Women Workers: Health, Wealth and the Future of Corporate Wellbeing

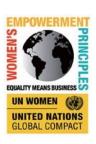
5 November, 2013 – 10:00 AM EST











Questions

Technical Difficulties: If you have technical issues, please let us know by typing a message in the Questions pane (A). You can raise your hand (B) if we do not respond.

Q&A: We will be taking questions on content at the end, but you can send them to us throughout the webinar by using the Questions pane (A). Please specify to whom the question should be directed.

Example: Question for John Doe: What are the Guiding Principles?





Agenda

Introductions

Christina Koulias, UN Global Compact

Host Organizations

Women's Empowerment Principles- Dzana Ferhatbegovic, UN Global Compact RAISE Health – David Wofford, Meridian Group International, Inc.

Meeting the Health Needs of Women in the Workplace

Asif Ahmed, The EDI Group International Amy Luinstra, Better Work, ILO/IFC Alene Gelbard, AccessHealth Worldwide Sanda Ojiambo and Karen Basiye, Safaricom

Discussion/ Q&A



Women's Empowerment Principles

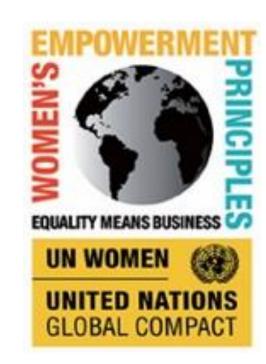
WEPs in Brief:

- 1. Establish high-level corporate leadership for gender equality.
- 2. Treat all women and men fairly at work respect and support human rights and nondiscrimination.
- 3. Ensure the health, safety and well-being of all women and men workers.
- 4. Promote education, training and professional development for women.
- 5. Implement enterprise development, supply chain and marketing practices that empower women.
- 6. Promote equality through community initiatives and advocacy.
- 7. Measure and publicly report on progress to achieve gender equality.



Women's Empowerment Principles

www.WEPrinciples.org



Contact: womens-empowerment-principles@unglobalcompact.org

RAISE Health Initiative for WorkersCompanies and Communities





David Wofford, Project Manager Vice President, Public-Private Partnerships

d.wofford@meridian-group.com www.raisehealth.org





Community Health Worker's (CHW)Model for Health Services to Garment Workers

Asif Uddin Ahmed
Director International Operations
The EDI Group International
Washington DC. USA

Background

- Glaxo Smith Kline (GSK) and CARE Bangladesh
- Community Health Worker Model
- PSE, Health and Women Empowerment
- Multiple retailers & Programs
- Factory, community and worker owned

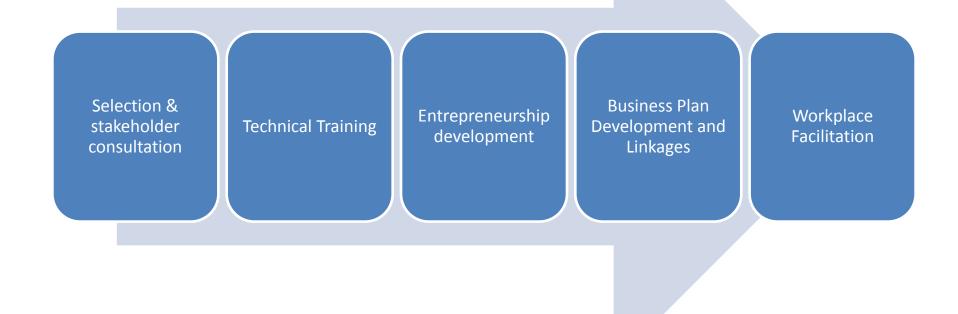


Enterprise Solutions to Health Needs

- Selection in partnership with factory
- 6 months long paramedics training
- 5 days Enterprise Development and Business Management (EDBM0 Training
- Business Plan Development
- Link with pharmaceutical and consumer goods company
- Branding and sales promotion training
- ICT4D and Follow up



Model



7

- Replicable and scalable
- International Program
- Stakeholder ownership
- \$ for all
- W E Framework-Agency, Structure, Relationship
- Embedded servicescommercial transaction



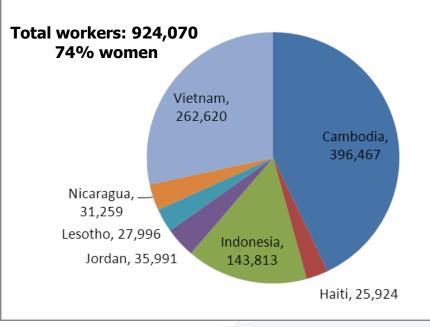
Better Work

Amy Luinstra











Where we work What we do



Assessment

Establishes a baseline of the situation at the factory



Advisory

Creates a joint workermanagement committee to work on issues and avoid dispute



Training

Provides a deeper level of instruction in key areas needed by each factory





Case Study: Nalt Enterprises



About the company

- Garment factory in Ho Chi Minh City in Vietnam opened in 2003
- Sells to Ann Taylor, Gap, Target and Columbia
- Employs 650 workers, 85% women
- Produces 5,000 pieces of clothing per day

What they did

- Established an accredited health clinic, registered with the national health insurance scheme, for workers and their families,
- Offered free medical care including general check-ups, ultrasound scans and dental care – as well as free medication
- Served by a doctor, dentist and two nurses
- Additional improvements: established child care center for age 2 – 5 and implemented new worker-management dialogue process.





Case Study: Nalt Enterprises



What happened?

- Steady downward trend in absenteeism, both because overall healthier and ease of checkups, including for children.
- Staff turnover reduced by one third
- No strikes in 9 years

Bottom line impact?

- Reduced costs associated with replacing workers (>\$90,000/year)
- High levels of productivity maintained
- Cost savings associated with no strikes





ACCESS Health Worldwide (ACCESSS-HW) Case Study

Working Together to Improve the Health of Workers, Their Families, and the Community in Indonesia

The Partnership of PT Dewhirst, Yayasan Kusuma Buana, Marks & Spencer, and Medika Pratama

Dr. Alene H. Gelbard, Director of ACCESS-HW
Public Health Institute







About ACCESS-HW

- ACCESS-HW helps companies, NGOs, and local governments partner to improve community health and sustainability.
- ➤ We facilitate partnerships that (1) Increase access to health resources, especially among women, in ways that can be sustained; (2) Reflect the voice of communities, and (3) Help companies transition from charity to investments that contribute to growth and sustainability
- We help organizations build the **trust**, **knowledge**, and **skills** they need for successful partnerships
- ➤Our work started as a pilot project in Indonesia that is now an Indonesian NGO called CCPHI. It works with more than 180 companies and NGOs that are members of its **Health and Business Roundtable Indonesia**.













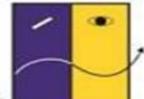
Indonesia































































ChaldFund.















Good Food, Good Life

Build Knowledge

We increase information on **how to partner** through the following tools and mechanisms:

- Assistance to partners with **presentations and case studies** on partnership dynamics and results. There are now 14 case studies on our website, including the PDT/YKB partnership
- > A catalogue of existing partnerships on our website
- > Roundtable members-only portal for private communication
- > Special Interest Meetings on specific health-related issues



The PTD/YKB/M&S/MP Partnership

- > PTD maintains a clinic for its workers inside its factory
- ➤ In 2003, PTD and YKB established a clinic outside the factory to improve worker and community health. Seed money provided by Marks & Spencer, PTD's main customer
- The clinic reached the break-even point within two years and became self-sustaining
- ➤ Key success factors: how PTD implements government-mandated health insurance for its workers, the quality of services provided and the willingness of the private heath insurance company used by PDT, Medika Pratama (MP), to cover health education
- > Benefits to the company and workers: reduced absenteeism and labor turnover, increased production, improved worker health
- > Benefits to worker families and the community: access to highquality health services and an increased range of services



The PTD/YKB/M&S/MP Partnership update

Safe Motherhood Program

- ➤ Provides family planning education, supports midwife training and services including vitamin distribution, anemia tests, TT immunizations, pre-natal visits
- ➤ Maintains records on number of pregnant employees, pregnancy outcomes, services provided, employee satisfaction with services
- > Declines in numbers of pregnant employees attributed to family planning education and consultations
- > Declines in number of infant deaths and abortions

The PTD/YKB/M&S/MP Partnership update

TB Testing and Treatment

- ➤ The clinic became the first private clinic in the area to provide TB testing and treatment after the partners met another member of the Health and Business Roundtable Indonesia
- > Monitors TB patients, anemia tests, training
- > Encourages worker and family member TB education including through home visits
- > Marked decline in numbers with TB since 2007



Alene H. Gelbard, Ph.D.

alenegelbard@accesshealthworldwide.org

Visit us online

www.accesshealthworldwide.org

Follow us on



/ACCESShealthworldwide



@ACCESSHealthW



Women Workers: Health, Wealth and the Future of Corporate Wellbeing

Sanda Ojiambo Head of Corporate Responsibility



Employee demographics 2013				
JOB GRADE	PERMANENT &SECONDE D STAFF	NO. OF WOMEN	NO. OF MEN	GENDER RATIO
1-2	13	5	8	1:1.16
3	35	14	21	1:1.5
4	143	41	102	1:2.49
5	274	75	199	1:2.65
6	555	206	349	1:1.69
7	587	261	326	1:1.25
8-9	1060	539	521	1:1.03
Total	2667	1141	1526	1:1.34

In the FY 2013 the gender recruitment ratio was **1:1.9** (47 female to 90 male)

• 2012 gender ratio was at 1.1.33 there has been slight balance in the upper grades



Women Friendly Initiatives

- Women in technology initiative: aimed at optimizing women's careers and planning career transitions through programs, networking opportunities, and resources to build the skills and knowledge to achieve greater career success and leadership.
- Conscious effort to empower women at the top through leadership trainings e.g women in leadership trainings
- EBU women Caucus: forum to discuss women related issues at work & at home and career advancement initiatives
- Flexi hours and telecommuting
- Employee wellbeing (gym, wellness clinics, medical cover inclusive of Maternity cover)
- Mothers room and the Creche
- Special leave, adoption leave and maternity leave



Discussion and Q&A

Technical Difficulties: If you have technical issues, please let us know by typing a message in the Questions pane (A). You can raise your hand (B) if we do not respond.

Q&A: We will be taking questions on content at the end, but you can send them to us throughout the webinar by using the Questions pane (A). Please specify to whom the question should be directed.

Example: Question for John Doe: What are the Guiding Principles?





Thank You

Thank you for joining us today.

Presentation slides and a recording of the webinar will be available on the WEPs website: www.WEPrinciples.org

