Framework for Corporate Action on Workplace Women's Health and Empowerment

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WHY INVEST IN WOMEN'S HEALTH & EMPOWERMENT?

More than 190 million women work in global supply chain jobs in the 40 countries for which estimates are available. In supply chains producing garments, textiles, shoes, coffee, tea, cocoa, flowers, electronics, and hospitality, women comprise 50 to 85 percent of supply chains workers; and often the needs of these women workers from health care, to protection from harassment and violence, to fair wages, are neglected.

With the passage of the Sustainable Development Goals (SDGs), companies employing millions of women to make their products and provide their services have an opportunity to invest in the health and empowerment of these women to contribute to the SDGs - specifically SDG 3, Good Health and Well-being, and SDG 5, Gender Equality - while also generating business returns.

Dozens of companies have begun to realize the benefits of investing in workplace women's health and empowerment, leading to the creation of more numerous workplace improvement programs. The business case for these investments is strong with the return on investment for these programs ranging from $1:3 to $1:5, showing that investments in health and well-being can reduce absenteeism and turnover, while improving productivity. Further, companies are seeing such programs as a way to reduce risk and increase customer demand as supply chains become more transparent and consumers and investors demand ethically made products. Many of these workplace programs have now been in existence for close to a decade and their impact is

well documented. Still, there is a clear need to streamline these many programs, zero in on which ones are most impactful, and help companies move these programs from marginal to mainstream.

PURPOSE OF THE FRAMEWORK

The United Nations Foundation, together with the UN Global Compact, UNFPA, and a number of women's empowerment experts, aims to pull together the best practices in investing in workplace women's health and empowerment from companies over the last ten years, providing a clear set of steps and concrete recommendations we consider best-in-class and recommend all companies adopt to achieve the SDGs and help lift women and their families out of poverty and into lives of productivity.

The audience for this Framework is primarily:
- Global brands/buyers and,
- Suppliers/subsidiaries.

The Framework is also relevant to NGOs, international organizations, governments, and investors.

WHAT IS WORKPLACE WOMEN'S HEALTH AND EMPOWERMENT?

Workplace Women's Health and Empowerment (WWHE) programs vary; however, as the Framework outlines below, successful WWHE initiatives address three elements of empowerment – *health, protection from violence and harassment, and economic empowerment* – with health as the essential base on which the other elements build.

KEY CONSIDERATIONS FOR SUCCESS:

Companies cannot do it alone and will need to collaborate with and draw on expertise from outside organizations to successfully implement workplace women's health and well-being programs and policies. Illustrative partners have been included in the Framework below.

Companies have historically taken a go-it-alone approach to workplace programs; however, companies should move toward collaboration in order to share non-competitive worker data and assessments and find ways to pool resources and expertise in order to reduce costs and improve outcomes. Outlined in the Framework are several examples of how companies can collaborate.

Buy-in from leadership and management and resources through CSR, purchasing, compliance, human resources, and/or sustainability will be key to successfully implementing the actions in the Framework.

While the four actions in the Framework are chronologically ordered to show a general process flow, businesses will need to approach multiple actions simultaneously and create a cyclical learning process to achieve sustainability.

Implementing both programs *and* policies will be key to success and the difference between a one-off program and sustainable, systemic change to the way a company does business.

While this Framework focuses on programs and systems to address the health and empowerment of workers, many programs can and should be expanded to communities as well.

All actions must be grounded in a rights-based approach that places an individual's dignity and needs at the center of all policies and practices, free from coercion.

This Framework fits into efforts by businesses to move beyond the necessary but limited compliance approach and supports corporate reporting and accountability toward business sustainability goals. The goal is to provide companies at all stages of engagement on health and empowerment a step-by-step guide to make immediate progress as part of a process of long-term change and improvement.

BUSINESS BENEFITS OF WORKPLACE WOMEN'S HEALTH & EMPOWERMENT SNAPSHOT

Program	ROI
Walmart Foundation, Women in Factories	• reduced late days for female workers from 45 to 17 per month per 100 workers • increased productivity of female workers by 5%
Nordstrom, HERproject	• reduced absenteeism from 19% to 10% • decreased turnover from 14.5% to 8.1%
Gap Inc., P.A.C.E.	• generated $2.5:$1 return on investment • increased retention in Vietnam by 9% • increased productivity in India by 15% • increased on-time arrivals in India by 10%
Marks & Spencer, HEALTHWORKS	• reduced absenteeism in Cambodia by 5% • increased production efficiency in Cambodia by 7%

MEET CHRISTINE

"I would like to ask management to take care of the health of women …. Others are going through domestic violence. **[Management] should give women a voice and the opportunity to express themselves, offer them those facilities to take care of their health.** And if they do, [women] are going to work to the best of their abilities, because they will be assured of their health, and assured of their safety, and assured of their social status in society."

- Christine, an employee at Hela in Kenya, a garment manufacturer that supplies to major global brands. Christine receives health and empowerment information and services like contraception and cancer screenings at her workplace.

CORPORATE JOURNEY MAP FOR CONTINUOUS IMPROVEMENT

Workplace Women's Health & Empowerment (WWHE): WWHE initiatives address three elements of empowerment – health (including reproductive health), protection from violence and harassment, and economic empowerment – with health as the essential base on which the other elements build. WWHE also includes both education and services, as information and access are key to drive outcomes.

BUYERS

Example: Levi Strauss & Co. (LS&Co.) Worker Needs & Satisfaction Survey[1] goes beyond traditional workplace issues to ask about health and well-being, equality and security, and economic needs.

1 Understand Worker Needs & Operational Gaps

- Identify personnel to champion and lead WWHE engagement with suppliers
- Identify tools, resources, and partners for needs assessment
- Enable needs assessment (first start with pilot and then scale to comprehensive assessment of all workers' needs through supply chain)

2 Set Priorities & Targets

- Work with suppliers to identify priorities and design WWHE interventions to address worker needs
- Set targets that are timed, measurable, and eventually tied to sourcing decisions.
- Start small (e.g. 25% of supply chain) and grow over time (e.g. 80% of supply chain)

Example: Nordstrom committed to sourcing 70 percent[2] of all Nordstrom made products from factories that support women's empowerment by 2023, reaching 75,000 workers in countries including China, Vietnam, India and Bangladesh.

Example: Levi Strauss & Co. posts on their goal online: to produce 80% of product volume in Worker-Well-being factories, impacting 200,000 workers by 2020. And in order to work with suppliers to reach this goal provides a variety of open-source materials[4] including a guidebook for suppliers, a worker survey, worker well-being survey reports from five countries, and case studies and white papers reporting metrics and impact.

4 Measure, Improve & Communicate

- Evaluate the health, empowerment, and business impact of investments in WWHE
- Share impact data/tools with: brand leadership, sourcing agents, suppliers, workers and eventually other companies, policymakers, and the public
- Integrate WWHE data into ESG reporting and key WWHE metrics into compliance monitoring

3 Take Action on Women's Health & Empowerment

- Start by ensuring WWHE education programs are run by several suppliers
- Add WWHE service programs in those same supplier factories
- Scale your WWHE education and service program (e.g. from 25% of suppliers to 80% of suppliers)
- Incorporate WWHE into policies, risk assessments, and due diligence
- Incorporate WWHE metrics into sourcing decisions, performance evaluations for managers, and supplier benefits (e.g. reduced audits, long-term contracts)

Example: Twinings began with a commitment[3] to reach 40,000 workers with BSR's HERhealth education program, and now expanded their commitment to reach 75,000 workers with HERhealth AND 50,000 with health services by 2023.

Understand Worker Needs & Operational Gaps

- Determine with buyer most effective needs assessment approach
- Appoint staff to lead assessment process & secure leadership buy-in
- Bring on partner to undertake objective worker needs assessment
- Conduct self-assessment of current WWHE policies and activities

Example: Nike's Worker Engagement + Wellbeing Survey[5] comprises 21 questions to give management a quick understanding of worker well-being, and includes a UNF-recommended question on women's health.

Set Priorities & Targets

- Identify priorities (with buyer) for action and design interventions
- Secure senior leadership, manager, and worker buy-in
- Set target for % of workers reached with WWHE by specified time, with goal to eventually reach 100%
- Set goals for addressing operational needs and policies to support WWHE

Example: MAS Holdings, South Asia's largest apparel manufacturer, recently committed[6] to expand its Women Go Beyond program, together with the Family Planning Association of Sri Lanka and UNFPA, to include information, services, and refresher training on women's health and well-being to all existing workers and an additional 10,000 people by 2021.

Measure, Improve & Communicate

- Collect and analyze WWHE data to measure impact, make needed adjustments
- Communicate WWHE performance data with workers, managers, and senior leaders
- Share data and good practices with leadership, sourcing agents, managers, workers and eventually other companies, policymakers, and the public

Example: Hirdara-mani, an apparel supplier in Sri Lanka, has implemented the Wonder of Well-being (WOW) initiative that established a WOW team represented by all business units, including senior management and line workers. The company developed well-being metrics for WOW, and data collected is analyzed by the WOW team and shared with workers, often posting charts on performance.

Take Action on Women's Health & Empowerment

- Implement WWHE education program
- Add WWHE services
- Scale WWHE education & services
- Assign responsibility for WWHE to senior manager + add budget line item for WWHE
- Establish policies, practices and annual planning to support WWHE

Example: Shahi Exports began with a series of workplace education programs [Gap Inc.'s PACE[7], BSR's HERproject[8]] and expanded its investment to also include services, providing access to basic health care in 65 factories, and partnering the Family Planning Association of India to provide women's health services.[9]

Buyers
[1] Understand Worker Needs & Operational Gaps: Worker Needs & Satisfaction Survey
[2] Set Priorities & Targets: 70 percent
[3] Take Action on Women's Health & Empowerment: commitment
[4] Measure, Improve & Communicate: open-source materials

Suppliers
[5] Understand Worker Needs & Operational Gaps: Worker Engagement + Wellbeing Survey
[6] Set Priorities & Targets: committed
[7] Take Action on Women's Health & Empowerment: PACE
[8] Take Action on Women's Health & Empowerment: HERproject
[9] Take Action on Women's Health & Empowerment: women's health services
[10] Measure, Improve & Communicate: Wonder of Worker Well-being (WOW)

STEP 1: UNDERSTAND WORKERS' NEEDS & OPERATIONAL GAPS

INTERVENTIONS/PROGRAMS		SYSTEMS/OPERATIONS	
PHASES Buyer Actions	**PHASES** Supplier Actions	**PHASES** Buyer Actions	**PHASES** Supplier Actions
1.1 Identify tools, resources, local partners for needs assessment (surveys, focus groups, existing studies) **1.2** Pilot comprehensive needs assessment in one country or several factories, farms, work sites **1.3** Enable 25% - 50% of suppliers to assess worker needs (expand) **1.4** Enable 100% of suppliers to assess worker needs (scale)	**1.1** Determine with buyer most effective needs assessment approach for workplace **1.2** Undertake an assessment of worker health and empowerment needs **1.3** Undertake follow-up or end-line assessment	**1.1** Identify the right personnel/business function to be champions and lead WWHE engagement with suppliers **1.2** Determine internal/external resources and capabilities required to support needs assessment & interventions **1.3** Conduct gap analysis of codes, policies & practices internally and for supply chains	**1.1** Appoint a representative/team to oversee needs assessment process **1.2** Secure buy-in and recruit champions from senior management, supervisors, and workers for needs assessment **1.3** Conduct a self-assessment of current workplace activities on health, harassment, and economic empowerment

Recommendations

Assessment must go beyond traditional workplace health and safety issues to assess three pillars of empowerment:

- Worker health & well-being education and services;
- Protection from violence and harassment; and
- Economic empowerment and professional development.

Assessments need to address the degree to which practices, policies, resources and other business processes support WWHE goals and needs.

Brands should collaborate with each other wherever possible to share data and survey information. Brands can partner with in-country NGOs to assess needs and gaps.

Rationale

Business assessments have long focused on traditional workplace issues such as bathroom to worker ratio, exposure to chemicals, etc. While these critical issues must be addressed, for businesses with large female workforces, these surveys often overlook underlying issues facing women workers such as lack of access to contraception and sanitary pads and protection from workplace harassment. These issues critical to women's health and empowerment are also costing companies resources and harming corporate reputation and sustainability.

Worker surveys; outreach to community groups, worker groups, and NGOs; and review of existing research and community health data can help companies understand the address the often-overlooked issues facing women workers.

Resources & Examples

Worker Needs:
Levi Strauss & Co. (LS&Co.) Worker Needs & Satisfaction Survey goes beyond traditional workplace issues to ask about health and well-being, equality and security, and economic needs.

Nike's Worker Engagement and Wellbeing Survey comprises 21 questions to give management a quick understanding of worker well-being, and includes an additional suggested question on women's health.

Operational Gaps:
UN Global Compact Women's Empowerment Principles (WEP's) Gap Analysis Tool assesses corporate ability to meet the seven Women's Empowerment Principles.

BSR's Gender Equality in Codes of Conduct Guidance helps companies integrate gender equality across nine codes of conduct principles. Workplace

Health Guidelines and Management Benchmarks & Scorecard enables supplier managers and OSH staff to do a self-assessment on health practices and management support systems. (For suppliers)

Swasti's Factory/Farm Clinic Self-Assessment Tool allows a factory/farm project team to interact and reflect with a clinic team to assess and score the quality of a clinic to work together to make a corrective action plan.

ELEVATE's anonymous Laborlink survey technology is integrated into social audits and can survey workers using 15 – 20 questions on private issues such as sexual harassment and women's health in a cost-effective manner allowing for scale.

MEET JERRY

"Throughout the years we've been running HERproject, **our turnover rate has come down from one percent to 0.5 percent …. we see improvement in absenteeism, and in turn it helps with the productivity in general for the workers** …. the sense of belonging of the workers has been improved a lot throughout the project."

– Jerry Chang, managing director for PT Tainan Enterprises in Indonesia, which implements the HERproject worker health and well-being program

STEP 2: SET PRIORITIES AND TARGETS

INTERVENTIONS/PROGRAMS		SYSTEMS/OPERATIONS	
PHASES Buyer Actions	**PHASES** Supplier Actions	**PHASES** Buyer Actions	**PHASES** Supplier Actions
2.1 Work with suppliers to identify priorities for action and design interventions responding to worker needs	**2.1** Identify priorities (with buyer) for action and design interventions responding to worker needs	**2.1** Secure senior leadership endorsement of priorities, targets, and interventions	**2.1** Present assessment findings with managers and workers and get their input on interventions
2.2 Reach specified # of workers in several factories, farms, work sites by specified time	**2.2** Set target for % of workers reached by WWHE initiatives or programs by specified time	**2.2** Share findings of the policy/practices gap analysis with senior management and related departments	**2.2** Secure senior leadership endorsement for proposed interventions
2.3 Reach specified # of workers in 25% - 50% of supply chain	**2.3** Set long-term targets to scale or add interventions and for % of workers reached	**2.3** Develop and implement a plan with targets to address policy and operational WWHE gaps over time	**2.3** Prioritize and set initial goals for addressing operational needs and policies to support WWHE initiatives based on self-assessment
2.4 Reach specified # of workers in 100% of supply chain on sustained basis, tied to sourcing decisions			

Recommendations

Targets must be measurable, sustainable, timed, and responsive to worker needs.

Targets eventually should be tied to sourcing decisions by brands and business operations for suppliers. This ensures WWHE initiatives are incorporated into business decisions rather than treated only as corporate social responsibility.

Priorities and targets should be reviewed annually and updated based on worker feedback and intervention outcomes.

Rationale

What gets measured gets done. Setting clear priorities and targets based on assessed needs and sharing those targets throughout the company and publicly creates buy-in, marshals resources, and ensures accountability. Measurable priorities and targets are key to driving sustainable change.

Resources & Examples

By 2020, LS&Co. aims to produce 80% of its product volume in Worker Well-being factories, impacting 200,000 workers.

By 2025, the company aims to implement Worker Well-being with all strategic suppliers, reaching 300,000 workers. To secure factory buy-in and sustainability, LS&Co. covers 50% of program costs in year one, ramping down funding over a 3 – 5 year period.

LS&Co.'s Worker Well-being Implementation Guidebook outlines LS&Co.'s priorities for vendors and provides clear guidance to vendors on how to implement WWB.

STEP 3: TAKE ACTION ON WOMEN'S HEALTH AND EMPOWERMENT

INTERVENTIONS/PROGRAMS		SYSTEMS/OPERATIONS	
PHASES Buyer Actions	**PHASES** Supplier Actions	**PHASES** Buyer Actions	**PHASES** Supplier Actions
3.1 Ensure health & empowerment *education* program in several factories, farms, worksites **3.2** Ensure health & empowerment *services* (internal or external) in several factories, farms, worksites **3.3** Scale health & empowerment *education and services* to 25 – 50% of supply chain **3.4** Scale health & empowerment *education and services* to 100% of supply chain	**3.1** Implement health & empowerment *education* program in workplace **3.2** Implement health & empowerment *services* in the workplace or through external partners **3.3** Update senior and line managers and workers frequently about new program interventions **3.4** Train relevant managers on supervisory skills for WWHE implementation and oversight	**3.1** Collect and analyze health & empowerment sex-disaggregated data in buyer operations and assist suppliers' t0 do the same **3.2** Establish gender-responsive policies & practices governing business relationship with suppliers **3.3** Integrate health and empowerment into business risk assessments and due diligence for human rights and ESG **3.4** Incorporate health and empowerment metrics into sourcing decisions and performance evaluations for business managers **3.5** Link WWHE performance to benefits for suppliers such as reduced auditing frequency or longer-term buying relationships, supported by business case data **3.6** Address structural barriers to WWHE for workers by helping suppliers phase out short-term contracts	**3.1** Collect and analyze health & empowerment sex-disaggregated data as part of business operations **3.2** Establish policies and practices to the support interventions and enable women workers to access health & empowerment education and services **3.3** Assign formal responsibility to WWHE integration and supervision to a senior manager **3.4** Create a budget line item for ongoing WWHE programs, services, and staffing **3.5** Develop an annual WWHE action plan outlining key programs and policies **3.6** Address barriers to WWHE interventions for workers with short-term contracts, including phasing out or limiting such contracts for low wage workers

Recommendations

Health & empowerment programs should respond to worker needs and address three essential areas:

A. Worker health & well-being education and services:

- Ensure workers have information and ability to access quality, affordable services

Rationale

An effective commitment to WWHE resulting in healthy, empowered workers and business benefits requires investment in worker health, protection from violence and harassment, and economic empowerment.

Resources & Examples
Education:
BSR's HERproject, Gap Inc.'s PACE, the ILO's Better Work, and CARE, with Walmart Foundation's Women in Factories have combined their workplace curricula to create a shared workplace training tool box to be launched at the end of 2019.

- Improve workplace clinics and staff skills, including referral
- Partner with local provider to provide services onsite or offsite (e.g. mobile clinics or local clinics)

B. Protection from violence and harassment:

- Violence, harassment training for workers & supervisors
- Violence, harassment grievance mechanism & process for remediation
- Partnerships with organizations to provide legal, health, and psycho-social services to survivors
- Access to safe transport (where relevant)

C. Economic empowerment & professional development:

- Skills development
- Promotion/leadership programs
- Financial services and banking (include digital)
- Micro-finance and insurance schemes
- Fair remuneration (formal contracts)
- Unpaid care support

Evidence shows that women's health must be a centerpiece of gender equality. The key health issues must include (*prioritize):

- Menstrual Health*
- Contraception*
- Reproductive Cancers*
- STIs*
- Gender-based violence screen*
- Nutrition & Anemia
- Water & Sanitation
- Pre- & Post-Natal Care
- Infectious Disease
- Non-communicable diseases
- Mental Health

Education and training are important, but workers must also have access to services and advancement opportunities.

Buyers and suppliers should go beyond time-bound programs and build business systems and strategies to sustain WWHE and ensure buy-in from all levels of management including:

- C-Suite
- Purchasing
- Human Resources
- Compliance
- Legal
- Sustainability

Toolbox contains curricula and tools from some of the best programs available, rooted in strong evidence, that cover the full range of women's needs and provide companies with a common starting point.

Education & Services:
UNF Private Sector Action for Women's Health & Empowerment Report: Includes list of all NGOs providing workplace health and well-being programs such as UNFPA, IPPF, MSI, CARE, Swasti, and BSR, by country with contact information for each. Report also includes concrete examples of corporate programs.

Systems Change:
LS&Co.'s manager training program and guidebook.

BSR's HERhealth managing health systems toolkit.

Financing:
IFC's Global Trade Supplier Finance program: Provides short-term financing and competitive interest rates to suppliers implementing WWHE initiatives.

STEP 4: MEASURE, IMPROVE & COMMUNICATE

INTERVENTIONS/PROGRAMS		SYSTEMS/OPERATIONS	
PHASES Buyer Actions	**PHASES** Supplier Actions	**PHASES** Buyer Actions	**PHASES** Supplier Actions
4.1 Evaluate impact of health and empowerment initiatives on workers **4.2** Quantify the business benefits and costs of the initiatives **4.3** Share measurement tools, program impact, good practices, and policy changes with industry groups, governments, and NGOs **4.4** Advocate with national governments for improved or expanded WWHE services	**4.1** Analyze data on WWHE actions quarterly to monitor and evaluate program activities, service utilization, and worker participation **4.2** Share programmatic data with employees responsible for program implementation for their use **4.3** Share good practices and improvements with industry peers, business associations, and governments	**4.1** Establish a communications program to inform employees of WWHE targets & performance throughout the year **4.2** Assign responsibility to a person or team for analyzing, evaluating & reporting on WWHE performance **4.3** Integrate health and empowerment initiatives/data into ESG reporting and key WWHE metrics into compliance monitoring **4.4** Integrate WWHE commitments and performance into agenda of board and shareholders meetings	**4.1** Communicate progress and performance on WWHE to workers through existing meetings and forums **4.2** Create a schedule for senior leadership to communicate targets and commitment to WWHE to all levels of employees throughout the year **4.3** Establish a workplace team and process to analyze WWHE data, gather worker input, evaluate performance, captures lessons learned & propose improvements **4.4** Establish a process for annual and endorsement of WWHE plans and targets by senior management

Recommendations

Monitoring and evaluation should include:

- Tracking program outputs (e.g. number of workers trained) and outcomes (e.g. participants reporting improved health & empowerment)
- Tracking key business metrics (e.g. turnover, absenteeism, productivity)
- Disaggregating data by sex

The data and information should be:
- Valuable to supplier
- Used for continuous improvement
- Made available to workers, buyers, and the public

Rationale

Building in monitoring and evaluation from the start is key to ensuring impact and course-correction during implementation of initiatives in the short run. In the long run, WWHE performance evaluation should be integrated into business systems and become part of a continuous improvement approach. The goal of monitoring and evaluation is learning, not simply accountability. Learning requires WWHE data to be shared internally with program implementers and workers to

Resources & Examples
Workplace Metrics & Plans

Hirdaramani, a large apparel supplier in Sri Lanka, has implemented the Wonder of Well-being (WOW) initiative that established a WOW team represented by all business units, including senior management and line workers. The company developed well-being metrics for WOW, and data collected is analyzed by the WOW team and shared with workers, often posting charts on performance.

Business Impact Tools

Tufts University Self-Assessment Tool: Simple Excel-based tool developed with Swasti to assess Walmart Foundation's Women in Factories for management

evaluate progress and drive needed changes.

Communication is essential - internally with buyer and supplier companies and externally with stakeholders. All successful health and well-being programs not only have management support but also have senior leadership regularly communicating to all employees about the program.

to track the impact of training on several key performance indicators and to calculate the ROI on training.

Organizational Resources
PrivateSectorActionforWomensHealth. com website of UNF provides listings for organizations with research and M&E expertise: ICRW, CARE, BSR, Population Council, and other M&E partners.

MEET BUTET

"They [working women] communicate better, they are more confident, and they are able to voice their aspirations more. They are happier because they feel that the factory cares about them and their sense of belonging to the factory increases. Most importantly their health is also improving and they care more about themselves."

*– **Butet**, a health educator for the Foundation for Mother and Child Health (FMCH) in Indonesia that helps implement the HERproject worker health and well-being program at PT Tainan Enterprises.*

FUNDING OPTIONS

The resourcing options below are those that have been implemented around the world. The most sustainable models move toward a shared funding models where buyers, suppliers, and often governments and workers share the costs. Programmatic expenses are different from the ongoing cost of system improvements and ongoing WWHE operations, which should be assumed within the overall company budget as a cost of doing business in a socially responsible, gender equitable way.

The four most viable funding options interventions and programs have been **highlighted** in the chart below.

FUNDING MODELS	EXAMPLES
BUYER-LED **Buyer** covers whole cost of program	**TWININGS** Twinings is covering the full cost of BSR's HERhealth and health and well-being services for 50,000 workers in Kenya, Malawi, and India.
INCENTIVE FUNDING **Buyer** provides additional funds or long-term funds to **supplier** in exchange for workplace programs.	**LEVI STRAUSS & CO** To secure supplier buy-in for Worker Well-Being, LS&Co. covers 50% of program costs in year one, ramping down funding over a 3 – 5-year period, allowing the vendor to take over the costs.
	LONG-TERM PURCHASE COMMITMENTS Suppliers are often willing to invest in workplace initiatives that go beyond compliance if brands commit to buy from them for 2+ years, giving them confirmed revenue they can invest and use to generate returns.
INCENTIVE FINANCING	**IFC'S GLOBAL TRADE SUPPLIER FINANCE PROGRAM** Buyers work with IFC to offer suppliers implementing worker well-being programs improved credit rating and advance payments – Suppliers use savings to cover cost of programs.
SHARED COST **Buyer** and **supplier** share ongoing costs.	**BSR'S HERPROJECT** Buyers and suppliers share costs to implement BSR's HERproject.
	SWASTI Swasti is developing a cluster model where brands buying from the same suppliers in the same geographic area or industrial park pool funds with suppliers to reduce duplication and cover costs of programs implemented.
SUPPLIER FUNDED **Supplier** assumes most or all of the costs from the start.	**SHAHI** Shahi Exports is covering the full cost of a program with FPA India providing reproductive and maternal health to 19,000 people in India.
EMPLOYER CONTRIBUTION	**VOUCHERS** IPPF has devised a voucher system for brands sourcing from Sri Lanka, where employers provide vouchers to workers to cover a portion of the cost of services provided by IPPF up to an agreed annual monetary value for each worker.
	INSURANCE In Kenya, Marie Stopes and Family Health Option Kenya work with factories and farms to sign workers up for government insurance.

FUNDING MODELS	EXAMPLES
BLENDED FINANCING	ADIDAS, POUCHEN GROUP, WORLD BANK, EU, AUSAID, GRAND CHALLENGE CANADA, LS&CO.
Buyer, **supplier**, **governments**, and **multilaterals** share costs	These organizations jointly invested $500,000 to work with Marie Stopes Vietnam to establish services within factory health clinics, build capacity for factory health staff, and conduct outreach to factory workers. Pou Chen now continues to resource service delivery within factory health clinic.

The funding models outlined above have been tested and are currently being used, yet no single, sustainable funding model has been implemented to-date. Below are two sample structures based on a combination of real-world approaches that should be tried in order to develop a sustainable business model.

Illustrative Costing Model One

Brand Z sources from India, Cambodia, and Ethiopia, and reaches out to its top-tier suppliers in these countries to invite them to roll out a Workplace Women's Health and Empowerment (WWHE) initiative that addresses the three pillars of empowerment in the Framework. Brand Z offered to cover the cost of the initiative in year one, ramping down the funding provided over a three- to five-year period to 25 percent, as the supplier takes on more of the costs. The supplier takes on 50 percent of the costs going forward and the remaining 25 percent is subsidized with government support (perhaps through insurance or free health services) and workers paying a small portion of the cost for services out of pocket.

Illustrative Costing Model Two

Brands A, B, C, D, and E all buying from the same group of suppliers in an industrial zone or geographic region in a country, partner with a trusted NGO to pool their funds in order to assess workers' needs across all three pillars of empowerment, design and roll-out a WWHE program tailored to that region and workforce, and provide managerial support and monitoring and evaluation. Rather than having each brand implement its own program, this cluster model would allow brands to pool funds, reduce costs through economies of scale, reduce duplication, and improve outcomes.

INDICATIVE RESOURCES

Worker Needs/Priorities/Targets

IMPLEMENTATION RESOURCES	ORGANIZATION
Worker Surveys (and Research)	• Levi Strauss & Co. – Worker Needs Assessment Survey and Worker Well-being survey reports (Bangladesh, Cambodia, Egypt, Haiti, Pakistan) • Better Work Program workplace synthesis reports (with Tufts University) • BSR HERproject worker baseline and endline assessments • Population Council/Evidence Project worker needs study (Cambodia) • Lindex WE Women targets • Health Facility Guidelines and Management Benchmarks & Scorecard enables supplier managers and OSH staff to do a self-assessment on health practices and management support systems. (For suppliers) • Swasti's Factory/Farm Clinic Self-Assessment Tool allows a factory/farm project team to interact and reflect with a clinic team to assess and score the quality of a clinic to work together to make a corrective action plan. Note: The surveys may not be published but questions are in reports, and many organizations can be contacted directly for survey instruments.
Community Data/ Information	• The DHS Program (USAID) – Health data from Demographic Health Surveys in more than 90 countries

Education & Services

IMPLEMENTATION RESOURCES	ORGANIZATION
Worker Education and Services	• Walmart Foundation's Women in Factories • Swasti Life Skills for All initiatives • BSR HERproject curricula for peer health education and financial inclusion. • CARE (Sexual harassment/Gender-Based Violence and P.A.C.E.) • Better Work advisory services • Gap Inc.'s P.A.C.E. • UNF Private Sector Action for Women's Health & Empowerment Report: Includes list of all NGOs providing workplace health and well-being programs • Just Solutions offers a workplace stress assessment and reduction program. Note: GAP Inc., Better Work and BSR's HERproject with Walmart Foundation are developing a one-stop toolbox for worker trainings training
Management Training	• Better Work program advisory services • BSR toolkit for Managing Workplace Health Systems

- Meridian (with USAID Evidence Project and Levi Strauss Foundation): Managing Health at the Workplace guidebook and Workplace Health Facility Guidelines and Management Benchmarks scorecard (USAID and BSR)

- Swasti management training

Systems Change

IMPLEMENTATION RESOURCES	ORGANIZATION
Policy	• UN Global Compact Women's Empowerment Principles (WEP's) Gap Analysis Tool. Assesses corporate ability to meet the seven Women's Empowerment Principles • BSR's Gender Equality in Codes of Conduct Guidance helps companies integrate gender equality across nine codes of conduct principles • Brief on Caribbean Island Apparel intervention in Haiti that applied a health systems strengthening (HSS) model adopting new business systems to manage workplace health services and practices.

Measurement & Evaluation

IMPLEMENTATION RESOURCES	ORGANIZATION
Tools	• Tufts University Self-Assessment Tool: Simple Excel-based tool developed with Swasti to track the impact of training on several key performance indicators and to calculate the ROI on training • Levi Strauss & Co. Worker Well-being Implementation Guidebook on the company's approach, indicators and guidance on worker well-being in vendor factories • UNFPA ROI Tool (under development)
Impact Data	• Better Work Program workplace impact assessments (with Tufts University) in Haiti, Indonesia, Jordan, Nicaragua, Vietnam, Lesotho and Cambodia. • Good Business Lab, evaluation of P.A.C.E. "soft skills training" on business outcomes (journal article) • Population Council Evidence Project evaluation study of HERhealth in Bangladesh • Harvard/MIT SHINE initiative, evidence on worker well-being from China, Cambodia, Mexico and Sri Lanka (p.130) • Swasti (Women In Factories program) Good Business, Doing Good: Stories of Change (India) documents personal stories of factory workers.
Monitoring & Evaluation	• International Center on Research for Women advisors • Population Council • Tufts University Labor Lab

- SHINE initiative (Sustainability and Health for Net-positive Enterprises) – Harvard and MIT
- Good Business Lab

Financing

IMPLEMENTATION RESOURCES	ORGANIZATION
Partners	• World Bank/IFC - Global Trade Supplier Finance program provides short-term financing and competitive interest rates to suppliers implementing Workplace Women's Health & Empowerment programs.

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