality of opportunity and treatment, and other standards regulating working conditions. These conventions are incorporated into national law when ratified by ILO member states. The ILO assists its member states specifically in the implementation of national policy and programs through specific programs in areas such as child labor, safe work and gender equity. In the area of women's health, the ILO has set international standards on relevant areas such as maternity protection, occupational health and safety, and night work. It also provides technical assistance through projects with member countries on specific areas such as reproductive health education and improving sector specific skills for women workers.

The ILO also provides the following products and services:

- ILOLEX: a full-text database on international labor standards with search and retrieval software available on CD-ROM.
- NATLEX: a bibliographic database featuring national laws on labor, social security and related human rights.
- International Labor Review: published quarterly, this multidisciplinary journal covers such issues as globalization, sexual harassment, new technologies and child labor.
- Encyclopedia of Occupational Health and Safety (Fourth Edition): a comprehensive reference on occupational health and safety designed for easy use by both specialists and non-specialists. Available in book form or on CD-ROM.

The ILO website provides information on ILO conventions on labor issues, access to key ILO databases, information and subscription services for ILO publications, and contact information for ILO offices worldwide.

Contact Information:
International Labour Organization
4, Route des Morillons
CH-1211, Geneva 22
Switzerland
Phone: (41) 22 799 6525

Fax: (41) 22 799 8570
E-mail: webinfo@ilo.org

Website: **www.ilo.org**

2) World Health Organization (WHO)

The WHO is a United Nations affiliated agency that promotes better health among its 191 member countries. The WHO promotes global standards and guidelines on health, promotes technical cooperation for health among nations, carries out programs to control and eradicate disease and strives to improve the quality of human life. The WHO has active campaigns for the prevention of tuberculosis, STDs (including HIV/AIDS), polio and leprosy. It is also active in health promotion by advocating for better hygiene, sanitation and nutrition. The WHO carries out its objectives through the formulation of standards and guidelines and technical assistance projects. In the area of women's health, the WHO conducts research and provides guidelines on issues such as violence and women, women and HIV/AIDS and gender perspectives on health policy. It also collaborates with a network of NGOs around the world in the implementation of programs related to the above issues.

Website: The WHO website provides information on health guidelines through Fact Sheets and Resource Documents, access to key WHO databases, information and subscription services for WHO publications, and contact information on WHO offices worldwide.

Contact Information:
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland
Telephone: (41) 22 791 21 11
Facsimile (fax): (41) 22 791 3111
Telex: 415 416
Telegraph: UNISANTE GENEVA
Email:
General Information: info@who.int
WHO Documentation and History: library@who.int
Publications: publications@who.int
Website: **www.who.org**

3) International Planned Parenthood Federation (IPPF)

IPPF and its national member associations promote the rights of women and men to decide freely the number and spacing of their children and access to sexual and reproductive health. To this end, IPPF conducts campaigns locally and internationally to increase support for reproductive health and family planning. Its member associations also provide services such as counseling, information, and a choice of family planning methods and providers; specific areas include infertility treatment, premarital counseling, pregnancy testing and breast and cervical cancer screening. There are currently over 90 member associations of IPPF in over 80 countries. Information on local partner activities can be obtained from the following offices.

IPPF Public Affairs Department (includes South Asia Regional Office)
Regent's College, Inner Circle
Regent's Park, London NW1 4NS, UK
Tel. (44) 171 487 7900
Fax (44) 171 487 7950
E-mail info@ippf.org
Website: **www.ippf.org**

European Network Regional Bureau
146 Rue Royale
Brussels, 1000
Belgium
Tel: (32) 2 2500950
Tel: (32) 2 2500969
Email: nconfalone@ippfen.org

Regional Office and Sub-Regional Office for East and Southern Africa:
Madison Insurance House
Upper Hill Rd/Ngong Rd
PO Box 3O234
Nairobi
Kenya
Tel (254) 2 720280/1/2
Fax (254) 2 726596
E-mail: info@ippfaro.org

Arab World Regional Office:
2 place Virgile
Notre Dame
Tunis 1082
Tunisia
Tel (216) 1 794 401
Fax (216) 1 789 934
E-mail: awro@ippf.intl.tn

East & South-East Asia and Oceania Regional Office (ESEAOR)
246 Jalan Ampang
50450 Kuala Lumpur
Malaysia
Tel: (60) 3 456 6122
Fax: (60) 3 456 6386
email: mn@ippf.po.my

Western Hemisphere Region:
120 Wall Street, 9th Floor
New York, NY 10005
USA
Tel 212 248 6400
Fax 212 248 4221
E-mail info@ippfwhr.org
Website: www.ippfwhr.org

4) Global Fund for Women

Organizational Overview: The Global Fund for Women is a San Francisco based grant-making organization that provides support to women's human rights groups around the world. Its areas of focus include economic opportunity and independence for women, increasing girls' access to education, stopping violence against women, challenging harmful traditional practices and improving women's health and reproductive rights. In the year 2001, the Global Fund for Women made over $4 million in grants to 365 women's groups in 105 countries and territories. In the area of reproductive health, for example, the Fund provided grants to midwife training initiatives in India, education for rural women in Nepal, and door to door pre-natal counseling in Guatemala. The Fund also operates special initiatives in economic opportunity, girl's education and women's rights within religious and cultural traditions. The Fund serves as a useful information resource on a network of NGOs around the world working in the area of reproductive health and also has staff expertise on reproductive health issues in different regions.

Contact Information:
Global Fund for Women
1375 Sutter Street, Suite 400
San Francisco, CA 94109
USA
Phone 415 202-7640
Fax 415 202-8604
Email: gfw@globalfundforwomen.org
Website: www.globalfundforwomen.org

5) Center for Development and Population Activities (CEDPA)

Organizational Overview: CEDPA is a Washington based non-profit organization that works with 138 organizations in over 40 countries to provide reproductive health services

through partner organizations. CEDPA uses a strategy of empowering the individual through all round development including literacy, economic independence and political emancipation as a means to improve reproductive health. CEDPA also delivers health, education and income generation services at the community level through local partners. It also strengthens these partner organizations through training in management, accountability and evaluation. It holds workshops for partner organizations in Washington, DC and also provides training manuals in English, French, Spanish and Arabic on issues such as gender, reproductive health and advocacy. CEDPA serves as a useful source of expertise and training on reproductive health issues and information on local organizations around the world.

Contact Information:
Center for Development and Population Activities (CEDPA)
1400 16th Street, NW, Suite 100
Washington DC 20036
USA
Tel: 202 667-1142
Fax: 202 332-4496
Email: cmail@cedpa.org
Website: www.cedpa.org

6) Program for Appropriate Technology in Health (PATH)

Organizational Overview: PATH is a Seattle based international non-profit organization whose mission is to prevent and control communicable diseases, improve women's reproductive health and children's health. It accomplishes its mission by carrying out needs assessments of primary and reproductive health needs, building partnerships with companies and organizations and strengthens local capacities to implement programs. It has developed a set of "Principles for Private Sector Collaboration" to maximize impact when collaborating with companies. It has also developed appropriate technologies related to reproductive health such as a Basic Delivery Kit, a Cervical Cancer Screening Device and a Birth Weight Birth Scale. PATH serves as a useful source of information on these technologies, reproductive health issues around the world and local organizations. In addition to the U.S., it also maintains offices in Europe, India, Indonesia, Thailand, Philippines, Vietnam, Senegal, Kenya and Uganda.

Contact Information:
Program for Appropriate Technology in Health (PATH)
1455 NW Leary Way
Seattle, WA 98107-5136
USA
Tel: 206 285-3500
Fax: 206 285-6619
Email: info@path.org
Website: www.path.org

7) John Snow International (UK)

Organizational Overview: JSI (UK) is a non-profit making company dedicated to promoting and protecting the health of individuals and communities throughout the world. They provide expertise on a wide range of public and international health issues to governments and donors. JSI is the Resource Centre for Sexual & Reproductive Health for the Department for International Development (DFID), providing technical assistance to European donors and their country programs. Their aim is to contribute to the achievement of the internationally agreed health development targets through the provision of well-managed technical assistance, information, and policy support to a wide range of clients and partners.

Contact Information:
JSI (UK)
Studio 325
Highgate Studios
53-79 Highgate Road
London NW5 1TL
Tel: (44) 20 7 241 8599
Fax: (44) 20 7 482 4395
Email: info@jsiuk.com
Web: www.jsiuk.com

JSI has a Boston Office as well

8) Policy Project

Organizational Overview: Building on more than 25 years of experience in population and development, the POLICY Project works with host-country governments and civil society groups to achieve a more supportive policy environment for family planning/reproductive health (FP/RH), HIV/AIDS, and maternal health. Multi-sectoral engagement, community and organizational empowerment, and promotion of human rights and gender equality characterize POLICY's approaches to better reproductive health policies and programs.

The POLICY Project brings to its work a strong background in program management and support, capacity development, advocacy, training, strategic planning, policy formulation, research, and monitoring and evaluation. POLICY staff also contribute their expertise in public health, gender analysis, law and human rights, economics and health finance, community mobilization, and data analysis and modeling.

POLICY is proud of its unique organizational structure that places emphasis on using our highly-skilled, experienced in-country staff, and on building the capacity of local counterparts. The U.S.-based staff of 60 works closely with 130+ local professionals and 200

partner organizations in more than 30 countries across Africa, Asia and the Near East, Eastern Europe and Eurasia, and Latin America and the Caribbean.

The POLICY Project headquarters are located in the Washington, DC offices of Futures Group. The project has additional offices in the United States and overseas.

Contact Information:

Futures Group (Washington)
1050 17th Street NW
Suite 1000
Washington, DC 20036
Tel: 202-775-9680
Fax: 202-775-9694/9698
Email: h.cross@tfgi.com
Harry Cross, Project Director
Web: www.policyproject.com

9) Global Alliance for Workers and Communities

Organizational Overview: The Global Alliance for Workers and Communities (GA) was launched in April 1999 to improve the workplace experience and life opportunities for workers in developing countries, and to promote collaborative multi-sector efforts in support of these activities. A unique partnership of foundations, global companies, and international institutions, the GA places particular emphasis on reaching young adult workers involved in global production and service supply chains worldwide.

The GA works through a two-step process, which begins and ends with the workers themselves. The first step is to give voice to the concerns and aspirations of factory workers, through an intensive assessment process of worker surveys, in depth interviews, and focus groups. Second is the design and delivery of education, training, personal development, and other programs that respond directly to workers' identified needs, both inside and outside the workplace. Committed to the principles of transparency and accountability, the GA publishes regular public reports and updates on its work, and posts assessment tools and results, as well as full GA country reports, on its website. The long-term goal of the Global Alliance is to develop practical, sustainable multi-sector partnerships that deliver mutual benefits to workers, factory owners, local NGOs, and global companies.

Contact Information:
Global Alliance for Workers and Communities
32 South Street
Baltimore, MD 21202
USA
Tel: 410-951-1500
Mike Allen, Director, External Affairs
Email: mike@iyfnet.org
Website: www.theglobalalliance.org

China

1) The Asia Foundation

Organizational Overview: The Asia Foundation in China assists and cooperates with Chinese institutions and organizations to foster greater accountability in governance and increased self-capacity and dynamism in society. Its current priorities are: reforming local governance; enhancing community-based social organizations; enabling the nonprofit sector to better contribute to national development; supporting administrative law enhancement; expanding legal aid services; promoting the roles and protecting the rights of women; and helping to enhance the China-U.S. bilateral relationship in distinctive ways. New Hong Kong program initiatives aim at building human resources for the new economy and improving Hong Kong's air quality.

Contact Information:
The Asia Foundation
9th Floor, Shun Ho Tower
24-30 Ice House Street, Central
Hong Kong
Tel (852) 2971-0889
Fax (852) 2971-0773
choate@asiafound.org.hk
Allen Choate, Executive Director

The Asia Foundation
Suite 1905, Bldg 1, Henderson Center
18 Jianguomennei Avenue
Beijing
China 100005
Tel (8610) 65183868
Fax (8610) 61583869
E-mail: beijing@asiafound.org.cn
Zhang Ye, Executive Director
Website: www.asiafoundation.org

2) CARE China

Organizational Overview: CARE International in China (CARE China) is an affiliate of CARE International (CI). CARE focuses on assisting poor and disadvantaged peoples to improve themselves through self-reliance and participation. CARE works in support of the efforts of local governments, and where possible, with community based or nonprofit organizations. In China, CARE assists in primary health care, reproductive health including HIV/AIDS/STDs, food security and agriculture, income generation and small enterprise development, women's development, and emergency relief and rehabilitation.

Contact Information:

CARE China
PO Box 2626, Hechi City
Hechi Prefecture 547000
Guangxi and Honghe Village
Room 301, Building 4, D Area
Nanning, Ronghexincheng
Guangxi
China
Tel: (86) 771-491-2565
E-mail: carecn@public.lzptt.gx.cn
Website: www.carechina.org
Contact: Mike Carroll, Country Director

3) Chinese Working Women Network (CWN)

Organizational Overview: CWN was set up as a nonprofit organization with the objective of promoting the betterment of the lives of Chinese working women and developing feminist awareness of self-help and self-empowerment

Contact Information:
Chinese Working Women Network (CWN)
PO Box 364
Sheung Shui, New Territories
Hong Kong
Tel (852) 2781-2444
Fax (852) 2781-4486
E-mail: cwwn@hongkong.com
Contact persons: Dorothy C. M. Lee and Karen Y. L. Hui, Executive Board Members

4) The Ford Foundation

Organizational Overview: The Ford Foundation is a resource for innovative people and institutions worldwide. The Foundation's goals are to: strengthen democratic values, reduce poverty and injustice, promote international cooperation, and advance human achievement. The Foundation pursues these goals mainly by making grants or loans that build knowledge, support innovations and strengthen organizations and networks.

Contact Information:
Ford Foundation
International Club Office
Building - Room 501
Jianguomenwai Dajie No. 21
Beijing
China 100020
Tel (8610) 6532-6668
Fax (8610) 6532-5495
E-mail: ford-beijing@fordfound.org
Website: www.fordfound.org

Contact person: Sarah Cook, Program Officer

5) The Institute of Contemporary Observation

Organizational Overview: The Institute for Contemporary Observation is a nonprofit research institute that studies social issues, migration, labor relations, and urban economic development in southern China. ICO is interested in promoting fair trade and the implementation of China labor law. It conducts research, monitors business practices, provides legal consultation and aid, and provides trainings.

Contact Information:
The Institute of Contemporary Observation
19A, Tower 2, Hongling Building
Hongling South
Shenzhen
China
Tel: (86)755-5866967
Fax: (86)755-5866850
E-mail: liukaiming@yahoo.com.cn
Contact person: Liu Kaiming, Director

India

1) Community Health Cell (CHC)

Organizational Overview: CHC is a research and training organization based in Bangalore, India whose mission is to raise awareness and promote action on issues of community health. Founded in 1990, CHC has focused on the following:

- Women's health and empowerment through training in rural areas of Karnataka state
- Prevention of water borne diseases
- Anti-tobacco and anti-alcoholism campaigns

Underlying all of its programs is a strong focus away from the individual and towards the role of the community. Hence, the women's health empowerment programs take into consideration their standing in the local communities and the role of their families in promoting better health practices. To this end, male relatives and local officials also participate in the trainings. CHC has also advised companies in Bangalore on health strategies for women workers and is active in state and national policy initiatives.

Products and Services:

- Information and advisory services (Library and Documentation Center at the CHC office)
- Training
- Research and Evaluation

Contact Information:
Dr. Ravi Narayan
Executive Director

Community Health Center
No. 367 "Srinivasa Nilaya"
Jakkasandra I Main
I Block, Koramangala
Bangalore 560034
India
Tel: (91-80) 553-1518
Fax: (91-80) 552-5372
Email: sochara@vsnl.com
Website: www.geocities.com/sochara2000

2) Suraksha

Organizational Overview: Suraksha ("Protection") is a community-based organization that provides health services in the Chandranagar area in Bangalore. Chandranagar's population of approximately 185,000 consists mainly of unorganized labor including domestic workers, construction laborers, and home-based workers as well as contract labor in apparel and other manufacturing industries.

Products and Services: The services that Suraksha provides include:

- "Well Woman Clinic": Serves women of all ages from adolescence to menopause and aims to create awareness about reproductive health, STDs and HIV/AIDS. Also provides referral services to needy patients with the linkages that the organization has built with several institutions and hospitals in the city.
- Counseling: Counseling for adolescent girls on sexuality, puberty and related issues; for HIV positive individuals and their families; for couples on sexual behavior, fertility/infertility, diseases and family planning; and for sex workers on health, high risk of STDs, HIV/AIDS and condom usage.
- Training: For health workers in the field on how to raise awareness and leadership development.
- Dispensary: Basic medicines are provided to the community at nominal charges.
- Group meetings: Community level meetings led by staff of Suraksha on issues related to reproductive health, nutrition, STDs, HIV/AIDS, other communicable diseases and community and personal hygiene practices.

Products include flip charts, posters and brochures. Relevant audio-visual material produced by other institutions and government agencies are also used in the provision of services.

Contact Information:
Suraksha
76, 4th cross, II stage, Grihalaxmi Layout
Kamalanagar
Bangalore 560079
India
Tel: (91-80) 322-3669

Email: harini@yahoo.com

3) Sanjivini Trust

Organizational Overview: Sanjivini Trust is a Bangalore based organization that works with urban disadvantaged communities and schools to provide education on health and hygiene. Sanjivini works in three disadvantaged communities located in Koramangala in the South East of Bangalore. Sanjivini also caters to children in Corporation schools who are mostly from the low-income settlements.

Products and Services: The services that Sanjivini Trust provide include:

- School Health Education (SHE): Counseling and awareness raising on basic health and hygiene, sex education and gender concerns in schools in low income areas (often run by the Bangalore municipality and also known as "corporation schools.") These services are also offered to other NGOs when required.
- Health Animators' Learning and Education (HALE): Training for service providers ("Health Animators") on primary health care, with particular emphasis on mother and child health. Training also includes skills in approaching disadvantaged communities and community organization.
- Child Health and Nutrition (CHAN): Includes childhood health awareness education to mothers, preparation of nutrient supplements and distribution of supplements in two disadvantaged communities for children under age five.
- Lobbying and advocacy: Lobbying government and businesses on women and child health issues including clinical health facilities for women, child rights and public awareness about the rights of the disabled.

Products include flip charts, posters, brochures, puppets, street theater scripts and role-play scripts. Also provided are guidelines for health education programs and education materials tailor made for specific programs. Materials are available in English as well as three regional languages.

Contact Information:
Sanjivini Trust
No.57, Langford Road
Richmond Town
Bangalore 560025
India
Tel: (91-80) 221-2530
Email: vzach@bgl.vsnl.net.in
Contact person: Dr.Veda Zachariah

4) Guild of Women Achievers (GOWA)

Organizational Overview: The Guild of Women Achievers provides counseling and stress management skills to college girl students, women in disadvantaged communities and in a rural area near Bangalore.

Products and Services: Services provided by GOWA include counseling, a mobile clinic, stress management and team building orientation programs, confidence building contests and recognition of women achievers.

Products include guidelines on confidence building for women, a health manual and posters.

Contact Information:
Guild of Women Achievers (GOWA)
2, 8th Main, 8th Cross, Malleswaram
Bangalore 560 003
India
Tel: (91-80) 346-9629
Email: womenach@ hotmail.com
Contact person: Ms.Chaya Srivatsa

5) City Clinic and Specialists Center

Organizational Overview: Dr. Shirdi Prasad is a practicing pediatrician who provides individual counseling services and stress management workshops along with a team of six trained counselors.

Products and Services: Dr. Prasad provides individual counseling for children and parents and also conducts training programs on stress management, group dynamics, emotional maturity and leadership development. He has also developed training materials on work life balance in a factory setting.

Contact Information:
Dr. Shirdi Prasad
City Clinic and Specialists Centre
8th Main, 2nd block, Jayanagar
Bangalore 560011
India
Tel: (91-80) 656-1225

6) Bangalore Medical Services Trust (BMST)

Organizational Overview: BMST manages blood donation campaigns and also provides training and awareness on HIV/AIDS in schools, colleges, truck drivers and industrial workers.

Products and Services: BMST provides the following services:

- Training programs on AIDS awareness, training in testing and counseling AIDS affected patients.
- Training programs in schools and colleges, for truck drivers and for industrial workers on the Bangalore-Hosur Road.
- Volunteer blood donations.

Products include posters; training modules for counseling, AIDS awareness and sexuality; a reference manual for trainers on reproductive health, child abuse, substance abuse, STDs and HIV/AIDS.

Contact Information:
Bangalore Medical Services Trust (BMST)
New Tippasandra Main Road, HAL III stage
Bangalore 560075
India
Tel: (91-80) 529-3486
Email: latha_j@email.com

7) Mythri Sarva Seva Samithi (MSSS)

Organizational Overview: Mythri Sarva Seva Samithi ("Women's Service Organization") is a community based organization that provides health education and awareness to residents of nine urban disadvantaged areas in Bangalore through field offices and health workers.

Products and Services: Services provided by MSSS include :

- Health education and awareness for residents of disadvantaged communities
- Training for field workers of other NGOs
- Consultancy services to other NGOs and government agencies
- Health and nutrition program for children in disadvantaged communities
- Solid waste management systems for companies, residential associations and urban poor settlements

Products include posters on health, flip charts and modules on health awareness and eco-friendly practices.

Contact Information:
Mythri Sarva Seva Samithi (MSSS)
1st cross, New Tippasandra,
Bangalore 560078
India
Tel: (91-80) 525-5543

8) St. John's Medical College, Department of Community Health

Organizational Overview: St. John's Medical College is a teaching and community hospital in Bangalore. The Department of Community Health provides outreach programs, health education, research, and training.

Products and Services: The Department of Community Health has conducted occupational health and sickness and absenteeism studies for apparel industries and tea plantation workers. It has recently completed a baseline survey for setting up a health system for addressing curative, preventive and promotional aspects of health of factory workers for a large apparel company in Bangalore.

Contact Information:
Dr. Bobby Joseph and Dr. Arvind Kasturi
Department of Community Health
John Nagar, Koramangala
Bangalore
India
Tel: (91-80) 553-0724~0734

9) The Rural Women's Social Education Centre (RUWSEC)

Organizational Overview: RUWSEC is a community-based organization close to Chennai that promotes reproductive health through education and behavioral change.

Products and Services: Services provided by RUWSEC include the following:

- Gender training for prevention of violence against women
- Community awareness programs on health
- Community based reproductive health program for women, men and youth
- Health related research
- Life skills training for women factory workers in the urban areas around Chennai

Products include training materials in English and Tamil on reproductive health.

Contact Information:
Rural Women's Social Education Centre (RUWSEC)
Nehru Nagar, Thiruporur Junction Road, Vallam Post,
Chengalpattu
Tamil Nadu 603002
India
Tel.: (91-411) 426-188
Dr. T.K. Sundari Ravindran

10) Madras Institute of Development Studies

Organizational Overview: The Madras Institute of Development Studies is a government research organization that conducts research on development economics. At the Institute, Dr. Padma Swaminathan has focused her work on occupational health issues and conditions of work. Her work has included a study of working conditions in the knitwear production center of Tiruppur, working conditions for women in Chennai and health outcomes for women workers. She is a source of expertise on women's health and working conditions in manufacturing.

Contact Information:
Dr. Padmini Swaminathan
Professor, Madras Institute of Development Studies

79 Second Main Road, Gandhinagar
Adyar, Chennai 600 020
India
Tel: (91- 44) 441-2589, 441 - 2295
Fax: (91- 44) 491-0872
E-mail: padminis@mids.tn.nic.in
Website: www.mids.tn.nic.in

11) SNS Foundation

Organizational Overview: SNS Foundation is a community-based organization in Gurgaon, outside of Delhi. It provides health education to residents of disadvantaged communities in Gurgaon, where the majority of apparel workers live, and has also initiated programs with apparel factories.

Products and Services: Services that the SNS Foundation provides include:

- A well-equipped mobile health cart that goes to the disadvantaged communities of Gurgaon town and provides free health care services and routine check-ups to residents. The cart includes two doctors and four paramedic staff.
- Training in reproductive health, post and pre natal care, HIV/AIDS and sexually transmitted diseases through community meetings organized within disadvantaged communities.
- The Town Enrichment Action Movement (TEAM), a project initiated by the United Nations Development Programme (UNDP) that uses education as a tool to bring in ownership and participatory development initiative among all residents in Gurgaon from all strata of the society.

Contact Information:
SNS Foundation
88 – 89 Industrial Developmental Colony
Mehrauli Road, Gurgaon
Haryana 122 001
India
Tel: (91-124) 633-3851, 6307258, 6321665, 6327665
E-mail: nischal@del3.vsnl.net.in
Contact Person: Ms. Indira Varadarajan, Director of Programs

12) Swaasthya

Organizational Overview: Swaasthya is a non-governmental organization founded in 1995 that has developed and operationalized a reproductive health model in a low-income area in Delhi, Tigri.

Products and Services: Services that Swaasthya provides include:

- Information and education on all aspects of reproductive and related health through special programs for women, men and adolescents including workshops, peer education and school outreach.
- Basic health care services though a clinic and laboratory including curative (general and child health, management of STDs and reproductive tract infections) and preventive services (ante and post natal care, immunization of children and pregnant women and counseling).
- Community based condom depots that are managed by local women who provide contraceptives and menstrual hygiene materials for sale at their homes.
- Individual follow-up and counseling to women at homes through Swaasthya volunteers and staff.
- Community leadership development through women's self-help groups and governing councils ("panchayats").

Products include posters, flip charts, training materials in English and Hindi and videos produced by the residents of Tigri on reproductive health.

Contact Information:
Dr. Geeta Sodhi
Director, Swaasthya
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New Delhi 110019
India
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Tel: (91-11) 627-0153
Fax: (91-11) 627-4690

13) Prerana

Organizational Overview: Prerana is a community-based organization in Delhi that has developed reproductive health and life skills programs for women and adolescents in six villages close to Delhi. Prerana is an associate of the Washington, DC based Center for Development and Population Activities (CEDPA).

Products and Services: Services that Prerana provides include:
- Reproductive health and family planning information and screening services through a mobile health van and volunteer depot holders who provide contraceptives within the community.
- AIDS awareness programs in schools aimed at sensitizing principals, parents and teachers to the dangers of the spread of AIDS.
- Basic clinical services through on-site clinics in the six villages where Prerana operates.
- Train-the-trainer programs to educate women's self-help groups on community health issues.

Products include manuals on community mobilization and service delivery, training materials for community health workers, and videos and other materials required for conducting training and workshops on reproductive health and other health issues.

Contact Information:
Ms Vinita Nathani, Executive Director
Prerana
J-332, Sarita Vihar (DDA SFS Flats)
New Delhi 110044
Ph: (91-11) 6941902, 6948876
Fax: (91-11) 6941902
E-Mail: preran@ndb.vsnl.net.in
Website: www.prerana.org

14) NAZ Foundation (India) Trust

Organizational Overview: The Naz Foundation (India) Trust is a Delhi-based national organization that conducts training and awareness programs on HIV/AIDS and also provides care, support and therapy to HIV positive individuals.

Products and Services: Services provided by the Naz Foundation include:

- Training sessions in schools, colleges and companies to raise awareness on HIV/AIDS and also discuss sexuality and reproductive health issues. This includes the Women's Sexual Health Program that is focussed specifically on women and allows for the discussion of issues that may not be normally discussed openly.
- Training is also provided for community development organizations and other groups on raising awareness on HIV/AIDS, testing, counseling and care.
- A gay and lesbian support telephone help-line provides counseling and advice on sexual identity and HIV/AIDS.
- Testing and care are provided through a free HIV clinic and collaboration with city hospitals. The Trust also maintains a 16-bed Care Home for people living with HIV/AIDS with both inpatient and outpatient facilities.

Products include training manuals and materials.

Contact Information:
Ms. Anjali Gopalan, Director of Programs
Ms. Gunjan Sharma, Programme Coordinator, Training
Naz Foundation (India) Trust
D - 45 Gulmohar Park,
New Delhi 110049
India
Tel: (91-11) 656-7049
Fax: (91-11) 685-9113
E-mail: nazindia@bol.net.in

Indonesia

1) Yayasan Kusuma Buana (YKB)

YKB is a Jakarta based organization that promotes community action in the areas of reproductive health and family planning, STDs and AIDS prevention, nutrition, hygiene and sanitation, and narcotics and drug abuse. It has also successfully worked with companies in the electronics, textiles, apparel, ceramics, food and coal mining sectors all over Indonesia. YKB is currently providing health education in factories through the Global Alliance for Workers and Communities ("Global Alliance"), a partnership between brands and local manufacturers to ascertain workers' needs and aspirations, and to find ways to fulfill those needs.

Products and Services: Services provided by YKB include:

- Health education and information
- Counseling services
- Training (for peer educator)
- Executive brief for top management
- Outreach activities to the surrounding community of the factory
- Health examination and checkups: anemia, worm infection, and blood, urine, x-ray tests
- Health intervention for anemia and intestinal parasite control activities

Contact Information:
Yayasan Kusuma Buana (YKB)
Jl. Asem Baris Raya A3
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Jakarta Selatan 12830
Indonesia
Tel: (62-21) 829-6337
Fax: (62-21) 831-4764
Email: ykb-jkt@idola.net.id
Contact persons:
Dr. Firman Lubis, Executive Director
Dr. Adi Sasongko, Director for Health Care

2) Perdhaki (Association of Voluntary Health Services of Indonesia)

Organizational Overview: Perdhaki or the Association of Voluntary Health Services aims to improve quality medical care to society through services and coordination among all members. Its priority programs are in the area of primary health care and health units management. Its staff of 50 includes medical doctors, public health and health management specialists and senior nurses and midwives. Perdhaki and Atmajaya University have worked in collaboration to deliver health education for women in urban disadvantaged communities

in North Jakarta starting in 1996. Perdhaki is currently providing health education in factories through the Global Alliance.

Products and Services: Services provided by Perdhaki include:

- Training on heath education and clinic management for health care providers and NGO staff
- Training and technical assistance for peer educators in factories
- Health information and services for broader workers' audiences

Products include training materials, posters and brochures.

Contact Information:
Perdhaki
Dr. Felix Gunawan, Executive Director
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Jakarta Pusat, Jakarta
Indonesia
Tel: (62-21) 314-0455, 320-499, 364-178
e-mail: perdhaki@cbn.net.id

3) PKBI (IPPA: Indonesian Planned Parenthood Association)

Organizational Overview: IPPA carries out the following activities in the field of reproductive health:

- Empowerment of pre-adolescent and young people with regards to sexual and reproductive health.
- Empowerment of women and their partners on reproductive health and gender equality.
- Promotion of quality reproductive health services.
- Improvement of health and quality of infant and children care under five.
- Promotion of well being of the elderly.
- Organizational enhancement through resources and capacity building.
- Training and technical assistance for peer educators in factories
- Health information and services for broader workers audiences

The IPPA maintains 25 Chapters in more then 200 branches throughout the country. PKBI is currently providing health education in factories through the Global Alliance.

Contact Information:
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Executive Director
Indonesian Planned Parenthood Association
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Indonesia
Tel: (62-21) 720-7372, 739-4123, 720-6413, 720-5804
Fax: (62-21) 739-4088

E-mail: pkbinet@idola.net.id

PKBI (Indonesia Planned Parenthood Association) West Java

IPPA West Java is one of 25 chapters of Indonesian Planned Parenthood Association, headquartered in Jakarta. Since its inception in 1960, IPPA West Java Chapter has been actively involved in the efforts to create responsible families in Indonesia through its main programs:

- Development of a network of services for family planning and reproductive health
- Information Program on HIV/AIDS
- Program for pre-school children

IPPA West Java has six permanent staff, assisted by 26 voluntary experts and 276 volunteers across 18 regencies in West Java.

Contact Information:
Mr. Drs. Nanang Munadjat, MM
Chapter Executive Director
PKBI (Indonesia Planned Parenthood Association) West Java
Jl. Soekarno Hatta No. 496
Bandung 40266
Indonesia
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E-mail : pkbijb@indosat.net.id

4) International SOS (ISOS)

Organizational Overview: ISOS provides emergency medical services through a network of clinics in Indonesia. In addition, it also carries out site surveys to assess medical risk and recovery and base line public health surveys for corporations. ISOS recently carried out a survey of footwear factories in Indonesia to assess their capacity to carry out health surveillance, awareness and prevention and to suggest measures for improvements. They have been assisted in this effort by the Indonesian Association of Occupational Health and Safety (Asosiasi Hiperkes dan Keselamatan Kerja Indonesia), a professional association of health and safety experts.

Products and Services: Services provided by ISOS include:

- Security advice and evacuation.
- Public and occupational health surveys.
- Remote site medical staffing and management.
- Clinic membership
- Corporate healthcare management
- Insurance hotline services
- Auto assistance services

Contact Information:
International SOS
PT. Asih Eka Abadi
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Indonesia
Tel: (62-21) 750-5973
Fax: (62-21) 750-6002/3
Contact person: Dr. Andrew Jeremijenko, Medical Technical Advisor
Email: aeajkt01@internationalsos.com

Indonesian Association of Occupational Health and Safety
(Asosiasi Hiperkes dan Keselamatan Kerja Indonesia)
Gedung Pusat Hiperkes
Jl. A. Yani No. 69-70
Jakarta 10510
Indonesia
Tel/Fax: (62-21) 428-7988
Contact person: Dr. Tan Malaka
Email: tan.malaka@internationalsos.com
Website: www.internationalsos.com

Mexico

1) Federación Mexicana de Asociaciones Privadas de Salud (FEMAP)
(Mexican Federation of Private Health Associations)

Organizational Overview: FEMAP serves as an umbrella organization for 44 NGOs in 87 cities and 23 states that are members of and work in coordination with FEMAP staff. Launched in the early 1980s to provide family health services, FEMAP is now one of largest and best-connected NGOs in Mexico. The organization's overarching mission is to eradicate poverty and improve the quality of life for all Mexicans. Despite its name, the organization's interests include micro enterprise development, improving environmental conditions, and promotion of philanthropy, in addition to provision of health services and education. Health services and micro-enterprise programs target women and use an integrated strategy to allow women to control their health (including reproductive health), and then to improve their economic status. FEMAP also engages in bi-national projects (environmental and economic development), the promotion and development of community banks, and actions that seek the improvement of labor conditions, particularly for brick makers. The organization also provides services and advice regarding the prevention and treatment of AIDS, family planning, and other medical services. It coordinates health projects for women maquiladora workers, training and supporting workers as health promoters and documenting health abuses.

Contact Information:

Dr. Enrique Suarez Toriello, Executive Director
Plutarco Elias Calles 744 Norte
Colonia Progresista, CP 32310
Tel: (52) 160833, 161396, 136035,
Fax (52) 166535

2) Centro de Estudios y Taller Laboral, (CETLAC)
("Labor Workshop and Studies Center")

Organizational Overview: Established jointly by Frente Auténtico del Trabajo (FAT) and United Electrical Workers (UE) in 1996 to provide training and information to Juárez residents concerning fundamental labor problems including discrimination, occupational health and legal rights in the work place. In addition to providing services, CETLAC is part of an effort to establish a positive image for organized labor in a community where unions are often viewed with suspicion.

Contact Information:
Beatriz Luján
Av. Vicente Guerrero #5038
Ciudad Juárez, Chih.
Tel: (52) 16 16-20-73
Fax: (52) 16 16-20-73

3) Pastoral Juvenil Obrera (PJO)

Organizational Overview: PJO is a seven-year old organization, is primarily sponsored by the Catholic Church and is comprised of 6 people in the organization. The organization's mission of improving working conditions is rooted in its ties to the Catholic church.

Contact Information:
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4) Solidarity Center (AFL-CIO), D.F.

Organizational Overview: The AFL-CIO is one of the main U.S. coordinating unions in the tri-national Echlin Workers Alliance and was a signatory to the petition to the U.S. National Administrative Office (NAO) regarding labor violations of NAALC by the U.S.-based Echlin corporation. The AFL-CIO has participated in training sessions and conferences for Mexican trade unionists and has aided in the Mexican labor campaigns against Sprint and Sony. Solidarity Centers located throughout the world maintain the AFL-CIO's international presence. Among their many activities, the D.F.-based Solidarity Center

has been involved with labor activities on the part of Mexmode (formerly Kukdong) factory employees.

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5) Mujeres Trabajadoras Unidas, A. C. (MUTUAC)

Organizational Overview: MUTUAC offers legal aid and psychological counseling to working women. The organization investigates, compiles, and disseminates information relevant to the rights of women workers. MUTAUC also offers courses on nontraditional jobs for women in coordination with the Mexican government (e.g. Office of the Secretary of Labor). Scholarships are provided where need is demonstrated. The workshops focus on a variety of issues, including:

- Sexual health
- Domestic violence
- Power and leadership: to help women, in part, develop their voices within unions.

MUTUAC runs approximately 30 workshops a year. 30 women typically attend each workshop for 2 days, including both union and non-union women.

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6) Doctor Blanca Rico, Secretaria de Salud (Government of Mexico)

Organizational Overview: Doctor Rico is a government official working in a newly formed office focused specifically on women's health. The Mexican government has begun to consider ways in which women's health issues might be brought to the public's attention and subsequently addressed in some form. The government's near-term goals include:

- Mainstreaming gender into the public's and policymakers' dialogue on health.
- The disaggregation of health data so that reliable gender indicators may be identified.
- Increasing the presence of women in the healthcare industry (both as health providers and decision makers).
- Addressing the inequities that currently exist within the healthcare industry in terms of salary and position (services are provided by women, while decisions are made by men)
- Increasing private sector participation in health problem alleviation.

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7) Semillas (Sociedad Mexicana Por Derechos de la Mujer)

Organizational Overview: Semillas is a nonprofit, philanthropic organization that was founded in 1990 by prominent Mexican feminists with the encouragement and support of the Global Fund for Women. Since that time Semillas has received, approximately, $1,400,000 in funds that have benefited thousands of women in the Mexican Republic. Believing that women's poverty and marginalization are major obstacles to sustainable development and that the empowerment of women is a key to the future wealth and well-being of nations, Semillas is dedicated to supporting social change that improves women's status through "philanthropy with a gender perspective." Through its Seed Grant Program ("SGP"), Semillas funds projects designed and directed by women which are built on the experience and analysis of their community life. Semillas' grant making follows a strict process based on guidelines and criteria that include oversight during funding periods and follow-up (as appropriate) at the termination of each project. Since 1990 Semillas has awarded nearly $500,000 in 95 grants that range from $3,000 to $10,000, with an average of about $5,000 per grant. At times, emergency funds are available in much smaller amounts. In 1999, with a $150,000 grant from the W. K. Kellogg Foundation, Semillas initiated Cosechas, a micro-credit pilot project in Oaxaca that operates through three NGOs.

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8) Casa de la Mujer/Grupo Factor X ("Women's House/The X Factor")

Organizational Overview: This organization provides a forum where women – particularly union members and maquila workers – can come together to meet, organize, and improve their capacity to understand and defend their rights. Activities include labor organizing, workplace health and safety promotion, advocacy of reproductive health, and defense against domestic violence and other types of abuse.

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9) Centro de Investigación Laboral y Asesoria Sindical A.C. (CILAS)

Organizational Overview: CILAS is an organization of researchers specializing in labor issues, including collective bargaining, economic analysis, and legal consulting. CILAS is most deeply involved in the textile, telecommunications, and education industries but also works in other areas. The organization conducts research on labor and economic issues, provides consulting services on questions of labor law, occupational health and safety, training, and formation of labor groups. CILAS also organizes national and international meetings for union members, and facilitates unions' ties with academics, researchers, lawyers, and other labor research and support centers.

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10) Maquiladora Health & Safety Support Network

Organizational Overview: The Maquiladora Health & Safety Support Network is a volunteer network of 400 occupational health and safety professionals who have placed their names on a resource list to provide information, technical assistance and on-site instruction

regarding workplace hazards in the 3,000 "maquiladora" (foreign-owned assembly) plants along the U.S.-Mexico border. Network members, including industrial hygienists, toxicologists, epidemiologists, occupational physicians and nurses, and health educators among others, are donating their time and expertise to create safer and healthier working conditions for the one million maquiladora workers employed by primarily U.S.-owned transnational corporations along Mexico's northern border from Matamoros to Tijuana.

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Other

Cambodia

1) CARE Cambodia

Organizational Overview: CARE Cambodia is an affiliate of CARE International (CI). CARE's mission is to serve individuals and families in the poorest communities in the world. In Cambodia, CARE programs cover many areas, including economic development, education, maternal and child health care, HIV/AIDS prevention, urban sexual and reproductive health, and disaster relief and preparedness. CARE has a Youth Reproductive Health program for factory workers, which has been endorsed by the Garment Factory Association in Cambodia. The education and training program is factory-based and requires a two-year commitment by each participating factory.

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