

HEALTH ACCESS AND LINKAGE OPPORTUNITIES FOR WORKERS PLUS, (HALOW+)

End line Narrative





“I worked 7/8 hours at a stretch. In course of time, I started feeling extreme pain at my waist. I have been quite sick for a long time and cannot work again. My husband earns alone and it's too hard to manage the family expenses depending only on his income.”

.....Rehana Akter,
Sick RMG Workers.

“The scarcity of skilled workers is increasing day by day in the RMG sector due to health consequences which is alarming for the industry ”

..... Mizanur Rahman,
Senior Social Compliance Manager,
Marks and Spencer



In April 2015, GlaxoSmithKline, Marks and Spencer and CARE International launched a **one-year** partnership pilot (Health Access and Linkage Opportunities for Workers 'HALOW') in Bangladesh. The aim of the pilot was to support and build on existing health service provision for **7,700 ready-made garment (RMG) workers** of Interfab Shirt Manufacturing Ltd. and Interstoff Apparels Ltd. and to facilitate their access to needs-based health services including preventive care, health access information and education.

The pilot initiative showed early signs of success in **empowering workers to access services** in-factory and in the community by **raising awareness and educating workers** on key health issues. Through the success of this pilot, CARE developed a **3-year extension to the programme**, expanding to encompass **approximately 50,000 workers and 15 communities**, where the workers from the participating factories live. This programme, HALOW+, aims to truly achieve **long-term sustainable social and health impact** for the individuals, businesses and communities involved.

HALOW+ IMPLEMENTATION DESIGN



FACTORY

- The HALOW+ programme was designed to have impact at the factory level, the community level as well as to strengthen the urban health system at large scale. Outlined below are the key activities for each level:
- 1 Working through health champions to provide training on basic health and dignified work issues
 - 2 Working with factory management to improve conditions, particularly around PSHEA (Prevention of Sexual Harassment, Exploitation and Abuse)
 - 3 Development of better linkages to health infrastructure, and developing worker committees
 - 4 Providing Behavior Change Communication and education materials on health, hygiene and nutrition through channels such as: posters, PVC Board, Video and Audio Clips
 - 5 Organizing special events/days on various issues



COMMUNITY

- 1 Formation and functioning of Community Support Group
- 2 Increase quality health services for community members through: health camp, satellite clinics and referrals to quality service centers
- 3 Raising awareness on health, hygiene and nutrition through courtyard meetings
- 4 Create access to Government Safety Net initiatives for eligible community members, such as incentives for lactating mothers and children with a disability
- 5 Develop linkages to livelihood initiatives for women and youth provided by various ministries and private sector actors



URBAN HEALTH SYSTEM STRENGTHENING

- 1 Functioning and strengthening of Urban Health Governance System through coordination, monitoring and performance evaluation
- 2 Introduction of Common Health Card for creating access to no cost health services from qualified public and NGO facilities
- 3 Strengthening the Community Referral System to enable families living in poverty and extreme poverty to benefit from quality health services for no or low cost

MAJOR OUTCOMES AND ACHIEVEMENTS

Evidence



Female workers were 13% more likely to meet the minimum standard of dietary diversity after the programme.



Female workers were also 10% more likely to use sanitary napkins and were less likely to experience menstrual health problems.



Married workers were over 10% more likely to use condoms after HALOW+.



Workers were 66% more likely to correctly identify proper handwashing technique and there was a 8% increase in workers using proper handwashing technique.



Workers were 20% less likely to experience shoulder pain, food poisoning, asthma and convulsion.



17 factories are regularly supplied with family planning commodities



Workers shifted from being neutral to disagreeing with the feeling that they want to quit.



Workers were nearly 9% more likely to report any level of sexual harassment



Improvements in household savings and women's contribution in family financial) and health decisions were observed

Business Value Assessment (BVA)



13 out of 17 (76%) of factories reported declines in turnover which also helps reduce costs of recruitment and training.



11 out of 17 (65%) factories reported increased productivity, which reflected the results of a healthier and more stable workforce

CHANGES HAPPENED IN FACTORY THROUGH HALOW+ INTERVENTIONS

Workers' level:

- Workers are now more concerned about nutritious food, menstrual care and hand washing; there have been visible changes in their food habit, use of sanitary napkins and workers use the hand washing technique accurately and are maintaining personal hygiene properly.
- Workers are aware of emergency hot line numbers (such as 999)
- Worker's confidence level in terms of communication has increased. Now they can confidently present and communicate their learning and issues with factory senior management and external visitors
- Workers can celebrate various national and international days to create awareness on several health and social issues by themselves.

Factory System:

- Factory training teams have become more proactive, organized and stronger.
- Factory management have actively participated in the formation of several committees for the welfare of workers and made these committees more functional through actively conducting the meetings.
- Workers can share difficulties and problems with several committees of the factory.
- Medical teams in factories have become more active and paramedics and factory doctors are now providing counselling services if needed
- Sensitization on family planning, Tetanus vaccine and screening for Tuberculosis, Cervical & Breast cancer has increased and workers are benefitting from these services in the factories.
- There have been behavioral changes among mid level management staff, and the relationship between management and workers has improved.
- Factories proactively maintain a schedule for pain management exercises in factory.

CHANGES AT THE COMMUNITY LEVEL

- Increased awareness of the importance of nutritious food and visible changes in daily food intake, which will have long term impact on the wellbeing of workers and family members
- Living conditions have improved as community members are receiving several services from the government/ private/NGO service providers and there is more scope of linkages to get information about services they are entitled to
- Awareness sessions on menstrual hygiene are regularly conducted in the community schools and improve adolescent girls' reproductive health status.
- Through telemedicine service community members can use consultancy services at a very cheap price
- If there is any problem in the community, people actively seek support from the Community Support Group and can be referred to a respective service center for relevant services.
- Community people (also women) have now become more outspoken and are interested to tell/ share their stories.
- Women's decision making in the household has increased, for example in terms of family planning and spending and there is more involvement of men in household chores.
- School children and children in the communities are practicing proper hand washing techniques and community people have adopted improved personal hygiene and sanitation practices

FUTURE REQUIRED CHANGES



FACTORY

- 1 25 – 30% of the workers use old health, hygiene and nutrition practices despite knowing about basic issues
- 2 Some workers are still feeling shy to take Family Planning commodities from factory clinics
- 3 Some workers are not following doctor's treatment advice
- 4 Failure to train new Health Champions when a Health Champion drops out



COMMUNITY

- 1 Spontaneous participation of local public representative in Community Support Group work
- 2 The community still does not communicate with the government service institution on their own initiative
- 3 Community people have expectations to receive tangible items such as: establishment of a hospital, road construction, livelihood supports etc
- 4 There still is a percentage of community people who have not changed traditional health practices yet
- 5 They do not realize that everyone has to be united to solve their problems



KEY CHALLENGES ON PROJECT IMPLEMENTATION



1

SKILLS OF STAFF WERE OVERLY FOCUSED ON CAPACITY BUILDING:

The HALOW+ project was jointly implemented by CARE and SHEVA and both organizations have long working experience in the RMG sector. The project combined health and dignified work through multiple interventions such as: capacity building, linkage development, existing health system strengthening, community engagement which was new for implementing staff members. Most of the team members' experience was limited to capacity building activities. This knowledge gap meant that there was a lack of confidence in other work areas. To overcome this challenge, the project focused on capacity building activities for the project team members such as: inhouse training, experience sharing workshop, learning visit to other areas, referrening good practices to others etc.

2

LACK OF EXPERIENCE ON HOLISTIC PROJECT IMPLEMENTATION BY FACTORY:

The HALOW+ project was implemented in mostly compliant factories in Bangladesh. All of the 17 factories were already implementing a number of social projects either as a retailer initiative or as a factory level initiative. However HALOW+ is a long running and multi-intervention project. It was challenging, on some occasions, to ensure that factories had a clear understanding of why these interventions were important given existing production times and targets. Factory management staff members were engaged from the beginning of project implementation through conducting the situation analysis, developing an action plan based on situation analysis findings, joint monitoring and evaluating project progress. All level management staff members were involved in factory level activities.

3

GAINING THE SUPPORT OF INFLUENTIAL COMMUNITY STAKEHOLDERS :

HALOW+ intended to increase service access for community people by strengthening existing community systems and mobilizing local level governance. At the outset, most of the influential community stakeholders were reluctant to get involved and extend their support for project implementation, which delayed the achievement of some community based targets. The project engaged community members to identify their problems and built their capacity for finding solutions using local level resources. This approach showed immediate benefits and encouraged influential community stakeholders to become involved in project activities.

4

CLARIFYING ROLES AND RESPONSIBILITIES OF DIVERSE ACTORS:

HALOW+ was a multi stakeholder project involving 17 factories, two donor organizations (GSK & M&S), two evaluation/research organizations (BIF/Tufts), 15 communities, two government ministries (MOHFW & MOLGRD), a number of local level private actors and NGOs as well as CARE and Sheva as implementing organisations. It was challenging to align everyone's perception and understanding about project outcomes, implementation modalities, timelines and management. Everyone agreed on individual roles and responsibilities for project deliverables and implementation timelines.

5

EXTENSIVE POLITICAL INVOLVEMENT OF COMMUNITY PEOPLE:

HALOW+ had to work with large numbers of community stakeholders for implementing the project community component. It was observed that, community people are highly involved and guided by political parties. The project intended to involve community people but it was sometimes challenging to understand their political identity, which was an obstacle to involving the most proactive and relevant person in project interventions. In addition, the existence of a dual leadership at the City Corporation level created challenges regarding the management and implementation of project interventions. The project took a non-partisan role and managed to involve the most relevant stakeholders in activity implementation.

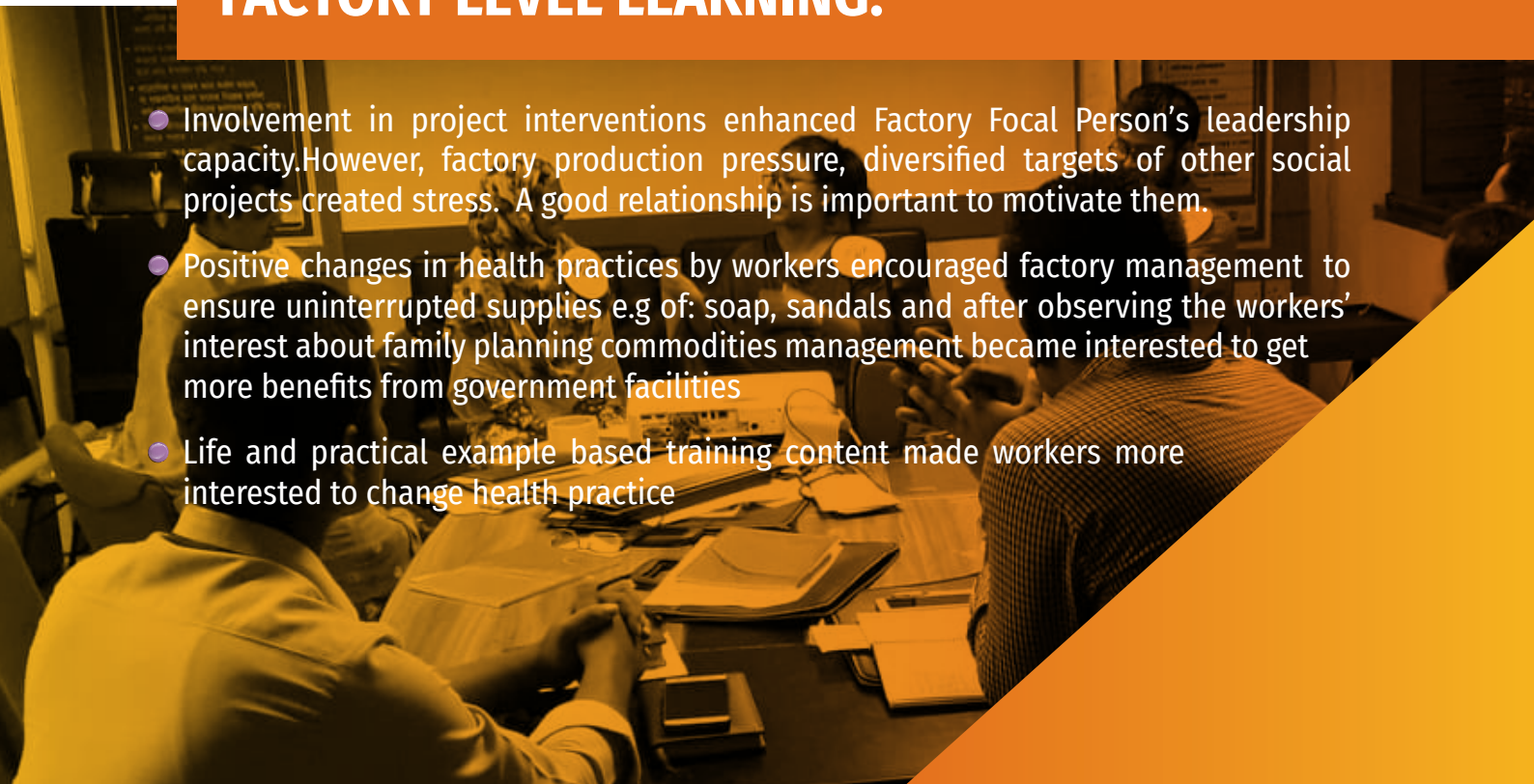
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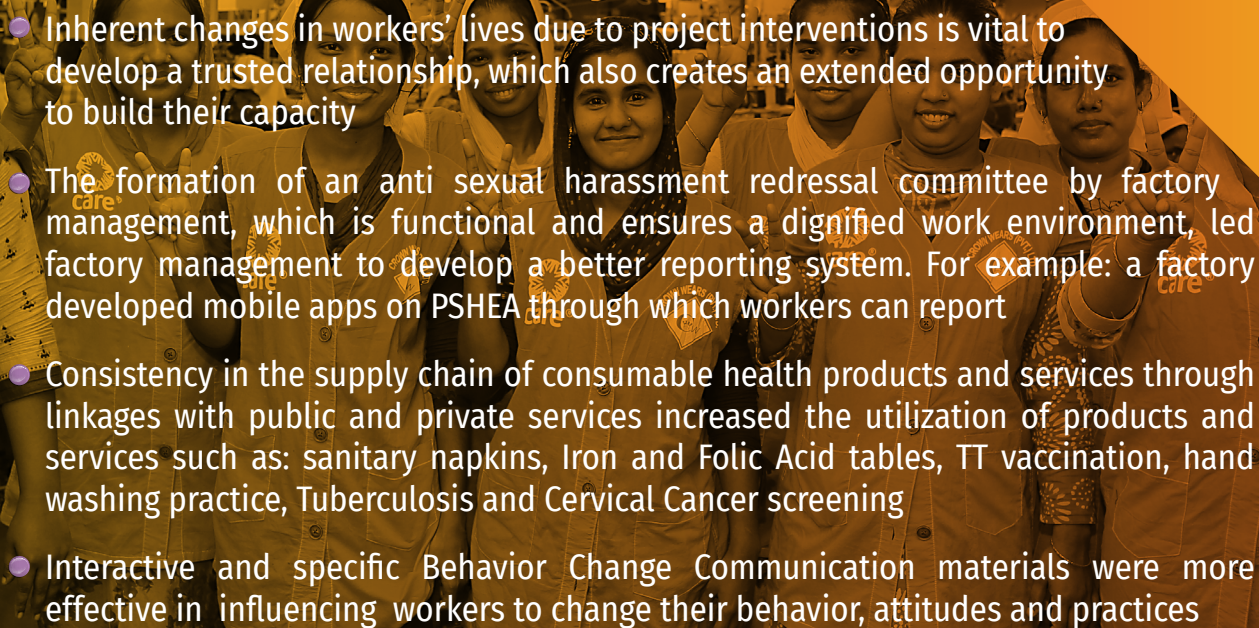
DEMONSTRATING PROJECT IMPACT/ OUTCOMES TO MULTI-LEVEL STAKEHOLDERS:

HALOW+ followed holistic approaches considering interventions and reach, but could have used a more tailored approach to meet the different needs of people at the factory and community level. Interventions brought generic outcomes for all which was not ideal considering the different needs from the different population or groups. However, the project always shared immediate outcomes and study findings with relevant stakeholders in a timely manner.

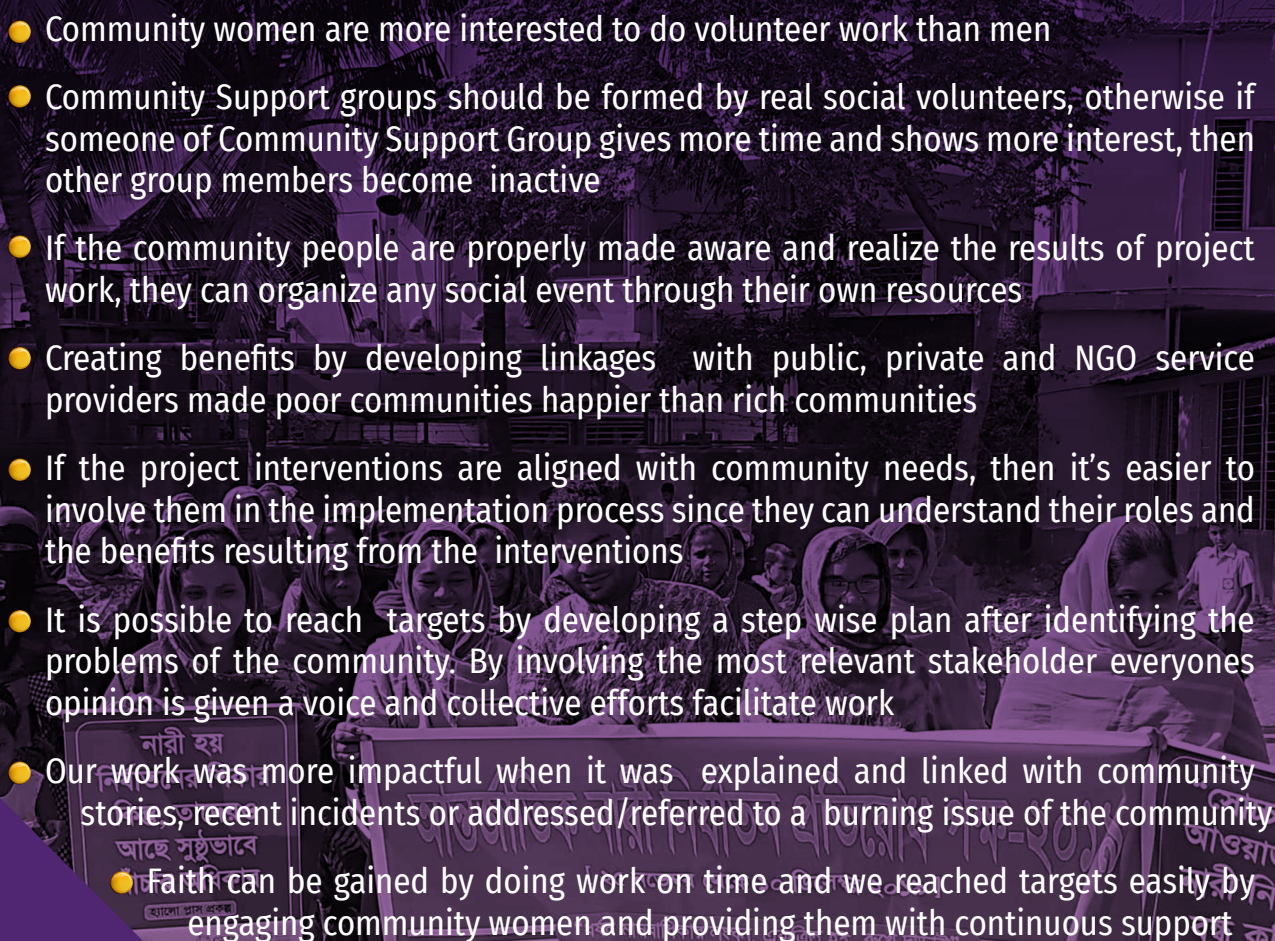
FACTORY LEVEL LEARNING:

- Involvement in project interventions enhanced Factory Focal Person's leadership capacity. However, factory production pressure, diversified targets of other social projects created stress. A good relationship is important to motivate them.
- Positive changes in health practices by workers encouraged factory management to ensure uninterrupted supplies e.g of: soap, sandals and after observing the workers' interest about family planning commodities management became interested to get more benefits from government facilities
- Life and practical example based training content made workers more interested to change health practice



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- Inherent changes in workers' lives due to project interventions is vital to develop a trusted relationship, which also creates an extended opportunity to build their capacity
 - The formation of an anti sexual harassment redressal committee by factory management, which is functional and ensures a dignified work environment, led factory management to develop a better reporting system. For example: a factory developed mobile apps on PSHEA through which workers can report
 - Consistency in the supply chain of consumable health products and services through linkages with public and private services increased the utilization of products and services such as: sanitary napkins, Iron and Folic Acid tablets, TT vaccination, hand washing practice, Tuberculosis and Cervical Cancer screening
 - Interactive and specific Behavior Change Communication materials were more effective in influencing workers to change their behavior, attitudes and practices

COMMUNITY LEVEL LEARNINGS:

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- Community women are more interested to do volunteer work than men
 - Community Support groups should be formed by real social volunteers, otherwise if someone of Community Support Group gives more time and shows more interest, then other group members become inactive
 - If the community people are properly made aware and realize the results of project work, they can organize any social event through their own resources
 - Creating benefits by developing linkages with public, private and NGO service providers made poor communities happier than rich communities
 - If the project interventions are aligned with community needs, then it's easier to involve them in the implementation process since they can understand their roles and the benefits resulting from the interventions
 - It is possible to reach targets by developing a step wise plan after identifying the problems of the community. By involving the most relevant stakeholder everyone's opinion is given a voice and collective efforts facilitate work
 - Our work was more impactful when it was explained and linked with community stories, recent incidents or addressed/referred to a burning issue of the community
 - Faith can be gained by doing work on time and we reached targets easily by engaging community women and providing them with continuous support



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The baseline-end line survey has been conducted by 'Tufts University' and
the Business value assessment has been conducted by 'Individual consultant'.