

Learning package: Garment factories

PSL referral directory: helping workers reach appropriate care

A detailed referral directory in garment factories is helping workers reach reproductive, maternal and newborn health services with the right person, place and price to suit their needs.

Strong referral systems offer clients pathways to better health by helping them to reach appropriate services when they need them.

Following behaviour change communication activities in garment factories, Partnering to Save Lives (PSL) developed a comprehensive referral directory to help workers reach reproductive, maternal and newborn health (RMNH) services. While garment factory infirmaries could provide basic care, the referral directory directed workers to a full range of services from diverse providers in the community, from public health facilities, private providers and NGO clinics, including those covered by the National Social Security Fund (NSSF). Service providers were listed in the directory by area in Phnom Penh and Kandal provinces (the target provinces for PSL garment factory activities) so that workers could find a suitable provider in a convenient area close to work or home.

The PSL referral directory was distributed to factory infirmaries, human resource departments and, for the first three years, to peer educators in supported factories. The directory provided basic information for 62 health facilities in Phnom Penh and Kandal province. It had companion summary sheets, which listed selected health facilities close to each factory with more detailed information, including services offered and prices. Infirmery providers and peer educators also used referral slips to record basic client details, and record services accessed by workers.

“The referral summary sheet is good because it... helps service seekers to go to health facilities that have good service quality and safety.”

Municipal Health Department representative, Phnom Penh

មណ្ឌលសុខភាពជ្រោយចង្វារ ការិយាល័យស្រុកប្រតិបត្តិបេតុង		មុលដ្ឋានសុខាភិបាលសាចរណ៍
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Above: A sample entry from the colour-coded referral directory, in which blue information tables denote public health facilities for quick reference. The information in each entry includes the address of the facility, opening hours, RMNH service fees, and the availability of female/male service providers.

Lessons learned

In general, the referral directory functioned well to help garment factory workers reach RMNH services, although there were some limitations, which are commonly experienced with non-electronic systems. The following key lessons were observed:

- Collaboration with service providers and managers at referral sites is important to keep them informed of the new systems that are in place. Strong relationships with these providers can assist with record-keeping to track referrals and monitor service utilisation.
- Referral directories should include as many complete and accurate details as possible to help workers to make informed decisions when choosing a service provider. Map facilities to ensure that clients have accurate locations and street addresses to visit.
- Clearly denote NSSF facilities in referral directories so that workers can access affordable care and make full use of their entitlements and benefits. Ensure that garment factory infirmiry staff and other referral agents are aware of NSSF benefits and can refer workers to NSSF facilities.
- In the Cambodian context, peer-to-peer recommendations continue to have a large influence upon individuals' healthcare behaviours. The majority of referral slips analysed by PSL in its review of the referral system were distributed by peer educators, who were engaged for three years of the program, followed by infirmaries.
- Despite the success of peer educators in distributing referral slips, in general, referral slips were not fully utilised. Many garment factory workers and service providers did not understand the purpose of the referral slip because there was no voucher component, and consequently they did not always use them. This made it challenging to monitor referrals and PSL ultimately phased out the referral slips from its system.
- Infirmiry staff made referrals to external service providers for RMNH services that could not be provided on-site, but it was beyond PSL's scope to monitor or improve the quality of care by external providers. Regulation of service quality across the Cambodian health system remains a challenge. PSL did, however, support 13 factory infirmaries to improve the quality of on-site sexual and reproductive health services and referrals that were available to garment factory workers.
- Maintaining up-to-date details in hard-copy referral directories is challenging. Although providers' locations and price lists change frequently, it was not feasible for PSL to update the referral directory in real time, as this required a PSL officer to contact each service provider, verify their details, and then replace pages in each

hard copy directory. To ease this administrative effort, when the NSSF began, PSL used a simple sticker system to easily update each directory and show the location of NSSF facilities.

Recommendations

Effective referral systems play an important role in helping community members reach appropriate and timely services. To continue enabling access to services for garment factory workers, PSL recommends to:

- Equip infirmaries with the details of facilities that are included in the NSSF so that workers can access affordable, off-site services if they need them.
- Support quality improvement activities in referral sites to ensure that workers can access a reliable and satisfactory standard of care.
- Carefully consider the time and resource required to implement a paper-based referral system and build approaches for monitoring and updating data and information from the outset. Engage with referral agents and service providers to assist in record-keeping and monitoring referrals.



Credit: Care

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