

# កម្មវិធីសង្គ្រោះជីវិតដោយដៃគូ Partnering to Save Lives

## Learning Update – July 2017 Theme 3: Garment Factories

### What is PSL?

Partnering to Save Lives (PSL) is a partnership between CARE, Marie Stopes International Cambodia, Save the Children, the Australian Government and the Cambodian Ministry of Health (MoH). PSL aims 'to save the lives of women and neonates in Cambodia through improved quality, access and utilisation of reproductive, maternal and neonatal health (RMNH) services through a partnership approach' in line with the objectives of the MoH's Fast Track Initiative Roadmap for Reducing Maternal and Neonatal Mortality (FTIRM).

### PSL Learning agenda

One outcome of PSL is focused on documenting learning and evidence that can contribute to improved policy and practices. The PSL four Learning Agenda themes are technical harmonisation, community referrals, garment factories and reaching vulnerable groups.

### What are the issues?

More than 700,000 people are employed in Cambodia's growing garment sector and many of these workers are young women who have migrated from rural areas. PSL's 2016 midterm survey showed that the average female garment factory worker was 27 years old, and had completed primary education. Half (48.7%) were currently married and 43.2% were single and not in a committed relationship. Garment factory workers are particularly vulnerable with regard to RMNH for a variety of reasons, including isolation from their family and community support networks.

In the garment sector, PSL has worked in cooperation with factories to improve female workers' access to sexual and reproductive health care and services through factory infirmaries and referrals to external health providers, and implemented numerous behaviour change communication (BCC) activities to promote sexual and reproductive health and rights (SRHR), including knowledge on contraceptives, maternal and neonatal health, and safe abortion.

Recent changes in the policy landscape around garment factories include the introduction of the National Social Security Fund (NSSF) scheme for garment factories, which began in September 2016 and the finalisation of the National Guidelines for Developing Enterprise Establishment Infirmary's by the Ministry of Labour and Vocational Training (MoLVT).

Our learning questions are the following:

1. How can we ensure that garment factory workers can access quality RMNH information and services?
2. How can we best engage with factory management, the MoLVT and the MoH to improve and sustain access to quality RMNH for garment factory workers?

### What learning approaches have we used?

PSL has used a mix of quantitative and qualitative methods to learn more about these issues, including:

- CARE's evaluation on the implementation of Chat! in 16 PSL factories;
- Marie Stopes' infirmary assessments and quality improvement monitoring visits in seven garment factories;
- Garment Factory Coordination Group meetings;
- Fieldwork in Garment Factories in Phnom Penh and Kandal as part of PSL's Annual Review process in February 2017 including interviews and focus group discussions with six infirmary staff, six human resources managers and 67 garment factory workers (34 women);
- Learning and testimony from PSL field managers and implementing staff during the Annual Review Workshop in March 2017;
- Participation in the consultative process for the development of the National Guidelines for Developing Enterprise Establishment Infirmary.

### What have we learned?

#### About garment factory workers' Sexual and Reproductive Health (SRH) knowledge and practices:

Since April 2016, PSL introduced the innovative BCC package "Chat! Contraception" in 16 PSL targeted factories and another eight factories supported by other projects. Chat! is a suite of flexible tools and activities which are easy to tailor to meet a factory's individual needs. Chat! includes eight short training sessions, three video drama episodes and an interactive mobile game as well as a five-topic male engagement module.

**The implementation of Chat! Contraception including the male engagement module reached 11,979 females and 262 male workers between August 2016 and January 2017.** A mini-evaluation of Chat! conducted

in December 2016 found that it doubled the rate of contraception use (from 24.2% in baseline to 48%), more than doubled RMNH service utilization (8.6% to 20%), doubled the confidence of women to discuss contraception (23.7% to 50%), and tripled the confidence to refuse sex with their partners (from 16.8% to 50%) compared to the PSL baseline.

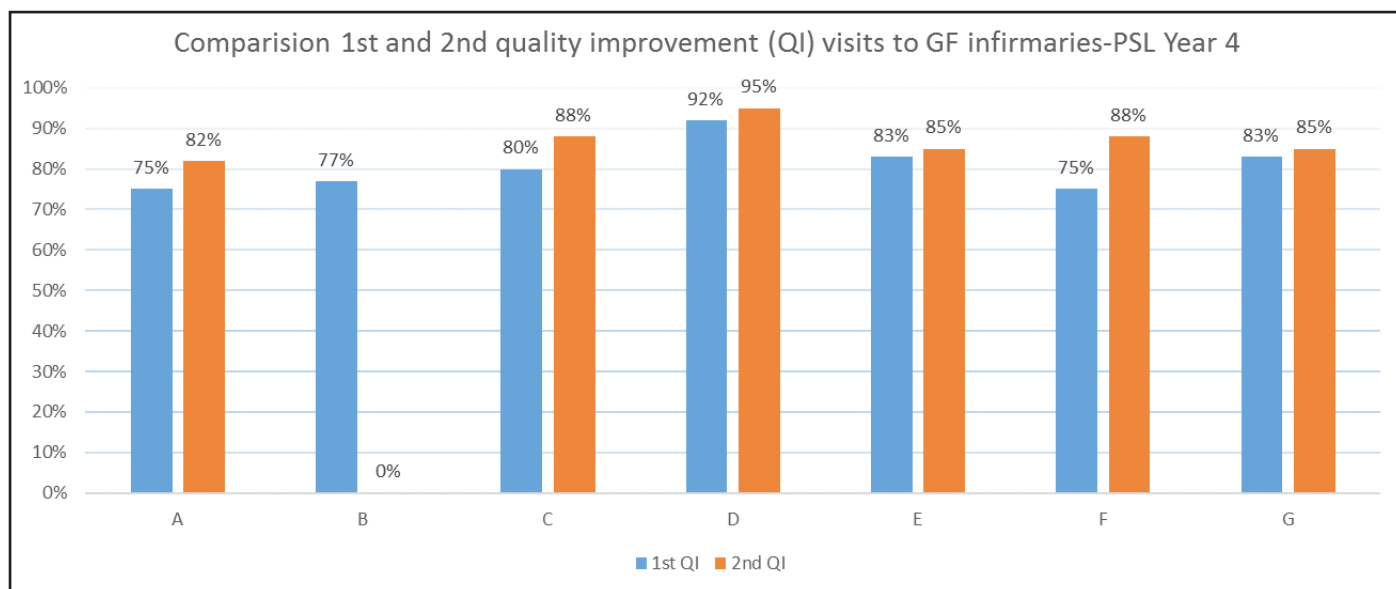
**During the PSL annual field review in February 2017,** all garment factory workers interviewed who attended Chat! Sessions reported improved knowledge and behavior change following Chat! interventions, particularly with family planning methods and safe abortion. **Workers knew where to access services and information (factory infirmary, public health facilities and private providers) and shared information with partners, colleagues, friends and relatives.** They felt more confident in their knowledge and in choosing the right contraception for them. The role play used during education sessions and the video drama episodes were particularly appreciated. **Men reported having gained a better understanding of different modern contraceptive methods and the risks posed by natural methods.**

Human resources managers also reported benefits from the BCC interventions such as **increased staff retention rate from 8% to 12%, reduced staff absenteeism due to health reasons and productivity gains.** They also observed that workers are healthier and more productive as a result of an increased knowledge and awareness. Buyers and unions appreciated that they have a cooperation with

NGOs, buyers were also happy to see improvements in performance. The time necessary to invest in the education sessions remains the main challenge expressed by both the workers and the managers. Some managers mentioned potential negative impacts on the production line.

**About the use of infirmaries and referrals:**  
Recent qualitative study undertaken by Population Council and the National Institute of Public Health in Phnom Penh and Kandal provinces on health needs and health seeking pathways of female garment factory workers found that workers' main health concerns are sexual and reproductive health care and family planning services. The mapping of the health seeking behaviour of workers illustrates that workers seek infirmary services for mild general illnesses (flu, headache...) during working hours. It also identified the limited capacity and quality of factory's infirmary as a barrier to access and use of health care services. (Health needs, health seeking pathways and drivers of health seeking behaviours of female garment factory workers in Cambodia. Policy brief, WorkerHealth, March 2017.)

When quality improvement support is available, the use of garment factory infirmaries for RMNH is increasing: **the use of the infirmary for RMNH services in PSL factories increased from 3.6% to 10.6% between PSL 2014 baseline and 2016 midline.** The quality improvement monitoring visits in infirmaries supported by the programme showed important improvements in the quality of services provided. The graph below shows improvement in services provided by infirmaries supported by PSL between the first and second quarter of PSL year 4:



Improvements were observed in hygiene (hand washing), patients' records, use of referral sheets and information on emergency contraceptive pill. Remaining areas for improvements include history taking, asking clients about previous contraception methods used, providing clear explanations on emergency contraceptive pills as well as information on all contraception methods.

### About impact of NSSF:

**During the PSL annual field review, all workers interviewed knew about NSSF healthcare** and how to access facilities contracted under NSSF near their factory. They knew how deductions for NSSF linked to their salary. There was some confusion among workers and human resource managers about health facility and service coverage and **all workers wanted additional information on NSSF coverage and benefit packages**. There were mixed experiences with NSSF at facility level with some workers reporting good experience and others reporting feeling discriminated against when showing their NSSF ID at facilities. This included anecdotal experience of the feeling that when waiting for services they had been kept to wait longer, had been told certain services were not available under NSSF and being sent away.

### About engaging with factory management:

When interviewing human resource managers and infirmary staff during PSL's annual field review, we learnt that **all of them are willing to continue Chat! and provide quality health services**. Some suggested they could invest money

in the provision of BCC materials. They expressed the need to be more directly involved in activities and a **strong need to receive training of trainers** and training curriculum, to be able to train future infirmary staff and potential teams involved in education sessions.

They also mentioned cooperation with ministries (MOLVT and MoH) to provide training, guidelines, inspection and infirmary standards for supervision visits. The introduction of the newly approved national infirmary guidelines that are pending roll-out should also assist in this.

## What are we doing about it?

Garment Factory Workers	Infirmaries	Referral System
<ul style="list-style-type: none"><li>• Continue scale-up of Chat! Contraception BCC package and build the capacities of factory teams to implement it.</li><li>• Evaluate BCC Chat! package in terms of knowledge, behaviours, and self-efficacy.</li><li>• Work with human resource managers, production teams and factory managers to demonstrate the effectiveness of CHAT!</li><li>• Offer opportunity to join CHAT! to infirmary and human resource staff.</li><li>• Adapt time and duration of the BCC sessions to available time of workers.</li></ul>	<ul style="list-style-type: none"><li>• Provide capacity building to infirmary staff in relation to hygiene, counselling and referrals as well as staff attitude.</li><li>• Provide training of trainers to infirmary staff so they can train new staff.</li><li>• Work closely with MoLVT, MoH and factory management to explore exit options.</li></ul>	<ul style="list-style-type: none"><li>• Reinforce awareness raising on available services and facilities offering NSSF especially in the areas where workers live.</li><li>• Expand the number of health facilities offering NSSF and geographic coverage.</li><li>• Need to strengthen relationships with external health facilities and infirmaries for referrals.</li></ul>