



BSR®

Incorporating Women's Health into Workplace Assessments

**A Research Collaboration between UL's
Responsible Sourcing Group and BSR
Working Paper**

About This Working Paper

This working paper sheds light on how social audits can be used to gather information about worker health and well-being and, ultimately, help drive investments in health. This study tests the potential of and demonstrates the value of incorporating well-being metrics within existing CSR processes, so as to include well-being considerations in supply chain programs in a scalable manner.

The findings of this working paper are based on the results of a pilot assessment where additional indicators for health and well-being were added to a routine workplace assessment. The data was gathered from 43 factories that were part of the supply chain of seven UL clients and/or BSR members in China, India, Indonesia, Vietnam, Bangladesh, Myanmar, and Taiwan from June 2012 to January 2013. In addition to the standard workplace social compliance assessment, the research add-on included a female employee health survey (administered to two women per facility), an on-site clinic survey, and a written questionnaire for factory management.

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ABOUT UL

UL is a premier global independent safety science company that has championed progress for 120 years. Its more than 10,000 professionals are guided by the UL mission to promote safe working and living environments for all people. UL uses research and standards to continually advance and meet ever-evolving safety needs. UL partners with businesses, manufacturers, trade associations, and international regulatory authorities to bring solutions to a more complex global supply chain. To learn more, visit www.ul.com.

UL'S RESPONSIBLE SOURCING GROUP

UL's Responsible Sourcing group's mission is to be the global leader in advancing sustainable business practices within supply chains worldwide. UL's Responsible Sourcing group provides auditing and advisory services in six areas of expertise: social responsibility and accountability, risk identification and management, environmental responsibility, brand protection and supply chain security, extractives and raw materials sourcing, and capacity building and continuous improvement.

ABOUT BSR

BSR works with its global network of more than 250 member companies to build a just and sustainable world. From its offices in Asia, Europe, and North and South America, BSR develops sustainable business strategies and solutions through consulting, research, and cross-sector collaboration. Visit www.bsr.org for more information about BSR's more than 20 years of leadership in sustainability.

BSR'S HERPROJECT

HERproject is a BSR initiative that catalyzes partnerships between the private sector and local NGOs to promote women's general and reproductive health and financial inclusion through workplace training programs. Recognized as a leading innovation for women's health by the UN Every Woman, Every Child initiative, HERproject has demonstrated the significant relevance of women's health to workforce well-being and productivity in factories around the world. HERproject is active in nine countries in Asia and Africa. Programs to date have reached more than 250,000 women in more than 200 factories and farms in partnership with 16 NGOs and 28 multinational companies. More information is available at www.herproject.org.

ACKNOWLEDGMENTS

UL and BSR would like to thank their clients and members who participated in this study. Their receptiveness to our research and help informing factories about the initiative were critical to the study's implementation. Above all, participating companies showed constant interest in more fully understanding issues related to worker well-being in their supply chain and continuously supported this research endeavor.

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Executive Summary

Women represent 60 to 80 percent of the workforce in light manufacturing globally, as well as 70 percent of the workforce in industrialized agriculture. Despite their formal employment situation, these women remain highly vulnerable to numerous risks, including labor rights violations, violence and harassment at work and at home, myriad general and reproductive health risks, and risks associated with being outside the formal financial sector (e.g., “unbanked”). If these women and their families become healthier, their participation in the labor force of critical export sectors (e.g., garment manufacturing or floriculture) will become ever more productive, increasing profitability and the quality of exported products for companies, and income stability and earning potential for female employees.¹ Additionally, empowering these working women may contribute to higher expectations for decent working conditions, reducing risks and costs for global markets and supporting ethical value chains.

As companies begin to diversify their sourcing markets and source in greater amounts from the least developed countries, such as Bangladesh, Cambodia, Haiti, and Myanmar, the need to understand the factors influencing employee well-being both inside and outside the workplace becomes increasingly relevant. To address this need, leading companies are extending their commitment beyond compliance to include workforce well-being, a growing area of corporate social responsibility (CSR).

Most labor standards focus on occupational health and safety, but not on personal health issues (including women’s health), largely because “right to health” has not yet been effectively integrated into business and human rights standards to the extent that “do no harm” rights protection approaches have. As a result, workplace assessment protocols often include limited questions about workers’ personal health aside from work-related health and safety issues. Yet, as HERproject has found in surveys with more than 7,000 women across 10 countries, women’s health issues (such as menstrual hygiene management, anemia and malnutrition, unplanned pregnancy, inadequate prenatal care, and others) are extremely common among women working in global supply chains. These issues impact women’s ability to excel at work. In some more extreme cases, such as repeated and widespread incidents of workers fainting in Cambodia in 2012 and 2013, we see that poor health among female workers has visible and significant impacts within the workplace.

HERproject has also demonstrated the business relevance of prioritizing women’s right to health within manufacturing workplaces. Studies by BSR and partners have found that workplace women’s health programs can deliver up to a 4:1 return on investment (ROI) by reducing absenteeism and turnover and increasing productivity.²

This working paper presents the findings of a research collaboration between UL’s Responsible Sourcing group and BSR, which explored women’s health in global garment and light manufacturing supply chains. We undertook this research in part because we share the belief that compliance standards can serve as motivators for improved management practices and working conditions. At the same time, we also recognize that if such assessments are to impact workforce well-being, they must ask the right questions. One hypothesis that motivated us is that if workforce well-being, specifically women’s health, is introduced into workplace assessments, then it may drive suppliers to invest more in workers’ health. In doing so, we hope that employment in factories may contribute to improved health for women working in supply chains and for their families.

Building on UL’s expertise in workplace assessments³ and BSR’s knowledge of women’s health in manufacturing settings, the project piloted the incorporation of additional indicators related to women’s health issues and business performance into routine workplace assessments. The researchers sought to provide credible

¹Katherine Baicker et al., “Workplace Wellness Programs Can Generate Savings,” *International Finance Corporation (IFC), Health Affairs*, 29:2, 2010; D. K. Brown et al., “Human Resource Management Technology Diffusion through Global Supply Chains: Buyer-Directed Factory-Based Health Care in India,” *World Development*, 2009; Sevi Simavi et al., “Fostering Women’s Economic Empowerment through Special Economic Zones,” *IFC and World Bank*, 2011.

²Racheal Yeager, “HERproject: Health Enables Returns, The Business Returns from Women’s Health Programs,” *BSR and Extending Service Delivery Project (ESD)*, 2011.

³The terms audit and assessment are sometimes used interchangeably within the social responsibility industry.

information and insight that describe the conditions of the workforce beyond factory walls. We wanted to demonstrate that collecting additional indicators can empower companies and factory owners to make informed decisions and drive investments toward improving worker well-being in their supply chain. Our research assessed three main questions:

- Is it feasible to incorporate women's health and related management practices indicators into existing workplace assessment protocols?
- Can useful information about workforce well-being be obtained by incorporating additional indicators around female workers' health into workplace assessments?
- Is there a business case for investing in women's health by uncovering links between productivity, compliance, and women's health?

To answer these questions, UL and BSR incorporated additional indicators into routine workplace assessments. The researchers collected data through female employee health surveys, an on-site clinic survey, and a factory management questionnaire. Data was gathered from 43 factories in China, India, Indonesia, Vietnam, Bangladesh, Myanmar, and Taiwan from June 2012 to January 2013. The researchers administered supplemental questions in factories that were part of the supply chain of seven UL clients and/or BSR members: Abercrombie & Fitch, J.Crew, Patagonia, Primark, Tesco and an additional clothing retailer, as well as German development financier DEG (Deutsche Investitions- und Entwicklungsgesellschaft). We invited these companies to participate in the pilot research because they had previously shown strong interest in women's and workplace well-being issues.

We were able to draw some conclusions about the feasibility and value of integration, but we found insufficient data from the research to make the business case for investing in women's health. Below are some of our main findings:

1. Several factors support the feasibility of collecting a broader set of worker well-being indicators through workplace assessments:

- Receptiveness of international buyers and financial institutions to incorporating additional worker well-being indicators into existing workplace assessments
- Factory and employee openness to answering supplemental questions
- Appropriateness of auditors skill set once they receive additional training

- Potential for realization of economies of scale to mitigate the costs required to develop and administer additional questions
- No negative impacts identified on the standard workplace assessments from incorporating these additional indicators

- 2. Integrating women's health data into standard assessments can provide useful information about workforce well-being, and the additional indicators can provide further insight into female workers' health challenges.** For example, we identified significant gaps in knowledge regarding hepatitis B and HIV/AIDS, and saw geographic trends related to hunger that may suggest malnutrition. However, because our sample size was small, the health information we gathered should not be generalized beyond the scope of this study and cannot be applied to specific countries. Despite the study's small sample size, international buyers and financial institutions found that the information provided insight into women's health in their supply chains and highlighted suppliers' needs vis-à-vis that issue.
- 3. The small sample size and limited provision of productivity-related data from participating companies prohibited the researchers from conducting an accurate analysis of the links between productivity, compliance, and women's health.** However, previous research conducted by BSR has demonstrated a positive ROI from the introduction of women's health programs in factory settings. The present study uncovered a **weak but positive correlation between business indicators and health behavior and access**, supporting previous studies' findings. Additionally, **many factories surveyed do not track business indicators, such as turnover and absenteeism rates**, indicating that their human resources management systems are not robust enough to understand the business benefits of worker empowerment and workforce well-being programs.

Based on the study's findings, the researchers encourage international buyers, factory managers, development financiers (and other banks providing long-term financing to factories), and other stakeholders to consider women's health and overall workforce well-being as business risks and areas of responsibility within global supply chains. We conclude with a list of actions stakeholders could take to better prioritize these issues. We hope the companies will consider this study a starting point for further investigation into and discussion about how to address workforce well-being issues within workplaces and communities throughout global supply chains.

About This Research Collaboration

HERproject's and UL's experience have revealed that employees in the apparel sector face common challenges, including long working hours, stressful work environments, and difficulty balancing monthly expenses against earnings (e.g., earning less than a living wage). With low levels of education, many workers do not effectively access public and private resources that could address these challenges, such as health, legal, education, and financial services. Despite growing transparency, the sector still struggles with labor issues, including employer violation of labor laws, lack of compliance with labor standards, and insufficient occupational health and safety compliance, among others.

Social workplace assessments are critical to providing transparency around labor law violations, expanding accountability mechanisms, and tracking supplier facilities' corrective actions. However, many social assessments do not examine issues that impact the workforce outside the factory walls, such as inflation, health and sanitation risks, and community-based or domestic violence.

UL and BSR began to collaborate in 2012, with the shared beliefs that worker well-being factors like health are important to building sustainable, ethical supply chains and that audits can be used to gather information about worker health and well-being in new ways. We undertook this research in part because we believe that compliance standards can serve as motivators for improved management practices and working conditions. At the same time, we also recognize that to impact workforce well-being assessments must ask the right questions. One hypothesis that motivated us is that if workforce well-being, specifically women's health, is introduced into workplace assessments, then suppliers may be motivated to prioritize the often overlooked health needs of their female workers. In doing so, we hope that employment in factories may contribute to improved health for female employees and for their families. By leveraging our respective organizations' extensive knowledge of and experience with supply chains, UL and BSR sought to demonstrate the value of incorporating women's health and broader worker well-being indicators into standard workplace assessment procedures to better understand workforce conditions.

Within this context, the collaboration between UL and BSR seeks to contribute to broader discussions about incorporating human rights and worker well-being measurements into workplace assessments. As companies direct their corporate strategy toward improving worker well-being and women's health, this research initiative aims to demonstrate the usefulness of including supplemental workforce condition indicators into assessment protocols. The researchers hope their findings will lead to a more thorough understanding of workers' needs and further promote a rights-based approach⁴ in sourcing decisions. Additionally, the project seeks to build the business case for companies to track metrics related to women's health by expanding on existing research that links improved women's health with better performing supply chains.

⁴"In a rights-based approach, every human being is recognized both as a person and as a right-holder. A rights-based approach strives to secure the freedom, well-being, and dignity of all people everywhere within the framework of essential standards and principles, duties, and obligations. The rights-based approach supports mechanisms to ensure that entitlements are attained and safeguarded." UN Population Fund (UNFPA), www.unfpa.org/rights/approaches.htm.

Research Objectives and Methodology

We sought to assess the feasibility and value of integrating women's health within workplace assessments by answering three main questions:

1. Is it feasible to incorporate women's health and related management practices indicators into existing workplace assessment protocols?
2. Can useful information about workforce well-being be obtained by incorporating additional indicators around female workers' health into workplace assessments?
3. Is there a business case for investing in women's health by uncovering links between productivity, compliance, and women's health?

We were able to satisfactorily address questions one and two, but because the sample size and data quality was limited, we were unable to address question three. This working paper presents our findings.

FACTORY SELECTION

Data was gathered through assessments conducted with the 43 participating factories from June 2012 to January 2013. UL and BSR invited 13 client companies and/or BSR members to participate in this study because they had previously demonstrated interest in women's issues or worker well-being issues in general. We did not charge companies any fees to participate in this research initiative, and brands did not contribute financially to it. UL and BSR led the development and implementation of the supplemental indicators, while brands communicated the initiative to their supplier factories. The supplier facilities that participated were located in China, India, Indonesia, Vietnam, Bangladesh, Myanmar, and Taiwan.

Of the 13 UL client companies and BSR members invited to participate, seven joined the initiative. Participants included: Abercrombie & Fitch, J.Crew, Patagonia, Primark, Tesco and an additional clothing retailer, as well as German development financier DEG (Deutsche Investitionsund Entwicklungsgesellschaft). Remaining invitees were unable to join because of time constraints or because they were participating in parallel initiatives addressing worker well-being issues. However, the majority of those who were unable to participate showed strong interest in learning the study's results. Those companies joining the initiative indicated that they saw value in gaining information about worker well-being issues and making informed decisions in order to promote sustainable business practices as part of their corporate strategy.

The research focused on countries within Asia, with the majority of facilities in China, followed by India and Indonesia. Most participants, like many other brands and buyers, source a significant percentage of their products from Asia, thus the regional focus is representative of most company supply chains. Also, given the large pool of UL Asia female auditors and sensitive nature of the health questions, the study employed female auditors to conduct the assessments to ensure the highest degree of comfort for women respondents. Furthermore, the majority of HERproject activities have been in Asia, thus providing a useful comparative data set.

All participating facilities were in the light manufacturing sector, predominantly producing apparel goods. This sector was of particular interest because women compose a significant percentage of the workforce. Most positions in this industry are low-skill, with pay based on the national or sector minimum wage.

⁵UL's Responsible Sourcing group employs more than 200 auditors in nearly 40 countries across 7 regions. UL's auditors are required to have at least a college degree, be bilingual (fluent in English), and undergo an extensive training program and shadow assessments before conducting audits independently.

⁶For a complete list of the supplemental questions asked, see Appendixes 1–3.

⁷There were a total of 86 employee responses, i.e., two employees per each of the 43 facilities.

ASSESSMENT APPROACH

The project leveraged existing standard audits by incorporating additional indicators into planned workplace assessments. Given the sensitive nature of the health-related questions, audits were led by trained female UL auditors⁵ with extensive experience in conducting standard social workplace assessments. UL's standard audit process focuses on compliance with national legislation, international standards, and industry best practices in the following categories: hiring and termination; remuneration; benefits; working hours; forced, bonded, indentured, slave, and prison labor; child labor, young workers, and apprentices or trainees; abuse, coercion, harassment, and disciplinary action; discrimination; freedom of association and collective bargaining; occupational health and safety; environment; and ethics and business integrity.

The standard workplace assessment typically consists of an opening meeting with factory management, a document review (licenses, written policies, personnel files, payroll and working hours documentation, collective bargaining agreements [CBAs] and employment contracts, and environmental health and safety records), private and confidential employee interviews, a facility walk-through (production floors, warehouses, chemical storage units, dormitory, lavatories, clinic, canteen, and nursery), and a closing meeting to share a summary of noncompliances directly with the facility management.

In line with the research objectives, UL and BSR included three activities beyond those executed in a standard social workplace assessment:⁶

- 1. Female employee health survey:** Female UL auditors asked two workers in each facility 19 questions through private one-on-one interviews.⁷ The questions were based on HERproject health needs assessments, which evaluate the following areas:
 - *Health knowledge* related to HIV, hepatitis B, and maternal health
 - *Access to health services* through on-site and off-site clinics and provision of referrals
 - *Health behavior* in relation to menstrual management, drinking water, and maternal health
- 2. On-site clinic survey:** UL auditors asked factory clinic staff (where they were present) three questions pertaining to the health facility services and benefits provided to workers onsite.

- 3. Written factory management questionnaire:** Factory management answered seven questions assessing the health benefits provided to workers and indicators related to worker productivity.

After collecting the data, UL and BSR analyzed it using quantitative and qualitative methods. Researchers quantitatively assessed the data from the three surveys outlined above. Participating UL auditors were asked to provide additional insight into their data collection experience through a formal feedback process. Participating companies also took part in a feedback process via a webinar and a formal review period. Qualitative analysis drew on UL's extensive expertise honed while conducting nearly 20,000 audits each year and BSR's experience conducting HERproject's extensive health needs assessments in more than 200 factories.

PARTICIPANT SURVEYS

International buyers and the financial institution participating in the project were provided with research findings within each of their standard audit report(s). At the conclusion of the study, BSR and UL also presented them with a summary of the results. Following that presentation and draft review period of the working paper, participants were asked to complete an anonymous survey, particularly to assess their perspective on the value of the process and the data obtained. We received six responses to the anonymous survey, representing at least four of the seven participating companies, and have integrated their feedback throughout this working paper.

ASSUMPTIONS

Assumptions within our methodology included:

1. The scope of a standard industry audit does not examine the specific health and gender data that we sought to gather.
2. The additional indicators would be successful at obtaining the data we required.
3. The implementation methodology of question delivery and sample size was appropriate for our purposes.

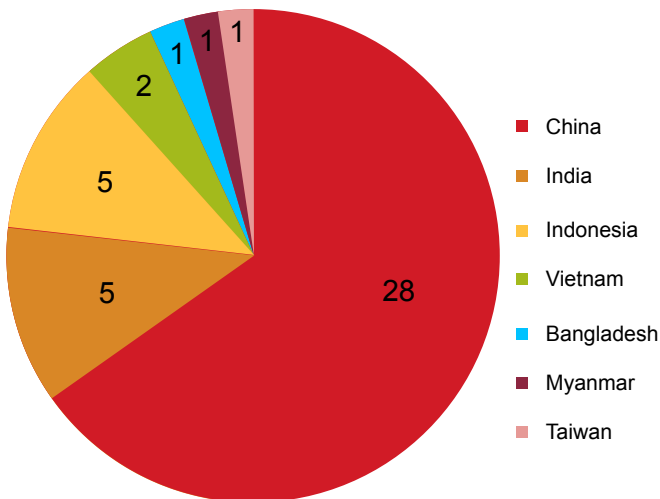
Not all of these assumptions held true—for example, we found several areas for improvement related to women's health indicators. Subsequent sections of this working paper detail our suggestions.

RESEARCH LIMITATIONS

Our findings should be considered within the context of two limitations:

Sample size: The sample size of factories was small, with only 43 participating facilities. Due to time constraints posed by the standard audit process and cost-related factors, auditors interviewed only two women worker representatives per facility. This narrow window limited the researchers' ability to draw more general conclusions from the data.

Participating Factories (by country)



Geographic limitations: The majority of the facilities audited were located in China (28 of the total sample, 65 percent of the factories audited). The number of facilities in other countries represented in the sample was small (15 facilities, 34 percent), with three countries having only one facility in the sample. This lack of geographic diversity limited the researchers' ability to make regional inferences based on the findings.

Finally, UL and BSR recognize that audits will not replace comprehensive worker needs assessments that some companies may choose to implement to support their supply chain programs. Rather, this study's objective was to test the potential of and demonstrate the value of incorporating well-being metrics within existing processes, so as to include well-being considerations in supply chain programs in a scalable manner.

Despite these limitations, we believe that the information we obtained provides valuable insights related to the research questions we posed.

Research Question 1: Assessing the Feasibility of the Approach

Is it feasible to incorporate women's health and related management practices indicators into existing workplace assessment protocols?

FINDINGS

Researchers assessed feasibility according to a quantitative assessment of the experiences of auditors, factories, and buyers who participated in the process. They identified five important aspects of feasibility.

1. Level of Interest from International Buyers and Financial Institutions

Generally, participating companies were highly receptive to the inclusion of supplemental questions and, in particular, to focusing more attention on workforce well-being. All (100 percent) of the six responses to the anonymous survey indicated that participants found the health information valuable and that they would add supplemental questions to their standard audits, budget permitting. Gender was an area of particular interest, as many international buyers and financial institutions recognize that the large numbers of women employed in their supply chains face unique challenges from the perspective of human rights and worker well-being.

As a result of participating in the research, at least two companies agreed to formally incorporate gender and/or women's health into their social assessments. One company nominated suppliers for participation in HERproject programs based on its experience during the research project.

2. Factory Openness

Auditors reported that, in general, factories were cooperative and open to including additional questions in the assessment process. Company participants provided advanced notice of the activities to factories, and auditors were prepared to answer questions related to the research effort during their on-site assessment visits. Auditors underwent training to prepare them for the research and explain its purpose, in case they encountered queries during their visit. However, factory management did not voice questions or concerns during the research. One auditor mentioned that factories' familiarity with HERproject women's health programs increased their willingness to participate in the research.

3. Appropriateness of Auditors' Skill Set

The process of conducting this study demonstrated that the auditors' current skill set is complementary but not directly transferable to the supplemental audit activities. To explain the process and develop the skills they needed for implementation, participating auditors underwent two hours of training. Some auditors expressed interest in undergoing additional training related to health information—a reasonable request considering that almost all auditors included an explanation of questions as part of the interview process, especially given female workers' lack of familiarity with certain topics covered in the questions.

The personal and sensitive nature of the questions sometimes made it challenging for auditors to execute interviews. In particular, some auditors reported that female employees were shy when answering certain health questions, especially at the beginning of the interview process. Auditors noted that the women were more comfortable and willing to share responses when they explained the purpose of the questions. Auditors and other interviewers must focus on this critical area to ensure that they successfully engage interviewees.

Nearly all auditors felt strongly that the process enhanced their ability to assess the facility and reacted positively to administering the set of additional questions.

4. Time and Cost Implications

Administering supplemental questions required investments in terms of logistical preparation, auditor training, scheduling, audit length, and software development to house the collected data. These costs are not insignificant, but economies of scale could be realized with regard to auditor training and logistical preparation. Companies should consider allotting more time for assessments, depending on the scope of additional indicators incorporated into the assessment process.

For this research pilot, auditors were allotted 20 to 40 minutes to interview the clinic staff and female employees. Note, this did not include the factory management questionnaire, which management was responsible for completing. Auditors expressed differing opinions regarding whether it was feasible to conduct the interviews within the designated time frame during the standard workplace assessment process. Their feedback underscored the need to designate sufficient time for supplemental questions in future implementation, particularly given the sensitive nature of health-related questions.

5. Lack of Unintended Negative Impacts

The study did not find any negative impacts from incorporating additional indicators into the standard workplace assessment process. Auditors reported that the supplemental questions were consistent with and complementary to the traditional workplace assessment and provided helpful information that can be used to assess a facility. However, as noted previously, supplemental questions require auditors to spend more time at the facility, and buyers looking to incorporate workforce well-being indicators should consider allocating more time for workplace assessments. Additionally, the study found no negative consequences for participating workers. That said, due to the small sample size, the researchers recommend that any expansion of such activities within assessments be accompanied by a mechanism for workers to exercise their voice or express discomfort or concern.

PROCESS IMPROVEMENT OPPORTUNITIES

Research revealed opportunities for process improvements to the original pilot add-on questions conducted by UL and BSR related to the design, delivery, and analysis of the additional indicators. These improvements could perhaps make future research more fruitful or support the expansion of the pilot approach.

Improvements to Design and Delivery

Brands and factories, as well as their investors and financiers, should engage in a collective process to determine the scope of the supplemental assessment questions. Half (three out of six) of responses to the anonymous survey indicated that companies would like to add questions to those outlined in this pilot. These additional questions include

business indicators, such as absenteeism and turnover, workers' happiness and satisfaction, and questions to assess the additional vulnerabilities faced by migrant workers. Refinement of all indicators is needed to ensure that those included in assessments are applicable to the specific brand and factory—topics that both parties can support and that will yield the desired data. When selecting indicators, brands and factories should consider the following questions:

- **What are the right health issues to measure?** Consider local context, and solicit advice from a health service professional familiar with the factory worker population.
- **What worker well-being issues could be aligned with global corporate foundation strategy and, therefore, leverage existing networks and investments?** If a brand invests in breast cancer or HIV at a corporate level, there may be added value to gathering information about how those issues impact workers in their supply chain. Moreover, if the company has relationships and networks with organizations addressing major health issues, it may deploy these resources to serve worker needs identified during the workplace assessment. However, this approach should be considered against the value to the workforce—e.g., addressing breast cancer in a country where malnutrition and access to water is more pressing would not necessarily be a good approach from either the workforce's or the company's perspective.
- **Should the supplemental questions include only women, or should they extend to men?** Women face unique health challenges, due both to their biological makeup and cultural stigmas. Women also typically represent the majority of factory employees. However, men working in factories often face numerous health challenges too, and their wives or other female family members stand to benefit if they are healthier. A simple solution would be to include men in all surveys at a number equal to the percentage of the labor force they represent in a given factory (e.g., if men make up 25 percent of the labor force, then two men could be interviewed for every eight women). Auditors could omit survey questions targeted to women's health when they interview men.
- **Should an attempt be made to measure "progress"?** **How would progress be defined?** Typically, a supplier can take a clear set of actions to respond to negative assessment findings. With female worker health, deciding what to do is more challenging. It may be that measuring progress is too ambitious, but assessment findings can create opportunities for brands to suggest that suppliers participate in programs like HERproject. BSR has also created numerous online resources to help suppliers better support their female employees' health needs, which can be accessed at www.herproject.org.

The sensitive, personal nature of the questions may require

auditors to adapt to cultural contexts. For effective delivery of health and well-being add-on questions, we recommend that:

- Auditors should receive basic training for health indicators that they will gather during interviews, ways to discuss sensitive health topics effectively, and tips for making people feel comfortable during discussions.
- More time is allotted for conducting each interview due to the sensitive nature of questions, which may result in additional hours or days for a workplace assessment.
- The gender of the surveyor, which may influence interviewees' responses, should be carefully considered.
- The workforce's literacy and education levels should be considered as a factor when conducting the interviews.

Improvements to Analysis

In the implementation process, we noted a few tactics that could be employed to ensure that analysis is as robust as possible, and existing systems and tools that could be integrated into the data collection process to further enhance the analysis process.

- Drawing country-specific conclusions and comparing countries require a sufficient sample size per country. If you cannot include a larger number of facilities, then increase the sample size of women per facility (e.g., 20 women per facility in two facilities vs. 10 women per facility in five facilities).
- Involving factory management in the inclusion of additional questions in the audit that relate to workforce well-being may be a good way to ensure more effective cooperation. Plus auditors can use that information to address any well-being issues uncovered by the assessment.
- Assessors could utilize existing factory feedback mechanisms (e.g., suggestion boxes) and supply chain program mechanisms (e.g., if a company is participating in HERproject) as vehicles for collecting information about worker well-being and corroborating information gathered through interviews.
- To analyze the information gathered, a benchmark of "what good looks like," either at a country or global level, is necessary to make the data meaningful to individual factories. Published aggregate HERproject health needs assessments and UL's Global Risk Index and Country Risk Profiles can serve as useful tools. Other useful tools include the Progress out of Poverty Index (PPI) and UN Human Development Reports.

Research Question 2: Assessing the Value of the Data Obtained

Can useful information about workforce well-being be obtained by incorporating additional indicators around female workers' health into workplace assessments?

FINDINGS

Our research demonstrates that there is value in integrating women's health data into standard assessments. It provides useful information about workforce well-being and gathers new data to enrich the overall audit process, further highlighting opportunities for future investment in worker health and well-being.

1. Obtaining Useful, Accurate Information about the Female Workforce's Well-Being

The study found that incorporating the supplemental questions into workplace assessments can provide valuable information about the workforce's well-being and women's health. This finding was based on the reliability of the information we gathered and the possibility of scaling the information-gathering process throughout the supply chain.

Gauging the data's reliability: In order to determine its reliability, researchers compared the data gathered via the supplemental questions to the findings of HERproject health needs assessments.⁸ The research reveals that women's health needs are significant, with clear knowledge gaps among women workers, difficulty accessing health care, and subsequent poor health behavior. Employee responses demonstrated a lack of knowledge of maternal health and HIV and hepatitis B, including their modes of transmission.

Overall, these findings are consistent with those of HERproject, which concluded that even though female factory workers are able to identify major infectious diseases, they have limited knowledge about how to protect themselves from contracting such diseases. For example, HERproject baseline assessments' findings show that only 31 percent of respondents averaged across all HERproject countries know that HIV can be spread through sexual intercourse; the average in China is 67 percent. Given the small sample size and disproportionate representation from China, this study's average of 45 percent is reasonably accurate. Furthermore, the research findings are in line with HERproject study findings showing that female factory workers are more familiar with HIV/AIDS than with hepatitis B. Based on HERproject surveys, this is likely due to widespread media campaigns and government awareness programs on HIV/AIDS.

The data we collected also showed variations in women's health behavior within and across countries, including the use of sanitary pads during menstrual cycles, safe and healthy use of water at home, and the delivery of or plan to deliver her children in a hospital. Geographic variations were significant, with positive health behavior higher in China, Indonesia, Taiwan, and Vietnam and lower in Bangladesh, India, and Myanmar. Study results indicated greater numbers of women practicing correct menstrual hygiene than the average found by HERproject baseline assessments, which typically discover poor knowledge and behavior regarding menstruation. This inconsistency is likely due to the disproportionate representation of Chinese respondents in the study, as well as the fact that the question asked was limited to sanitary napkin usage instead of addressing overall menstruation knowledge and behavior. HERproject assessments show that sanitary napkin usage in China is high, but broader menstrual hygiene remains poor.

Averages on maternal health–related questions were also slightly different—e.g., 52 percent of women that we surveyed who had given birth reported that they delivered their baby at a hospital, while HERproject baseline averages are 40 percent. This difference is probably at least partially explained by the disparate representation of China in the UL data, as it is more common for women in China to deliver babies in hospitals than it is for women in the other countries represented in both data sets to do so.

⁸The HERproject health needs assessment process surveys 10 percent of the female workforce about a variety of health needs, covering a broader range of issues than the questions included in this research initiative. HERproject surveys are implemented by civil society organizations that are HERproject partners.

Finally, the data revealed that women faced substantial challenges accessing and using health services, including on-site clinics, referrals to external health facilities, health benefits, and external health services. Geographic variations were significant, with the highest rates of access to health services found in India and Vietnam, while Bangladesh and Taiwan ranked low in access to health services.

HERproject baseline assessments on average show a higher level of knowledge of available clinics and a higher usage rate of those clinics than the UL data show (e.g., 77 percent of women assessed by HERproject are aware of clinics, and 58 percent have visited them; the UL data shows that 60 percent are aware and 40 percent have visited them). This variation may be explained by the small sample size or by the restrictions in parts of China that limit migrant workers uptake of medical services. Anecdotally, HERproject programs have also found that women are willing to pay for services if and when they become aware of them.

Gathering information about the workforce's well-being at scale: Assessments of workforce well-being and women's health hold tremendous value, but they also tend to come at a significant cost in the form of development and implementation expenses. This study shows the potential for workplace assessments to provide basic information about select workforce well-being indicators and women's health at a large scale and a lower cost. By incorporating additional indicators into existing supply chain monitoring efforts, the marginal cost of obtaining this data is lower than it would be if the efforts were undertaken in isolation.

If additional indicators were successfully integrated into assessments, data about workers' well-being could be included in sustainability reporting, elevating women's health and workforce well-being within the framework of responsible supply chain management.

2. Uncovering Useful Information by Incorporating More Indicators for Female Workers' Health

Nearly all participating auditors felt that incorporating additional questions enhanced their ability to assess the facility. This study found preliminary quantitative and qualitative indications that incorporating women's health into workplace assessments can provide insight into gender-related workplace challenges by:

Enabling alternative perspectives on the female workforce: Research revealed several opportunities to gain insight into workforce issues through the lens of women's health and well-being. Data about women's health could provide useful evidence for living wage considerations. Findings related to the "rate of hunger among employees" provided an interesting perspective on women's health as a factor of overall standard of living. The majority of respondents

in the represented countries reported rare instances of severe hunger. These positive results are not unexpected, especially given that a large percentage of the sample size included women in Chinese factories, where most workers live in dormitories and are provided with meals. On the other hand, results from Bangladesh and Indonesia stand out, with high percentages of employees stating that they are uncomfortably hungry most of the time.

Enhancing interactions with the workforce and suppliers: HERproject experience has shown that prioritizing personal health in the workplace contributes to improved relations between workers and management. In this study, researchers found limited evidence to suggest that asking questions related to personal circumstances and health provided auditors with an opportunity to interact with the workforce in a more personal way.

Over time, as auditors become more comfortable with the add-on questions, this shift may contribute to improved data collection and analysis, improved worker-management dialogue, or increased discussions between suppliers and buyers about workforce well-being. Including questions related to personal health in a factory or brand initiative to improve workers' well-being may enhance employees' trust of both the auditor and factory management. Increased knowledge in health related issues and communicating sensitive questions with employees may further develop auditor interview skills and the quality of their findings.

Five out of six responses to the anonymous survey indicate that participating companies will use the health information collected to discuss workers' health with their suppliers. Half (three out of six) will use the information to explore women's health issues in worker interviews during supplier visits.

Improving decision-making and communications: More than half of company respondents indicated that they will use the health information they learned to make investment decisions for their CSR programs and will communicate the pilot results to their corporate CSR teams. They also indicated that they will use this information when communicating with customers, suppliers, and/or shareholders about workers' well-being.

PROCESS IMPROVEMENT OPPORTUNITIES

The researchers also identified opportunities for process improvements to increase the value of data gathered in future research efforts or the expansion of the pilot approach.

- To be valid and reliable at the level of a single factory, the indicators must be further refined, and more employees must be interviewed. For deeper analysis, we suggest a minimum of 10 and maximum of 100 worker interviews, depending on the size of the factory.

-
- A testing phase is critical to evaluate the effectiveness of specific interview questions and resulting indicators. Several indicators have already been modified based on findings from the pilot phase to generate higher quality data moving forward. Appendixes 1–3 contain the questions that auditors utilized during the research project, as well as questions that were modified to improve the quality of the data.
 - Sufficient time should be allocated for individual interviews due to the personal and sensitive nature of the questions and the need to explain them to respondents. However, focus group discussions could be a means to gather data about certain health-related questions, especially those related to community conditions and community health infrastructure.
 - For the data to lead to improved conditions for the factory workforce, the results must be appropriately valued within

supply chain management processes and tied to meaningful commitments to support and address the major health needs that the assessment uncovers.

- International buyers and development financial institutions that include worker well-being questions in workplace assessments should consider investing in (or encouraging suppliers to invest in) female employees' health. Otherwise, the creation of a feedback mechanism and lack of subsequent action may lead the workforce to develop negative perceptions of factory management and the brand. Setting up incentives or cost-sharing mechanisms with factory management to implement health initiatives can increase investments in worker well-being. Additionally, brands that have foundations and philanthropic budgets could align part of their donation strategies with worker well-being efforts in the supply chain.

Research Question 3: Assessing the Relevance to the Business Case

Is there a business case for investing in women's health by uncovering links between productivity, compliance, and women's health?

HERproject research has demonstrated that introducing women's health programs correlates to a quantitative ROI in the form of lower absenteeism and turnover rates, as well as increased productivity and improved worker-management relations. As part of this present study, the researchers sought to assess whether similar findings would be present through additional indicators in workplace assessments. We were unable to conclusively answer this question due to our limited sample size. However, the study did uncover some interesting results.

First, a sizeable percentage of the factories surveyed do not track business indicators, such as turnover and absenteeism rates. More specifically:

- Only 68 percent of the factories reported that they track absenteeism rates. Of the 32 percent of factories that do not track absenteeism, only half (50 percent) provided an estimated absenteeism rate.
- Seventy-five percent of factories track their turnover rate, but of the 25 percent of factories that do not track turnover rates, only 20 percent could estimate their rate.
- Almost half (48 percent) of all factories did not know the cost of an absent worker.

These figures are strong indicators that factory human resources management systems are not robust enough to understand the business benefits of worker empowerment and workforce well-being programs. Factories need to significantly improve their human resources functions so that they can accurately evaluate worker welfare and well-being. This finding aligns with UL's experience in building capacity and providing continuous improvement services to help factories comply with labor standards. In that context, creating better management systems to track business indicators leads to rapid improvements in workplace conditions.

Second, the study found a weak but positive correlation between business indicators and health behavior and access. Due to the weak correlation, these findings are insignificant; however, they are consistent with HERproject ROI studies and other quantitative research⁹ that demonstrate the business benefits of investing in workforce health.

- The data points to a positive, albeit weak relationship between health clinic visits and turnover rates; more visits per month correlates with lower turnover rates. It could be inferred from this finding that in circumstances where members of the workforce (a) have higher levels of trust in the provided health services and/or (b) have access to personal preventive care, workers are more likely to remain in their current job.
- Likewise, the existence of a worker committee focused on health issues appears to have a positive, albeit weak, correlation with lower turnover rates. This finding could indicate that greater employee engagement and/or greater attention to worker well-being increases workforce stability.
- Lower absenteeism rates and good health behavior have a strong positive correlation. By using the health behavior index¹⁰ to rate the overall level of women employees' healthy behavior, the data demonstrates that good health behavior positively correlates with lower absenteeism rates. Logically, if the

⁹Sevi Simavi et al., "Fostering Women's Economic Empowerment through Special Economic Zones," *International Finance Corporation (IFC)*, 2011; Racheal Yeager, "HERproject: Health Enables Returns, The Business Returns from Women's Health Programs," *BSR and Extending Service Delivery Project (ESD)*, 2011; Wofford Dupont Chowdhury, "Effects of a Workplace Health Program on Absenteeism, Turnover, and Worker Attitudes in a Bangladesh Garment Factory," *Extending Service Delivery Project (ESD)*, 2007; D. K. Brown et al., "Human Resource Management Technology Diffusion through Global Supply Chains: Buyer-Directed Factory-Based Health Care in India," *World Development*, 2009; Katherine Baicker et al., "Workplace Wellness Programs Can Generate Savings," *International Finance Corporation (IFC)*, *Health Affairs*, 29:2, 2010.

¹⁰BSR and UL created a health behavior index to examine the overall level of women respondents' healthy behavior. The index represents an aggregate of 86 employee interviews. It rates the use of sanitary pads during menstruation, type of water consumed at home, and child delivery location (planned or actual).

workforce is engaged in healthier behavior, then workers are less likely to be absent for health-related reasons.

Finally, we found no strong correlation between compliance performance and productivity indicators. However, given the limited data gathered about the latter, this finding is inconclusive. Nor did we find a strong correlation between compliance performance and health indicators. We encourage companies to conduct further research, particularly within factory environments with robust human resources management systems.

Moreover, our research shows that to better assess the business impacts of worker well-being and help drive investments in health in supply chains, a more extensive and deeper analysis of pre- and post-health interventions would need to be conducted.

Ways Forward and Call to Action

Our research revealed both the feasibility of and value in adding indicators to workplace assessments to assess workforce well-being and women's health specifically. UL auditors who participated in the audit add-on pilot responded positively to the experience and believed they learned valuable skills and information. Most importantly, they did not feel that the process detracted from the standard workplace assessment, but rather complemented the process. Participating companies also perceived value in the research and in the information they learned. Some of them made commitments to change their processes and invest in women's health in their supply chains.

Based on the information learned in the study, the researchers recommend that supplemental questions be included in existing workplace assessments for those brands and development finance institutions that are interested in investing further in worker well-being, particularly in women's health, and that are looking to address the root causes of issues that may be leading to productivity deficiencies and noncompliances. This process is also highly recommended for those brands that extend their CSR efforts beyond basic legal compliance.

Key stakeholders can take numerous actions to better leverage the auditing process to promote women's health and overall workforce well-being.

Auditing groups and social compliance monitors should consider taking the following actions:

- Identify internal champions who are passionate about worker well-being and/or have relevant skills and knowledge related to international development, poverty, gender, and health.
- Build broader capacity from an advisory services perspective to be able to serve companies that are interested in incorporating worker well-being issues into social compliance audits. *What are key worker well-being issues? What are some differences between countries? Between genders? What does best practice look like?*
- Assess the auditor pool to evaluate resources for implementing these types of interviews. *Are there enough female auditors? Does a diverse skill set for assessing well-being issues exist?*
- Build auditor capacity through trainings to successfully ask questions about worker well-being. *How do you follow up on a question when someone answers "yes" or "no"? What do you do when someone is too shy to answer a question? How can you get the highest quality of information possible from interviews?*
- Consider implementing gender-specific metrics to products and tools to monitor worker well-being issues more effectively.

Buyers, brands, and development financial institutions should consider taking the following actions:

- Require suppliers to collect absenteeism and turnover data that is gender disaggregated.
- Consider providing capacity-building resources to suppliers related to human resources data collection—both the "how" and the "why."
- Invest in workers' health education and access programs, or collaborate with suppliers to do so.

-
- As part of an audit add-on, include questions for workers about employees' personal circumstances that may impact their work. *Where do they live? How do they get to and from work? Are they happy and healthy? Is there a hospital or clinic near their home or workplace that they can go to? What are some of their major health concerns? How often are they absent because they are sick or because their child is sick?*
 - Find out if on-site health clinics exist, and inquire about services they provide. *Is it for emergencies only? How well do they serve staff? What are they learning about health needs?*
 - Start small with minor additions to the standard audit. For example, hunger-related questions can provide insight into how well wages enable workers to meet their most basic needs.
 - Communicate findings about workforce well-being and investments to address issues like women's health internally (e.g., CSR team or sourcing department) and externally with suppliers, shareholders or customers, and strategic vendors.

Other stakeholders should consider taking the following actions:

- Civil society organizations should explore opportunities to collaborate with social compliance monitors to monitor and evaluate factory-based activities.
- Civil society organizations should also develop services and programs to meet worker well-being needs that extend beyond the factory walls and standard audit protocols.
- Shareholders and consumers should ask more questions about worker well-being to encourage companies to track and report on this type of information.

Appendix 1: Employee Survey

Note: These questions are intended for use in one-to-one interviews with female employees. Sample size should be determined by user; this pilot study interviewed two women per facility.

1 Have you visited the factory clinic in the past 2 months?*

**The original question was amended.*

Yes

If yes, please note the number of visits in the past 2 months: _____ (continue to question 1.1)

Yes, but was refused service

Why was service refused? (continue to question 2)

No

(continue to question 2)

No, there is no clinic in the factory

(continue to question 2)

1.1 Of those visits you made, what were the reasons for going to the factory clinic?

1 _____

2 _____

3 _____

1.2 Does the clinic provide medicine and other health-related products to workers?*

**This question was added to the original questionnaire.*

Yes

(continue to question 1.2.1)

No

(continue to question 2)

1.2.1 Are workers required to pay for these medicines and other health-related products?*

**This question was added to the original questionnaire.*

Yes

No

2 Do you currently have any health-related problems due to your job? If yes, please describe them.

Yes

If yes, please describe health problems:

No

3 Do you eat three substantial meals a day?*

**The original question was amended.*

Yes, most days I eat three substantial meals per day

(continue to question 4)

No, sometimes I skip at least one meal

(continue to question 3.1)

No, sometimes I skip more than one meal

(continue to question 3.1)

3.1 Which meal(s) do you usually skip?* (check all that apply)

**This question was added to the original questionnaire.*

Breakfast

Midday meal

Night meal

3.2 How often do you skip a meal?

- Every day
- Some days
- Rarely

4 Are you often uncomfortably hungry?

- Rarely, only just before meals
- Occasionally, sometimes during the day
- Often, hungry most of the time
- Very often, sometimes hunger keeps me awake at night
- All of the time

5 When you are at work, what type of water do you drink?

- Bottled water
- Water that has been boiled
- Filtered water from safe source
- Normal water from faucet (unboiled)
- Normal water from stream (unboiled)
- Other (specify _____)

6 When you are at home, what type of water do you drink? Check all that apply.

- Bottled water
- Water that has been boiled
- Filtered water from a safe source
- Normal water from faucet (unboiled)
- Normal water from stream (unboiled)
- Other (specify _____)

7 Do you often experience pain during your menstrual cycle?*

**This question was added to the original questionnaire.*

- Yes
- No

8 Have you taken a sick day because of menstrual pain in the past two months?

- Yes
- No

9 What do you use during your menstrual cycles?* Select all that apply.

**The original question was amended.*

-
- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Sanitary pads |
| <input type="checkbox"/> | Clean pieces of cloth from my home |
| <input type="checkbox"/> | Scraps of cloth from work (jute) |
| <input type="checkbox"/> | Others (please list those mentioned): |
-

10 Does the factory provide you with sanitary napkins?

-
- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
-

11 Are you aware of any nearby clinics or other service providers for women's health close to your home or the factory where you work?

-
- | | | |
|-----|--------------------------|------------------------------------|
| Yes | <input type="checkbox"/> | <i>(continue to question 11.1)</i> |
| No | <input type="checkbox"/> | <i>(continue to question 12)</i> |
-

11.1 Have you used those services?

-
- | | | |
|-----|--------------------------|------------------------------------|
| Yes | <input type="checkbox"/> | <i>(continue to question 11.2)</i> |
| No | <input type="checkbox"/> | <i>(continue to question 12)</i> |
-

11.2 Are these services free of charge or do you have to pay to receive these services?

-
- | | |
|--------------------------|--|
| <input type="checkbox"/> | Free of charge |
| <input type="checkbox"/> | Must pay in full to receive services |
| <input type="checkbox"/> | Partial payment and partial coverage by government/NGO/insurance |
-

12 In [country name] HIV/AIDS is a health concern. Are you familiar with what HIV/AIDS is?

-
- | | | |
|-----|--------------------------|---------------------------|
| Yes | <input type="checkbox"/> | <i>(continue to 12.1)</i> |
| No | <input type="checkbox"/> | <i>(continue to 13)</i> |
-

12.1 How do you think HIV is spread?

- I don't know
 - Through mosquito bites
 - Unprotected sexual intercourse with an infected person
 - Through the transfusion of infected blood
 - Through talking to an infected person
 - Infected mother to her baby during pregnancy, birth process, and breast-feeding
 - Use of infected needles
 - Through drinking or eating from a glass or plate used by an infected person
-

Note: There was a mix of "correct" and "incorrect" answers for question 12.1. Wrong answers include: "through mosquito bites," "through talking to an infected person," and "through drinking or eating from a glass or plate used by an infected person."

13 Do you know what hepatitis B is?

- Yes (continue to question 13.1)
 - No (continue to question 14)
-

13.1 How do you think hepatitis B is spread?

- I don't know
 - Through mosquito bites
 - Unprotected sexual intercourse with an infected person
 - Through the transfusion of infected blood
 - Through talking to an infected person
 - Infected mother to her baby during pregnancy, birth process and breast-feeding
 - Use of infected needles
 - Through drinking or eating from a glass or plate used by an infected person
-

Note: There was a mix of "correct" and "incorrect" answers for question 13.1. Wrong answers include: "through mosquito bites," "through talking to an infected person," and "through drinking or eating from a glass or plate used by an infected person."

14 Are you currently pregnant, or have you ever been pregnant while working in this facility?

Yes

(continue to question 14.1)

No

(continue to question 15)

14.1 When you are/were pregnant, does/did the factory make any additional changes to your duties or work schedule?* If yes, please explain.

**The original question was amended.*

Yes

If yes, please explain changes to your duties or work schedule:

No

15 Do you have children, or are you currently expecting a child?

Yes

Number of children: _____
(continue to question 15.1)

No

(continue to question 16)

15.1 Where did you deliver your children, or where are you planning to deliver your child?

Home

General hospital

Private hospital

Government hospital (PHC, etc.)

Clinics or maternity clinic

Don't know

15.2 Did you see a medical professional during your pregnancy?*

**The original question was amended.*

Yes

(continue to question 15.2.1)

No

(continue to question 16)

15.2.1 Where do you go for those checkups?

List places mentioned:

16 If you didn't want to become pregnant, do you feel that you could delay or prevent it from happening?
How would you do that?*

(Interviewer: Do not read off all the answers. Check all that apply based on the employee's response.)

**This question was added to the original questionnaire.*

-
- | | |
|--------------------------|--|
| <input type="checkbox"/> | Yes, I can not have sex (practice abstinence). |
| <input type="checkbox"/> | Yes, I can use contraceptives, condoms, or an injection. |
| <input type="checkbox"/> | Yes, when I am breastfeeding exclusively for the first six months, I won't get pregnant. |
| <input type="checkbox"/> | Yes, I can take an emergency contraceptive pill after having unprotected sex. |
| <input type="checkbox"/> | Yes, I can have a medical abortion from a doctor. |
| <input type="checkbox"/> | Yes, I can track my menstrual cycles to determine the time of the month when I am not fertile. |
| <input type="checkbox"/> | Yes, my partner/spouse and I can have sex in a certain way that doesn't cause pregnancy. (wrong answer) |
| <input type="checkbox"/> | Yes, I can use relevant traditional medicinal methods (e.g., drinking herbs). (wrong answer) |
| <input type="checkbox"/> | No, I don't know how to prevent it. |
| <input type="checkbox"/> | No, I don't feel that it is right to prevent it. |
| <input type="checkbox"/> | Not comfortable providing an answer |
-

17 What are the major health concerns that you have for you and your family?

Concerns mentioned:

Appendix 2: Clinic Survey

Note: These questions related to the clinic are for the on-site clinic staff, if applicable.

1 Do you keep a record of worker visits to this clinic?

Yes

(continue to question 1.1)

No

(continue to question 2)

1.1 How many visits did the clinic receive in the previous month?

Number of clinic visits:

1.1.1 Do you track visits by gender?

Yes

Percentage of visits corresponding to female employees: _____ %

Note: This percentage can be calculated by dividing the number of visits corresponding to women by the total number of visits the clinic received, then multiplying the result by 100. For example, if the clinic received 20 female visits and 100 visits from females and males, the percentage of female visits is 20 percent.

No

2 In your opinion, what are the top five reasons for female workers to visit the clinic?

1 _____

2 _____

3 _____

4 _____

5 _____

3 Do you refer women to outside services?

Yes

If yes, what are the top two health issues you refer workers for?

1. _____

2. _____

No

Appendix 3: Management Questionnaire

Note: This questionnaire is to be completed by factory management.

1 Do you calculate your employee absenteeism rate?

Yes

(continue to question 1.1)

No

(continue to question 1.2)

1.1 What is the annual absenteeism rate of this facility for the previous year?

Absenteeism rate: _____%

How was this rate calculated by the facility?

(continue to question 2)

1.2 Can you estimate this rate?

Yes

How was this rate calculated by the facility?

No

Absenteeism rate: _____%

2 Do you have an estimate or internal calculation for the cost of one worker missing one day of work at this facility?

Yes

Cost of one worker missing one day of work in the local currency: _____

No

3 Do you think there is a difference in absenteeism rates between women and men?

Yes

If yes, explain:

No

4 Do you calculate your employee turnover rate?

Yes

Annual employee turnover rate: _____%

No

If not, can you estimate this rate? _____%

5 Does your facility provide health benefits to employees?

Yes

(continue to question 5.1)

No

(continue to question 6)

5.1 Do you provide any health benefits that go beyond national legal requirements? Please explain and describe benefits.

Yes

Description of benefits that go beyond legal requirements (if applicable):
(continue to question 5.2)

No

(continue to question 6)

5.2 Are all employees, including temporary, contract, and seasonal workers, covered by this policy?

Yes

No

6 Does this facility have an on-site clinic?

Yes (continue to question 6.1)

No (continue to question 7)

6.1 How many doctors and nurses does the clinic have per shift?

_____ nurses

_____ doctors

6.2 What are the hours of operation of the on-site clinic? If they work in multiple shifts, please note all shifts.

____ : ____ to ____ : ____
____ : ____ to ____ : ____

6.3 What was your total cost to run the on-site clinic for the previous month?

Costs associated with the clinic over the previous month in the local currency: _____

7 Is there an employee committee that addresses workers' health issues?

Yes (continue to question 7.1)

No

7.1 Does the committee address issues related to workers' personal health and well-being, beyond occupational health and safety?*

**This question was added to the original questionnaire.*

Yes

No

7.2 What is the total number of employees that comprise this committee?

Number of employees in committee: _____

7.3 How many women participate in this committee?

Number of women in committee: _____

7.4 What are the main topics addressed in this committee (e.g., occupational health and safety, personal health, etc.)?

List topics: _____

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