



TACKLING VIOLENCE IN THE HEALTH SECTOR: A TRADE UNION RESPONSE

SUPPORTED BY ILO ACTRAV



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Public Services International (PSI) is a global trade union federation representing 20 million working women and men who deliver vital public services in 154 countries. PSI champions human rights, advocates for social justice and promotes universal access to quality public services. PSI works with the United Nations system and in partnership with labour, civil society and other organisations.

<http://www.world-psi.org>

PSI represents 8 million health care workers. PSI believes that care must be available to people who need it, not just to those who can pay. Quality health care is important to families, societies and the economy – because healthy workers are more productive.

See: <http://www.world-psi.org/Health>

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FOREWORD

Public Services International (PSI) is pleased to present this report entitled “Tackling Violence in the Health Sector – A Trade Union Response”, a consolidated research effort which was first released in 2016.

In 2018, an updated version of the study is being released, integrating the latest achievements of our affiliated unions in the health sector. The workers, many of whom are women, daily face ever-increasing levels of violence and harassment in the world of work. They respond and deliver quality service with deepest commitment and ethical principles.

The public Health sector around the world is facing the biggest challenges in history because of the new organization of working processes, the growth in precarious work, decreased numbers of workers lack of public investment, restructuring of services, and the challenges of privatization and public-private partnerships (PPPs). In this context, violence and harassment in the working environment, and especially from third parties, are a worrying and serious issue for healthcare workers and their unions. Those who work in health care are predominantly women. Gender-based violence is a real issue – a serious threat to their safety and to their lives.

The study deeply contributes to the international trade union movement’s campaign for the adoption of a new ILO Convention and Recommendation on Violence and Harassment in the World of Work. The first discussion will take place in the International Labour Conference (ILC) in 2018 and will for sure finally succeed in the ILC of 2019, shining a bright light on the centenary celebrations of the International Labour Organization.

We thank, Sandra Massiah, PSI’s Sub-regional Secretary for the Caribbean, who led the study with the enormous contribution of our affiliated unions in the Democratic Republic of Congo, the Philippines, Argentina and Pakistan.

Rosa Pavanelli
PSI General Secretary

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EXECUTIVE SUMMARY

On November 12, 2015, the ILO Governing Body agreed to discuss a new international standard on violence against women and men in the world of work. It will be included for a first discussion in the agenda of the 2018 International Labour Conference. This is the result of proposals and lobbying since 2014 led by the international trade union movement.

In October 2016, an ILO Tripartite Meeting of Experts on Violence Against Women and Men in the World of Work¹ reviewed background information as well as sectoral case studies from the Global Union Federations (GUFs) and the International Trade Union Confederation (ITUC), with the support of ACTRAV. Jane Pillinger coordinated the collection of case studies from the GUFs and the ITUC and prepared a report for the preparatory meeting of the workers' group. The final report, released on March 8, 2017, benefitted from feedback from workers' experts and observers².

The report had three related objectives:

- to show the role that trade unions play in preventing and addressing violence at work;
- to share learning, promote discussion and enhance the role of trade unions in taking a systematic approach to the prevention and elimination of violence and harassment at work; and,
- to inform trade unions in building a strong position at the International Labour Conference in 2018 and developing a standard-setting item on violence against women and men in the world of work.

PSI'S PERSPECTIVE



At its May 2016 meeting, PSI's World Women's Committee (WOC) agreed that a high priority area of work is workplace violence in the health sector. The WOC also agreed that the experiences of affiliates in raising awareness and developing campaigns and actions to eliminate workplace violence constitute an important contribution to the discussions and preparation for developing a standard on violence against women and men at work. The PSI therefore presented case studies from our affiliates in the health and social care sector.

PSI's contribution was "to support the publicity on trade union actions, collective agreements and advocacy for national awareness towards elimination of violence at work and its root causes."

This updated report³ includes the original three country case studies with additional information collected through research in South Asia, focusing on work done with the All Sindh Lady Health Workers and Employees Union (ASLHW&EU) in Pakistan. The experiences of

1. ILO: Report of the Meeting of Experts on Violence against Women and Men in the World of Work (Geneva, 3–6 October 2016), GB.329/INS/INF/3 (available in English, French and Spanish).

2. ILO: Violence and harassment against women and men in the world of work : trade union perspectives and action / International Labour Office, Bureau for Workers' Activities (ACTRAV). - Geneva 2017 (available in English, French and Spanish).

Lady Health Workers (LHWs) in the Sindh province of Pakistan, highlight the extreme levels of violence and harassment facing these Community Health Workers (CHWs) in that country. Together with the experiences from PSI affiliates in the Democratic Republic of Congo (DRC), the Philippines and the Argentine Republic, these case studies:

1. highlight and document the various forms and elements of violence against women and men at work;
2. give examples of the negotiated collective agreements on violence against women and men workers;
3. highlight the successes as well as obstacles faced and the lessons learnt;
4. showcase ways in which health sector unions have used social dialogue to lead to policy decisions aimed at eliminating workplace violence;
5. demonstrate the impact of PSI affiliate activities and campaigns that raise awareness and build advocacy for the elimination of violence against workplace violence;
6. analyse work-related violence and trade union action;
7. identify policy recommendations.

PSI staff in the regions conducted interviews and workshops to develop the case studies. They worked with the leadership and other activists in the healthcare union affiliates in the four countries. This report also includes examples of on-going work by PSI affiliates in other countries and territories.

ACHIEVING DECENT WORK REQUIRES THE ELIMINATION OF VIOLENCE AND HARASSMENT IN THE WORLD OF WORK

The provisions for dealing with violence and harassment in the world of work at both international and domestic level are limited in scope and patchy. International standard(s) – a Convention and a Recommendation – that encompass a comprehensive and integrated approach will fill important gaps at both international and domestic levels. There must be clear responsibilities for public and private employers, workers and their respective organisations, and governments. There must be collaboration and the development of joint strategies.

DEFINITIONS OF VIOLENCE AND HARASSMENT IN THE WORLD OF WORK

As a result of various discussions and recognising that definitions of violence and harassment at work differ from one region or country to another, the GUFs and the ITUC adopted an integrated and wide-ranging approach. There is a shared understanding that violence and harassment are an abuse of power and arise from unequal power relations at work, in the family and in society. Violence and harassment at work include:

- Physical assault and violence, as well as a range of psychosocial risks such as verbal or non-verbal threats and abusive behaviours, which are often sexualised and rooted in unequal power relations. These are referred to in different national contexts as unwelcome psychological or moral harassment, bullying or mobbing with the aim of demeaning, embarrassing, humiliating or abusing a person.
- Discrimination-related violence, affecting workers in the most vulnerable situations, including women, LGBT workers and racialized workers. Women who experience multiple discrimination are disproportionately affected by violence and harassment at work. They include hotel workers, barmaids, waiters, nurses, social care workers, teachers and teaching assistants, and shop workers.

3. The August 2016 report featured three case studies from the Democratic Republic of the Congo, the Philippines and the Argentine Republic, together with other examples of on-going work by affiliates of the PSI.

- Violence in the world of work includes violence that takes place away from the traditional workplace, for example at social events, conferences, training courses or meetings related to work, in the home of clients or when work takes place away from the workplace and involves contact with the public. It also includes travel during business hours and travel to and from work.
- Working with clients or the public exposes some workers to a higher risk of violence, for example, working in night-time services such as bars and cafes where alcohol is consumed, in policing or criminal justice operations, in front-line first responder emergency services, in situations where money or prescription drugs are handled, where care and education services are provided, and where work is carried out in isolated locations, at unsocial hours or in mobile locations.



SOME IMPORTANT CONCLUSIONS

Domestic Violence does not start or end in the home

Through the research conducted in Pakistan, many Lady Health Workers gave examples of how their work – seen as against the teachings of Islam and in defiance of societal norms - resulted in domestic violence of various forms. Many women with the assistance and support of their union, showed how they survived the violence at the hands of their husbands, brothers, brothers-in-law, fathers and fathers-in-law. The insecurity felt by men results in serious injury and in at least one instance revealed through research, resulted in the death of a LHW.

Austerity measures have contributed to the social inequalities that exist in various societies. As a result, there is a rapid spread of violence in the health and social care sector. A culture of violence that exists in societies, the increases in domestic violence, and the many cases of political and social violence in a number of countries all have an impact on the world of work where health and social care workers are on the frontlines.

“Whenever I come back from a campaign, he doesn’t lose any opportunity to beat me”.

Through their union, the LHWs in the Sindh province found a safe haven where they were able to build connections and have a sense of belonging. This means unions play an important role in breaking the barriers of silence and isolation that comes as a result of domestic violence. The understanding and support of fellow workers and a belief in the power of collective action goes a long way in putting an end to the silence and the circle of violence.

Austerity measures reduce the quality of service and increase the threats to workers’ lives

Austerity measures mean inadequate staffing in the health service and therefore poor levels of service. Third-party violence – violence from patients, family members and other members of the community – increases, especially in tense situations: conflict zones, in the presence of extremists elements and where there are perceived threats to societal norms and values. These situations also contribute to co-worker violence and harassment and ultimately leads to workers leaving their jobs.

Women predominantly work in health and social care. The studies highlight in stark terms the gender-based violence and harassment especially against nurses, and community health care workers. The 2002 research and guidelines jointly conducted and developed by the PSI, WHO, ICN and ILO, show that workers in the health sector are at increased risk of violence and harassment because of the characteristics of the services delivered and the existing working conditions.


The research and discussions with Lady Health Workers in Pakistan revealed that Sexual harassment is rampant. The LHWs have to face it on multiple levels. Their work in public spaces mean that men see them as “available”. Community members and senior male officers do not lose an opportunity to harass them. In their deeply patriarchal society, these women who go about in the communities are always viewed with deep suspicion. Sometimes, they are victims of acid attacks. Other times they are raped, molested and killed on charges of having a ‘loose character’ and accused of infidelity.

Role of trade unions

All of the case studies and examples show the important role played by trade unions. Through collective bargaining, negotiations, campaigns and advocacy, unions have a positive impact on efforts to eliminate violence and harassment at work. Bipartite and tripartite social dialogue mechanisms and good industrial relations practices are critical.

Gender-based violence is violence and harassment that is directed at persons because of their sex or gender, or that affects persons of a particular sex or gender disproportionately.

Providing safe, healthy and environmentally responsible working environments is critical for just and sustainable societies. Safe public transport systems, safe cities and towns and services that protect citizens are important aspects of public policy. Effective public policy requires collaboration between trade unions and especially public services unions, national, regional and local government, employers and unions. Therefore, trade unions must be involved in the design, implementation and monitoring of policies to prevent and eliminate violence and harassment in the world of work.

To support survivors of violence and harassment, there must be effective public policy that provides training and resources to those who are required to inspect, monitor, advise and implement remedial action. Quality public services are essential. Workers must have the knowledge, skills, attitudes and tools that will allow them to recognise and address the differing experiences, expectations and needs of women. 

A TRACK RECORD OF PROMOTING GENDER EQUALITY AND GENDER MAINSTREAMING

Founded in 1907, the Public Services International (PSI) is a global union federation representing 20 million working women and men who deliver vital public services in over 150 countries. PSI champions human rights, advocates for social justice and promotes universal access to quality public services. The organisation works with the United Nations system and in partnership with labour, civil society and other organisations. At least 65% of PSI's members are women and over 50% of PSI's members provide services in the health and social care sectors.

It was at its 1967 congress in Paris that affiliates of the PSI first discussed gender equality. Affiliates made a call for a special conference on the problems of working women in public services. The first PSI world conference for women was held in 1970 in Stockholm when affiliates adopted resolutions dealing with

- Family-friendly workplaces
- Career quality for women
- Equal participation in union activities
- Production of regular information on issues of concern to women

Over the years, and through the work of affiliates, the organisation has built a solid reputation for its work on gender equality, starting with the establishment of the World Women's Committee (WOC) in 1985. Since then the WOC has met each year prior to the Executive Board (EB) meeting; and there are also women's committees and networks at the national, sub-regional, and regional levels of the PSI. In 2002 constitutional amendments provided for at least 50% representation of women in all PSI committees and bodies and at all activities of the organisation. The 2002 congress also endorsed a policy that requires all PSI bodies to incorporate gender mainstreaming as a central policy objective.

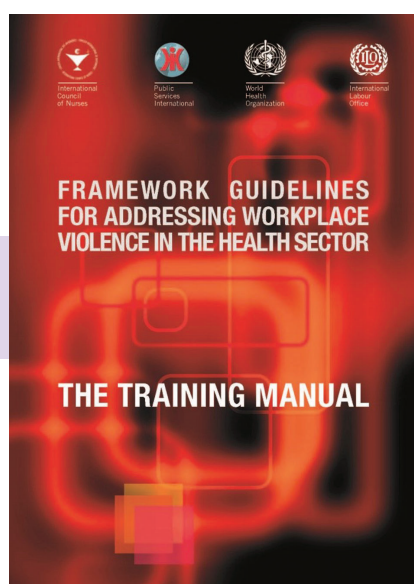
The PSI recognises that globally, support for a mainstreaming approach to gender is gathering pace. It has taken a long time for this approach to be adopted and it requires an examination of the local relations between men and women, in theory and in practice. Of critical importance is the acceptance that men are equally responsible with women for the construction of gender equality. □

COLLABORATION WITH PARTNERS ON WORKPLACE VIOLENCE IN THE HEALTH SECTOR

In 2002, Public Services International (PSI) partnered with the International Labour Office (ILO), the International Council of Nurses (ICN), the World Health Organization (WHO) to jointly develop Framework Guidelines for Addressing Workplace Violence in the Health Sector⁴.

The Guidelines provide definitions of workplace violence, as well as guidance on general rights and responsibilities; best approaches; violence recognition; violence assessment; workplace interventions; monitoring and evaluation.

In 2003, the PSI and some of its affiliates participated in a tripartite panel of experts convened by the ILO to develop a Code of practice on workplace violence in services sectors and measures to combat this phenomenon⁵.



The Training Manual (with an accompanying CD) complements the Framework Guidelines. It is a practical, user-friendly tool that builds on the policy approach of the Framework Guidelines. It is targeted to governments, employers and workers. The manual has also proven to be a useful tool for researchers and other allies working towards the elimination of workplace violence.

4. <http://apps.who.int/iris/bitstream/10665/42617/1/9221134466.pdf>

5. http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/normativeinstrument/wcms_107705.pdf



In 2015, PSI's affiliates in Brazil, with support from IMPACT and the Solidarity Center of the AFL-CIO produced a guide on gender-based violence in the workplace in Brazil. The guide is a tool to provide information, build capacity and mobilise trade union activists to identify and report cases of workplace violence. It is also a tool to help combat gender-based violence in the workplace.

<http://world-psi.org/en/available-spanish-and-english-psi-brazils-guide-violence-against-women-workplace>

Guía para la prevención del acoso laboral dirigida a trabajadoras/es del sector público, desde una perspectiva de género




In the same year (2015), PSI's affiliates in Chile, with the support of Friedrich Ebert Stiftung-FES, Universidad Arturo Prat, and the National Civil Service Department produced a guide to prevent gender-based harassment at work in the public sector. The guide provides statistical data about violence at work in the public sector in Chile and is a tool for identifying, preventing and reporting cases of workplace violence.

During the 16 Days of Activism against gender-based violence in 2013, PSI again raised its voice on the issue, making a strong call for the issue to be a priority for PSI's affiliates.

The PSI is also a partner in DV@Work Net hosted by the Centre for Research & Education on Violence against Women & Children. The Impact of Domestic Violence on Workers and the Workplace is a project funded through the Social Science and Humanities Research Council of Canada (SSHRC). The project brings together an international network of researchers, social and labour organisations, experts in domestic violence as well as employers, to conduct research and collate knowledge about the impacts of domestic violence in the workplace. The work will help trade unions in:

- developing education programmes with members;
- drafting clauses for collective agreements;
- lobbying for changes to legislation.

In studies conducted in Canada, the UK and Australia, the findings revealed that just over half of the victims of domestic violence felt that their job performance was negatively impacted, and three out of four had a hard time concentrating while at work.

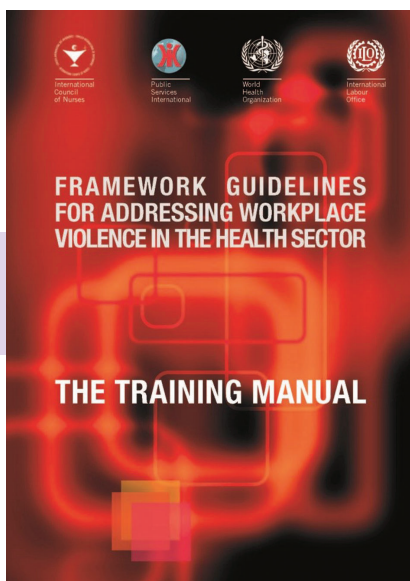
The PSI World Women's Committee has agreed that it will build and develop its partnership work with DV@WorkNet. 

ANALYSING WORKPLACE VIOLENCE IN THE HEALTH SECTOR

Workplace violence is “any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work.”

The joint PSI/ILO/ICN/WHO study provided the evidence showing that workers in the health sector are at increased risk of workplace violence because of the characteristics of the services delivered and the existing work environment. More recent investigations and studies show that austerity and the resulting increased inequalities in society contribute to the rapid spread of violence in the sector.

In addition, increased reporting of cases of domestic violence, a culture of violence, as well as social and political violence in conflict areas mean that this violence will show itself and be experienced in health facilities and anywhere that health care workers have to do their jobs. This situation impacts on the delivery of the services: the quality of care provided, and leads to a reduction in the services provided because workers do not want to work in such conditions. In some cases, their families pressure them to find ‘safer’ jobs, they are absent from work and in some cases, they eventually resign; costs increase. And in developing countries, where funding health care services is increasingly challenging, this situation further threatens equal access to primary health care services.



Why the health sector?

- Violence in this sector constitutes at least 25% of all violence at work.
- Violence in the sector is widespread in all countries and among all occupations in the sector.
- For certain types of violence, such as verbal abuse, more than half of the workers in the sector are affected.

<http://apps.who.int/iris/bitstream/10665/42617/1/9221134466.pdf>

The PSI recognises the strong links between health, social protection and the achievement of gender equality. Ending extreme poverty, living in peace and democracy, and achieving all the global goals means that societies must provide opportunities for all people – especially women – to prosper through quality nutrition, health and education. All actors engaged in the implementation of the SDGs recognise that there must be greater emphasis on achieving gender equality and removing all barriers and threats that disproportionately affect women.

“Violence against women and girls can be physical, sexual, psychological or economic. It is driven by a deep-rooted belief that a woman is not equal to a man. This shapes the reality of millions of women and girls who have no voice, no freedom, no economic independence and no equal access to education or work. Violence against women and girls happens in private and public places, and in physical as well as virtual online spaces. Violence against women and the threat of it deprive women of their basic human rights⁷.”

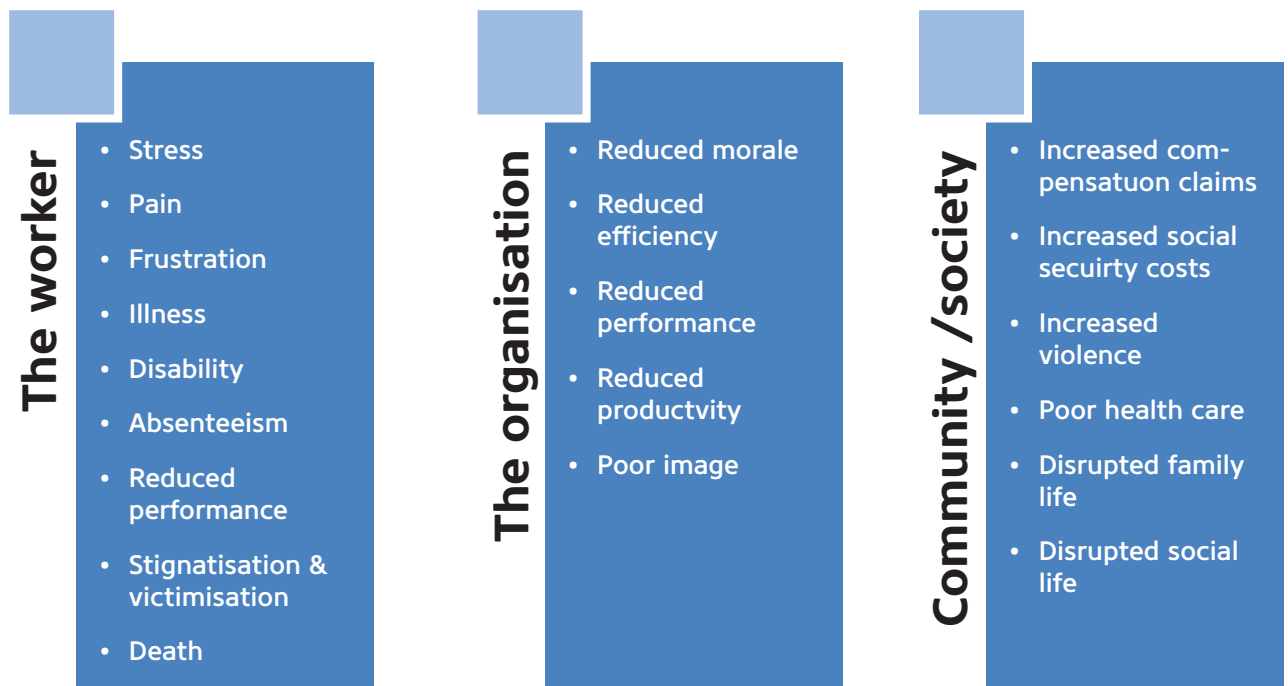
“Since the large majority of the health workforce is female, the gender dimension of the problem is evident.”

Studies as well as anecdotal evidence from health care workers (HCWs) in PSI’s global family point to the fact that while both men and women in the sector suffer from various forms of violence, the power relations in society that see women as second-class citizens, translate to the reality that women HCWs are especially targeted.

While ambulance staff are reported to be at greatest risk, on average, nurses are more likely to experience violence at the workplace than other occupational groups in the sector.

In its 2003 Fact Sheet on Workplace violence in the health services⁸, the ILO noted “the pattern seems to be that patients are the main perpetrators of physical violence, while staff are the main perpetrators of psychological violence.” The fact sheet states, “psychological violence is more prevalent than physical violence”, with verbal abuse as a key area of concern, followed by bullying and mobbing.

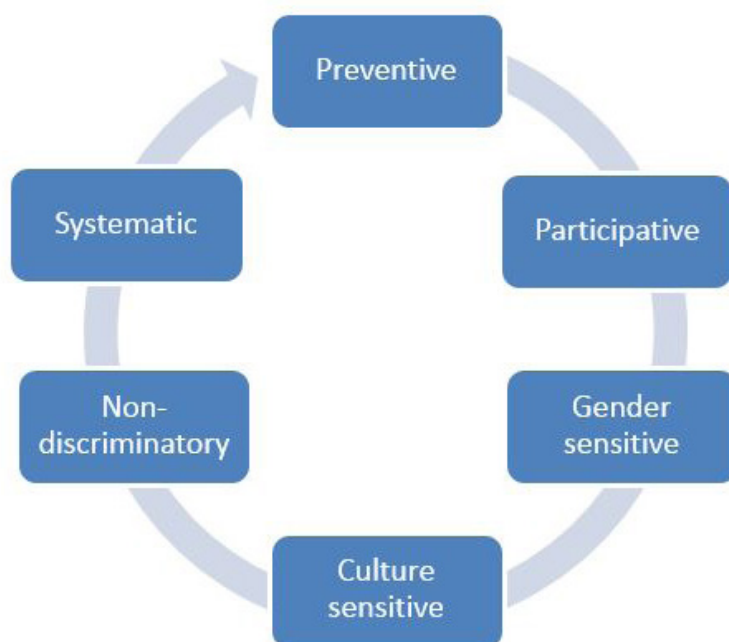
THE COSTS



7. http://congress.world-psi.org/sites/default/files/upload/event/EN_Congress2012_WomenCaucus_Background_Information_final_web.pdf

8. ILO Fact Sheet, Workplace violence in the health services, http://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_161953.pdf

Various studies and consultations, as well as practical experiences confirm that approaches to tackling and eliminating violence require a proactive response. The emphasis must be on eliminating the causes as well as on constant and long-term evaluation of the various steps taken. Tackling the root causes of the violence is the most effective way to eliminate workplace violence in the health sector.



APPROACHES TO TACKLING WORKPLACE VIOLENCE

Increasingly, stakeholders are recognising the importance of social dialogue in preventing and responding to cases of workplace violence in the health sector. This emphasises the importance of a participatory approach, where the employer, government and workers, through their representatives, play an active role in designing and implementing initiatives to combat workplace violence.

The PSI believes that trade unions, in partnership with government and employers, have a key role to play in these approaches. Through internationally recognised standards, collective bargaining agreements and other forms of social dialogue, the tripartite systems, in collaboration with other social actors can tackle workplace violence. Establishing internationally recognised standards will be key in updating and reinforcing existing legislation on workplace violence, harassment and other forms of gender-based violence. These standards will be especially valuable in those countries where there is no legislation.

“Public sector workers are well-positioned to promote, implement and monitor laws and regulations that advance gender equality and protection against violence and harassment. Even where laws are put in place, communities and especially women are often not aware of them. Violence against women creates inequality and gaps in development, affecting the well-being of current and future generations.”

In the various interviews, trade union leaders and other activists highlight their personal experiences and the role that their unions played in helping to tackle the various forms of workplace violence.

Some PSI affiliates have gathered and collated information and have statistics that highlight the realities of the situation. But challenges still exist in identifying cases and compiling information:

- Some workers view the violence as “part of the job”;
- Young women and single parents are afraid of reporting cases of harassment and bullying. They do not want to lose their jobs.

“I was shaking but I was still in control. Each time that there is an aggression like this one, and as soon as they know about it, they would do something... which I appreciate... and this is what motivated me to stay at the CNPP and also I continued working here. The trade unions are always by my side... it’s true, they really supported me.”

Mbake Ipatshi Leaticia, female nurse at CNPP, psychiatric hospital in the DRC

- A few workers have decided to take the matter to the law courts using existing legislation in the country. This is a costly option.

Without the necessary protections and means to prevent and tackle workplace violence, many cases go unreported. The research carried out by various individuals and groups in a number of studies has helped to highlight the prevalence and incidence of workplace violence and especially in the health sector.

A GLOBAL EFFORT

PSI's affiliates in all parts of the world have answered the global call to action to eliminate violence against women. They have particularly taken up the fight to tackle workplace violence.

Through innovative campaigns, starting in the workplace, to national and regional actions, affiliates are using their collective strength and power to raise awareness, break the silence, campaign for national laws and promote the adoption of an ILO standard to eliminate gender-based violence at work and in communities.

Examples of campaigns include:

- Healthcare Workers Suffer from Psychological Abuse and Physical Violence http://bogun.nodong.org/xs/index.php?document_url=399697&mid=KHMU_Info (KHMU – Korea)
- The impact of domestic violence against women doesn't stop at home <http://psacunion.ca/psac-committed-supporting-victims-domestic> (PSAC, Canada)
- Violence against health workers unacceptable <https://www.unison.org.uk/news/press-release/2016/02/violence-against-health-workers-unacceptable-says-unison/> UNISON-UK
- Action Arts <http://www.world-psi.org/en/trinidad-tobago-inspiring-change-through-artistic-expression> - a focus on violence against women and girls by the NUGFW in Trinidad & Tobago
- Equal Pay and Closing the Gender Pay Gap <http://www.world-psi.org/en/equal-pay-and-closing-gender-pay-gap> UNISON, UK's campaigns and collective bargaining to end gender pay discrimination and to win equal pay.

More information on affiliate campaigns, and collaborations with allies and partners is available at <http://www.world-psi.org/en/issue/health-and-social-care-services>

“In all countries, we need a strong commitment from governments to address the deeply rooted causes of violence against women: inequality and discrimination. States must provide adequate measures to prevent violence and protect threatened women, as well as prosecution, counselling and education to change the mentality of people. Shelters for abused women should be provided, and it is unacceptable that under austerity policies those services are abolished in many countries. Governments also need to provide safe harbours for refugees, and ensure that the needs of women and girls are taken into account,”

says Rosa Pavanelli, PSI General Secretary.

RECOMMENDATIONS, NEXT STEPS

Activists have made the following suggestions for actions at the local, national and global levels:

- Make visible the invisible. Empower workers and their unions with the necessary tools to reveal the realities affecting women and men health care workers.
- Ensure that trade unions and their members are included as central actors.

- Organise more education sessions with clear and understandable slogans, explaining the issues in relation to care work.
- Democratise the workplace by involving unions in the process.
- Increase efforts to promote gender equality and to fight the patriarchal norms.
- Organise in order to build power and transfer our societies into just, sustainable places that everyone can live and work free of discrimination (creating societies that practise gender equality).
- In order to promote the adoption of the global standard, affiliates will need to use the evidence collated to lobby governments and launch national and regional campaigns.

In preparation for the 2018 ILC discussion, trade unions and the ILO have documented many cases from a wide range of sectors, demonstrating the key role that trade unions play in tackling violence and harassment in the world of work. The resulting publication highlighted many

These behaviours are often sexualised and are rooted in unequal power relations. The violence and harassment is related to the discrimination that the worker faces and women who experience multiple types of discrimination are disproportionately affected by violence and harassment at work.

Evidence from our affiliates shows that front-line and emergency nurses are especially at risk of third-party violence. Many unions have negotiated workplace policies and guidelines in such cases. These guidelines cover situations where workers are directly working with money and prescription drugs; and where they have to work in isolated or remote areas or during unsocial hours.

Cases of third-party violence are increasing and especially in conflict zones. International law indicates that in all armed conflicts, parties must not attack or interfere with health workers, facilities, ambulances, and people who are wounded or sick. The Geneva Conventions⁹ and other international humanitarian law provide that parties have a duty to distinguish between military and civilian objects and to take precautions to avoid harm to hospitals and clinics. International human rights law imposes similar obligations.

There are countless accounts of brutal attacks on health workers, patients and their families. In the Democratic Republic of the Congo, seven patients and a nurse were brutally murdered inside a clinic.

Community health workers who participate in vaccination campaigns are also especially vulnerable. Having to travel to remote and regions especially where there is extremist violence, they are at high risk of murder and abduction. Extremists in Pakistan believe that Lady Health Workers (LHWs), through the polio immunisation campaigns, are working with western elements to spy on them. They use the example of Osama Bin Laden when his identity was revealed from a DNA sample of his family taken during a fake campaign. That fake campaign did untold damage to public health. These extremists also believe that family planning campaigns are against the teachings of Islam and that the LHWs are breaking societal norms.

The attacks on, and killing of LHWs, as well as public naming and shaming on FM radio, has meant that fewer and fewer women want to sign on as LHWs. It means too that the immunisation programme suffers and that polio – a completely preventable disease – will continue to affect thousands of children. At the same time, there will be fewer and fewer opportunities for women to get an education and work outside the home. The cycle of female poverty will continue. □

“When health workers and hospitals are attacked, people are prevented from receiving medical care, individuals are afraid to seek treatment, and trained professionals flee areas where they are urgently needed.”¹⁰

Leonard Rubenstein, Chair of the Safeguarding Health in Conflict Coalition

“Attacks against health workers and facilities undermine often already fragile health systems. Human rights and international humanitarian law are clear that these attacks interfere with fundamental protections of the right to health.”

Joe Amon, Director, Health & Human Rights, Human Rights Watch

9. <https://www.icrc.org/eng/war-and-law/treaties-customary-law/geneva-conventions/overview-geneva-conventions.htm>

10. <https://www.safeguardinghealth.org/sites/shcc/files/under-attack.pdf>

TRADE UNION PREPAREDNESS AND ACTIONS TO TACKLE VIOLENCE AGAINST WOMEN AND MEN IN THE WORLD OF WORK

THE CASE STUDIES

The 2016 report documented the findings from three (3) case studies with health care affiliates in the Democratic Republic of Congo (DRC), the Philippines, and Argentina. The studies highlight the work and actions of PSI's health worker affiliates in those countries:



Solidarité Syndicale des Infirmiers du Congo (SOLSICO): The DRC is a conflict zone. In the midst of the conflict, the union has grown and now has over 17,000 members, in 12 of the country's 26 provinces. 60% of the members are women and of these, 20% are young women. Since 2011, nurses and other healthcare workers have face increased violence as a result of the military conflict and because of suspicion and traditional views: rape, molestation as well as attacks and murder during vaccination campaigns. SOLSICO reports that between 2011 and the present, over 700 nurses were raped and 188 killed. Poor working conditions in hospitals result in illnesses and death due to infections, including Ebola.



The Alliance of Filipino Workers (AFW) is a confederation of 13 health care unions in private health care institutions in the Philippines. The organisation was formerly called the National Hospital Employees Association but was changed to **Alliance of Filipino Workers (AFW)** after the First National Convention held on April 6, 1980, to include all categories of workers in the health sector. The confederation is based in Quezon City and has thirteen affiliates totalling 6,000 plus members. AFW has participated in PSI's gender and health project in Southeast Asia that focused on workplace violence in the health sector. Important aspects of work with this union include a Train-the-trainer programme on eliminating workplace violence; and the inclusion of clauses covering sexual harassment and workplace violence in collective agreements. The confederation has an elected Vice President responsible for women's affairs. <http://afw.ph/>



Asociación Sindical de Profesionales de Salud de la Provincia de Buenos Aires (CICOP) is an affiliate of the Federación Sindical de Profesionales de la Salud (FESPROSA), Argentina. FESPROSA is a trade union federation of health professionals, founded in 2005, bringing together health professionals from 23 provinces in Argentina (approximately 30, 000 members). Almost 60% of the organisation's members are women.

CICOP, with 25 years of experience, and recognition since 2007, brings together more than 12,000 professionals in the public health sector of the province of Buenos. CICOP has approximately 12,000 members in health care, 45% of whom are men. It is the largest union in FESPROSA and the largest health care union in the country.

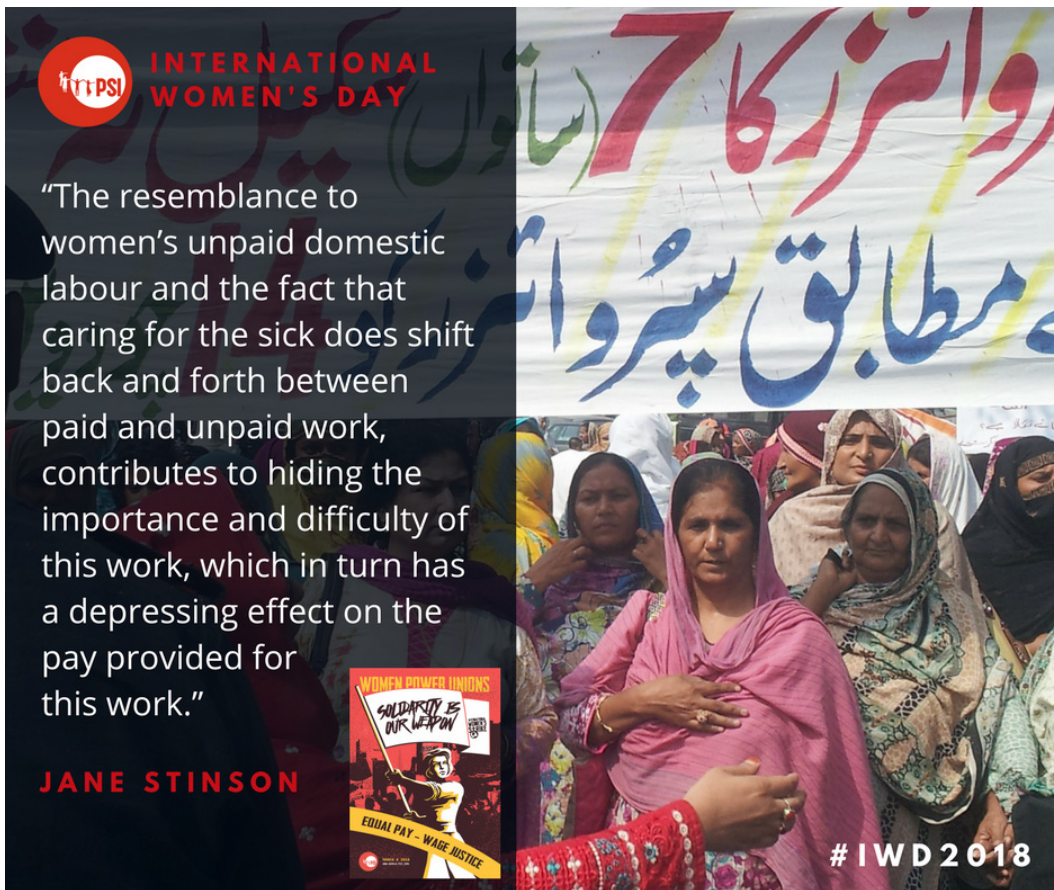
CICOP has negotiated collective agreements on behalf of its members and is engaged in social dialogue at the state/provincial and national levels. These actions have resulted in the establishment of joint workplace committees on health and security and a commission on violence in the Ministry of Health in Buenos Aires. <http://cicop.org.ar/>

This updated version includes accounts of work done by the All Sindh Lady Health Workers and Employees Association (ASLHW&EA) in Pakistan.

In a series of studies on Non-standard work in healthcare in South Asia¹¹, PSI collaborated with the Workers Education and Research Organisation (WERO), to produce a series of reports that provide valuable information on the challenges facing the health workforce in the region. The series covers:

- Informalisation of employment in the public healthcare sector;
- The evolution of the trade union movement in the health sector, in the context of a long period of continuous neglect of the public health sector;
- A narrative of the exploitative working conditions in the health sector in sector in Dhaka, even amongst the most profitable companies in the sector;
- Breaking the silence on sexual harassment and various other forms of violence against Lady Health Workers in the Sindh province of Pakistan;
- The impact of stolen wages on community health workers in Pakistan.

11. <http://www.world-psi.org/en/psi-releases-booklet-series-healthcare-workers-south-asia>



A PSI report on Community Health Workers in Pakistan, India and Nepal highlights the importance of the struggle for equal pay for work of equal value in the struggle against neoliberal policies.

The All Sindh Lady Health Workers and Employees Association (ASLHW&EA) is a provincial chapter of the All Pakistani Lady Health Workers & Employees Association. Working as a collective and with the support of the PSI as well as other allies, the Association has, over the years built strong influence in the provincial and even at the national level.

In 2011, the Association galvanised its membership and built on community support to stage provincial and national level protests to improve the working conditions of Lady Health Workers. Through their influence, advocacy and lobbying they achieved a policy change in 2012 to regularise the health workers at national level.

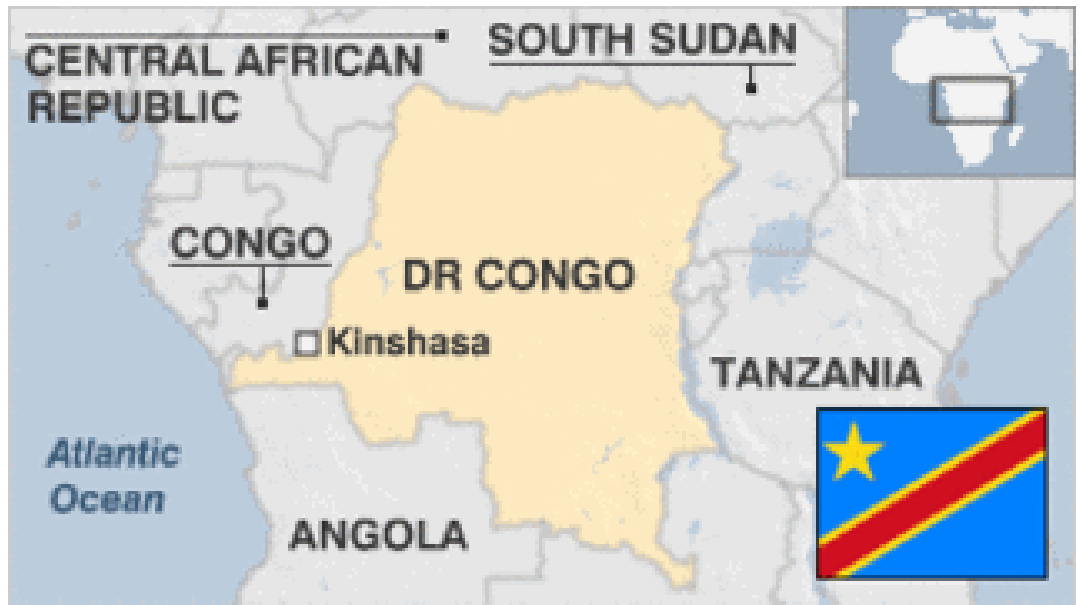
Having won the recognition of their work – they are workers in the formal health system – they worked to ensure that pay was at least at the level of the minimum wage, like any other worker. As they build their campaign, they are demanding that those with more training and greater responsibilities should receive higher salaries and wages.

In subsequent years, the provincial government in Sindh increased its budget to include the payment of salaries to Lady Health Workers.

This is a clear demonstration that trade unions play a critical role in addressing inequality in pay between men and women. These victories also pave the way for the LHWs to fight the undervaluing of women's work and to advocate for wage justice¹². □

12. <http://www.world-psi.org/en/decent-work-community-health-workers-south-asia-psi-report-0>

DEMOCRATIC REPUBLIC OF CONGO (DRC)



The Democratic Republic of the Congo is in Central Africa; 2.3 million km² in size with a population of 69.6 million. It was originally part of the Congo empire and called the Belgian Congo. The east of the country is replete with many natural resources (thousands of hectares of arable land, and forest, water, oil, gas, and minerals (including cobalt, copper, zinc, silver, uranium, gold, tin and diamonds). The country became independent in 1960, after years of Belgian colonial rule that included killings and atrocities carried out on a mass scale by agents of King Leopold.

In the early post-independence period, there was internal turmoil in the quasi-dictatorship and in 1971 the country was re-named Zaire. In 1997, Tutsi rebels, with support from Rwanda, Angola and Uganda, captured the capital, Kinshasa and the country was renamed the Democratic Republic of Congo with Laurent-Desire Kabila installed as president. This period is described as the first Congo war. After the war and with large external debt and the foreign backers refusing to leave the country, Kabila faced many obstacles in trying to govern the country and a second war started in 1998. This involved nine African countries, as well as about 20 separate armed groups. The war formally ended in 2003, but skirmishes continued until 2004. Reports estimate that by 2008, 5.4 million had died, as a result of disease and starvation. And another 2 million were displaced and sought asylum in other countries.

These wars, driven by territorial claims, trade in conflict minerals, tribal rivalries and other issues, have set the roots for all forms of violence in the DRC, especially in the mineral rich east of the country where there is almost never-ending conflict. For most Congolese, the trigger for this was the Rwandan Hutu exile when Hutus were welcomed in the east of the DRC. Today they are laying claim to the land on which they settled; and Congolese view them as intruders and their land claims as a part of the age-old wish of Rwanda to annex eastern Congo, the mineral rich part of the country.

"Today we can say that the DRC is divided into two parts: East and West", say the Congolese. In the East, the country is ravaged by fighting involving a myriad of militias and the Armed Forces of the DRC (FARDC), who engage in merciless guerilla warfare,

punctuated by looting of gold and other mines. And there are also many abuses against the civilian population. These abuses are carried out by both the rebel forces and the poorly-paid and ill-trained government troops.

In the western part of the country the government has better control over the fighting forces. And while there is no direct fighting in the capital, there is a climate of insecurity and instability. For all the Congolese, war is omnipresent and it affects the entire country, causing suspicion among citizens and mistrust of leaders. As long as the east of the country remains in conflict, the entire country will be affected.

VIOLENCE IS A WEAPON OF WAR

The Democratic Republic of the Congo (DRC) is characterised by a very high number of rapes and other acts of violence. A panel of experts from the United Nations, who visited DRC in 2010, found that the unprecedented number of cases of rape by fighters of the various armed groups and civilians, is a consequence of the various wars in the country. In general, violence is often perpetrated by fighters from various armed groups, as well as by members of the army and the police in public places, workplaces, churches, anywhere.

Thus rape and physical violence continue to be used as a weapon of war to intimidate local communities and punish civilians for their collaboration - real or perceived - with armed groups or the Congolese national army. Rape is also committed as a crime of opportunity along with murder, physical aggression, abductions and looting, especially in the east of the DRC.

These acts are punishable by Congolese national law and international law. Over the last decade, the Congolese authorities with the help of the international community have, increasingly tried to give priority to the fight against impunity of sexual violence; and other forms of violence are almost overlooked. However, impunity continues to prevail. The revenues generated by the exploitation and trade of minerals are an additional reason – a powerful reason – for the continued conflict. And the bitter fact is that most of the cases of violence are never the subject of investigations or prosecution and few cases are even reported - especially sexual violence. One of the major obstacles is the fact that many victims do not report their cases for fear of reprisals by the alleged perpetrators; and fear of stigmatisation and rejection by their families and communities. Impunity for crimes of sexual violence is further aggravated by other factors, such as the limited efforts of some Congolese authorities to pursue such crimes, the lack of financial, operational and human resources, the inability of the victims to identify the perpetrators, as well as cases of corruption within the judiciary.

TYPES OF VIOLENCE

The culture of violence is demonstrated in many ways: rapes and other forms of sexual violence against women and children; torture; summary executions; looting; forcing children into the sex trade; and to become child-soldiers. In the face of this violence, with little or no relief, the population is forced to flee. Since the start of the conflict, the number of refugees and displaced persons has grown and continues to grow.

1. Nurses are molested by families and in most cases, by the military who believe that their sick relatives die because nurses were not properly administering the drugs. In some cases, families did not purchase the drugs in time.
2. Nurses are violated in front of their patients without any protection. This is done by the armed men in the conflict areas in the east of the country (especially in Kivu).

3. While doing their jobs, nurses are killed at the hospital by the armed men who believe that those that they are hunting are hiding in the hospital.
4. Some nurses are deported to other villages or to neighbouring countries.
5. During in-house vaccination campaigns, nurses are either molested or killed by parents who believe that the nurses are part of a plan to kill their children.

Violence against nurses in selected provinces 2011 - 2016

	Province			
	Kinshasa	North Kivu	South Kivu	Total
Molested	152	370	201	723
Killed	03	150	35	188
Raped	122	400	187	709
Kidnapped	n/a	300	n/a	300

Source: SOLSICO, June 2016

For nurses and other health care workers (HCWs), the workplace may be a clinic, a hospital, a village or town, a home, or while going to or leaving any of these places. Anaclet SHISSO, SOLSICO's deputy general secretary, reports that various people commit workplace violence:

- "The parents of the sick who are either civilians or members of the rebel militias or government forces;
- The patients themselves, in some cases those who are mentally ill as a result of the atrocities committed against them;
- Conflicts between doctors and nurses. In a number of cases, doctors give no consideration to nurses at the workplace and this can be manifested in verbal or physical violence;
- Hospital administrators, when challenged, sometimes use threats, warnings, suspension, and even imprisonment in complicity with agents of justice."

In late 2012 there was a study¹³ to investigate workplace violence by patients or their relatives against health care workers (HCWs) in Congolese hospitals. This study involved a sample of 2,210 registered health care workers (989 males and 1,221 females, between 25 and 41 years of age) from 436 hospitals located in the province of Katanga. Katanga is 497,000 km², known for farming and cattle rearing; with a rich mining region to the east, supplying cobalt, copper, tin, radium, uranium, and diamonds. The region's former capital, Lubumbashi, is the second largest city in the Congo.

The researchers developed a questionnaire informed by the guidelines for assessing workplace violence in the health sector jointly released in 2003 by the International Labour Office, the International Council of Nurses, the World Health Organization and Public Services International. Their study found that about 80.1% of health care workers had experienced one or more types of workplace violence. Overall, the severity of workplace violence varied from verbal aggression (57.4%) and harassment (15.2%) to physical violence (7.5%). Patients were the major perpetrators of verbal aggression and harassment, whereas patients' relatives were mainly involved in physical violence. The frequency of workplace violence was similar across hospitals. Male health care workers were more likely to be victims of physical violence, whereas female health care workers were the prime target for harassment. Only 34.3% of the violent episodes were reported to a supervisor. The study concluded that despite the fact that health care workers have traditionally been highly respected in Congolese society, violence against these workers is increasing. The researchers also concluded that the root cause was the collapse of the health care system.

13. Workplace violence towards Congolese health care workers: A survey of 436 healthcare facilities in Katanga province, Democratic Republic of Congo Basilua Andre Muzembo1) 4), et al

SOLSICO'S ACTIONS TO TACKLE WORKPLACE VIOLENCE

At the national level, there is no legal provision for managing violence in the workplace. Depending on the nature of cases, and as a result of the actions of trade unions there are commitments made by hospital administrations in the form of memoranda of understanding negotiated by SOLSICO.

- In national law, sexual violence is punishable under the Congolese Penal Code. Under Congolese law, the most important laws in this regard are the laws of 2006 against sexual violence, which provide for imprisonment of five to 20 years for rape.
- Law No. 06/018 of 20 July 2006 amending and supplementing the Decree of January 30, 1940 on the Congolese Penal Code and Law No. 06/19 of 20 July 2006 amending and supplementing the Decree of August 06, 1959 on the Code of Congolese criminal procedure; Section 170 of the Act No. 06/018 of 20 July 2006 amending and supplementing the Decree of 30 January 1940 of the Congolese Criminal Code;
- According to the Congolese Constitution, the Code of Military Justice and the Military Penal Code, military courts have exclusive jurisdiction over all acts of sexual violence committed by the army, the police and armed groups. Although the Military Penal Code does not specifically ban sexual violence, the Congolese Penal Code and laws against sexual abuse apply to all those tried by military courts.

Unfortunately, all these provisions are not respected in the current state of conflict.

There is no provision in collective agreements. However, the goodwill developed between the health structures and the union allows for the two parties to handle cases of violence in the workplace and to determine responsibilities.

Violence against men and women in the workplace is widespread across the national territory, but there has not been a serious effort to tackle this issue. The various actions taken by unions have highlighted the issue and caused some remedial steps to be taken. Because of the upsurge in acts of violence in the workplace over a number of years, the SOLSICO was able to collate information on the magnitude of the issue. Using the information gathered, the union has embarked on an education and awareness building campaign among its members.

The union holds sessions with members every month to raise awareness on the subject. The SOLSICO has established a process: when a member has experienced violence at work, she informs the Shop Steward who then takes the matter to the management of the institution and the union secretariat. This process provides opportunities to argue the member's case, seeking redress through bargaining and during meetings with management and, if necessary, by taking various forms of industrial action,

Despite the absence of legal texts on violence in the world of work, the labour relations system provides ways for the SOLSICO to denounce and to resolve some cases of violations affecting members in the workplace.

Decree No. 07/10 of 18 September 2007 of the Congolese Government established a framework for social dialogue (Cadre permanent du dialogue social). But in practice it does not function.

VIOLENCE - A VIOLATION OF HUMAN AND TRADE UNION RIGHTS

The 2016 workshop reaffirmed for SOLSICO the need to remain vigilant in hospitals and health centres in relation to the subject highlighted.

By sharing experiences and the strategies adopted in various workplaces, union activists were able to be more vigilant in identifying and helping workers to monitor and deal with the violence in the hospitals.

"Our local committees for the fight against the violation of trade union and human rights have been empowered for this, and should have as an additional mission, the monitoring of violence in hospitals. Although less developed, these committees still notify cases deemed petulant and benefit from the surveillance of our union and provincial delegations." Anaclet SHISSO, Secrétaire Général, ai

SOME SUCCESSES

- Following several cases of physical violence committed by military personnel in the General Hospital, there is a ban on armed forces and police from visiting public places with their weapon.
- In another case, following the death of a patient from rabies while at Kinshasa General Hospital a nurse was arrested, sent to the police and was mistreated. SOLSICO investigated the case, held many talks with management, demanding the nurse's release. These efforts were initially unsuccessful. The hospital workers joined in solidarity and held a work stoppage. They overran the police station where the nurse was being kept. These actions secured the worker's release.
- A military officer spat in the face of a nurse who gave a prescription for the officer's sick relative. SOLSICO brought charges against the officer. He was arrested, appeared in court. The officer was sentenced to three months in prison and demoted.

Nous sommes en possession du rapport provenant de nos représentants syndicaux à BENI , BUTEMBO et GOMA sur les assassinats et déportations intempestifs des infirmiers exerçant leurs fonctions dans les hôpitaux et centres de santé dans les zones des conflits armés .Cette situation si elle dure longtemps, ne permettra plus les infirmiers de s'exposer à l'insécurité criante au travail, et nous serons bien obligés de donner un mot d'ordre allant jusqu'à perturber les activités dans les hôpitaux, ce qui aura un impact négatif sur la santé des populations de la contrée déjà meurtries par cette guerre qui n'en finit pas.

Pour éviter tous ces désagréments, nous vous invitons à prendre des mesures sécuritaires particulières en faveur des infirmiers et autres personnels soignants notamment en leur dotant des militaires sur les lieux de travail. C'est de cette manière que les populations malades et accidentés, trouveront leur salut.

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REPUBLIQUE DEMOCRATIQUE DU CONGO
Solidarité Syndicale des Infirmiers du Congo
Membre de l'Internationale des Services Publics (ISP)
Secrétariat Général

N°: 24/SOLS/S.G/MMN/ASD/2011

Transmis copie pour information à :

- Son Excellence Monsieur le Vice Premier Ministre, Ministre de l'Intérieur et Sécurité
- Son Excellence Monsieur le Vice - Premier Ministre, Ministre à l'Emploi, Travail et Prévoyance Sociale
- Son Excellence Monsieur le Ministre de la Santé Publique
- Son Excellence Monsieur le Ministre de la Fonction Publique.
- Délégués Syndicaux (Tous)

Objet : Journées sans Infirmiers dans les hôpitaux

Au Camarade Secrétaire Provincial
Ville/Province de Kinshasa
à Kinshasa / Kalamu

Camarade,

Après l'échéance accordée au Gouvernement de la République en vue de retrouver le Camarade KABEYA LUPAKA SYLVAIN, Délégué Syndical Principal de la Clinique Kinoise, enlevé dans les circonstances déjà décrites, le Secrétariat Général vous instruit d'organiser dès ce lundi, des journées sans infirmiers dans tous les hôpitaux de Kinshasa par solidarité avec notre militant, il y a urgence.

Fait à Kinshasa, le 15-03-2011

Marie MBAYABU NIANGA
Secrétaire Générale

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REPUBLIQUE DEMOCRATIQUE DU CONGO
Solidarité Syndicale des Infirmiers du Congo
Membre de l'Internationale des Services Publics (ISP)
Secrétariat Général

N°: 24/SOLS/S.G/MMN/ASD/2014

Transmis copie pour information à :

- Son Excellence Monsieur le Vice Premier Ministre, Ministre de l'Intérieur et Sécurité
- Son Excellence Monsieur le Vice - Premier Ministre, Ministre à l'Emploi, Travail et Prévoyance Sociale
- Son Excellence Monsieur le Ministre de la Santé Publique
- Son Excellence Monsieur le Ministre de la Fonction Publique.
- Messieurs les Secrétaires Généraux
 - Fonction Publique
 - Santé Publique
- Monsieur l'Administrateur Général de l'ANR
- Monsieur le Procureur Général de la République
- Excellences Messieurs les Gouverneurs des Provinces de Nord et Sud Kivu

Objet : Mot d'ordre

Aux Camarades Secrétaires Provinciaux de
- Nord Kivu
- Sud Kivu

Chers Camarades,

Une fois de plus, nous apprenons avec amertume, l'assassinat et autres violences à l'endroit des infirmiers militants (es) de notre syndicat dans les hôpitaux en violation flagrante de leurs droits syndicaux et droits humains en dépit des protestations déjà faites au Gouvernement.

Par conséquent, en guise de solidarité envers nos confrères et consœurs lâchement abattus (e) et violentés (e), nous vous instruisons d'organiser trois jours « Hôpitaux sans infirmiers » et d'observer un deuil pendant ces trois jours en leur mémoire dans vos deux Provinces respectives.

D'autres mots d'ordres vous seront donnés au fur et à mesure tant que cette situation ne sera pas résolue par notre Gouvernement.

Unis, nous vaincrons

Fait à Kinshasa, le 18-06-2014
Marie MBAYABU NIANGA
Secrétaire Générale

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MORE CASES – AND INCREASED UNION ACTION

SOLSICO was informed of the following cases at the Kinshasa General Hospital:

1. Two doctors while working in a dialysis unit were publicly molested by some police officers who were under the command of the city governor. It is alleged that the city governor wanted to close the public unit and replace it with his own private and individual unit in a public hospital.
2. The medical director of the general reference hospital, wishing to enlighten the governor, was publicly humiliated by the latter with insults, in front of the entire workforce and publicly deprived of his duties as director.

The union's delegates at the hospital immediately gave a strike order for all workers at the hospital. The Governor was obliged to apologise to the workers, through the unions. Unfortunately, the director of the hospital has not yet been reinstated.

The union also learnt of the following cases in the health zones in the east of the country:

1. A doctor was cowardly murdered while at his workstation.
2. A nurse was removed from his workplace by the armed people and was found a few weeks later in a serious condition.
3. In a training school for nurses, during practical tests, a student was forced by her director to serve as a guinea pig in the practice of bladder catheterisation. Exposing her genitals scandalised the students who had to pass by, one-by-one to do their test.

The union organised three days of national mourning. In addition, SOLSICO organised a march to bring attention to and protest the killing. The union also delivered a memorandum to the central government.

The union sent a protest letter to the National President of the College of Nurses, who was forced to suspend the director of the nursing school for an indefinite period. The parents of the student sued the director for his actions.

PROBLEMS REMAIN

- With the lack of legislation or guidelines, cases of workplace violence continue to increase;
- In some hospitals and clinics, there isn't a good working relationship between the union and the administration and therefore no internal guidelines or protocols;
- Some cases of violence have not been investigated;
- The existence of a number of cases of violence is not supported
- Cases of loss of employment remain unsettled;
- Lack of support for workers who have experienced violence at work;
- There is a lack of motivation (and dwindling confidence) in the union where there has been no redress by management for victims of violence;
- There is a drop in the level of activism through loss of activists;
- Some professional cadres 'support' victimisation, discrimination, harassment and violence against women nurses.

In an attempt to turn this situation around, SOLSICO has developed a comprehensive plan to enhance its ability to influence government policy on health and safety issues, especially the issue of workplace violence in the sector.

Quite similar to the Ebola Response Strategy, SOLSICO is building a large network of civil society organisations that support the union's demands for a strong health care sector where health workers can provide a quality service in good working conditions.

THE ENABLING ENVIRONMENT

The Congolese government has ratified the eight core International Labour Organization (ILO) Conventions. The existence of clauses and various decrees regulating labour relations, as well as their application avoids conflicts at work. Where there are violations, SOLSICO and other unions use these clauses and legal instruments to demand that action be taken. Current clauses and decrees do not specifically relate to workplace violence but are used as a basis for the union to seek redress. This system of laws, where present and when applied, contributes to a good social climate in the workplace, increased productivity and performance and the means to provide quality health care services to the population. Where these systems are absent, there is conflict in the workplace and a poor working relationship between workers and the administration.

The Congolese public administration does not work very well. There are many agreements that are signed between trade unions in the health sector and administration, but application and enforcement are problematic.

The revenues from minerals provide the means for conflict actors to sustain the struggle and to make personal profit at the same time. The resulting persistent impunity for sexual and gender-based violence as well as other human rights violations therefore serve to reinforce the violence and insecurity that exists. And where there is a culture of violence in the society, it will obviously show itself in the workplace.

The international community has a key role to play in dealing with the many sides to this issue. Approaching the issue of GBV in the workplace requires co-ordinated and sustained work among trade union organisations as well as action by civil society.

Congolese minerals are used in electronics and other consumer products worldwide. Through pressures by international governments, trade unions, and civil society, some multinational enterprises (MNEs) are now exercising due diligence of their supply chains. And the efforts to formalise the Congolese mining sector and the regional mineral trade are key aspects in creating the necessary environment that would lead to the elimination of GBV in the workplace.

“The role of trade unions is extremely important, not the least within the framework of social dialogue. We can all try to be role models by speaking up against the horrible crime that conflict-related sexual violence is, because only by talking about it openly can we together hope to break what has been called history’s greatest silence.” ¹⁴

Margot Wallström, United Nations Special Representative of the Secretary-General on Sexual Violence in Conflict

“Our clinic was raided and I was tortured. I was scared, anxious but also angry: we are trying to save lives and they are trying to kill us.”

DEADLOCKED POLITICAL CRISES – FUEL FOR INCREASED LEVELS OF VIOLENCE

Having reached an agreement that elections would be held in 2017¹⁵, those elections have not yet been held. On December 31, 2016 the government and opposition signed an agreement that called on President Joseph Kabila (president since January 2001) to step down after elections expected in 2017. Up to the publication of this report, elections have not yet been held. The international community is now calling for the elections to be held by the end of 2018. The prolonged delay has caused civil unrest, prompting fears that Kabila may seek to even further extend his rule.

This volatile political situation, together with the lack of investment in health services and the health workforce, create the conditions for increased and widespread societal violence. Healthcare workers are especially experiencing the impact: they are expected to provide health services in increasingly dangerous conditions and are themselves facing the violence first-hand. □

14. http://www.ituc-csi.org/IMG/pdf/vs_congo_en_final.pdf

15. <https://www.crisisgroup.org/africa/central-africa/democratic-republic-congo/dr-congos-deadlocked-crises-politics-conflict-and-cholera>

REPUBLIC OF THE PHILIPPINES



Located in Southeast Asia, the Republic of the Philippines comprises over 7,000 islands (300,000 km²), with a population of 100 million. The capital city is Manila and the most populous city is Quezon City. There are multiple ethnicities and cultures. Over 12 million Filipinos live overseas, making it one of the world's largest diasporas. The country is located on the Pacific Ring of Fire and it is therefore prone to earthquakes and typhoons. The country has many natural resources and some of the world's greatest biodiversity.

On May 9, 2016, Rodrigo R. Duterte won the presidential elections. He is the country's 16th president. His administration has promised a tough stance on crime and corruption. He has also pledged to improve government services, seeking to create more jobs and growth especially in rural areas.

The Philippine Constitution guarantees the fundamental equality of women and men before the law and recognises the role of women in nation building. However, women are faced with numerous obstacles include gender stereotyping, multiple burdens and lack of political education and support from political parties.

National statistics indicate dramatic increases in violence against women. The Center for Women Resources' (CWR) estimated that the number of recorded rape cases increased by 92 percent from 5,132 in 2010 to 9,875 in 2014. Violations of the Anti-Violence against Women and Children Act escalated by 200 percent from 2010 to 2014.

According to the CWR's executive director Jojo Guan, "... despite more than 37 laws, executive and administrative orders to protect women and children, the victims of violence are getting younger and the abusers are becoming bolder and harsher".

***Every 53 minutes, a woman or a child is raped,
with seven in 10 victims of rape being children.***

Every 16 minutes, a woman is battered.

The number of cases of violence against women (VAW) reported to the Philippine National Police (PNP) in 2013 increased by almost 50% when compared with reported cases in 2012. This 2013 figure is the highest since 1997.

THE HEALTH CARE SECTOR IN THE PHILIPPINES

Healthcare workers are at high-risk for being targets of workplace violence. In a paper presented at the **Third International Conference on Violence in the Health Sector**¹⁶ in October 2012, Faustino Jerome Babate and Danny Alfaras reported *“This violence is occurring four times more often in healthcare settings than in all of private industry combined. The negative effects of workplace violence included minor and serious physical injuries, temporary and permanent physical disability, psychological trauma, and death. Most nurses in Philippine hospitals have experienced a certain degree of violence.”*

Through their research they discovered that the negative effects of violence were demonstrated by fear, decreased morale, worker absenteeism, turnover, and loss of productivity. They conducted interviews between February and November 2011 with 12 nurses working in hospitals (classified as primary to tertiary settings) in southern Philippines. This was the first known study of its kind in the southern part of the country.

The findings indicated that violence was primarily perpetrated by psychiatric patients (physical) and physicians (verbal). Participants reported the following consequences: worker stress and injury, patients being restrained, parental eviction from the emergency room, delays in patient care, and perceived negative image of the medical centre by parents and visitors. The study recommended:

- The introduction of interventions such as workplace violence prevention training;
- Conducting workplace violence audits;
- The development of new guidelines;
- Improvement of institutional governance.

One of the serious issues facing the Philippines health sector, especially in hospitals, is understaffing - for every 20 patients there are two nurses on duty. This chronic understaffing and resulting long working hours contribute to illness, sleep deprivation leading to stress and changes in the immune function. This contributes to the risk of violence because of longer patient wait times.

MILESTONES

During the period 2006 to 2012, AFW participated in the PSI Southeast Asia project on Gender and Health. The project sought to build and increase awareness of workplace violence as a psychosocial hazard. The project work used the Framework Guidelines for Addressing Workplace Violence in the Health Sector <http://apps.who.int/iris/bitstream/10665/42617/1/9221134466.pdf>.

The project outcomes included the training of a cadre of trade union leaders from the AFW equipped to carry out training programmes on workplace violence in the health sector. This activity resulted in the strengthening of the confederation's Occupational Safety

16. http://www.oudconsultancy.nl/Resources/Proceedings_3rd_Workplace_Violence_2012.pdf

and Health (OSH) committee and its ability to negotiate improved safety and health regulations in the private hospitals. The Collective Bargaining Agreements included clauses addressing workplace violence and sexual harassment.

AFW activists gave examples of a number of cases of violence in their respective workplaces. Some of these were cases of co-worker violence (intimidation and bullying, as well as lateral violence¹⁷); sexual harassment; denial of rights to female nurses who were seeking benefits available under the law (Solo Parents' Welfare Act of 2000). In some cases, the affected workers had to take the matters to the court under the provisions of various Republic Acts.

The State shall value the dignity of every individual, enhance the development of its human resources, guarantee full respect for human rights, and uphold the dignity of workers, employees, applicants for employment, students or those undergoing training, instruction or education. Towards this end, all forms of sexual harassment in the employment, education or training environment are hereby declared unlawful.

Section 2 – Declaration of Policy

AFW activists also highlighted the confederation's role, through its affiliates, using education and training, representation, grievance handling and advice, in helping the workers to tackle these cases.

In February 1995, the Philippine Congress passed a law against sexual harassment. Republic Act (RA) 7877 made all forms of sexual harassment unlawful in any work, education or training environment. Female nurses have used this law to bring cases against male workers in health care institutions.

Through advocacy with the Department of Labour and Employment and employers, there is a voluntary code of good practice for the hospital industry. The code covers areas such as labour-management relations, social dialogue, advancing the role of women, occupational health and safety and working conditions.

The Philippines has many active human rights and social welfare groups as well as NGOs. Many labour organisations are committed to working with allies to end violence in the world of work. AFW works for equality and a safe working environment. As a result, almost all of AFW's local affiliates' CBAs have provisions that protect women and men

LEAVE FOR VICTIMS OF VIOLENCE AGAINST WOMEN AND THEIR CHILDREN (VAWC)

VAWC leave is granted to private sector women employees who are victims as defined in Republic Act No. 9262. The leave benefit shall cover the days that the woman employee has to attend to medical and legal concerns. In addition to other paid leaves under existing labor laws, company policy, and/or collective bargaining agreement, the qualified victim employee shall be entitled to a leave of up to ten (10) days with full pay, consisting of basic salary and mandatory allowances fixed by the Regional Wage Board, if any.

Philippines General Labour Standards

from workplace violence.

DIFFICULTIES AND CHALLENGES MET BY THE UNION

AFW affiliates have reported situations of poor work organisation and work environment that lead to and foster co-worker conflict. Lack of role clarity, low job control, poor supervisor support, poor communication, ineffective leadership/supervision, strained and

17. Lateral violence refers to acts that occur between colleagues, where bullying is described as acts perpetrated by one in a higher level of authority and occur over time. The acts can be covert or overt acts of verbal or non-verbal aggression.

competitive work environments, and major impending changes in the workplace have all been associated with higher levels of staff conflict.

Unions have promoted the establishment of procedures to help solve problems before a situation, particularly among workers, supervisors or managers further deteriorates. These may consist of informal meetings between the complainant and an appropriate line manager. AFW has also promoted the involvement of the union at these initial stages to prevent further violent incidents.

While there has been some progress, through training, a key challenge is the unwillingness of some staff to report the various acts of violence. Young women HCWs fear for their jobs. They are sometimes the only one in the family bringing in a steady income and in other cases they are solo parents. Even with the various pieces of legislation available, cost for prosecution is a prohibitive factor.

IMPORTANCE OF ENABLING LEGAL ENVIRONMENT AND WELL-FUNCTIONING INDUSTRIAL RELATIONS SYSTEMS AT NATIONAL, SECTORAL AND WORKPLACE LEVELS

Workplace cooperation is now understood as a broad concept connoting mutual commitment between labour and management to “working together and working smarter.” Specifically, its goal is to develop an ideal situation where management and workers are full partners in identifying problems at the workplace, crafting solutions to those problems, and implementing the agreed-upon solutions. Governments, employers, workers and their representatives are vital in promoting workplace practices that help to eliminate workplace violence. Therefore, cooperation between governments, employers, workers and their representatives is essential in developing and implementing appropriate policies and procedures to eliminate or minimise the risk of workplace violence.

In the Philippines, tremendous and significant progress has been made in addressing and eliminating violence against women by both government and non governmental organisations. Some of the most significant laws passed are:

- RA 8353 - the Anti Rape Law
- RA 8505 - the Rape Victim Assistance and Protection Act;
- RA 7877 - the Anti-Sexual Harassment Law and the Anti Trafficking of Persons Law
- RA 8369 – the Family Courts Act of 1997 established family courts in major cities all over the country to foster a more proactive approach in protecting the rights of women and children against domestic violence and incest.

A major accomplishment in the advocacy to eliminate VAW was the passage of Republic Act No. 9262 or the Anti Violence against Women and Their Children Act of 2004. It penalises all forms of abuse and violence within the family and intimate relationships.

The Magna Carta of Women (RA 9710) is a comprehensive women’s human rights law that seeks to eliminate discrimination against women by recognising, protecting, fulfilling and promoting the rights of Filipino women, especially those in the marginalised sectors.

DIFFICULTIES EXPERIENCED

The Philippines has scored high in terms of the accessibility of both genders to primary, secondary and even tertiary education. “Despite these impressive results, gender inequality persists in economic opportunities and political empowerment. The Philippines’ institutional framework offers a good model for the promotion of gender equality. But the country needs to address the challenges of implementation and enforcement in order to eliminate gender equality across all aspects of life.”

The AFW has negotiated a number of collective agreements with various hospitals in the country. It has also worked with employers to include provisions to combat inequality, discrimination and workplace violence. Some examples include:

- 2015-2020 CBA, St. Luke's Medical Center Quezon City
- 2014-2019 CBA, St. Luke's Medical Center (Global City)
- 2014-2016 CBA, San Juan de Dios Educational Foundation (Hospital)
- 2011-2014 CBA, Capitol Medical Center
- 2012-2014 CBA, MCU-Filemon D. Tanchoco Medical Foundation
- Makati Medical Center Guide for New Employees Handbook
- HMSI-Medical Center Manila Employee's Handbook and Policy Manual

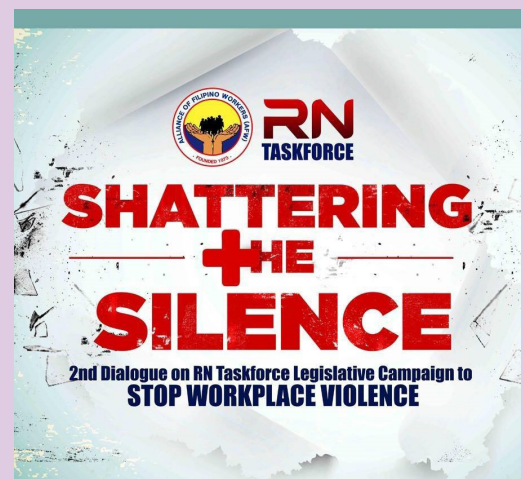


REGISTERED NURSES TASK FORCE

In 2017, the AFW formed the Registered Nurses Task Force or RNTF. As the nurses comprise more than half of AFW's membership, it was a welcome opportunity to strengthen the nurses sector which provided opportunities to recruit more new members. The AFW organising work was supported by the PSI in collaboration with the Services Employees International Union (SEIU) and other partners.

One of the strategies developed was the proposed campaign to end violence in the workplace. The RNTF conducted "listening tours" which provided the space for nurses, union members and non-members together, to air their grievances and exchange information.

To concretize this effort, the AFW and the AFW RNTF conducted a meeting with Philippines Senator Risa Hontiveros, a member of the Senate Committee on Health, on November 8, 2017. Senator Hontiveros committed to support the initiative of the AFW's RNTF and, in the future, to propose a bill in the Senate, supported by documentations from the AFW.



ARGENTINA

(THE ARGENTINE REPUBLIC)



Argentina is the second largest country in South America (land area of 2.8 million km²) and the eighth largest in the world. It has a population of 43.4 million, and Buenos Aires is the federal capital. The country has the third-largest economy in Latin America and it is a member of the G20. Argentina is classified as a high-income economy.

In recent years and after an increasing number of violent attacks against women and girls in the country, there were mass demonstrations throughout the country. Trade unionists joined women's groups and other activists to call for decisive action to prevent violence against women and children. On July 26, 2016 Argentina's National Plan of Action for the Prevention, Assistance and Eradication of Violence against Women was launched <http://buenosairesherald.com/article/218790/plan-to-cut-violence-against-women-launched->. It is a three-year plan starting in 2017 with a budget of just over USD2.6 million. The initiative, which still is in a very early stage, incorporates over 200 measures and actions that include shelters for women, public awareness campaigns; electronic tagging of men with restraining orders to aid compliance; introduction of gender violence awareness in the national school curriculum; and the development by the health ministry of a national framework protocol for comprehensive care of women experiencing violence.

MILESTONES

- Moving 26,000 workers nationwide out of precarious work
- Nine formal negotiations at state level for collective bargaining agreements

- Two national collective agreements for public employees
- Formal actions on workplace violence at state level (Buenos Aires, Mendoza and Santa Fe)
- Participation in joint commissions on safety and health in public employment in Buenos Aires and Santa Fe, using provincial laws

The legal framework on institutional violence includes:

- ILO Conventions: 111 http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C111 (Discrimination in employment and occupation), Convention 100 http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C100 (Equal remuneration) and Convention 155 http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C155 (Occupational safety and health)
- Articles 14bis and 16 of the National Constitution
- Contract law articles 17, 70, 72, 73, 81, 172 y 187

There is no national law on workplace violence. There is only provincial legislation.

- Workplace violence - 13168/2008. Province of Buenos Aires

"Law 13.168 that was passed at the end of December 2003 by both legislative bodies of the province of Buenos Aires defines workplace violence as the actions of an official and/or public employee who, using his hierarchical position or circumstances linked to their functions, engages in conduct that violates the dignity, physical, sexual, psychological or social integrity of the worker by manifesting an abuse of power carried out through intimidation, threat, wage inequality, harassment, physical, psychological abuse.

This last point refers to the fact that physical, psychological and/or social abuse is aimed at causing physical harm or suffering to the worker in the form of continuous and repeated hostility through insults, psychological harassment, contempt or criticism."

Joint Commission on health in public employment. CoMiSaSEP: Joint resolution of the Health and Security Parity Commission on Public Employment 2008.

- Santa Fe: law 12434/05 <http://www.municipalesrosario.org.ar/site/?q=node/187> - Joint committees of health and safety in employment (public and private) law 12913/08

Law on participation of workers in health and safety in public employment, promulgated on 22 December 2010, Province of Buenos Aires

- Province of Jujuy: Act 5349 / 08
- Province of Tucumán: law 7232/08
- Province of Entre Ríos: 9671/05 law
- CABA: law 1225 / 08 for managerial personnel and law 4330/13 that modifies the previous act making it applicable to all the staff, including temporary workers
- Responsibility for workplace risks. Law 24557/96 as amended in 2015.

Law on comprehensive protection for women N° 26.485/09 https://www.oas.org/dil/esp/Ley_de_Proteccion_Integral_de_Mujeres_Argentina.pdf

TRAINING AND ACTIONS UNDERTAKEN AT THE LEVEL OF FESPROSA

CICOP-FESPROSA has conducted training sessions at various levels on gender equality and gender equity. These included:

- Gender equity (Buenos Aires, Tucuman, Mendoza)
- History of women in trade unionism and feminist activism in Argentina
- Laws on gender

Comunicación N° 4

23 de agosto de 2016

Qué debe hacerse y qué no puede hacerse ante una mujer que consulta en situación de aborto

La consulta al sistema de salud de mujeres que se encuentran cursando un aborto –es decir, una interrupción espontánea o inducida del embarazo en cualquiera de sus variantes clínicas– es una situación frecuente y su atención forma parte de la práctica diaria de las/los integrantes de los equipos de salud.

En general, las mujeres que consultan se encuentran en una condición clínica estable, no crítica, pero algunas de ellas llegan a los servicios de salud en estado grave y necesitan atención inmediata. El tratamiento oportuno y adecuado puede evitar mayor morbilidad y en determinados casos, salvarles la vida.

¿Cuáles son las situaciones por las que puede concurrir una mujer en situación de aborto?

- Amenaza de aborto de un embarazo planificado o no
- Aborto espontáneo, ya sea que la mujer tenga o no

conocimiento de que estaba embarazada.

- Aborto inducido o provocado.
- Complicaciones debidas a una interrupción legal del embarazo por causa de peligro para su vida, peligro para su salud o en caso de violación (ya sea con tratamiento médico o quirúrgico, prestada anteriormente en el servicio al que consulta o en otro establecimiento de salud).
- Complicaciones producto de un aborto inseguro (autoinducido o inducido por una persona no calificada y/o en un ambiente inseguro).

Qué debe hacerse

Cada contacto de la mujer con los servicios de salud debe considerarse una oportunidad única, esto es, una oportunidad para realizar otras intervenciones del cuidado de la salud y de realizar la consejería en salud sexual y reproductiva, así como garantizar el acceso a métodos anticonceptivos.

La atención de las mujeres que cursan un aborto siempre debe enmarcarse en el respeto hacia las personas y sus derechos sexuales y reproductivos, como parte fundamental de los derechos humanos y como un deber de todo integrante de un equipo de salud.

- Violence (Neuquen, La Pampa, San Juan, Chaco, Tucumán and La Rioja)
- Workplace violence and gender (Mendoza, Santa Fe and Jujuy)
- Legal abortions and obstetrical violence (students of the Faculty of Medicine of the University of Buenos Aires)
- Implementation of the registration of cases of violence at hospitals
- Participation in all actions on March 8, May 28 and on November 25 with the Central of Argentinian Workers (CTA in Spanish); and in the campaign for legal abortions in joint actions with the national feminist movement.
- In Argentina, in October, there is a national women's caucus, the only place in the world where more than 60,000 women openly discussed issues. This movement was built and sustained by women, trade unions and political actors since 1985.,
- Presentation with CTA on the law relating to leave for those affected by gender-based violence; regulations for domestic work; creation of gardens in workplaces for parents; increase in maternity leave to 180 days.

CONDITIONS AND WORKING ENVIRONMENT

LEAVE FOR GENDER VIOLENCE FOR PROVINCIAL EMPLOYEES

The Legislature of Córdoba approved Wednesday the creation of leave for gender violence for agents of the Provincial State.

The period of leave will be up to 30 days per calendar year - continuous or discontinuous - renewable for the same period for those who suffer family or gender-based violence.

Teachers, Health personnel and members of the Public Administration can request the leave.

The authorities of each of the agencies must carry out, by means of regulation, the pertinent normative adjustments to incorporate leave in their work arrangements.

Physical, psychological and/or social is violence intended to cause physical harm or suffering to the worker in the form of continuous and repeated hostility through insult, psychological harassment, contempt or criticism.

<http://www.lavoz.com.ar/ciudadanos/aprueban-licencias-por-violencia-de-genero-para-empleadas-provinciales>

SIPRUS-FESPROSA in the province of Santa Fe is actively involved in the joint health and safety committees in the province. For example, it applied Convention 155 in the case of workplace harassment against workers at health centres. As a result, the Director was dismissed.

From 2011 CICOP participates, through its branches, in the joint committees on labour and environment conditions in each workplace.

In 2012 the Commission of violence was created in the Ministry of Health of the province of Buenos Aires. CICOP continues to be a central actor in this commission.

CICOP works on protocols to combat violence in the workplace and has established a "hospital caregiver" a worker who is a member the health team to replace outsourced security personnel operating in each hospital.

From 2014, CICOP started to maintain records of cases of violence in hospitals. The greatest difficulty/stumbling block in the implementation of the protocols was the Ministry of Security in the province of Buenos Aires.

In one case, a hospital director was dismissed for workplace violence and abuse. In another case, the ex-husband of a professional woman, who works in the same place, even though there were legal restrictions against him, he continued to harass her, in complicity with the hospital's management. CICOP negotiated for them to work in separate workplaces and the female employee is now working in other hospital. In some cases, male first year residents who are guilty of violence and harassment are not promoted.

Hospital Garrahan: In 2010, the professional association started to work on the issue of workplace violence. The association observed between 18% and 25% absenteeism, as a result of increases in abuse at the workplace. There is wage discrimination among 400 professionals which is more than half the number of workers. Out of 4,500 workers, 500 are on contracts and without job security.

In 2013 a sub-committee on the prevention of ill-treatment was formed with workers giving their service three times a week. It currently works with the victims and focus/discussion groups in the workplace.

They are the 4 unions in the hospital representing workers in occupational health, the human resources department, nursing, health and the environment, maintenance, hygiene and safety. The President of the union was a victim of abuse and harassment at work.


Although laws and regulations are of great help, experience has shown CICOP-FESPROSA that collective action and the correlation of forces in union actions are the necessary engines to reverse and change the incidence and prevalence of violence in the workplace.

REFLECTIONS AND PROPOSALS

It would appear that there is a situation where violence in health facilities is now the norm. Injustice in the workplace is prevalent. One activist comments, "this is the case, there is no way to change it." There are increasing attempts to silence workers and there is a sense of helplessness. "We are not listened to. We are not considered, when in fact we are the ones who can contribute more."

CICOP-FESPROSA observes that violence and labour injustice are legitimised in the health sector. Even though workers can bring a lot to the discussions, unions are not heard, and are often silenced.

Co-worker violence is present in the way in which work is organised. There is discrimination between the various professions in health care, as well as between genders. There is also class discrimination which contributes to the culture of violence in the workplace – between patients and workers and between co-workers.

In primary care centres (clinics), violence manifests itself first from the outside in the forms of physical violence and theft. External violence is the type of violence that is most visible. But it is not statistically the most important. In such cases it is important to have a participatory approach to tackle workplace violence. 

INSTITUTO DE FORMACIÓN, CAPACITACIÓN E INVESTIGACIÓN (IFCI)- FESPROSA (INSTITUTE OF TRAINING, CAPACITY BUILDING AND RESEARCH)

On December 21, 2016 the National Congress of FESPROSA approved the establishment of the Institute of Training, Capacity Building and Research with Sis Viviana García as Director.

IFCI commenced activities in April 2017 and during the year FESPROSA conducted a number of training sessions and activities on violence and harassment in the world of work.

These included:

- An orientation manual on Violence and Harassment in the World of Work. PSI affiliates in Argentina are using the manual.
- A series of training sessions throughout the province of Buenos Aires
- Participation in the Argentine national campaign on workplace violence.
- The production of two educational videos on Violence and Harassment in the world of work.

[See appendix for a complete list of the training sessions and activities (in Spanish only)].

UNDERSTANDING WHAT IS VIOLENCE AND HARASSMENT IN THE WORLD OF WORK

IFCI has also prepared a questionnaire on Violence and Harassment in the World of Work to assist in gathering information on the experiences of healthcare workers.

The questionnaire will also be used by other PSI affiliates in Argentina.

“Es necesario intensificar los esfuerzos para tratar las diversas manifestaciones de violencia en el mundo del trabajo. Si bien la terminología puede variar entre los diversos países, el rubro de «violencia y acoso» incluye un continuo de comportamientos y prácticas inaceptables que probablemente se traduzcan en sufrimiento o daños físicos, psicológicos o sexuales. Es necesario prestar particular atención a la violencia de género. El uso indebido de la tecnología también se reconoce como una fuente de preocupación.”

SINDH PROVINCE, PAKISTAN



Sindh is in the southeast of Pakistan and is one of the country's provinces.

With a population of about 48 million, the province is the second largest, by population and the third largest by area. It is historically the home of the Sindhi people. Karachi, the financial capital of Pakistan is also the provincial capital.

A large part of the country's industrial sector is in the province. The rest of the province is an agriculture-based economy, producing fruit and vegetables and other food for the rest of the country.

Sindh is also the centre of Pakistan's pharmaceutical industry

In 2017 the PSI, its affiliate the All Sindh Lady Health Workers and Employees Association (ASLHWEA), and the Workers' Educational and Research Organisation (WERO)¹⁸ publicised the results of research on the violence and harassment experienced by Lady Health Workers (LHWs) in the Sindh province of Pakistan.

In January 2017, the news reported the gang rape of two LHWs in Punjab's Gujrat district¹⁹, and evidence from the PSI-WERO study revealed that cases of sexual harassment of LHWs are on the rise in the country. There are regular attacks and molestation. Female workers also have to deal with unsupportive management who abuse their power pressuring LHWs to work in dangerous areas as punishment. Management also threaten dismissal and termination if LHWs complain about the harassment they experience. This forces many of the LHWs to keep quiet; therefore making them vulnerable for further harassment.

18. <http://www.wero.org.pk/>

19. <https://www.dawn.com/news/1308479>

PAKISTAN'S LADY HEALTH WORKER (LHW) PROGRAMME

The National Programme for Family Planning and Primary Healthcare (FP&PHC), started in 1994, with the support of the World Health Organisation (WHO). The FP&PHC is popularly known as the "Lady Health Workers Programme" (LHWP). A key aim is to foster community participation and bring changes in societal attitudes to basic health issues and family planning through a cadre of community health workers.

The LHWP started with a staff of 30,000 which has risen over the years to 125,000 deployed in all districts across the country; 22,576 are in Sindh province. The Lady Health Workers (LHWs) provide family planning, pre-natal and neo-natal care, immunisation services, and other necessary child and women health services in the community. They are Community Health Workers (CHWs).

The programme has revitalised the primary healthcare system in the country. And perhaps more important, it has helped to overcome the gendered division of public and private space which was a major obstacle in women's access to basic services such as education and employment opportunities, especially in rural areas of Pakistan. The programme is a major employer in the non-agricultural formal sector in rural areas.

Where LHWs are active, maternal and infant mortality rates are lower.

"They are expected to execute any assigned task; they face unsupportive management structures in the public sector and oppressive use of power by senior officials where the managers use many tactics to assert their authority such as talking down, excluding them from decision-making, and sending them to other Union Councils (UCs) for campaigns as punishment."

Inam, Moniza (December 2017), Breaking the Silence: Sexual Harassment of Community Health Workers In Pakistan, PSI, WERO

NON-STANDARD WORK IN THE HEALTHCARE SECTOR IN SOUTH ASIA

With the support of the Irish Municipal, Public and Civil Trade Union (IMPACT) and the Nordic Confederation of Municipal Unions, KNS, the PSI and WERO produced a series of booklets on "Non-Standard Work in the Healthcare Sector in South Asia".

COMMUNITY HEALTH WORKERS

"Community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers."

WHO Study Group (1989)

PSI launched the initial set of publications on World Health Day 2017¹⁷. The publications provide a window into the issues and challenges facing the health workforce in the region - in both the public and private sectors. Working with affiliates and allies in the sub-region, the PSI surveyed workers, researchers and activists, helping to:

20. <http://www.world-psi.org/en/psi-releases-booklet-series-healthcare-workers-south-asia>

- reveal the impact of stolen wages on Community Health Workers in Pakistan
- break the silence on sexual harassment faced by Community Health Workers in Pakistan

The LHWs have a positive social impact in the areas in which they work; they are developing into community leaders, particularly in rural areas, in an environment and context that offers few spaces to women to operate in the public domain. They have made a positive difference in the communities that they serve, however the LHWs face many challenges:

- irregular salaries,
- uncertain job conditions,
- long hours,
- being forced to go to 'uncovered areas' (that are not covered by the LHWP),
- no clear job descriptions.

The PSI-WERO report is unique in that it addresses the sexual harassment and domestic violence that LHWs face during their work. In the context of a very patriarchal society that does not value women, their interactions with the public means that these women also become the target of domestic violence as their male family members think that their job is against their belief and understanding of honour and that the LHWs bring disgrace to the families.

But there are contradictions: these families are struggling to make ends meet. They depend on the supplemental income from the LHWs, but at the same time husbands, fathers, in-laws and other family members want to control the movements and career growth of LHWs.

The PSI-WERO study highlighted stories of extreme violence from brothers, fathers, husbands, and in-laws.

“Balancing work and family life is like walking on a tight rope.”

“We are constantly living in danger of being divorced, and thrown out of the house. The only saving grace is the salary which helps keep tempers down. However, even the salary is not given on a monthly basis and sometimes it comes after two or three months. So, we are again dependent on our husbands for financial support.”

“The LHWs therefore face domestic violence, mental torture and emotional abuse which affects their relations with their families as well as their daily work lives.”

“Sexual harassment is rampant and these women have to face it on multiple levels.”

“They are expected to execute any assigned task; they face unsupportive management structures in the public sector and oppressive use of power by senior officials where the managers use many tactics to assert their authority such as talking down, excluding them from decision-making, and sending them to other Union Councils (UCs) for campaigns as punishment.”²¹

ECONOMIC VIOLENCE

Despite the regularization of their status in 2014, LHWs had to deal with delays in payments; sometimes these delays ran into 3 or 4 months. This creates serious hardships for women. In 2016, the All Sindh Lady Health Workers Association (ASLHWA) launched a campaign against Stolen Wages²². PSI in collaboration with WERO and with the support

21. Inam, Moniza (December 2017), *Breaking The Silence: Sexual Harassment of Community Health Workers in Pakistan*, PSI, WERO

22. Salman, Qazi Muhammad and Javed, Sohail (December 2017), *Impact Of Stolen Wages on Community Health Workers in Pakistan*, PSI, WERO

of the Irish Municipal, Public and Civil Trade Union (IMPACT) and the Nordic Confederation of Municipal Unions, KNS conducted a survey to highlight the impact of these delays on women's lives and the lives of their families.

Education: The families of LHWs include children of school-going age but were not attending school because of the erratic income streams. Public schools are usually not in rural areas. Therefore, the only option available is private school which are expensive. If they are unable to afford the fees, then girls especially are not able to go to school and have the opportunity to move out of poverty.

Health: Many of the LHWs live in economically depressed areas and are therefore more exposed to health risks. Where general health coverage is absent and in the absence of benefits that come with the job, it means that these LHWs are exposed to high health risks.

Moreover, while the LHWs work hard and provide counselling to women in their communities, they are not at all satisfied with the healthcare that they are able to afford.

Financial independence: For many of the LHWs, their pay is controlled by their husbands, fathers or mothers-in-law. LHWs provide 68% of family income. With delays in payments it means that they have to borrow for food and to pay bills. When they finally receive their wages after a 3 or 4 month delay, the money has to be used to pay the debts.

In the PSI-WERO study that focused on violence and harassment faced by LHWs in Sindh province, many of the women complained "their husbands took their cheques and drew their salaries from the bank and spent the money. The women had no control over their own income. Many of them were not even in a position to buy new clothes or a bag. If they were unmarried, their fathers took their earnings for household expenses."

The report gives many cases and stories that show that LHWs do not have control over their salaries and wages. A couple of examples:

- "A senior supervisor talked about a very tragic story of her team member who lost a hand in an accident but was very confident and continued working. One of her distant cousins who saw her participating in a program decided to marry her and sent a proposal which was happily accepted. However, after marriage he showed his true character, he was a drug addict and a gambler and had married her for money. Now she has become a money-making machine for him and also has to support their two children."
- "Explaining the common ordeal, a young worker said that due to her income her family was reluctant to marry her and she was now in her middle age and had lost hope of ever getting married."

In addition to the cases highlighted above, when there are delays in the payment of wages, LHWs also have to face the increased threat of physical and psychological violence.

DOMESTIC VIOLENCE

For LHWs, working in the context of a very patriarchal society means that domestic violence is always present.

The irregular hours of their work because of the various vaccination and other health campaigns and training mean that LHWs have to go to different cities. This annoys their families which is very annoying for their families, especially the husbands. The PSI-WERO survey provided many stories where workers said that on their return their husbands beat them and threatened to divorce them.

In one particularly brutal attack, one supervisor said that "her husband beat her so much that he fractured her arm." Another woman said, "Once, I went for a polio campaign to an uncovered area in another (UC) [district] and reached home late. My husband got furious and beat me in front of our home. The entire

neighborhood watched but no one interfered and he broke my arm and fractured my ribs. When he was tired of beating me, he said, “I don’t want to keep you as you are a woman with a loose character and go out with men and I will marry someone else”.

He in fact married another girl, and as a punishment he didn’t divorce her. Now she is living with her mother.

Researchers also heard of extreme cases of domestic violence, especially one that ended in the murder of a LHW by her husband.

“Sexual harassment is rampant and these women have to face it on multiple levels.”

HARASSMENT IN THE WORLD OF WORK

Lady Health Workers (LHWs) explain that their line of work is different from other jobs because they do not have set times and they have to go and do field work. Moreover, in jobs such as domestic work, agriculture, teaching and work in the public and private sectors there is less interaction with men. Because of the patriarchal society in which they live, working among the public is frowned upon. And with frequent travelling, home visits, and working with communities make the situation even more lethal for the LHWs. Their work is stigmatised and the LHWs are considered ‘easy prey’ and ‘available’. These women are in many cases, the first in their families and communities to have received education and to have matriculated; they are the first to get paid jobs.

Pakistani society is deeply patriarchal and in such cases, LHWs will always be viewed with suspicion. Men who strongly dislike women will do anything to disgrace the LHWs.

The LHWs stated that they faced resistance from their families and community. Their families find it hard to accept the fact that the LHWs work in the public space and move around. But then the money speaks loudly. Because the LHWs come from lower and middle-class families, the additional income is very welcome.

The LHWs face many types of harassment:

- a) From work colleagues especially male supervisors;
- b) In the field, from the families of patients as well as men who are on the streets and in the communities in which they work.

Male supervisors try to intimidate them through official procedures to break their will. They do not usually report these cases to senior officials. If their families found out, they would force them to leave the jobs.

A senior supervisor gave an example, “When I was young, about 14 years ago, a DHO asked me to go to Karachi with him. When I asked him the reason he said ‘just for fun.’ When I refused he said that he would terminate my services, but I told him that he could go ahead and do what he wanted. I considered myself very bold and now think that if it can happen with me it can happen with anyone. At that time we didn’t have any union to fight for our rights. And the most unfortunate part is that after so many years it is still happening.”

The LHWs have questioned why there are so many male officers in high positions. They have recommended that the profession needs to be more gender-friendly and gender-equal, adding that the government should appoint female District Coordinators and District Health Officers. The unions are incorporating these recommendations in their demands to the state governments.

The LHWs also told of experiences where Field Programme Officers want young beautiful workers to accompany them. The women who did not cooperate were victimized: either their salaries were withheld, or they were given show cause notices. They were asked to report to the office just to pressure them and break their will. And some of the LHWs who did not comply with their demands had to leave their jobs.

“We have to face a lot of humiliation in our line of work” said a lady health worker. “We have to listen to nasty things as sometimes the families and communities

do not allow us to enter their homes. Sometimes they say that despite so much humiliation you have come again and we tell them that we come to serve you and save your children,” she added.

Many workers complained that when they visited households, the behaviour of the men in the families was extremely inappropriate. Sometimes they stared at them, and when the LHWs explained the benefits of birth spacing and family planning, the men asked embarrassing questions.

“When I entered a house the person who answered the door took me to a room where boys from the family were watching porn movies and no woman was present in the house. I immediately left the house and made a hue and cry about it. People from the neighbourhood gathered but those boys unabashedly said, ‘why are you making a fuss as you have no honour and go door to door’.”

When conducting immunisation programmes LHWs also face harassment, humiliation and abuse from community members and members of the families to whom they are providing health services.

VIOLENCE FROM EXTREMISTS

LHWs in Pakistan also face violence from religious fundamentalists – the Taliban. These Islamists are against the work of the health workers because they believe that the LHWs and the work that they do are against the teachings of Islam. Sometimes the attacks and threats are so severe that the government is forced to restrict the LHWs to their own areas. In 2012 the government and the UN had to suspend the polio immunization programme because of the horrific violent attacks on LHWs and those who accompanied them.

Extremists view polio vaccination campaigns with suspicion after the CIA’s use of a fake vaccination program in 2011 to collect DNA samples from residents of Osama bin Laden’s compound to verify the al Qaeda leader’s presence there. Bin Laden was killed by US forces in May 2011. Moreover, family planning and other public health services are seen as against the teachings of Islam. And the LHWs who conduct these campaigns are seen as defying Pakistan’s societal norms.

Pakistan is a male-dominated society. This means that women who work outside the home face a hostile work environment. This situation prevents women from seeking employment. To encourage women to join the labour force the government has set a quota for women but often even this minimum quota of 10 percent remains unfilled. Though women have been working in senior positions and running businesses in the private sector, these have been few in number.

USING THE LAW

The government of Pakistan passed the Protection Against Harassment of Women at the Workplace Act, 2010²³ to control the problem of women being harassed in workplaces and public spaces. The challenge is that many are unaware of the Act and its provisions.

The Act provides for the appointment of an Ombudsman both at the federal and provincial levels. The provincial government in Sindh has taken giant steps to ensure the effective implementation of the anti-sexual harassment legislation. The Ombudsman has investigated as many as 130 complaints, while ensuring confidentiality. The satisfactory conclusion of the cases suggests that the Provincial Ombudsman is an ideal solution for providing justice without having to go through the lengthy and costly procedures and requirements of the judicial system.

23. The Protection Against Harassment Of Women At The Workplace Act 2010, Islamabad, Pakistan <https://qau.edu.pk/pdfs/ha.pdf>

LHWs recommend that:

- The Protection Against Harassment of Women at the Workplace Act, 2010 should be part of their curriculum and an integral part of their training. They should have a clear understanding of the law. It should be displayed prominently in their secretariat, hospitals and other work places to discourage people from taking advantage of them.
- There should be widespread awareness about the implementation mechanism of the Protection against Harassment of Women at the Workplace Act, 2010 and how to access corrective mechanisms via the Ombudsperson's Office in accordance with the laws in the districts.
- Committees should be formed in all districts to monitor sexual harassment cases and a female member should be included in them.
- Threats and attacks on or harassment of women health workers should be investigated and action against the perpetrators should be taken to deter perpetrators.

TRADE UNION ACTION - ADDRESSING DISCRIMINATION IN STATUS, AND WAGE INEQUALITY

In mid-2016 the PSI and the Health Professionals Organisation of Nepal (HEPON) organised a 2-day conference on *Confronting Precarious Work in the Health Sector in South Asia*. The key aims were to share:

- a) findings of a mapping exercise on trends and patterns of precarious work in the health sector in the region; and
- b) trade union strategies to promote quality health services.

The conference highlighted the precarious circumstances of Community Health Workers (CHWs) who are an important link between the health system and communities especially in rural areas or among economically weaker populations. These workers are mostly women who themselves are from rural areas and are economically vulnerable. In spite of the valuable service they provide, LHWs are unappreciated and their work is under-valued. They are in effect seen as a cheap source of labour.

Facing discrimination in employment, having been denied holiday pay, social security, pensions, and only receiving stipends and facing harassment and violence, LHWs organised themselves into a national movement to mobilise and campaign for their rights. They have also been killed while carrying out vaccination and other health campaigns.

Through collective action, the All Sindh Lady Health Workers and Employees Association (ASLHWEA) won a Supreme Court decision in 2012 that recognised LHWs as state workers. Finally, in late 2014, about 24,068 Lady Health Workers were regularised by the Sindh government. But they still had to deal with delays in payments – sometimes payments were four months late.

Now that the responsibility for health has been transferred from the centre (federal) to the provinces, this means that the Provincial governments are the employers of the LHWs. ASLHWEA is therefore concentrating on strengthening its interventions at the state level.

The continued campaigns, advocacy and joint actions led by the ASLHWEA again resulted in a major victory in June 2017 when the Sindh government included LHWs in the annual budget.

“We were in trouble because of delay in our salary, we had started a campaign in 2015 against the delay in salary, in the last 2 years our basic demand from Sindh govt (sic) was that to include all LHW’s (sic) and other staff in the annual budget.”

*All Sindh Lady Health Workers Employees Union
President Haleema Zulqarnain*

Having achieved this victory, the ASLHWEA urged the Sindh government to:

1. Count all employees of Sindh lady health workers programme according to their seniority list
2. Give running scale according to the government law,
3. For LHWs and account supervisors who are graduates, promote them to grade 14,
4. Pay all arrears from 1st July 2012 to 30th June 2017
5. Give LHWs a supervisory allowance as the Punjab Government is giving to their LHWs.

RECOMMENDATIONS

Through the consultations held by PSI and WERO, LHWs have made a number of other recommendations which include:

- The programme should pay salaries to health workers that are commensurate with their educational qualifications; other perks and privileges given to regular government employees should also be extended to them.
- To raise awareness about the benefits of the programme, the Government of Sindh and the National Program for Family Planning and Primary Healthcare should launch advocacy and awareness campaigns in print and broadcast media and FM radio stations, leaflets, handbills and posters should be displayed in public spaces and in their offices.
- The campaign should highlight women health workers' contribution in providing preventive health facilities, combating maternal deaths, nutrition screening and family planning services at the doorstep. The government should also highlight the fact that women health workers' contribution is vital for meeting international development targets such as the SDGs. This will bring a level of acceptability and dignity to their work.
- The women health workers should only be assigned to do the duties that are part of the original requirements of the programme.
- The LHWs' union must be strengthened in all the provinces and there should be a network at the national level. The All Sindh Lady Health Workers Association (ASLHWA) should be replicated in all the provinces.
- To highlight the problem studies focusing on sexual harassment and domestic violence should be conducted on the national level and in all the provinces.
- To make the profession more gender-friendly and gender-equal, the government should appoint female DCs and DHOs.
- The LHWs' village committee should be formed and these committees should comprise elected and non-elected male and female members. One of the members should accompany the women health workers while going out of the village, or whenever they feel insecure.
- The government should also start mass media campaigns to give dignity to the women health workers who should have a uniform to make them more visible and prominent.

All these measures will help enhance the status of LHWs in their communities. □

APPENDIX I – IFCI FESPROSA QUESTIONNAIRE



Instituto de Formación, Capacitación
e Investigación



ENTENDER QUÉ ES VIOLENCIA EN EL MUNDO DEL TRABAJO

Es necesario intensificar los esfuerzos para tratar las diversas manifestaciones de violencia en el mundo del trabajo. Si bien la terminología puede variar entre los diversos países, el rubro de «violencia y acoso» incluye un continuo de comportamientos y prácticas inaceptables que probablemente se traduzcan en sufrimiento o daños físicos, psicológicos o sexuales. Es necesario prestar particular atención a la violencia de género. El uso indebido de la tecnología también se reconoce como una fuente de preocupación.

La violencia y el acoso pueden manifestarse de forma horizontal y vertical, y proceder de fuentes internas y externas (incluidos los clientes y otras terceras partes y las autoridades públicas) en el sector público o privado, o en la economía formal o informal.

Se considera que el mundo del trabajo no sólo abarca el lugar de trabajo físico tradicional, sino también el trayecto hacia y desde el trabajo, los eventos sociales relacionados con el trabajo, los espacios públicos, también para los trabajadores de la economía informal tales como los vendedores ambulantes, y el hogar, en particular para los trabajadores a domicilio, los trabajadores domésticos y los teletrabajadores.

La violencia doméstica y otras formas de violencia y acoso son pertinentes para el mundo del trabajo cuando tienen un impacto en el lugar de trabajo.

La manifestación de la violencia y el acoso puede ser un evento puntual o recurrente, y la naturaleza y el impacto de dicha conducta son criterios fundamentales para determinar si la misma puede calificarse de violencia y acoso.

Los expertos convienen en la importancia que reviste distinguir entre las diversas formas de violencia y acoso y el contexto en el que éstas se producen, ya que tal vez se necesiten diferentes respuestas

CUESTIONARIO:

Nombre: No es obligatorio

Edad:

Sexo: F M Otro

Profesión:

No profesional:

Lugar de trabajo:

Planta

Guardia

Residentes:

1)Discriminación:

¿En los últimos 12 meses, en su trabajo, ud ha vivido alguna situación de discriminación por edad, nacionalidad, sexualidad, etnia, color de piel, discapacidad, orientación sexual, ideológica o religiosa?

SI NO

Si la respuesta es SI:

Siempre Muchas veces Algunas veces Más de una vez

2)Acoso psicológico:

¿En los últimos 12 meses, en su trabajo, ud ha vivido alguna situación de acoso psicológico?

SI NO

Si la respuesta es SI:

Puede dar algún ej?

3) Acoso sexual:

¿En los últimos 12 meses, en su trabajo, ud o alguien que conozca ha sufrido acoso sexual por parte de compañerxs o superiores?

SI NO

Si la respuesta es SI:

Puede dar algún ej?

4) Agresiones físicas:

¿En los últimos 12 meses, en su trabajo, ud o alguien que conozca ha sufrido alguna agresión física?

Entre pares SI NO

Por pacientes o familiares: SI NO

APPENDIX II – LIST OF IFCI FESPROSA ACTIVITIES

INSTITUTO DE FORMACIÓN, CAPACITACIÓN E INVESTIGACIÓN (IFCI)- FESPROSA

Acciones de Formación a lo largo del 2017:

- 25/4/2017 Taller de Formación “Desgaste Laboral y CUS. Caleta Olivia. Pcia de Santa Cruz.
- 25/8/2017. Taller de Formación Sindical. CUS. Santa Rosa. La Pampa.
- 5/9/2017. Taller “Violencia en los lugares de trabajo con transversalidad de género”. CUS. APTS. San Luis.
- 20/9/2017. Taller de Violencia en los lugares de trabajo con transversalidad de Género. Resistencia. Chaco.
- 27 y 28/10/2017: taller “Violencia en los lugares de trabajo con transversalidad de Género. CUS. San Juan.
- 13/11/2017: Mesa de “violencia en los lugares de trabajo con Transversalidad de Género”. Htal Garrahan. Bs As.
- 6/10/2017: Taller de Formación sindical para delegadxs. Htal Posadas. Pcia de Bs As.
- 10/11/2017: “Violencia laboral en los lugares de trabajo con transversalidad de género”. Jornadas de enfermería. Htal Güemes de Haedo. Pcia de Bs As

Actividades realizadas por el IFCI con la colaboración del Colectivo Andrés Carrasco:

- 22/6/2017: Extractivismo y derechos Humanos. Fac. De Medicina. UBA
- 25/9/2017: Bioética y Derechos humanos. Htal Garrahan. Bs.As.

Participación en mesas:

- 17/3/2017: Jornada Carolina Muzzili. Género y Salud laboral. GESAL. Univ. Nacional de Avellaneda
- 17/4/2017: Violencia de género y el rol de lxs trabajadores. INDEC. BS As.
- 18/8/2017: El rol de los sindicatos de salud de la ISP. Perspectivas. En las Jornadas de ISP Salud de Argentina. Fac de Cs Económicas. UBA-

Asesoramiento:

- Participación en la Secretaría de Género de la CTAA.
- Participación en el grupo argentino de ISP mujeres.
- Participación en las reuniones tripartitas de CTIO (Comisión Tripartita de Igualdad de oportunidades).Ministerio de Trabajo de la Nación.
- Participación en la mesa intersindical de la OAVL. (Oficina de Violencia laboral) Ministerio de Trabajo de la Nación.
- Participación en el Congreso de Mujeres de ISP. Paraguay. 5 y 6/9/2017. Asunción, Paraguay.
- Participación en la mesa de Violencia laboral en los lugares de trabajo. Reunión de mujeres de ISP. Mar de Ajó. Argentina. Noviembre del 2017.

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