Summary of the report

Section 1: A Full description of the product in question

Describe the product, how and where it is grown or produced, what it is used for; and whether it is produced for international trade or for domestic consumption.

Surgical Industry of Pakistan holds a history of more than 100 years, when some British doctors got their surgical instruments repaired from the skilled workers of Sialkot and that was the foundation of [redacted].

The Surgical Industry represents manufacturers and exporters of Surgical Instruments, Dental Instruments, Veterinary Instruments, Pedicure and Manicure Items, Tailor Scissors, Barber Saloon Scissors and Beauty Saloon instruments.

As far as Surgical Sector is concerned, following figures will give you a true idea where do we stand.

- The world market for Surgical Instruments is over US $ 30 (B).
- Pakistan's exports currently stands at US $ 160 Million.
- The total Capital Investment in the Surgical Industry is estimated at Pak Rs.12 Billion.
- There are about 1900 small and medium Surgical Units with labor force ranging from (10-500).
- The number of workers in the Surgical Industry is about 100,000 – 150,000.
- The industry manufactures about 100 Million instruments annually.
- We are manufacturing two types of Surgical Instruments:

  a) Disposable instruments, which constitutes 60% of our exports.
  b) Reusable instruments, which is 40% of our exports.

- Almost 74% of our production is sold to following ten countries of the world:

[redacted] 29%

[redacted] 14%

[redacted] 9%

- The remaining 26% is sold to the rest of the world.

<u>Section 2: Scope of the Child Labor/Forced Labor Problem</u>.
This should be the meat of the report. Information in the reports should have clear citations for where the information was obtained. If the info is primary research, which is the ideal, the submission should state so. This should include both quantitative and qualitative data.
Included in this section should be (1) a description of the size and scope of the problem both in numbers and in the geographic scope; (2) the root causes of the problem (including a discussion of corporate and government involvement in perpetuating the problem); (3) the effects of the problem on the health and education of the children; (4)

In order to fulfill international commitment under ILO Convention 182 on Worst Forms of Child Labour, the Government of Pakistan, with ILO-IPEC's technical assistance, is in its preparatory phase of the Child Labour Time-Bound Program [TBP] initiated in 2001, to eliminate child labour in the country. This action research is the second step of TBP's preparatory phase, conducted primarily to generate relevant information on one of the identified Worst Forms of Child Labour, namely in surgical instrument manufacturing industry in Sialkot through Baseline Survey (BLS). The private consultant [redacted] conducted the survey while the sample design was done by the Federal Bureau of Statistics under the supervision of Statistical Information & Monitoring Programme on Child Labour (SIMPOC) and ILO-IPEC, Islamabad office. The baseline survey was conducted in 2004.
The main purpose of the BLS was to establish reliable and verifiable data on the target groups of the surgical instruments manufacturing industry in Sialkot District in terms of the nature, magnitude, causes and consequences of the worst form of child labour. The interviews were conducted from the total 486 people including 400 working children, 40 parents and 46 employers from the District Sialkot, the hub of the surgical industry in Pakistan. Both quantitative and qualitative data was collected. The qualitative data was collected by the Focus group Discussions.
Key Findings of the Survey:

- ✓ The estimated number of children in surgical industry is 5133
- ✓ The average monthly household income for the family of the children in the surgical manufacturing industry was Rs.5,685. Considering an average household size of 7.3, the average monthly income per person in the households of working children figure outs to be at Rs.778
- ✓ Nearly 51% of the children mentioned their father actually worked in the surgical instruments manufacturing industry. There were 6.4% whose fathers were industrial worker in some other industry. Of the rest, 6.1% had a father who was a working in cultivation and harvest of agricultural products, 5.9% masons, and 5.1% domestic workers.
- ✓ Mothers of working children in our survey reportedly had a very high illiteracy rate of 67.8%
- ✓ Among the sampled children, overall level of education for the fathers was relatively higher as their illiteracy rate was relatively lower (51.6%) than that for their mothers (67.8%)
- ✓ Of all working children, 88.7% were not in school and were working full time. Literally no child was doing full time school and part time work. The proportion of children who were working full time with part time school was 11%
- ✓ Across thirteen most likely reasons for children to be working, a strikingly high proportion of children (64.3%) mentioned poverty to be the main reason. More specifically, they did so to help family financially. In case of those who were working as well as going to school
- ✓ Of the children working in surgical manufacturing industry, 54.4% mentioned they could read, and 45.5% said they could write.
- ✓ Of all the working children, 54.5% had a primary education. Over 23% had middle school or higher education In 73.0% of the cases father supported the family. Children themselves supported the family in 26.4% of the cases. Mothers of 6.3% children were also supporting the family. Brothers (36.5%) were more involved in economic activity than sisters (0.8%).
- ✓ Working children mostly earned very low wages. Only 26.4% made Rs. 2,000 or more. Over 47% children made less than Rs. 1,000/month. There was a major discrepancy in income by age group. Children 10-14 received an average monthly income of Rs.780, which was even lower than the younger age group, i.e., 5 to 7 years old (Rs.831). These are way lower than monthly income of children 15 to 17 years of age (Rs.1733)
- ✓ The mode for the duration is 1 year. Only 27.5% of children had worked for three years or longer in the surgical instruments manufacturing industry. Those who had worked for less than six months or so made up 26.5% of the sample.
- ✓ Of all working children, roughly 52% mentioned that their parents put them to work. Another 21.3% mentioned it was their own decision to start working. About 20.5% were put to work by relatives.
- ✓ The modal age for starting work among the sampled children was 12 years. Over 28% started working at the age of 10 years or under
- ✓ The average duration of work per day for the children in surgical instruments manufacturing industry was 9 hours. However, there is a strong chance that these

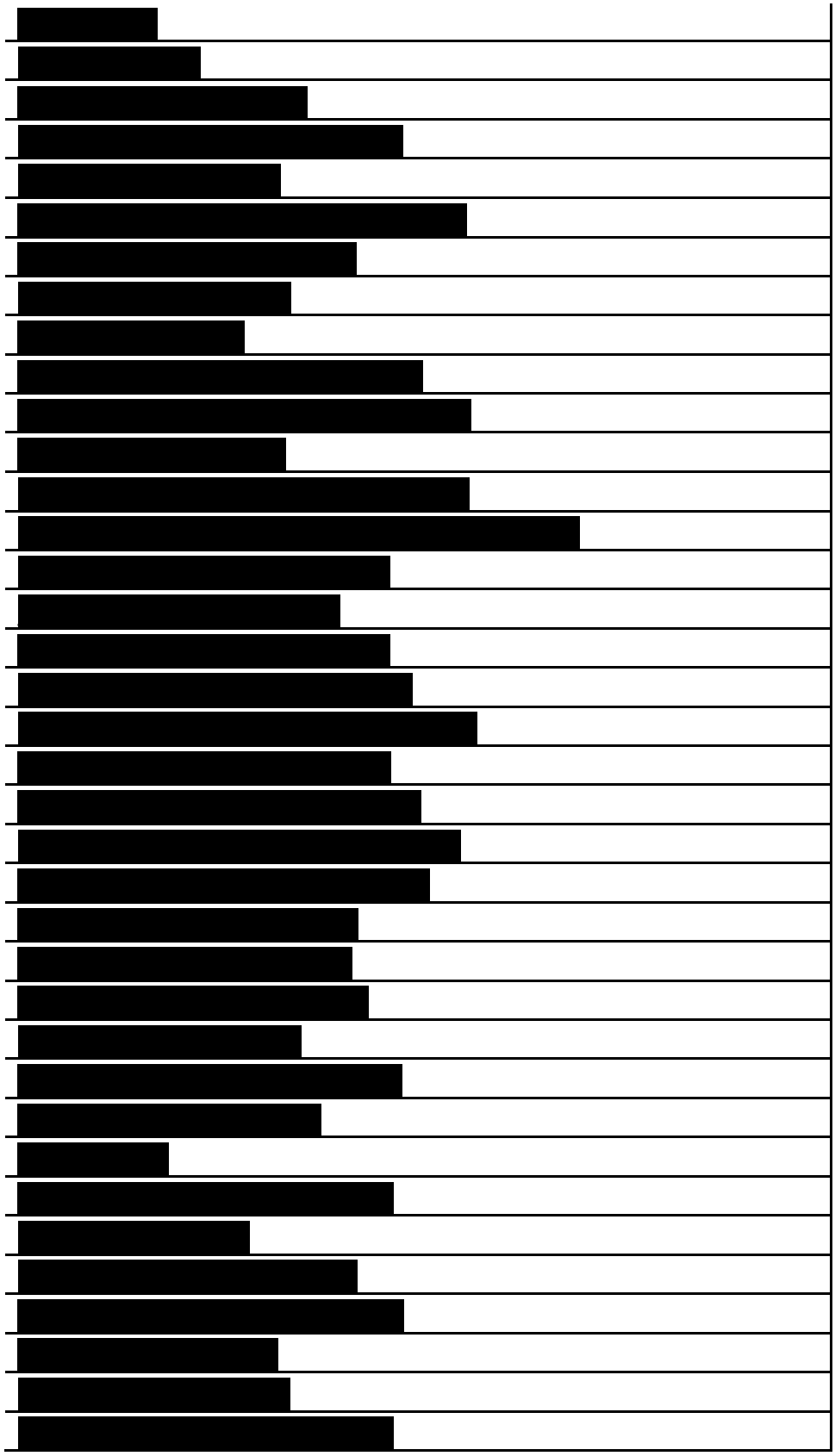
reported hours include the break times and travel time if any. Most children work full time, six days a week (97.5%)

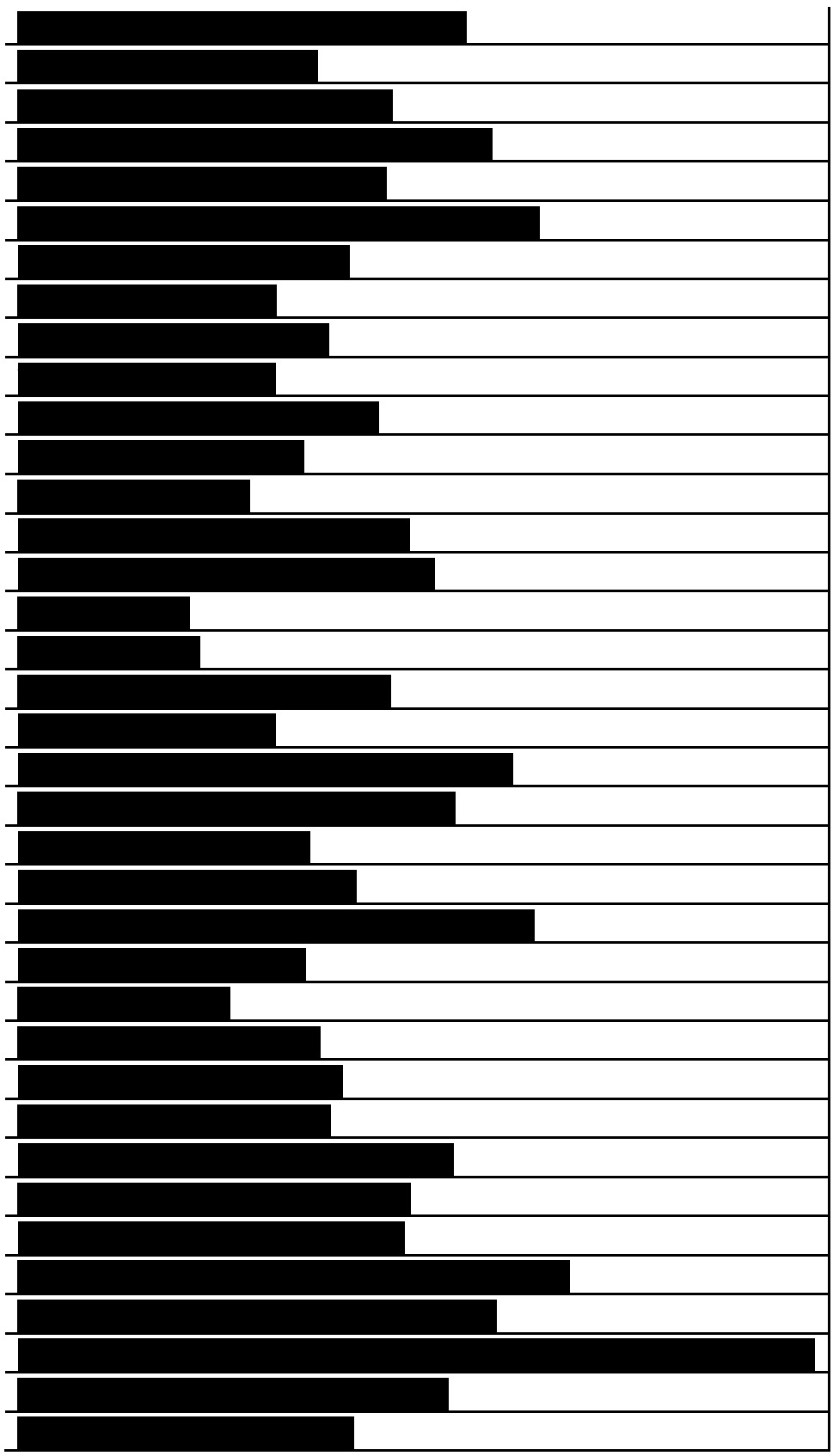
- ✓ Most children in our sample mentioned they are seldom penalized by employers. Exactly 45% indicated they sometime get penalized, whereas only a small proportion (6%) mentioned they get penalized mostly. The remaining 49% mentioned they seldom get penalized
- ✓ Intimidation and fear are among various factors detrimental to the mental health of the child. The children expressed various kinds of fears. Most of them (37.3%) were afraid of their employer or the contractor. A substantial proportion of children expressed fears from police (9.5%), and a variety of "other" (51.3%) fear factors. Father, mother, brother, God, snake & uncle are combined in Other category.
- ✓ Injury and sickness have been reported in this study which varied by type of industry. Nearly 72% children mentioned they have had sickness or injury "some times" due to work. There were 19% who mentioned "mostly" being injured or sick. A smaller group (9%) said they "seldom" had work-related sickness or injury.
- ✓ Close to 11% children mentioned they were still suffering from sickness or injury due to work. The most frequent of all types of injury and sickness category was "cuts and wounds" for 35.5% of the children. Other categories included skin disease for 7.1%, and a tie at 2.4% each between TB and headache.
- ✓ When asked whether a medical professional was consulted in case of injury, 38.1% of the working children gave an affirmative answer by choosing the category "yes". That might mean either there is no access to the services or medical professional, there is no awareness and motivation to, or perhaps there is no perceived need to seek those services. Reasons for not consulting a medical professional, for a large part, portrayed the lack of perceived need for most of the children as 53.3% said it was not necessary to consult. Lack of money was the next most frequent reason, selected by 40% of children.
- ✓ Given the hazardous nature of the various processes in the surgical instruments manufacturing industry, a striking finding is that 87.5% children mentioned they did not wear any protection. A small proportion (9.8%) wore glasses, and 1% wore face mask on mouth and nose.
- ✓ The modal age for starting work the first time by the sampled children was 12 years. Some children mentioned starting work as early as at the age of 2 years. Over 34 % started working at the age of 10 years or under. The modal age for those children who were studying as well as working was also 12 years.
- ✓ Parents in most cases are the ones who put the child to work. Of all working children, roughly 57% mentioned that their parents put them to work. Another 22% mentioned it was their own decision to start working. Only about 15% were put to work by relatives.
- ✓ About 5% children in surgical instruments manufacturing industry reported that they did not get enough food. That compare at 4.2% for children working in coal mines, 14.2% working in glass bangles industry, and 9.2% working in tanneries.
- ✓ Nearly 4% children reported they smoked cigarettes. A negligible proportion (1.4%) mentioned using drugs. Regarding the time since smoking, only about 13% had been smoking for over two years. Over 53% had been smoking for less than six months.

- ✓ Exactly 46% of the working children spent time at home. A considerable proportion (36%) spent their free time parks and play grounds. Only 0.3% spent their free time at the mosque.
- ✓ Another remarkable finding from the survey is that majority (56.7%) of children said they will go to school if one was arranged for them, as 83% of children in age group 5-9 years, 66% of ages 10-14 years and 48% of ages 15-17 year mentioned so.
- ✓ When asked about the type of education they would like to get, over 47% mentioned they would prefer full time formal education. Another 35.3% percent showed preference for formal part-time education. Relatively smaller proportion (11.8%) wanted to get full time vocational or technical training.
- ✓ Another important finding of this study is the mention of abuse in job by 44.3% workers in the surgical instrument manufacturing industry.
- ✓ The intensity of abuse was mentioned to be "light" by 49.4% of the workers. The medium abuse was experienced by about 44.9%, followed by 5.6% who mentioned heavy abuse.
- ✓ Environmental hazards are the most undesirable aspect of child labour. In surgical instruments manufacturing industry, cleanliness, lighting, and ventilation were reported to be good by respectively 36%, 43%, and 41% of the working children. The poor or bad levels of cleanliness, lighting, and ventilation were reported by 7.8%, 5.5%, and 7.0% of the working children respectively.
- ✓ The safety of tools which is one of the few aspects of safety at work place was a concern of several children in surgical instruments manufacturing industry. Over 42.8% thought the work tools used at their workplace were unsafe, while 11.8% did not want to comment on this issue. Packing is the safest. Only 1% of the children were involved in this process. Grinding is one of the most hazardous tasks, involving 28.8% of all children.
- ✓ When asked if they will recommend the job in the same industry to their siblings, nearly 84% said they would not. This is perhaps an indication that the children don't see their work as very desirable and that they would like for their siblings to go to better jobs.
- ✓ The most important benefit to parents from child's work was the financial contribution made by the child through his or her work as 65.9% of the parents indicated this benefit. The next important reason was to learn a trade or apprenticeship (25%), followed by the category "to help with family vacation".

Section 3: Description of the Supply Chain for the Product

Each product should have included some supply chain research that will identify companies involved in the production or procurement of the products even if they are not multinationals (if available);





[redacted]

Section 4: Government Enforcement of Child/Forced Labor Prohibitions

If the foreign government has taken any steps, including working with ILO/IPEC, to remedy the problem, we need to know as many details of the programs as we can. Also, we need to include with it relevant information on the (1) ILO Conventions the country has ratified, (2) domestic legislation in force to eliminate forced and child labor; and (3) local government programs operating to end the problems.

Also, this part can be used to highlight complicity of the government in promoting or failing to end forced and child labor. In other words, does the government take seriously its obligation to eliminate forced and child labor.

1. [redacted] and ILO signed an agreement on August 17, 2001 for the first phase of Child Labor elimination.
2. Government of Pakistan ratified ILO Convention 182 in 2001 and a Time Bound Programme (TBP) was launched for six prioritized occupations including surgical instruments manufacturing. Under TBP child labour would be eliminated from surgical sector on priority basis.
3. SIMAP paid US$64500 for the first phase.
4. The main objective of this agreement was to identify and reduce child labor (children under 14 years of age) used in the surgical instruments manufacturing at least in district Sialkot and to incorporate them in the social protection programs.
5. SIMAP and ILO signed another agreement for the second phase of the program on December 23, 2003 for elimination and rehabilitation of child labor.
6. As per agreement SIMAP would pay US$226250 for this phase.
7. As per agreement half of the payment has been transferred to ILO by SIMAP.
8. The main objective of this phase is to monitor and rehabilitate child labor used in the surgical instruments manufacturing at least in district Sialkot and to incorporate them in the social protection programs.
9. Number of non-formal education centers formed by ILO: 62 (more than 2000 children are going to these NFE's)
10. Number of SIMAP member companies voluntarily registered for Child Labor Elimination Program: 128
11. Number of SIMAP members companies which are under monitoring: 40

12. Number of vendor workshops in surgical sector is approximately 2500-2800.
13. Number of vendors whose monitoring has been completed is more than 1035.
14. Number of child labour identified under ILO convention 182 in surgical vendor workshops is 5800. (upper age limit under convention 182 is 18years)
15. The Association is always committed to curb this menace from the face of surgical industry and would go all out to eliminate child labor.

Section 5: Organizations' History/Background and Research Methodology for the report

All primary research should clearly explain their research and analysis methodology so it is clear to the reviewing committee. It would be helpful if the partners can identify in their reports as much detailed evidentiary info they have for submission, and to provide photos, etc.

This information is collected with the already available material available in shape of Baseline Survey Report of the Child Labor in Surgical Industry of Pakistan. This valuable survey is conducted by [redacted] in collaboration with Federal Bureau of Statistics of Government of Pakistan, ILO-IPEC and SIMPOC. In addition to this baseline survey [redacted] staff held Focus Group discussions with the civil society organizations working with the children involved in the surgical instruments industry, Human Rights Commission of Pakistan, surgical instruments manufacturers and vendors and children. Along with reviewing the data available and holding the Focus Group discussions and dialogues we also visited the projects of the organizations working on the projects to provide education to the children working in the surgical instruments industry.

The website of [redacted] was also a useful link to produce this report.

Section 6: Contact Info:

a. It will be useful to include the name and contact info for all persons involved in child labor advocacy in that particular sector in that country.

There are many groups involved in the child labor advocacy, the most prominent organizations active in the elimination of the child labor in the surgical instruments industry are

[redacted]

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b. The names and contact info for the relevant national and local government agencies and officials that are responsible for enforcement of child and forced labor prohibitions.