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# HealthWorks Programme Report – Cambodia





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An innovative pilot programme funded by the UK retail giant Marks and Spencer in Cambodia suggests that tangible improvements are within reach in the health of textile workers in the developing world, and that potentially dangerous conditions like anaemia, which can lead to more serious illnesses, can be eradicated from those at work on factory floors. The pioneering HealthWorks strategy also clearly improved the lives of women workers with targeted preventive health services, including information on previously taboo topics like safe contraception. The results suggest that if widely adopted, companies can potentially foster healthier workforces in manufacturing powerhouses in places like Southeast Asia, and in a win-win scenario, measurably cut sick leave and increase productivity.

## HealthWorks Programme Report by Project HOPE



## Executive Summary

In the developing world, an increasing number of women are moving into urban areas to seek employment. As the production of goods for western markets increase, there is a huge need to offer better health options for workers as well as take advantage of the opportunities to help women develop careers, acquire the life skills necessary to stay healthy, become better educated and plan their families. This results not just in better health, but decreases work time lost to sickness and nurtures a more fit, productive workforce. There is increasing pressure for companies to adopt socially responsible programmes for women working in their supply chain, and focusing on health issues could contribute to both social and financial gains in a sustainable way.

Marks and Spencer, a major UK clothing and food retailer, has taken up that challenge. In a joint collaborative programme called HealthWorks, Marks and Spencer PLC and Project HOPE (The People-to-People Health Foundation, Inc.) an international non-profit health organization, planned a joint programme to work in seven garment factories in Cambodia. In the space of just over a year, 14,507 employees (mostly women),

received health education and improved health services in the factories. The average size of each factory was around 2,000 employees.

The goal for the programme was to devise a methodology to both improve the health of employees in garment factories in Cambodia who supply Marks and Spencer, and to institutionalize a process for long term sustainability for improving on-going health and

preventing disease, using existing infrastructure and minimizing costs. In addition, a selection of key business indicators were monitored by Marks and Spencer in order to assess the potential effect of the programme on productivity and sick time. Our results





show a significant return on investment (ROI) using these indicators, including an increased production time of over 10 hours per worker each month, which also translated into a 5% increase in attendance after the programme was implemented.

The programme commenced in October 2012 and ended in March 2014 - a total project duration time of 18 months. There were 10 professional health staff already employed by the seven factories who formed an integral part of the team dedicated to working towards improving the health system internally within the factories. The involvement of senior management and the HR officers was also central to designing and implementing the project. A local NGO, RHAC (Reproductive Health Association of Cambodia), assisted with the implementation and training of factory staff. In addition headquarters and local support from Marks and Spencer's Ethical Trading Division were key.

**The programme showed strong improvements in the following areas:**



### **Strengthened Infrastructure**

- Proven commitment by the factory management to support preventive health care activities and enable staff to benefit from those interventions.
- Agreement and support by management to expand existing health services or implement new services where indicated.
- Management committed to paying for additional drugs and commodities to support those essential services.
- Interest and commitment by the professional health staff employed in the factories to improve and expand the reach of the health services they offer.
- Willing involvement and participation in mass group BCC (Behavioural Change Communication) activities and in undertaking clinical and theoretical training.
- Acknowledgment from external groups on the efforts to improve and establish sustainable health services in the factories, e.g. International Labour Organization (ILO), Ministry of Health and Labour, Union representatives.

### **Improved Participation and Involvement by Employees**

- Interest and involvement from the factory employees who participated in BCC activities. 56% increase in attending health education in the factory.
- Significant improvements in knowledge on health matters and behaviours by employees. 31% increase in knowledge of washing hands before eating and 26% increase in hand washing after toilet use. 26% increase in those who knew the cause of anaemia.
- Increased uptake of the health services offered in each factory. Overall, attendance at factory health services increased steadily from 43,242 in 2012 to a projected 72,044 in 2014 (based on the first 3 months of data). Additionally, attendance for specific services increased. The number of people receiving services for sexually transmitted infections nearly tripled.
- Family planning services now established in all seven factories. (Previously only three factories were offering family planning services). Nearly five times the number of women received family planning services from the factory in 2013 (103 in 2012 to 506 in 2013).

## Improved Access and Quality of Health Services Offered by the Factory

- New health staff job descriptions and clinical protocols adopted.
- Major issue of anaemia confirmed and addressed with new policy and treatment response. 18% of women and 12% of pregnant women tested at baseline were anaemic. All women who were anaemic were provided with iron tablets and 61% of women were cured.
- Health recommendations included in some new employee induction programmes.
- Standardized approaches to assist employees in accessing external health services. The programme demonstrated a 15% increase in referrals.

## The Main Challenges to Implementation

The short implementation time, which was shortened further by industrial actions that interrupted the schedule of activities, posed a challenge. Developing the training and BCC materials also took time – so any future expansion should be able to commence more quickly. Other challenges included:

- Coordinating with seven different factories and differing management attitudes on what should take place and schedules.
- Finding sufficient time for the BCC activities which did not impact or interrupt productivity.
- The range of capacity building and systems strengthening inputs was ambitious, given the time frame.
- High turnover and staff lost to follow up may have had an impact on some of the end line results but is probably typical of the on-going routine of factory work.





**Goal: To create an effective, replicable and sustainable health model which improves the health status of employees and also benefits the productivity of the workplace in which they are employed.**

## Programme Description

### Intermediate Results

- Design an effective health model targeting major health issues which affect workers and demonstrate its effectiveness in improving selected health indicators.
- Gather necessary data to prove that this model has a financial and/or effectiveness benefit for the employer.
- Ensure that the design can form the basis of a global model and lead health standards in the industry. Therefore, it can be replicated in various work settings and in multiple countries with local cultural and language adaptation.
- Outline a sustainability plan for long term implementation using the financial and effectiveness results, and consider ways in which health standards could be incorporated into the employee's benefits package.

### Objectives

The objectives of the programme were as follows:

1. To increase employees' knowledge and increase the adoption of healthy behaviours.
2. To increase access to quality health services in factories.
3. To improve the knowledge and clinical skills of the professional health staff who are employed by the factory.
4. Improve linkage and access to affordable health services outside factories.
5. Improve factory management and policy environment.

## Situation Analysis

A review of various operating practices was carried out at the beginning of the programme and this involved both a physical orientation to the working environment and detailed discussions with various levels of the factory management during individual planning meetings and during focus group discussions. Priority topics were identified and an implementation plan devised to address the most critical ones, including hand-washing and access to drinking water, through services offered in the factory clinic and preventive health approaches to increase knowledge and change the behaviours of the employees. Expanded or improved services were also discussed, as were specific targeting, such as investigating and exploring the potential anaemia levels. Working groups were set up at each factory and reported to the overall Steering Group. Liaisons and the use of external health services were also discussed. Marks and Spencer provided a consultant to plan with the factories the business indicators and measurements that would be monitored alongside the health inputs of the programme, to try and monitor the effect on sickness and other key measures.

Detailed conversations and assessments were also held with the professional health staff who were employed by each factory – usually at least two staff members per factory. Where staff expressed a need for further training or skills, this fed into the planning of the inputs and training priorities.

## Monitoring and Evaluation

The programme results were measured in several ways:

- Conducting a baseline survey, where a random sample of 370 employees were interviewed using a standard survey questionnaire. At the end of the programme, the questionnaire was re-administered to measure change.
- Focus group discussions where randomly selected employees were asked to discuss key health topics in order to understand prevalent attitudes, cultural norms and beliefs. Thirty-six employees from management, 45 employees from the factory production side and 50 pregnant women were interviewed. The results of these interviews informed the development of the Behaviour Change and Communications materials and topics.
- An anaemia survey of 2,473 women was carried out using the latest technology. This confirmed a high rate of anaemia (18%) and the need to institute detection and treatment protocols.
- Following discussions, health plans were developed in close collaboration with each factory's management. Where a factory did not support a particular intervention, efforts were made to modify the implementation methodology. When agreement was not reached, then the specific activity was not continued because we believed that long term sustainability without total factory commitment was not sustainable. It was essential that each factory agreed upon and supported specific new services or interventions, such as anaemia screening and treatment, mass communication sessions on the factory floor aimed at prevention of common diseases and the introduction of new services offered to employees, such as Family Planning counselling and services.
- Professional health personnel employed by each factory were given training in Behaviour Change and Communications and mentored through 'on the job' training. Various protocols were developed with the staff and implemented. Skill trainings were held and staff were tested on knowledge and skills following the training.
- Clinical records were reviewed before and after the programme to detect changes in the number of consultations for various illnesses and the uptake of specific services.
- Where factories could not provide the necessary health services, the programme developed methods for external referral or worked to institutionalize referral methods.
- Pregnant and post-partum women's knowledge and care seeking behaviours were documented separately in different focus group discussions.

## RESULTS

While the programme covered a large range of health topics, using a variety of skill building, mentoring, training and behaviour change communication methodology, certain issues and results stood out.

### Nutrition and the Hidden Role of Anaemia in Affecting Health

It's well-known that factory workers work in shifts and often arrive at work without eating breakfast. They may bring their own lunch or buy locally available snack foods which are not nutritious. Living in communal dormitory-like conditions does not encourage healthy cooking practices. While some factories do provide a subsidized or free lunch, eating habits in this population are generally poor, due to low levels of knowledge of nutritious foods, low wages, lifestyle associated with shift work, which includes not living with their family where meals are traditionally prepared by older women in the family.

Underlying all of this is a more serious long term condition for women in developing countries – anaemia. Anaemia is a low level of haemoglobin (or iron) carried in the red blood cells. It is caused by not eating enough foods rich in iron (meat, eggs, various vegetables), by parasitic diseases such as hookworm and malaria and by the blood loss during menstruation. Anaemia is often not visible but causes extreme tiredness, exhaustion, rapid breathing when severe, because haemoglobin assists the cells in carrying oxygen and additionally affects immunity, thus resulting in more frequent opportunistic infections. When an anaemic woman is delivering a baby and bleeds heavily, she may die. In addition, women seeking abortions for unplanned pregnancies could also risk death if suffering haemorrhage or infection.

In a working population of women, anaemia will clearly result in tiredness and more episodes of illness, affecting productivity and sick time. Anaemia can be prevented with an adequate diet and anti-parasitic drugs taken every six months, or treated with iron tablets, when anaemic.

Of the 2,473 women tested at baseline for anaemia, (one, if not the largest study of anaemia in garment factory populations), 18% were found to be anaemic and 1% borderline anaemic. This means that nearly 1/5 of the working population suffer from this disease. At the end of the programme, 61% of women (who had been identified as



**“I was tired and dizzy before and I thought it was because of my job, but after I joined the HealthWorks programme, I discovered that I was anaemic. Through the programme, I was able to get diagnosed by a doctor and received the proper medication and information about taking vitamins, eating nutritious foods and the importance of sleep. I want this programme to continue in my factory.”**

**(Ms. Sochu Lim, Sewing Operator, CMI-7NG)**

anaemic on the baseline survey), had their anaemia resolved. As treatment can take a long time and requires ongoing supervision and compliance in taking iron, this is a reasonable result and would need continuing follow up of the women who remain anaemic.

In addition to treating the women identified in the baseline, the health workers were taught to look for and diagnose anaemia in the remaining worker population. Protocols for diagnosis and treatment were developed and used in the clinics. In addition, we purchased and distributed Haemacue machines to each factory, so that on-site testing for anaemia could continue, enabling the clinics to sustain the programme. All factory management agreed to purchase and provide the iron tablets required for treating anaemia and they also provided anti parasitic drugs free of charge to employees every six months.

In addition, all pregnant women were provided with free iron tablets. Often the government health clinics ran out of iron tablets and women were not able to take them for the whole of their pregnancy, thus putting them at severe risk during their delivery.

Along with educating employees on good nutrition and how to prevent anaemia, the factories were well empowered to continue to tackle this common and serious disease.



#### WORKERS KNOWLEDGE ON ANAEMIA

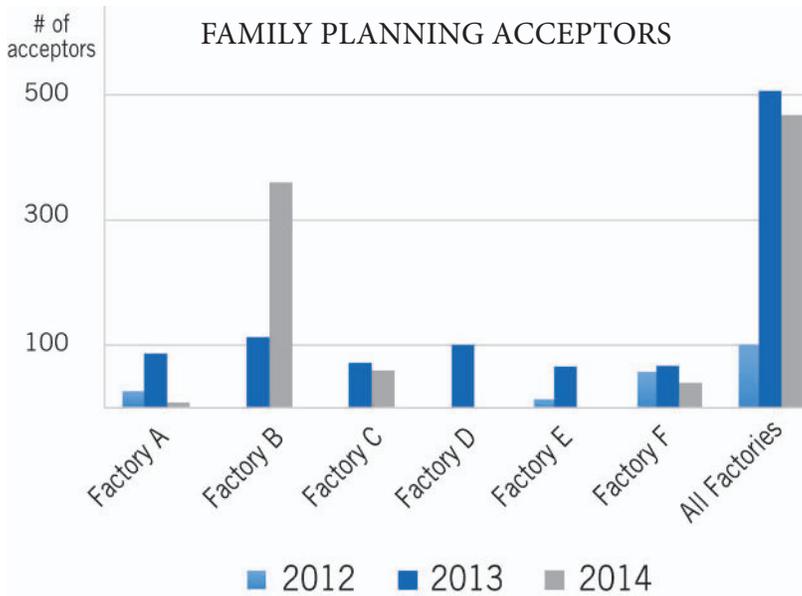
	Base-line (%)	End Line (%)	Difference (%)	Percent Increase	Significant
<b>What Anaemia is</b>					
A lack of red blood cells in the body	33	59	+26	+79	Yes, p<0.0000
Insufficient iron	13	29	+16	+123	Yes, p<0.0000
<b>Symptoms</b>					
Weakness and tiredness	52	59	+7	+13	Yes, p=0.0363
Pale skin	79	88	+9	+11	Yes, p=0.0007
<b>Prevention</b>					
Eat nutritionally good food sufficient in iron	82	95	+13	+16	Yes, p<0.0000
Preventing worms through good hygiene	12	22	+10	+83	Yes, p=0.0002
<b>Hunger</b>					
Tired, busy and skipping meals	85	77	-8	-9	Yes, p=0.0140
Hunger during working hours – sometimes	57	31	-26	-46	Yes, p<0.0000
Hunger during working hours – often	19	16	-3	-16	No, p=0.2398

## Birth Spacing: Addressing a Priority Need

The population of these factories is composed of predominantly young women who are likely to be most in need of family planning services. The baseline report showed that 41% of women who reported using a family planning method were using a traditional method known to be unreliable. While there were only small increases in the number of women using family planning at the end line, many more women were getting their family planning services from the factory clinics – thus proving the demand for these services. Throughout the programme, family planning services were offered in all seven factories. In 2013, 506 women obtained contraceptives from the factories, while 117 obtained contraceptives

in 2014. Projecting the three month data for all of 2014, a total of 468 women are expected to receive family planning services.

More women were using the daily pill and Norplant after the HealthWorks programme. As these are effective modern methods, this is a positive improvement. A reduction was seen in monthly pill use at the end of the programme. The monthly pill is known as the “Chinese Pill” and is not officially approved for use in Cambodia so the reduction shows impact of the education provided. The Chinese pill is taken once a month but contains extremely high doses of hormones (80 times the dose of synthetic progesterone and 100 times the dose of synthetic oestrogen found in a recommended daily oral contraceptive). Not only does this



cause much more pronounced side effects, it could potentially be harmful in contributing to blood clots, hypertension and strokes. It has also been shown to have effects on the babies of mothers taking the pill who are also breastfeeding. Education should be continued to encourage women to take the tested and safer lower dose daily pill.

### Maternal Health Services

Separate counselling groups for pregnant women and postpartum women were held each month. They aimed to improve the knowledge on danger signs in pregnancy and labour, encourage basic antenatal checks and breastfeeding.

### Training of Professional Health Staff

In order to introduce new health services, improve the quality of existing services offered at the factory and to mentor the factory health staff in conducting communication sessions on health topics, time was spent specifically training the health staff employed at each factory.

### PROFESSIONAL FACTORY HEALTH WORKERS TRAINED

Topic	# of Sessions	# of Attendees
Clinical Topics Training	2	18
Maternal Health Education Training	1	14
HemoCue Training (Anaemia)	1	9
BCC Training	4	72
<b>Total</b>	<b>8</b>	<b>113</b>



**“By educating and promoting health topics to employees, they have learned to value their health which has had a positive impact on their work, personal and social life.”**  
**(Rod Henderson, Vice President, OceanSky Global)**

## EMPLOYEE EDUCATION TOPICS

Topic	#Sessions	#Attendees
Hydration	12	3522
Hand washing	12	2055
Anaemia	24	3513
Sexually Transmitted Infections	14	2233
General Hygiene	15	1667
Nutrition	19	2060
Family Planning	9	1209
Maternal Health Education	17	346
<b>Total</b>	<b>122</b>	<b>16605</b>

## MASS COMMUNICATION EVENTS

Combined Events	#Sessions	# Attendees
Health Fair	5	771
Health Day	4	3720
Khmer New Year	6	4230
<b>Total</b>	<b>15</b>	<b>8721</b>

**In developing countries where illnesses are extremely prevalent and health care often expensive and of poor quality, offering preventive and curative health services is a **real tangible benefit for staff** and one that is valued by them.**



## Knowledge Leading to Empowerment

Before behaviour change can take place, people require the background knowledge to understand why they should adopt alternative behaviours. Adopting healthy lifestyles is crucial to preventing disease and ultimately results in cost savings to both the individual, family and insurance agencies. The challenge is that behaviour change interventions usually take a long time to bring about real results. (We estimate a minimum of three to five years to achieve substantive changes).

Before the HealthWorks programme launched, factories were not focused on improving the health knowledge of workers, behaviour change or preventive health care. After the programme commenced, a wide range of issues from hand washing, good nutrition, adequate water intake, how to ensure water is clean, preventing common diseases (diarrhoea, parasitic diseases, pneumonia, HIV) and when and where to seek care, were thoroughly covered, resulting in visible improvements.

## Knowledge and Behaviour Change Communication Sessions

Priority health topics were selected and a communications kit was developed for each topic. A variety of communications methods were then used to teach each subject to groups of employees. These included games, posters, counselling sections, quizzes and the Health Fair days. The employees enjoyed the variety of engagement and it is clear from the results that these actions resulted in solid improvements in knowledge levels. Through new clinical services and improved quality of existing clinical services, the programme was successful in ensuring that employees gained trust in factory health staff.

While hesitant at first, the factory health staff soon gained confidence in conducting the sessions and the on-the-job training and with support from RHAC and Project HOPE staff, they were able to lead the communication efforts by the end of the programme. With continued practice, the staff should improve their techniques and be able to design and introduce new topics on their own.

If these efforts are sustained and new topics introduced over time to keep things energized and interesting, then the desired behaviour change is likely to continue and improve even more. As the garment industry has a high degree of turnover of staff, it is vital that these educational sessions continue and that topics are repeated to ensure that the total factory population is exposed repeatedly to the messages.

In addition to the knowledge increase, the employees were grateful for the efforts of the health staff, and, based on some comments that were made, the activities demonstrate that the factory management cares about the personal health and well-being of its employees and is willing to offer them additional benefits.





## KNOWLEDGE OF EMPLOYEES ON SITE

Health Education & Referrals	Base-line (%)	End Line (%)	Difference (%)	Percent Increase	Significant
Had attended health education in the factory	7	63	+56	+800	Yes, p<0.0000
Received health information from factory health staff	55	78	+23	+42	Yes, p<0.0000
Referred to other services by factory clinic staff	7	22	+15	+214	Yes, p<0.0000

## EXAMPLES OF KNOWLEDGE/ EDUCATION ON HYGENIC FOOD PREPARATION

Knowledge of Food Preparation	Base-line (%)	End Line (%)	Difference (%)	Percent Increase	Significant
Wash hands, food cooking equipment before and after use	45	73	+28	+62	Yes, p<0.000
Dispose of spoilt food	12	30	+18	+150	Yes, p<0.000
Put foods that easily get spoilt in a cool place and cover	19	29	+10	+53	Yes, p=0.0007
Keep raw foods separate from cooked foods	17	27	+10	+59	Yes, p=0.0006
Wash vegetables and food and cook before eating	86	92	+6	+7	Yes, p=0.0027

## EXAMPLES OF KNOWLEDGE/ EDUCATION ON PREVENTING PARASITES

Knowledge of Preventing Parasites	Base-line (%)	End Line (%)	Difference (%)	Percent Increase	Significant
Wash hands before eating and touching food	22	53	+31	+141	Yes, p<0.000
Wash and cook food before eating	37	64	+27	+73	Yes, p<0.000
Drink boiled water	17	40	+23	+135	Yes, p<0.000
Wash hands after toilet use	4	10	+6	+150	Yes, p=0.0005
Take de-worming medicine	67	68	1	+1	No, p=0.7206
Put on shoes when outside	10	7	-3	-30	No, p=0.1454
Proper disposal of excreta or using a toilet for this	1	1	0	0	No, p=0.3154

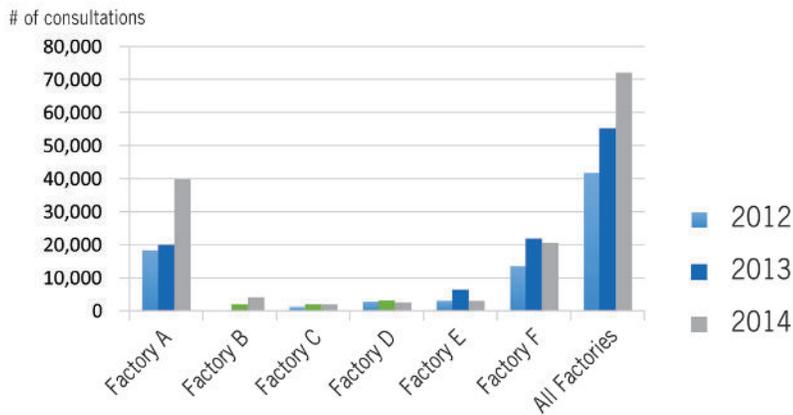
## Increases in Uptake of Health Services in the Factory

While all clinic consultations as a whole increased from 43,242 in 2012 to 55,150 in 2013 to a projected 72,044 (based on the first 3 months of data), large increases were seen in STI (sexually transmitted infection) treatment, antenatal care, and family planning, key focuses of the programme.

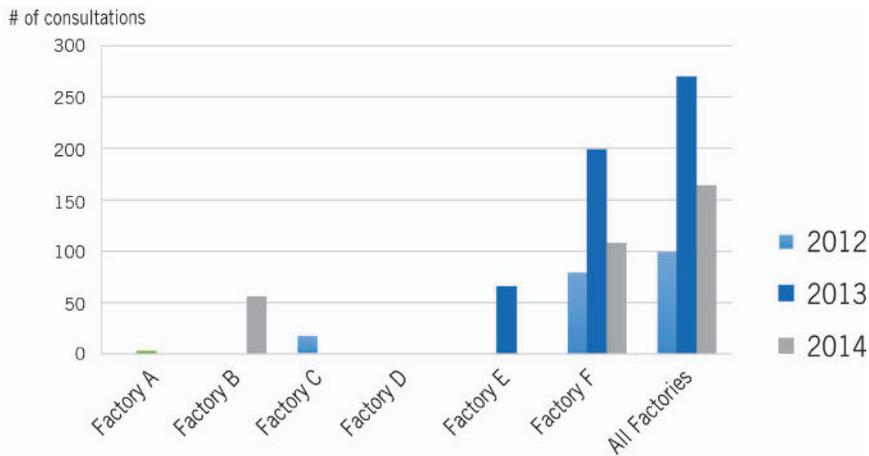
This most likely reflects the needs and perceived benefits from having health services on site and indicates that employees valued the services and wanted to use them when offered and could be an important part of the whole employment package offered to employees.

There was a tripling of consultations for sexually transmitted infections – a need perhaps not identified before this project.

### ALL CASES



### SEXUALLY TRANSMITTED INFECTIONS (STIs)





# Summary of Key Results

## Sustainability

- Detailed health plans were developed for each factory which included a strong emphasis on prevention, as well as curative care. A Behaviour Change Communications package and methodology was developed and established with accompanying culturally appropriate materials in the local language.
- Professional health staff employed by the factory were given specific knowledge and skills training and mentored in providing mass education and health promotion sessions. Their job descriptions were reviewed and updated to include these new and extended duties.
- With the development of clinical protocols and BCC and activity informational materials, there exists a curriculum and template for future quality activities with new factory employees.
- Necessary equipment was donated, methods for ensuring low priced commodities were set up (family planning commodities procurement system was established and RHAC assisted in the procurement of low priced commodities), investment by the factories in drugs such as de-worming medication, iron and family planning commodities, were made – all leading towards better long term sustainability.
- Factory clinics are now set up with the necessary equipment, medications, and furnishings to do more than just basic first aid.
- More detailed data and baselines were developed for each factory, so that continued measurement of effectiveness can be continued using sound scientific data.
- Health factory staff job descriptions were reviewed and updated.
- Policies and procedures were reviewed, updated, or created, e.g. family planning, anaemia, accident and serious illness, external referral.
- Support for the programme was voiced and given by the trade union bodies and external agencies such as the ILO – it makes sense to continue the activities and contribute to improving health and social well-being of workers, which give them some tangible benefits in addition to salaries.
- Business indicators were tracked by Marks and Spencer.

Such changes have the potential to improve employee productivity and essentially factory output.



## Services

- Clinical protocols were developed for the most common health topics in line with current global recommendations and utilized in each of the factory health clinics.
- New services were introduced for priority health issues, including:
  - o Family planning counselling and services were provided at all factories by the end of the programme. Nearly five times the number of women received family planning services from the factory in 2013.
  - o De-worming medication was offered to all employees every six months.
  - o Anaemia screening and treatment was introduced at all factories. 18% of women and 12% of pregnant women tested at baseline were anaemic. All women who were anaemic were provided with iron tablets and 61% of women were no longer anaemic at end line.
  - o HIV/AIDS and TB awareness was increased and the number of people receiving services for sexually transmitted infections nearly tripled.
  - o Messages on nutrition, water, sanitation and prevention of common diseases were instituted.



- o External referral mechanisms were reviewed and updated. The numbers of referrals increased from 7% to 22%.
- o Physical assessment of the factories was carried out to identify issues which might impact on health.
- o Overall, attendance at factory health services increased steadily from 43,242 in 2012 to a projected 72,044 in 2014 (based on the first three month's data).

## Behaviour Change

The knowledge, awareness and behaviour of employees increased and this change was demonstrated in the results of the end line survey. Survey results have shown that health promotion and education events have made significant changes in behaviour and knowledge of healthy habits. Key achievements include:

- o Significant increases in knowledge of anaemia and prevention (26% increase in those who knew anaemia is caused by a lack of red blood cells in the body).
- o Significant improvements in knowledge & practices concerning general hygiene, nutrition, clean drinking water, and prevention of parasites (31% increase in knowledge of washing hands before eating & touching food and 26% increase in knowing to wash hands after using the toilet).
- o Significant increase (56%) in attending health education in the factory.
- o Factory health staff were confident and able to conduct mass health education sessions and prepare materials.
- o Slight, but significant, improvements were seen in knowledge of very effective methods of contraception.
- o Significant increase seen in knowledge of symptoms of Sexually Transmitted Infections (STIs) and the number of workers going to factory health clinics for STIs nearly tripled from 2012 to 2013.
- o Significant increase in knowledge of transmission and prevention of HIV/AIDS and where to get testing.
- o Significant improvements in recognizing danger signs related to maternal mortality and where to seek care.
- o Increases in seeing a skilled provider for prenatal care and in delivering with the assistance of a skilled birth attendant.
- o Increase seen in women and babies receiving a post natal check.
- o Significant increases seen in women breastfeeding their babies.



## Challenges

Health programmes which involve mass education and behaviour change typically need a considerable implementation time for substantial changes to be adopted. Most programmes run for three to five years. There are few quick fixes, but instead a need for consistent inputs and repetition of messages and encouragement. Despite there being less than 18 months of actual implementation time, substantial changes were seen in the knowledge, awareness and reported behaviour change of employees, which indicates that huge improvements could take place over time if the inputs of the programme are sustained.

As anticipated, there were practical challenges associated with running mass communication events due to the large numbers of participants, noise and distractions in the workplace and the need to be extremely mindful of production and not interrupt the workflow. This resulted in the need to conduct activities quickly or to conduct them during the lunch break or after the shift ended. Also, using visual materials and sound systems are essential in diversifying the methods for communication and not all of the factories had sound systems available. The tension between finding time for the health sessions and not interfering with productivity is one that is likely to continue.

Incentives, games or competitions could have been utilized more to increase the interest levels. Generally though, employees expressed interest and were appreciative of the more personalized nature of the communications and services and saw them as relevant to their own situations.

Industrial action over wages, which resulted in demonstrations and workers on strike, interfered with the implementation schedules. BCC/health promotion sessions were delayed and some mothers' health sessions were cancelled when demonstrations blocked access.

The industrial action also resulted in workers leaving the factories and this was particularly reflected in the dropout rate in the final anaemia survey, when nearly half of employees were not available to be re-tested. Understandably, senior factory management were also fully occupied with the political situation, changes in staffing and were less available and focused on the programme in the latter stages.

It was anticipated prior to the programme that factory management would both implement and react differently to the programme inputs and this was true. The majority of factories (five) were fully involved and supportive, while two were less engaged. We imagine that this is a typical scenario. If positive ROIs can be demonstrated, then it is more likely that factories will fully partake and support such a programme.

We would like to have set up and instituted a simple data base to track the major indicators in one data set and train the factory health staff to run this system. Unfortunately there was not sufficient time to develop this.

There needs to be more work on supporting clinical staff to appropriately record and report services performed and to document referrals.





## Recommendations

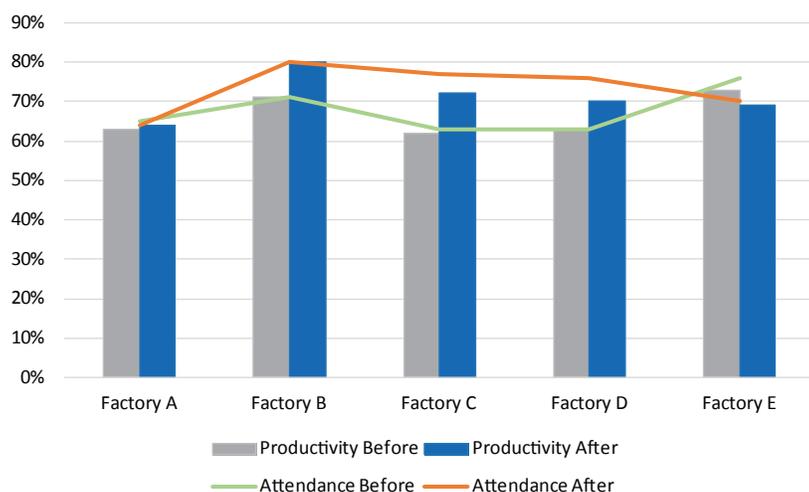
- Continue intensively with the Behavioural Change Communication (BCC) package and work on improving the quality of the factory health services.
- Continue to focus on anaemia and compliance with anaemia treatment.
- Continue strong focus on improving the uptake of modern methods of family planning to achieve reasonable coverage figures, given the age of this population and documented need for these services.
- Refresher health days would be useful for the factory health staff in supporting their efforts and giving them more opportunities to discuss implementation and challenges.
- A data tracking package and methodology would be very useful to introduce for the factories to use for continual monitoring and adjustment.
- Other health topics which could be included in the future are:
  - Supporting tuberculosis detection and compliance with treatment.
  - Breast and cervical cancer screening.
  - Chronic disease prevention.
  - General fitness and wellness activities.
- Working more closely with health insurance companies or national health insurance agencies could bring some benefits to factories and staff, especially where a national insurance programme covering workers is mandatory.
- There is the future possibility to develop the health package into a recognized occupational health programme, for which factory professional health staff could complete and gain a recognized qualification. This would also have the benefit of standardizing the health inputs nationally.
- Further roll out to new factories.

## Business Results

The garment industry in Cambodia contributes about 80% of Cambodia's total exports. There are around 500,000 garment workers in Cambodia (out of a total population of 14 million) who mostly come from poor rural families, and have low literacy levels, as seen in the baseline demographics. They frequently financially support immediate and extended family members still living in the rural areas. Prior to this initiative, there was no comprehensive health programme being implemented for garment industry workers in Cambodia.

The collection of business data for this project was undertaken by Marks and Spencer, who utilized an external independent consulting company, 3S Groups, for the data collection. They measured KPIs or Key Performance Indicators.

ATTENDANCE & PRODUCTIVITY  
BEFORE & AFTER IMPLEMENTATION



Methodology: A purposive sample taken from the randomly selected sample for the anaemia screening baseline was used. In addition, interviews were conducted with representatives from management, health staff, HR staff and working group members. The data was collected using a survey questionnaire and actual productivity and attendance data provided by the factory management.

Data from the last three months of the programme, January to April, 2014, were compared to data from May to August 2013. A major challenge was the impact of strikes during the last week of December, 2013, which affected data on attendance and the extended vacation taken in April for Khmer New Year. The data collected in April were not analyzed for this reason. In addition, reorganization of two factories which are linked under one ownership, resulted in some workers taking leave while the reorganization of jobs took place and another factory which produces sweaters, and is therefore more affected by seasonal market demands, also had more staff taking leave during the quiet period. The attendance data which therefore could be considered reliable came from two factories operated by the same company.

## Attendance

For the reasons explained above, several major external factors influenced attendance. One major company showed an increase of 5% in attendance which translates to 1.3 days per worker per month saved (or 10 hours per worker per month). In an average factory of 2,000 workers, this could represent 2,600 days gained per month or 31,200 days per year.

## Productivity

For productivity, results from factories which were owned by two companies, two were consolidated, and two factories did not share this data. Therefore data is given from three companies, representing five factories. Productivity increases were 4%, 8% and 9% from these companies, with an average increase of 7%.

## Costs

The costs of the HealthWorks Programme per factory were just under \$25,000 per year (15,000 UK Sterling), which gives an approximate cost of just over \$12 per health worker per year. According to Marks and Spencer, an estimated ROI of \$23 was recouped for every \$1 spent on the programme.

## Conclusion

Initial business results show clear indications that attendance and the associated cost savings could be significant for companies, especially if calculated over the long term. In future programme roll out and expansion, it is vital to continue to collect business data. Tangible benefits were seen in productivity and again, over the long term, could prove financially valuable for companies, lowering the costs of overtime. The costs of expanding and improving comprehensive health programmes, including preventative health care and communications, in the workplace, could not just be covered, but support clear returns on the investment.



## Acknowledgements

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1. Crystal Martin – KS and 7NG (two factories)  
Country Director, **Mr. Peter Strickland**  
HR Manager, **Mrs. Rachana Seang**  
Health & Safety Officer, **Ms. Sophat Sieng**
2. M&V International Manufacturing Ltd # 3  
Director, **Mrs. Eugenia Leong**  
COC Manager, **Mrs. Peiling Huang**  
Health & Safety Officer, **Mr. Fox Van**
3. Quantum Clothing (Cambodia) Ltd  
Country Director, **Mr. Kevin Plenty**  
HR Manager, **Mrs. Kakada VAN**
4. Bright Sky Pte Ltd and Suntex (two factories)  
Country Director, **Mr. Rod Henderson**  
OSH & COC Manager, **Mrs. Cel Saguid**
5. Flexitime (Cambodia) Apparel Limited  
Executive Assistant to MD, **Mr. Angus Tam**  
OSH & COC Manager, **Mr. Teng Sambath**

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