FINDINGS
FROM THE WORKERHEALTH POST-INTERVENTION QUALITATIVE ASSESSMENT

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Country Representative
Population Council

WorkerHealth End of Project Meeting

22nd February 2018
OUTLINE

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Project Overview

PART 02
Findings

PART 03
Impact

PART 04
Recommendations
PART 01

PROJECT OVERVIEW
WORKERHEALTH OVERVIEW

- Tailored call-to-action messages
- WorkerHealth Champions
- Strengthening garment factory infirmaries
- GIS equipped, client referral system and app
- Quality Assured Network of family planning providers
ASSESSMENT PURPOSE

• Assess improvement in delivery and quality of RH & FP services provided by WorkerHealth factory infirmaries and external health service providers

• Understand female GFWs’ experience and satisfaction with the services
METHODS

36 garment factory partners
  10 selected (by volume)

15 private health provider partners
  3 used for pre-test
  7 selected (at random)
METHODS

PATIENTS

Client exit interviews conducted with female GFW ages 18-49 who went to the target facilities seeking FP or RH
METHODS

PARTNER HEALTH PROVIDERS

In-depth interviews (IDIs) held with all health provider staff from selected partner health providers

Medical vignettes to assess skill in diagnosing and providing care in FP/RH situations completed by health providers

A patient observation conducted with each participating health provider

Medical records provided from all participating partner facilities for review
METHODS

NON-PARTNER HEALTH PROVIDERS

In-depth interviews (IDIs) held with all health provider staff from selected non-partner health providers
### TABLE 1: POST-INTERVENTION COMPONENTS AND SAMPLE

<table>
<thead>
<tr>
<th>Component</th>
<th>Facilities</th>
<th>Target sample</th>
<th>Achieved sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Exit Interviews</td>
<td>21</td>
<td>180 - 240</td>
<td>197</td>
</tr>
<tr>
<td>Garment factory infirmaries</td>
<td>10</td>
<td>150-200</td>
<td>80</td>
</tr>
<tr>
<td>WH-trained facilities</td>
<td>7</td>
<td>30 - 40</td>
<td>117</td>
</tr>
<tr>
<td>Health Provider Staff Interviews (IDIs)</td>
<td>20</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Garment factory infirmaries</td>
<td>10</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>WH-trained providers</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Non-WH-trained providers</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Patient Observations</td>
<td>17</td>
<td>15 - 30</td>
<td>26</td>
</tr>
<tr>
<td>Garment factory infirmaries</td>
<td>10</td>
<td>10 - 20</td>
<td>17</td>
</tr>
<tr>
<td>WH-trained providers</td>
<td>7</td>
<td>5 – 10</td>
<td>9</td>
</tr>
<tr>
<td>Medical Vignettes</td>
<td>17</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>Garment factory infirmaries</td>
<td>10</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>WH-trained providers</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Medical Records Check</td>
<td>17</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Garment factory infirmaries</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>WH-trained providers</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>
ETHICAL REVIEW

Ethical approval for the study was granted by:

- Population Council’s Institutional Review Board, New York
- The National Ethics Committee for Health Research of the Cambodian Ministry of Health
PART 02
FINDINGS
PATIENT DEMOGRAPHICS

- Average age of 29 years old
- 97% married women
- 89.8% receive health care insurance
  - Almost all through NSSF’s Work Injury Scheme
PART 2.1
OVERALL THEMES
INFLUENCE ON HEALTH DECISIONS

- Friends and family primary source of FP/RH information
- Health providers more influential than Champions
- WorkerHealth activities most influential for seeking contraceptive counseling

FIGURE 1: MOST IMPORTANT SOURCE OF INFORMATION FOR FP/RH SERVICE VISIT (EXIT INTERVIEWS)

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Over view</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of contraceptive method</td>
<td>57%</td>
<td>17%</td>
</tr>
<tr>
<td>Counselling on contraception only</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>Gynecology exam or service</td>
<td>42%</td>
<td>26%</td>
</tr>
<tr>
<td>Pregnancy test or antenatal care (ANC)</td>
<td>46%</td>
<td>38%</td>
</tr>
<tr>
<td>Other reproductive health service</td>
<td>50%</td>
<td>13%</td>
</tr>
<tr>
<td>Reproductive health counselling only</td>
<td>57%</td>
<td>14%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
INFLUENCE ON HEALTH DECISIONS

- Promotional events, such as concerts, tuk-tuk and billboard advertising, and providing satchels (promotional bags) with the program information, had limited influence on behavior change.
- These events, however, were effective for awareness raising.
SATISFACTION WITH HEALTH SERVICES

- High satisfaction with both infirmaries and private providers
- Private facilities’ average wait time was 21 minutes, GFIs’ wait was 2 minutes

TABLE 2: SATISFACTION WITH MEDICAL FACILITIES ON A SCALE OF 1-10 (EXIT INTERVIEWS; N=197)

<table>
<thead>
<tr>
<th></th>
<th>Factory infirmary</th>
<th>Private provider</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating hours</td>
<td>8.68</td>
<td>8.53</td>
<td>8.59</td>
</tr>
<tr>
<td>Cleanliness</td>
<td>8.41</td>
<td>8.03</td>
<td>8.18</td>
</tr>
<tr>
<td>Wait time</td>
<td>8.68</td>
<td>7.73</td>
<td>8.12</td>
</tr>
<tr>
<td>Friendliness and respect from staff</td>
<td>9.29</td>
<td>8.79</td>
<td>8.99</td>
</tr>
<tr>
<td>Privacy</td>
<td>8.66</td>
<td>8.63</td>
<td>8.64</td>
</tr>
<tr>
<td>Overall price</td>
<td>8.95</td>
<td>9.02</td>
<td>8.99</td>
</tr>
<tr>
<td>Help with any pain experienced</td>
<td>8.68</td>
<td>8.68</td>
<td>8.68</td>
</tr>
<tr>
<td>Overall experience</td>
<td>8.89</td>
<td>8.71</td>
<td>8.78</td>
</tr>
<tr>
<td>Average of all scores</td>
<td>8.79</td>
<td>8.49</td>
<td>8.61</td>
</tr>
</tbody>
</table>
SKILL & EFFECTIVENESS OF PROVIDERS

• With GFI and private providers, women were given the opportunity to ask questions (87%) but answers not always understood (50%)

• 100% of service providers spoke to patients using nice or polite words

• Providers to use colloquial language with patients
SKILL & EFFECTIVENESS OF PROVIDERS

• Only 47% of the health care staff washed their hands before contact with patients

• This can contribute to the spread of germs and illness, and provides an unsanitary health care environment
PART 2.2
GARMENT FACTORY INFIRMARIES (GFI)
IMPROVEMENTS

• As service data shows, there was an increase in service uptake

• While GFI is still mainly used for minor injuries, it is increasingly used for counselling and contraceptives (pill)
IMPROVEMENTS

GFI an important first point of contact for FP counselling

FIGURE 2: FP/RH SERVICES RECEIVED IN INFIRMARY (EXIT INTERVIEWS; N=197).
INCREASE SERVICE UPTAKE

Increase due to:
- Promotion of the program’s training
- Reimbursement of transportation fees (voucher)
- Information given by WorkerHealth Champions.
Workers were most satisfied with GFI’s friendliness and respectful behavior.
SKILL & EFFECTIVENESS OF GFI

- WorkerHealth program gave staff a better understanding of reproductive health and family planning
- The training gave GFI staff the confidence to speak clearly to patients and give referrals to facilities in convenient locations
SKILL & EFFECTIVENESS OF GFI

• WorkerHealth helped staff provide better counselling
  – i.e. giving patients better instructions on how to take methods prescribed

• Training increased staff’s confidence in using media and knowledge on referrals and referral locations by using the GIS enabled app
“I have changed and improved a lot regarding the information about the reproductive health and contraception. I provide them information clearly and better than before, and know the place that they should go after that. I have changed my way of referring them to the nearest place that they should go.”

– IDI, Midwife in GFI
CHALLENGES

- Difficulty getting women to come for consultations because of their busy schedule or “shyness”
- Majority of GFI had challenges providing comprehensive counseling covering all methods
- The pill was often provided or referred disproportionately
## TABLE 4: ACTIONS TAKEN BY MEDICAL STAFF DURING VISIT (EXIT INTERVIEWS; N=19)

<table>
<thead>
<tr>
<th>Action</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed patient’s previous use of family planning</td>
<td>10</td>
<td>52.6%</td>
</tr>
<tr>
<td>Told the patient about the potential side effects of the method received</td>
<td>10</td>
<td>52.6%</td>
</tr>
<tr>
<td>Discussed reproductive intentions with the patient</td>
<td>6</td>
<td>31.6%</td>
</tr>
<tr>
<td>Gave a chance to choose preferred method</td>
<td>8</td>
<td>42.1%</td>
</tr>
<tr>
<td>Explained the advantages/ disadvantages of chosen method</td>
<td>7</td>
<td>36.8%</td>
</tr>
<tr>
<td>Discussed how the chosen method works</td>
<td>7</td>
<td>36.8%</td>
</tr>
<tr>
<td>Gave clear instructions about what to do if experiencing any problems or side effects of the method received</td>
<td>5</td>
<td>26.3%</td>
</tr>
<tr>
<td>Discussed two or more available methods</td>
<td>3</td>
<td>15.8%</td>
</tr>
</tbody>
</table>
GFI CONTRACEPTIVE COUNSELING

• Very few providers mentioned an appropriate approach to ensure patients understood the symptoms and side effects of contraception.
• Most explained possible effects instead of making workers repeat what they understood in their own words.
REFERRALS

- Service Data shows increase number of referrals
- 57.8% redeemed at Quality Assured Network
- Room to improve quality of referrals

| TABLE 5: ACTIONS TAKEN BY MEDICAL STAFF DURING VISIT (EXIT INTERVIEWS; N=33) |
|---------------------------------------------------|------------------|
| When providing referral, the medical provider... | Count | % |
| Gave a paper or record to take to the hospital   | 18    | 54.5% |
| Recommended where to go / who to see             | 14    | 42.4% |
| Informed about the reason for the referral       | 8     | 24.2% |
| None listed                                       | 6     | 18.2% |
PART 2.3
QUALITY ASSURED NETWORK (QAN)
Service data show there is an increase uptake of the utilization of QAN for family planning.

“The number of FP/RH clients has increased. When they come, they know that we are the partner with Marie Stopes and then they feel confident and dare to talk. Because I have training from the NGO, they trust in me.”

– IDI, Midwife in Cabinet
Workers have high satisfaction with services.

Private facilities’ average wait time was 21 minutes compared with GFIs’ wait of 2 minutes.

FIGURE 3: SATISFACTION WITH PRIVATE PROVIDER FACILITIES ON A SCALE OF 1-10 (EXIT INTERVIEWS; N=117)
CHALLENGES

- Service data show an increase in uptake of and preference for short-term methods
  - Most women chose their contraceptive as there were fewer side effects and it was convenient to use
FIGURE 4: REASONS FOR CONTRACEPTIVE PREFERENCE (EXIT INTERVIEWS; N=23)
CONTRACEPTIVE UPTAKE

“They [GFW] rarely use long-acting methods because they are afraid that they will have no chance to have a baby, gain weight, afraid of getting hurt, and afraid that it will not work... They do not follow what the service providers have told them, even when we try hard to explain to them. But they believe the rumors about its negative impact.”

– IDI, Midwife in cabinet
PART 2.4
NON-PARTNER HEALTH PROVIDERS
NON-PARTNER HEALTH PROVIDERS

- Increase in demand for services from GFW
- GFWs still have misconceptions around long-acting contraceptive methods
- Providers willing to join WorkerHealth if offered again
IMPACT

- Female GFW appear to have an increase knowledge of family planning and services
- Health providers reported an increase uptake of FP services and high satisfaction with services.
- Health providers report increase confidence and improved counselling techniques
- Health providers report increased confidence in giving referrals
WORKER-FOCUSED RECOMMENDATIONS

1. Adapt behavior change communication to be less intrusive to work schedules, and accessible to illiterate workers
   – The use of colloquial language is critical to make it effective
2. Recognize cultural differences and also target men
3. Address misconceptions regarding long-acting methods
   – Side effects, cost, biases regarding long acting methods are key
4. Recognize role of short term methods and workers’ preferences
   – For a younger workers with low parity, short term methods may be the method of choice
FACTORY & PROVIDER-FOCUSED RECOMMENDATIONS

1. Use colloquial language with patients
2. Provide additional training on counseling methods
   - Improve ability to counsel on a full range of contraceptive options with no biases
3. Reiterate information on basic hygiene and sanitation in training
4. Continue to invest in GFI as a first point of contact for workers and source of information and counseling
   - Consider biases in provision of the pill at the GFI
5. Improve how referrals are made and communicated to patients
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