International Labour Organization

BetterWork

Report Summary

Assessment of Health Care Services Provided to Workers in the Garment Sector in Jordan

Introduction

During the last twenty years, Jordan has established itself as a garment exporting country. The industry is now one of Jordan's leading export sectors due to preferential treatment to export to the US Market under a Free Trade Agreement (FTA). In order to export under the FTA, Jordan's garment factories have to take part in the Better Work Program brokered by the International Labor Organisation (ILO). According to Better Work's Annual Report 2022, approximately 63,000 workers are covered by the program, of whom 74% are migrants, and 74% are women. According to Jordanian legal framework and the Collective Bargaining Agreement, factories have to provide medical care to both migrant and Jordanian workers including the provision of health care clinics on-site at factories. This comes as the garment sector is characterized by a high number of migrant workers, who come to Jordan to work and do not have health insurance from their countries covering their health care needs. The quality of healthcare provided had so far not been comprehensively assessed. The present study, therefore, aimed to evaluate the quality of care provided at the health clinics and identify workers' health care needs as well as legal gaps. The ultimate aim of the study is to provide recommendations for the way forward for health care services in Jordan's garment sector.

In order to reach the study's findings, researchers used a mainly qualitative descriptive approach. To that extent, researchers, medical and legal experts conducted a comprehensive desk review identifying international health care standards that guided the research. The research is structured around the **World Health Organization Quality Care Standards:**

Effective	Safe	People-Centered	Timely	Equitable	Integrated	Efficient
Healthcare is evidence-based and rooted in good practices for addressing various health issues.	Healthcare minimizes harm and avoids preventable injuries. There are clear guidelines to prevent medical errors.	Healthcare services respect and respond to patients› preferences, values, and needs openly and clearly.	Healthcare services are delievered in a timely-manner, with urgent cases being prioritized.	Healthcare access is equitable, and does not vary by nationality, gender, or socio-economic status.	Healthcare is integrated and coordinated between various care providers. Medical records are kept up-to-date and utilized.	Healthcare services do not waste supplies or resources. Careful records are kept to avoid duplication.

Based on this desk review and the resulting analytical framework, the team conducted five quality assurance visits to health clinics, conducted 9 Focus Group Discussions with workers representing the demographics of the overall workforce and 13 Key Informant Interviews. These interviews included representatives from the Ministry of Health, medical staff from a Trade Union clinic, representatives of factory managements and medical staff, as well as with a representative of the Trade Union, employers' organisations and international buyers. Data collection covered three industrial zones and factories in Dulail, Irbid, Jerash, Sahab, South of Jordan, the Northern Jordan Valley, and Azraq and thereby included both main factories as well as satellite factories. In analyzing the data, the team-oriented itself along the standards stipulated by the World Health Organisation (WHO) on the Right to Health, namely that health care should be effective and efficient, safe, people-centered, timely and integrated, as well as equitable. In addition, the requirements of the Jordanian legal framework and the CBA guided the research.

Key Findings:

In general, the study finds that **compliance with international standards, the legal framework and the Collective Bargaining Agreement is generally quite weak** across the factories studied. Equipment, reporting mechanisms, essential medication and other facilities and processes did, for the most part does not meet the needs of medical staff and patients and even more severe, the licencing standards of the Ministry of Health and the Jordanian Labour Law. One of the major reasons identified in this study is ambiguity in laws and regulations governing the provision of health care services. This leaves room for interpretation on all sides – and a lack of consensus among stakeholders. In addition, workers' satisfaction with the services differs on a variety of levels – depending on the factory location and type and its management, the nationality of workers and to some extent the gender of workers:

- Migrant workers, who are covered for all their health care needs, also those outside the factory health care clinics under the CBA, were also more likely to report satisfaction with health care clinics than Jordanian workers were. Referral systems to outside government clinics were in place and secondary and tertiary care was provided to migrant workers.
- On the other hand, Jordanian workers, who in most cases reported to not have health insurance often stated that they had to rely on the health care clinics in the factories for all their healthcare needs and were – given the limited services offered – less satisfied with the services. Therefore, particular in satellite factories, where the majority of workers is Jordanian patient satisfaction.
- There were considerable differences between health clinics depending on the factories and their managements with some good practices – such as the hiring of translators to facilitate access to the clinics for migrant workers or the contracting of external hospitals to allow for easier referrals of patients to specialists. On the other hand, the research also identified problems in implementation in some factories, where workers reported not only that a doctor was only available once a week, but also labor rights violations that need follow up by authorities.
- Healthcare services relating to reproductive health, contraception and women's health were not offered at the health clinics, which affected the satisfaction with services by women.

Effectiveness and Efficiency

With regards to the effectiveness and efficiency of health care, the study finds that there is no standard minimum care package provided in the health care clinics, also because the CBA and other agreements are sufficiently vague or subject to legal misinterpretation. Workers in most factories reported that health clinics are not sufficiently prepared to deal with emergency situations and that serious conditions are often referred to a nearby hospital without the health clinics being able to provide necessary first aid. There are legal restrictions for health care services at workplaces in Jordanian Labour Law, however medication was largely available at the clinics. Quality assurance visits showed that on average, health clinics only had 10-30% of the medications deemed essential by the medical experts on stock, while only one health clinic had more than 50% of essential medication on hand. The observation team also noted that in most cases no records were kept on equipment and medication used or given out to patients. In most cases, a lack of equipment was reported by workers and observed during visits by medical experts. For example, not all clinics had refrigeration facilities or blood pressure monitors: One female FGD participant reported that a diabetes patient stored her diabetes medicine in a water bottle to keep it from spoiling due to the absence of a refrigerator in her factory. In addition, medical experts observed a lack of health assessment forms and concluded that sometimes treatment and medication is given without a complete examination of workers. This matches workers' reports who stated that they would often receive treatment without examination. In general, however, migrant workers reported a higher satisfaction with the health care services than Jordanian workers.

> *One of my colleagues has diabetes. She has to bring the insulin needle with her, and in the event of a diabetic attack, she needs to go to the clinic and take it on her own without the help of the nurse. There's also no refrigerator for her to keep her needle in; she puts it in a cold-water container and hopes that it doesn't spoil.*
>
> **- Female Worker**

Safety

The latter reported issues also tie into the safety of health care services provided. In addition to the absence of health assessment forms and – sometimes –-incomplete examination of patients, workers also noted that on occasion they had received medication that would not match their illness or health concerns. Concerning sanitation issues, nearly all of the workers stated that the clinics had proper lighting and ventilation systems in place, however, when it came to hand washing facilities for staff and workers, improvements needed to be made in several clinics. Interestingly, while one clinic did not have running water at the clinic, nor drinking water for patients, the nurse present and the factory management assessed the facilities as "sufficient".

People-centeredness

Concerning the people-cantered aspect of the health care provided, variations were observed between factories, even though in all factories considered in the study workers felt comfortable speaking to medical staff. For one factory, workers even reported the ability of medical staff to address all their needs as sufficient and did not see any room for improvement. Nevertheless, dental and oral care was offered in no factory, and neither

> *On one occasion I had to leave because of a toothache. The next day I went to the nurse to present the leave paper, but she did not accept it on the pretext that I had not told her about the day before that I would not come to work. But my toothache came suddenly – I couldn't have foreseen that it would happen. They deducted my salary for unexcused leave.*
>
> **- Female Worker**

were maternal or prenatal services. In some factories, it was apparent that medical staff were not able to address workers' needs, which, at least as workers stated was due to the factory management. Researchers and the medical team observed and were told about **violations with regard to sick** leave allowances for workers. While workers across the board were aware of their rights, they reported that sometimes doctors at the factory health clinic, but also outside the clinic at hospitals were instructed not to give sick leave to workers. At one factory, the management would not accept a sick leave letter from a doctor outside the factory health clinic. Sick leave problems and illegal deductions for "unauthorized" sick leave even extended to patients with chronic diseases, and in one case a cancer patient.

Timeliness

Health care services provided at the factories were generally perceived as timely and efficient. Workers stated that going to the clinic was easy and even in cases where permission was required that was easy to obtain. However, the availability of medical staff varied from once per week to 24/7 in different factories. Similar variations were found with regards to the health care being equitable. In some cases, factories hired native speakers speaking the languages of migrant workers at the health clinics, while others did not have these facilities. Nevertheless, migrant workers were overall more likely to report positive experiences with the care provided, as more services were covered for them, including the referral to an outside hospital. This however was not the case for most Jordanian workers, who in the absence of health insurance could not access the same level of care as their migrant worker colleagues. None of the clinics provides prenatal or maternal care or feminine hygiene products. In addition, some women reported that their request for sick leave based on menstrual pain was dismissed.

Legal Compliance

As a result of the above, the study finds that the international standards of care are mostly not adhered to. These are, however, not legally enforceable but rather recommendations when designing and improving health systems. However, also when it comes to the requirements in the CBA, most factories are non-compliant or only partially compliant, or conclusions could not be drawn to due ambiguity of the CBA, in particular with regards to the quality of care provided in the health clinic. The CBA under Article 11 A states that garment factories are committing to: "Providing a health clinic at the workplace appropriately equipped with medical staff approved by the Ministry, including a general physician, and at least one nurse (male or female) certified by the Ministry of Health to provide adequate healthcare and required treatments." [1]

1 First clause of the CBA, own emphasis

Table 21. Compliance of Factories in the Study with the CBA

Article:	Requirement:	Findings:	Conclusion
First Clause, Point A:	*"Provide a health clinic and the workplace appropriately equipped with medical staff approved by the Ministry, including a general physician (GP) and at least one nurse certified by the Ministry of Health to provide adequate healthcare and required treatments."*	▶ Clinic staff were approved by the Ministry of Labour, but not by the Ministry of Health ▶ Clinics were not registered with the Ministry of Health. ▶ Healthcare services provided were quite minimal; however, no definition exists within the CBA regarding what 'adequate' services are.	Inconclusive due to ambiguity
First Clause, Point B:	*"The Clinic shall be open during all work hours."*	▶ Clinics were found to be open during all work hours. However, medical staff were not available during all work hours.	Inconclusive due to ambiguity
First Clause, Point C:	*"Employers shall maintain records of all medical check-ups and tests performed for workers, which shall be sorted into individual files for each worker. These records will serve as a point of reference when doing periodic medical check-ups for workers to continually monitor their health"*	▶ Most clinics did not have medical records of patients, and little monitoring and follow-up was conducted by factory clinics.	Non-compliant
First Clause, Point D:	*In emergencies and at the expense of the employer, medical staff should, expediently and without any delay, refer the relevant worker to a specialized doctor or hospital (as required) to have the worker receive the required medical care and treatments.*	▶ Clinics generally did have a referral system for emergencies. ▶ Clinics relied on referrals for the provision of even basic services. ▶ Medical costs were covered by the employer for migrant workers. However, Jordanian workers were at times not covered; for example, one factory reported that in the case of work injury, the Civil Defense is called, and injuries are covered through the Social Security system.	Partially compliant

Finally, the study found that none of the factories studied could show a proof of licence by the Ministry of Health to prove their licenced status, and the observation team stated that most clinics would also not fulfil the requirements for licencing. An unlicenced status would also preclude any inspection visits by Ministry of Health staff to assess compliance with Ministry of Health standards.

Key Recommendations

- *The Ministry of Labor* needs to follow up with violations of the existing labor law in some factories by expanding its inspection visits. This study identified violations both with regards to the health care services offered to workers, sick leaves etc., but workers also brought up other labor rights violations in Focus Groups that were not immediately part of this study.
- *The parties to CBA (The Jordan Garments, Accessories & Textiles Exporter's Association (JGATE), The General Trade Union of Workers in Textile Garment and Clothing, and Employers' Syndicate)* should revise the Collective Bargaining Agreement to make sure that requirements for the provision of health services leave no room for different interpretations. For example, this can include creating requirements for the minimum services which must be provided, the number of hours a week in which a doctor is available, and the number of doctors needed to meet the needs of worker populations. Additionally, the CBA must outline policies and necessary procedures for requesting medical leave in a manner that ensures that workers do not have their medical leave unjustly refused. As it currently stands, the CBA does not have any specific provisions regarding the types and quality of services which must be provided.
- *Ministry of Labor JGATE and factory management* should make sure that the infrastructure at all health clinics confirms with the legal standards and that the facilities are safe to use for medical staff and patients. This includes basic infrastructure such as clean running water and drinking water. In addition, factory management should ensure that hygiene and cleanliness of bathrooms and facilities is ensured at all times and in all factories to prevent the spread of communicable diseases.
- *The Ministry of Labour* to conduct an in-depth legal inquiry into the practice of workers from taking medical leave in some factories and address the issue with factory managements. The Trade Union should provide workers with information on their labor rights, including their rights to sick leave.
- *All stakeholders should make an effort to create consensus amongst workers, buyers, and management regarding the role of factory clinics.* There is general disagreement both within and between parties regarding the services which should be provided by factory clinics: should they function as a primary care centre, or rather as a first aid / emergency response point, with all serious medical challenges being referred outwards. This consensus will be needed when developing the minimum service package. It is also important to ensure that, regardless of the role that factory clinics will play in the overall provision of healthcare, workers are able to access full and comprehensive primary and emergency care services at no cost.
- *All stakeholders* should encourage and take part in knowledge sharing across factories. Encourage factories which are providing expanded services, complying with the collective bargaining agreement, and ensuring quality clinic care to share their experiences, best practices and the methods they have undertaken to ensure these standards. Encourage these factories to highlight the benefits of a healthy workforce for the non-compliant factories and clear misconceptions regarding the capacity of factories to provide quality healthcare services in-house.
- *All stakeholders* should consult with each other on the way forward, gaps that remain and how these can be filled. These consultations should take place regularly, involving all stakeholders equally and in the form of an open dialogue to ensure the health of workers, the productivity of factories and the growth potential of the garment sector in Jordan.

Secondary Recommendations

- *The Ministry of Health* needs follow up on the licencing of medical staff and clinics in the factories to ensure that all clinics and medical staff are licenced and meet the requirements for licencing through periodical inspections.
- *The Ministry of Labor, ILO/Better Work, the Trade Union and Factory-Management and J-GATE* should ensure occupational health and safety in all clinics and factories to keep work injuries and work-related illnesses to a minimum. If needed, factory management should be trained and made aware of measures that can be improved.
- *Factory management* should ensure that they comply with the required number of medical staff according to Jordanian labor law and that all first aid kits are fully stocked. A sufficient number of workers should be trained in first aid and in the use of first aid equipment. If the legal requirements do not reflect the realities on the ground, the Ministry of Labour should revisit and reassess the legal provisions.
- *Health Clinics* at factories should expand their health care services offered to women such as the offering of feminine hygiene products and basic reproductive care. This could include contracting a gynecologist for a couple of hours per week in an “open hour”.
- *The Ministry of Health in cooperation with CBA parties and ILO-Better Work* should build the capacity of health clinic staff in order for the medical staff to attend to workers› needs. The Ministry and devise a minimum care package as well as protocols for dealing with health issues, including mental health. It should also and define quality assurance mechanisms for the health clinics. These could be included in an annex to a revised CBA.
- *The Trade Union* should enhance its efforts to monitor and improve the working conditions in factories. The Union should raise awareness among workers on their labor rights, in particular with regard to health care and sick leave. The Trade Union should advocate with the Ministry of Labour to ensure that inspections on labour rights and working conditions are implemented.
- *The Ministry of Labour and the Social Security Cooperation* should revisit regulations and plans for comprehensive health insurance for all Jordanian workers in order to end discrimination between Jordanian and migrant workers on the level of health services provided to workers.

For more information, please see full report here