

***“HealthWorks”***  
***Improving Access to Healthcare for  
Working Women in the Developing World***

**A Presentation to PQMD**

**October 2015**

# Overview

HealthWorks is an innovative program model that uses the workplace as a platform for providing healthcare to vulnerable young women in the developing world.



The goals of the program are to **improve the health of employees** in factories and institutionalize a **sustainable process** for improving ongoing health and preventing disease, **using existing infrastructure and minimizing costs.**

# Highlights

- **Health services offered to women inside the factories:** Family Planning, HIV Prevention, Antenatal Care, Prenatal Care, Linkages to Skilled Birth Attendants and Emergency Obstetric Aid, Nutritional Counseling, Screening for Disease, Linkages to Health Care Facilities.
- 2013: Partnership with Merck for Mothers to launch **HealthWorks** in 5 textile factories in Indonesia, reaching over 10,000 women with health care education and linkages to clinical services.
- 2013: Partnership with British retailer, Marks & Spencer, to launch **HealthWorks** in 7 textile factories in Cambodia, reaching approximately 14,000 women with health care education and linkages to clinical services.



*HealthWorks program beneficiaries in Cambodia*

# Results/Impact Achieved

## In Cambodia:

*Throughout the 18-month program, **many improvements in knowledge, behavior and practices** were reported by the women working in factories, including:*

- 14, 507 employees received health education and improved health services inside the factories
- 26% increase in those who knew cause of anaemia
- 61% of women identified as anaemic were cured by the end of the project
- 31% increase in knowledge of washing hands before eating and 26% increase in hand washing after toilet use
- Number of people receiving services for sexually transmitted infections nearly tripled
- Family planning services were established in all factories and nearly 5 times the number of women received FP services
- Significant improvements in recognizing danger signs related to maternal mortality and where to seek care
- Increases in seeing a skilled provider for prenatal care and in delivering with a skilled birth attendant
- Demand for health services increased from 43, 242 in 2012 to a projected 72, 044 in 2014, while existing health staff were able to be fully utilized and productive
- Health staff also increased referrals of workers to outside health care services by 15%
- 10 hours of productivity gained per month from improved health (resulting in a 5% increase in attendance over the 18 month program period)
- Acknowledgment from external groups on the efforts to improve and establish sustainable health services in the factories, i.e. the International Labour Organization, the Ministry of Health and Labour and Union Representatives

# Results/Impact Achieved

## In Indonesia:

*From the Midline survey conducted in February 2015, **many improvements in knowledge, behavior and practices** were reported by the women working in factories, including:*

- An increase in mothers' knowledge about the danger signs during pregnancy from 50% to 80%.
- The percentage of mothers attending the recommended 4 prenatal checkups increased from 78% to 92%.
- An increase in factory workers' awareness of almost all types of contraceptive methods, and about where to obtain contraception.
- An increase in the knowledge of factory workers about anemia (symptoms, effect, causes, how to prevent it).
- Increase in factory productivity since the project began. The impact in productivity reported by the participating factories spread to other factories in the district and Project HOPE has received requests from other factories to implement the program.
- HealthWorks is partnering with the Indonesian Ministry of Health to operationalize its new national policy for women's health in the workplace.
- The prevalence of anemia decreased from 40% in baseline to 37% in midline survey.
- The role of factory clinic staff in providing health education and counseling improved. There was an increase from 29% to 50% of workers who reported they attended group health education sessions conducted by clinic staff. The percentage of workers receiving individual counseling also increased from 23% to 42%.

# Lessons Learned for Replication/ Scale Up

- Create trust with factory owners and managers by seeking their partnership in shared, sustainable goals to improve women's health, well-being and company productivity.
- Work in partnership with the Ministries of Occupational Health and Labor to implement and improve workplace health policies. Partner with local health services to improve women's access to care through referral and outreach to factories to bring services to women.
- Involve local stakeholders (District Development Planning Board, Ministry of Man Power, District Family Planning Board, etc.) at the early stage of program planning so that there is stronger local support (and budget allocation in country) for implementing and sustaining the program.
- Build on workplace assets such as factory clinic nurses to strengthen their skills in health education and counseling, and services such as anemia testing, and lactation rooms for breastfeeding mothers.
- Work with managers, compliance officers, and supervisors to support policies that allow workers to receive services and to become peer educators and spread knowledge. Help shape policies that are feasible and don't interrupt production, so factories will continue to support health programs.