I. BACKGROUND

Workplace health and safety are essential for sustainable development. Increasingly, developing countries are joining the global economy, and reaping the benefit of increased revenue, improved living conditions and upgraded services. However, industrialization can exact a price that is paid for in human health if occupational health and safety issues are not addressed.

Industrial activities associated with globalization can introduce hazards to the workforce and to the general population. Within the Western Pacific Region, the transfer of hazardous industries to less developed countries that have neither the policy nor health care infrastructure to deal with these issues is a growing concern. In addition, the changing nature of work is expected to result in a significant impact on workers' health.

Unfortunately, only 5-10% of workers in developing countries have access to adequate health services in the workplace. In many of these countries, the resources and institutional capacity to deal with occupational hazards are inadequate to meet the increasing need. This is compounded by the failure to recognize the relationship between the work environment, health and development among policy-leaders, employers and managers, and the health profession.

Healthy workers are the foundation for a prosperous economy and sustainable development. There are multiple determinants of workers' health, however, that go beyond the removal of occupational hazards. Environmental and organizational factors, the strength of social support systems, and lifestyle choices also contribute to the health of the labour force. The workplace is an ideal setting to protect and promote the health of workers. In most cases, it is a well-defined environment, easily recognized and with an inherent system of staffing and management that facilitates the administration of health programmes. Recognizing this, the World Health Organization in the Western Pacific Region, in collaboration with its Member States recently developed a set of guidelines for the development of healthy workplaces.

The guidelines, published in 1999, provide a framework for establishing health-promoting policies and workplaces within the Region. They are designed to complement existing occupational health and safety and environmental health laws and International Labour Organization (ILO) conventions. The guidelines may also help to broaden national standards for occupational health by highlighting gaps in local legislation and policy. The approach suggested is a participatory one that involves all stakeholders to ensure ownership and commitment to the implementation of strategies for workplace health and safety.

Developed in consultation with an expert panel, field experience in the application of the guidelines to real-life conditions is still sparse. This case study documents the Vietnam experience in the use of the Regional Guidelines for Healthy Workplaces in small and medium scale enterprises in two cities over a one-year period. The feasibility of the guidelines and the factors essential to successful implementation are highlighted in this report.

II. INTRODUCTION

Vietnam is supportive of globalization and is undergoing a phase of rapid modernization and industrialization. As new enterprises are established, foreign technology, modern equipment and materials including chemicals, are swiftly being introduced into the work environment. There is concern that these
will lead to rising problems related to workplace hazards, worsening existing occupational diseases, which have yet to be controlled effectively, and causing new occupational diseases to emerge.

The failure to address this concern in a proactive manner may lead to adverse health impacts on the work force, including decreased work capacity and forced early retirement due to work-related disability. Large-scale industries, including multinational companies, are usually closely regulated and have greater resources to invest in workers' health. However, small and medium-scale enterprises (SSEs and MSEs, respectively) may be less capable of doing so; hence it is not surprising that a substantial proportion of hazardous exposures and work-related accidents, illness and mortality occur in these settings.

At the present time, the Vietnamese government supports the development of small and medium-scale enterprises. These are believed to contribute significantly to the GNP, while creating jobs for workers, and accelerating the transition from a predominantly agricultural rural economy into an industrialized one. Currently, small and medium-scale enterprises comprise 80-90% of all business enterprises in the country. The Ministry of Health is responsible for the labour force in these private enterprises.

The Labour Law of 1994 included a chapter on occupational health and safety. The Prime Minister approved a Decree in 1995 that expanded the scope of occupational health and safety within the existing law. In 1996, in accordance with the Decree, the Ministry of Health approved regulations on occupational health management in all enterprises. The Department of Preventive Medicine of the Ministry of Health conducted a survey in 1997 on the relationship between productivity, quality of working conditions and worker health. The survey involved district health units and the management and staff of several small and medium-scale enterprises. The results showed that health promoting workplaces with healthy, supportive and safe working conditions were associated with better worker health status and increased productivity.

When the Regional Guidelines for Healthy Workplaces were being developed beginning in 1997, several officials at the Ministry of Health recognized the potential of adapting the Regional Guidelines to complement existing legislation to establish an approach to occupational health and safety in SSEs and MSEs. During a conference on health promotion in small & medium scale enterprises, Thuong Hai, Dec. 1997, it was decided to do a 1-year healthy workplaces pilot test in small & medium scale enterprises through the “Healthy Cities” initiative in the cities of Hai Phong (Ngo Quyen district) and Hue.

III. OBJECTIVES OF THE PROJECT:

The overall objective of the project was to determine the feasibility of implementing the Regional Guidelines for Healthy Workplaces in small and medium scale industries in Vietnam. Healthy workplaces were conceptually defined as work environments where work-related hazards are prevented and controlled, occupational diseases are appropriately managed and general health promotion is encouraged.

The specific objectives include:

- To advocate for healthy workplaces among the different government & non government agencies and institutions involved in overseeing the work environment;
- To collect data on worker’s health, environmental hazards and to assess the needs and health concerns of the workforce in small & medium scale enterprises of two pilot cities (Hai Phong, Hue);
- To mobilize and train the staff at selected SSEs and MSEs to develop an institutional plan of action for health promotion in their workplace;
- To oversee the implementation of the plan of action over a 12-month period; and
- To evaluate the results of the experience in the selected workplaces with a view to expanding the project to other workplaces.
IV. METHODS

Two cities were selected as pilot test sites. It was decided to integrate the "Healthy Workplaces" project into the "Healthy Cities" initiative.

The approach used is described in detail in "Regional Guidelines for the Development of Healthy Workplaces", Healthy Settings Document Series No. 1, November 1999. Briefly, the eight steps in creating a healthy workplace include:

- Ensuring management support for the project;
- Establishing a coordinating body to develop and implement a plan of action;
- Conducting a needs assessment;
- Prioritizing the identified needs;
- Developing an action plan in response to the particular needs of the specific workplace;
- Implementing the action plan;
- Evaluating the process and outcome; and
- Revising and updating the programme.

The process emphasizes active participation of key stakeholders using a developmental and iterative approach. At the end of the study period, the programme in each test site was evaluated using process and outcome indicators. Recommendations and activities for the future were then outlined.

V. RESULTS

Description of Selected Cities and Work Sites

1. HaiPhong city (Ngo Quyen district):

The Ngo Quyen district is located within the city of Hai Phong. The district's population is approximately 171,213, distributed across 14 quarters. A total of 91 SSEs & MSEs are officially listed within the district, with a combined workforce of 1347. Five hundred sixty-nine out of the 1347 workers (42.24%) are female. At the initiation of the pilot study, however, only 48 enterprises were operating. Forty-six out of the 48 are SSEs (95.8%), of which 6 are co-operatives, 9 are working groups, and 31 are private companies. No state or joint venture enterprises exist. There are 2 MSEs (4.1%), of which 1 is a co-operative and 1, a private company. The industries which have the highest number of workers include mechanical and chemical operations, food processing, construction, manufacturing and the garment trade.

<table>
<thead>
<tr>
<th>Enter-prises</th>
<th>Hue City</th>
<th>Ngo Quyen District, HaiPhong City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small-scale</td>
<td>198</td>
<td>14</td>
</tr>
<tr>
<td>Enterp. (&lt; 50 workers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium-scale</td>
<td>39</td>
<td>04</td>
</tr>
<tr>
<td>Enterp. (51-150 workers)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The District Commercial and Industrial Office is the responsible authority for the registration of industries. In the district there are:

- A district health center with a staff of 243;
- A hygiene & epidemiology team with a staff of 23;
- 9 polyclinics with a staff 163, and 3 special clinics on toxicology, dermatology and occupational health with a staff of 63;
- 14 health stations with 57 staff members; and
- 76 other health units registered.

**TABLE 2: DISTRIBUTION OF THE SMALL AND MEDIUM-SCALE ENTERPRISES BY INDUSTRIES**

<table>
<thead>
<tr>
<th>Industry</th>
<th>Hue City</th>
<th>Ngo Quyen District, HaiPhong City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The No. of small-scale enterprises</td>
<td>The No of worker in small-scale enterprises</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>1. Foundry</td>
<td>60</td>
<td>200</td>
</tr>
<tr>
<td>2. Mechanic reparation</td>
<td>16</td>
<td>132</td>
</tr>
<tr>
<td>3. Chemical, rubber, plastic</td>
<td>10</td>
<td>159</td>
</tr>
<tr>
<td>4. Textile, garment</td>
<td>04</td>
<td>136</td>
</tr>
<tr>
<td>5. Construction</td>
<td>01</td>
<td>30</td>
</tr>
<tr>
<td>6. Food Processing</td>
<td>82</td>
<td>403</td>
</tr>
<tr>
<td>7. Agriculture</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>8. Others</td>
<td>09</td>
<td>104</td>
</tr>
<tr>
<td>Total</td>
<td>182</td>
<td>1,164</td>
</tr>
</tbody>
</table>


Redesigning the roof to improve lighting and ventilation in Thanh Binh Rubber Co-operation, Hue City

Redesigning the roof in Thang Loi high-grade Foundry Co-operation, Hue city
2. Hue city:

Hue city has 2 residential areas, one urban and the other, suburban. In the urban area, there are 5 sub-areas housing about 6 to 7 resident groups per area. The major occupations are in business, agriculture, industry, services and in administrative offices. There is one group working in traditional metal casting.

There are 284 SSEs & MSEs with 4593 workers, of which 1,625 (35.38%) are female. At present, however, only 278 enterprises (8% of the total) are operating. Of these, 198 are SSEs (83.54%), comprising 14 cooperatives, 23 working groups, and 161 companies & private enterprises. There are no state-owned enterprises or joint ventures. There are 39 MSEs, with 4 co-operatives, 3 working groups, 23 companies & private enterprises, 4 state-owned enterprises & 5 joint ventures. Food processing is the major enterprise, involving 82 SSEs with 403 workers and 6 MSEs with 546 workers (equivalent to 45% of all SSEs and 27.27% of all MSEs, respectively). 60 SSEs with 200 workers work in the metal casting industry (32.96%). In addition, there are 3 textile enterprises with 398 workers. The Commercial Service is the responsible authority for registration of industries.

<table>
<thead>
<tr>
<th>Table 3: Health Services in Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hue City</td>
</tr>
<tr>
<td>The number of health service</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>District Health Centre</td>
</tr>
<tr>
<td>Group of Hygiene and Epidemiology</td>
</tr>
<tr>
<td>Poly-Clinic</td>
</tr>
<tr>
<td>Specialised Clinic</td>
</tr>
<tr>
<td>Health Station</td>
</tr>
<tr>
<td>Others*</td>
</tr>
</tbody>
</table>

* Health services of Textile, Cement and Rail-Way Industries and private health services

Casting village: Established in 1983, the casting village is divided into 3 areas with 2 hamlets. It is located in the Thuy Xuan commune. This is a traditional casting village, in existence for more than 400 years. In the village, there is a casting cooperative with 27 workers, down from more than 100 persons in the past. In addition, there used to be 32 casting households; today, the number has decreased to 27. These workers mold copper, lead to produce products such as bas-relief artwork, bells, and religious statues. The average monthly income per person in the cooperative is about VND300,000 - VND450,000 (~ USD20-USD30).

In Hue city there are:

- A health center with 171 staff members;
- A hygiene & epidemiology team with a staff of 11;
- 3 polyclinics with 41 staff members;
- 25 health stations with a staff of 86;
- 7 health units with 31 staff members in the textile, railway, and cement producing industries.

Description of the Process and Subsequent Outcomes

1. Establishment of the Steering Committee at all levels:

As a first step towards developing a healthy workplace plan of action, steering committees were established at the national and provincial levels. At the national level, the committee included members of the staff of the Department of Preventive Medicine, Ministry of Health, experts from the National Institute of Occupational and Environmental Health and experts from local Institutes. At provincial level, the composition of the steering committees included:
• In HaiPhong city: staff of the local Health Service, experts from the local Centre of Preventive Medicine and staff from other community organizations.

• In Hue city: the Director of the Health Service, and 13 members from the local Health Service, the local Centre of Preventive Medicine, the Confederation of Labour, Group of Hygiene and Epidemiology and the People's Committee of the Foundry District.

2. Organisation of the National workshop - December 1998:

A national workshop was organized to introduce the "Healthy Workplace" concept and to emphasize the importance of health promotion within the workplace. Participants included representatives from different governmental and non-governmental organizations. The workshop established the rationale for the "Healthy Workplaces" approach, citing the Jakarta Declaration and delineating the links to other Healthy Settings initiatives. Commitment at the national level was solicited to support the pilot projects in HaiPhong and Hue.

3. Survey on the need assessment of Health Promotion at Workplaces:

The local Steering Committees were then set up. The first task of the committees was to conduct a survey and needs assessment at small and medium scale enterprises in the test cities.

The main findings from the survey include the following:

• Majority of the workers were young males aged 21-40 years old (68.5% in Hue city and 76.6% in HaiPhong city). 1.4% of workers in Hue city and 0.3% of workers in HaiPhong city were children and elderly working in family foundries or other family enterprises. Almost all of the workers had some secondary-level education. The living standard of workers was average; about 12% of workers reported having economic difficulties.

• The health of 4-10% of the workers did not meet local health standards.

• Workers identified the following unsatisfactory working conditions:
  o Inconvenient workplaces (50%);
  o Excessive heat (50%);
  o High noise levels (15-17%);
  o High dust concentrations (11-18%);
  o Exposure to toxic gases (10%);
  o Poor health services (65%); and
  o The absence of pre-employment and periodic medical examinations and the lack of occupational disease examinations at any of the enterprises.

• Majority of the employers received training on occupational health and safety (OHS) regulations. This led to an improvement in the working conditions in a few workplaces. Most did not maintain OHS records.

• Smoking was highly prevalent among workers (Hue city: 46%; HaiPhong city: 30%). However, when smokers were asked if they wanted to give up smoking, all (100%) replied in the affirmative and indicated their interest to attend a smoking cessation programme.

• 90% of workers were willing to participate in health promotion programmes, which they suggested ought to last for about 30 minutes and be held before or after working hours.

• Most of the workers were willing to pay 3,000-5,000 VND per month to defray the costs of health promotion programmes.

• Interest in subjects such as exercise, nutrition and properly diet, occupational diseases, AIDS prevention, low back pain prevention was expressed by almost all of workers.
Needs assessment on taking care for employees' health at production households

Conducting the periodic medical examination for workers
4. Development of a detailed action plan:

Based on the information collected in the needs assessment survey, the local Steering Committees defined priorities and developed an action plan that consisted of the following strategies:

- Organization of training courses for enterprise employers and key staff of the pilot test sites in the 2 cities on OHS regulations, health care law for workers, and general information on OHS;
- A workshop for employers to determine the criteria for health promoting workplaces; the following five criteria were ultimately chosen:
  - An identified person responsible for OHS in every workplace;
  - An environmental program implemented (green, clean, beautiful) at every workplace;
  - 80% of all workers are trained and demonstrate an improved awareness of OHS.
  - Improvement in working conditions, with at least 2 interventions implemented per year; and
  - A monitoring system to track changes in the working environment and quality of health care for employees.
- A written Commitment to implement the programme on “Healthy Workplaces” between the employers and the Chairperson of the Steering Committee: 15 enterprises of each city signed the Commitment.
- Collection of resource materials for the workplace test sites
- Establishment of a Health Corner in each workplace, containing a first-aid kit and educational materials on various topics on occupational health and safety and health promotion
- Development by the National and Provincial Steering committees of specific activities and a schedule of implementation based on the information collected during the baseline survey.

5. Implementation of action plan:

15 workplaces committed to action plan implementation in each test city. Implementation was carried out over a period of 1 year. At the end of the study period, the Steering Committees undertook an evaluation of each of the test sites. Results in the following areas were achieved:

a. General features:

During the study period, business difficulties were encountered by several of the worksites. Decreases in production were observed in 3 of 15 workplaces in HaiPhong. Flooding affected enterprises in Hue. The total number of workers in decreased by 24.9% in Hue and by 3.5% in HaiPhong. Despite these, the worksites were able to implement the Healthy Workplaces action plan.

The average income of workers per month increased somewhat during the last 6 months of the study period.
Installation of a ventilation exhaust system in the bottling workshop of the Pesticide Company, Hue city

Planting ornamental and green trees at enterprises
b. Occupational Health and Safety:

In the last 6 months of the study period, implementation of the OHS action plan became more regular. 100% of the enterprises had designated an occupational health and safety person. All 30 test sites were maintaining monthly OHS reports and a logbook for OHS incidents. OHS inspections were held regularly in all sites; the frequency of inspection varied from weekly to monthly in each workplace. All 30 enterprises in both cities had established a Health Corner, which were classified as good by the employees.

c. Implementation of the Environmental Program

Implementation of the workplace environmental programme ("clean, green and beautiful") improved over the last 6 months of the study period. Specific achievements include the following:

- Ensuring a sufficient water supply for workers:
  - In Hue city: 100% of enterprises were judged to belong to the good category.
  - In HaiPhong city: 40% enterprises were in the good and 60% in the satisfactory categories.

- Providing clean toilets and washing facilities at each workplace:
  - In Hue city: 93.3% of enterprises were in the good category
  - In HaiPhong city: 53.3% of enterprises were in the good and 46.7% in the satisfactory categories. These represent an improved rating, with an increase in approval rating of 26.7% from baseline.

- Having clean mess halls and kitchens with regular clean-up schedules and adequate garbage disposal:
  - In Hue city: 93.3% of the enterprises were in the good category
  - In HaiPhong city: 93.3% of the enterprises were in the good category

By the end of the study period, a number of the workplaces had established kitchens to provide food on-site to the workers.

- In Hue city: 11/15 enterprises (73.3% of the total) had kitchens and all of them were in the good category
- In HaiPhong city: 7/15 enterprises (46.6% of the total) had kitchens, all were in the good category

d. Education and training on Health Promotion at Workplaces

The implementation of this component by the test sites was better in the latter half of the study period.

- The number of enterprise conducting the training course on OHS increased:
  - In Hue city: 86.6% of enterprises organised at least 1 training course
  - In HaiPhong city: 100% of enterprises organised 1 training course and the Duc Thang Plastic Cooperative conducted 3 training courses.

- 50-100% of employees in both cities were trained in OHS law.
- All of the test sites had at least one person trained in first-aid.
- 30-100% of smoking workers had given up smoking at the completion of the study.
- Almost all of the workers participated in activities to improve working conditions (all 15 enterprises in HaiPhong city and 10 in 15 enterprises in Hue city had 100% of workers participating in activities to improve working conditions)

e. Improvement of working conditions:
• All of the test sites reported improvement in working conditions.
  o The number of improvements increased during the latter half of the study. In HaiPhong city each enterprise had 3-4 or more improvements

• Among the specific changes to improve working conditions were:
  o Installation of insulation against heat;
  o Better ventilation;
  o Control measures for dust and toxic gas;
  o Provision of adequate personal protective clothing;
  o Control measures to reduce noise and improve lighting (natural and artificial);
  o Addition of equipment to lift heavy loads;
  o Upgrading of staff facilities,
  o Construction of sheds to house bicycles and motorbikes;
  o Enhancement the surrounding environment;
  o Promotion of sports;
  o Establishment of an awards system for occupational health and safety.

The cost sustained by the enterprise owners to institute these changes ranged from 300,000 VND to 55 millions VND.

6. Monitoring the project:

The criteria for healthy workplaces set by the National and Provincial Steering Committees were used to assess the progress of the project. Employers/owners of the enterprises were requested to send monthly and bi-annual reports, including an evaluation checklist for healthy workplaces, to the Provincial Steering Committee for analysis. Specific members within the local Steering Committees were assigned to guide and oversee project implementation at specific test sites.

a. Monitoring the working environment and worker health status:

In Hue city:

• All of the enterprises implemented environmental monitoring for temperature, humidity, air velocity, lighting; noise intensity; dust concentration and toxic gas.

• The number of workplaces whose employees underwent a workplace health examination increased from 33.3% at baseline to 100% at the end of the study period. The number of workers examined increased from 49.6% to 100

• With regards to disease prevalence, the rate of skin disease was highest at 3%; the rate of cardio-vascular disease was 2.6%; the rate of ear and eye diseases was 2.3%; the rate of gynaecological diseases was 2.1%. Overall, by the end of the 1-year period, the prevalence of all diseases decreased in comparison to the first 6 months.

• Over the study period, 12.1% of workers reported an illness resulting in 126 days lost from work. 21 workers took sick leave for 1-3 days, while 15 workers required more than 3 days off work because of health reasons

In Ngo Quyen district of Hai Phong city:

• All of the enterprises implemented environmental monitoring for temperature, humidity, air velocity, lighting; noise intensity; dust concentration and toxic gas.
The number of workers examined increased. In the first 6 months, 291 workers (45.8%) underwent a medical evaluation. In comparison, during the last 6 months, 486 workers (79.2%) underwent a health examination.

Eye diseases were the most prevalent (17.2%) followed by acute upper respiratory diseases (7.2%), cardio-vascular diseases (4.3%), skin diseases (1.6%) and others (13%).

During the implementation of “Healthy Workplaces”, there was no report of an occupational accident in any of enterprises in Hai Phong city. There was one workplace death. 24 sick workers required a total of 81 leave days.

b. Assessment according to the "Healthy Workplaces" checklist

Based on the reports of enterprises and the evaluation checklist recommended by the Regional Guidelines, at the end of the 1-year study period, the following general assessment can be assigned to the 30 test sites:

<table>
<thead>
<tr>
<th>Assessment (category)</th>
<th>Total of the enterprises</th>
<th>Ngo Quyen district (Hai Phong City)</th>
<th>Hue City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent (90-100 marks)</td>
<td>15</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Good (70-89 marks)</td>
<td>14</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Satisfactory (50-69 marks)</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unsatisfactory (&lt;50 marks)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

The number of enterprises classified as excellent increased by 14 during the last 6 months of implementation as compared to baseline. Only one enterprise remained in the "satisfactory" category. No enterprise was considered to belong to the "unsatisfactory" category.

7. Organisation of the Healthy Workplace Award:

The "Healthy Workplace" Award was established to provide positive reinforcement for the Healthy Workplaces programme and to broadcast the benefits of the programme to the rest of the community.

a. Organisation:

The Selection Committees oversaw the organization and selection of the Healthy Workplace Awards. Three to four persons from each workplace, representing management and labor, participated in this competition.

b. Selection Process:

The selection process began 1 month prior to the competition, which closely coincided with the end of the study period. Test sites were requested to submit their monthly and biannual OHS reports, and documentary evidence of the improvements in the workplace that resulted from the implementation of the programme.

The selection of winners was based on the five criteria for healthy workplaces, which were determined at the outset of the study period:

- An identified person responsible for OHS in every workplace;
- An environmental program implemented (green, clean, beautiful) at every workplace;
- 80% of all workers are trained and demonstrate an improved awareness of OHS.
- Improvement in working conditions, with at least 2 interventions implemented per year; and
- A monitoring system to track changes in the working environment and quality of health care for employees.

Points were allotted based on the health and environmental profile of the workplace, the nature and type of OHS practices and health promotion outcomes. An on-the-spot competition on knowledge of first aid and general occupational health and safety was also held.
c. The results of "Healthy Workplace" Awards:

The "Healthy Workplace" Award was held in January 2000. It was well-received, with active participation of all workplaces, local health services and related government sectors.

In Ngo Quyen District, HaiPhong city:
Fourteen of 15 pilot enterprises participated in the HaiPhong competition. The winners were:

1. Namtrieu Cooperative (sea products processing)
2. Dong Duong Wood Furniture Enterprise
3. Duc Thang Plastic Cooperative

Other enterprises received certificates of participation in the "Healthy Workplaces" programme from the Ngo Quyen District People Committee. In addition, the Health Service of HaiPhong city requested the Ministry of Health to award certificates to 5 enterprises with exemplary health care programmes for their workers.
The contest of knowledge on OHS and practice on the first aids in the "Health Promoting Enterprises" Award for non-state enterprises in HaiPhong city
In Hue City:
13 of 15 pilot enterprises participated in the Hue competition. The winners were:
1. Vinh Loi Mechanical Co-operative
2. Thai Binh Rubber Co-operative
3. Thang Loi High-Grade Foundry Co-operative

Workers' Evaluation of the "Healthy Workplaces" Programme

613 workers in 15 enterprises in HaiPhong and 153 workers in 15 enterprises in Hue completed an assessment of the "Healthy Workplaces" programme at their worksites; their participation; the perceived benefits of these activities; the current working conditions; and recommendations to achieve and maintain a healthy workplace. An overwhelming majority considered the activities included in the plan of action for healthy workplaces to be good to excellent. Workers particularly appreciated the following:

- Setting up a health corner for workers
- Improvement of staff facilities
- Improvement of working conditions and periodic health examinations
- Organisation of training courses on health promotion
- Organisation of other activities such as sports
- Smoking cessation programmes in the workplace
- First aid training

Almost all workers (93.6% in HaiPhong, 100% in Hue) participated in the training courses. The subjects of training courses were OHS, first aid and fire and explosion protection. 96.6% of workers in HaiPhong and 100% of workers in Hue read the OHS books and manuals in the health corner. 96.7% of HaiPhong workers and all Hue workers were well-informed on the improvements implemented by enterprises in the health promotion programme.

Almost all workers (99.6% in HaiPhong, 100% in Hue) participated in workplace-based health promotion activities. The activities which the workers liked best were OHS inspections, sports and games at enterprises, improvement of working conditions, planting trees, health examination and reading books and manuals in the health corner. 65.4% of workers gave up smoking

All the workers thought that the health promotion programme benefited both the workers and the enterprises. These benefits included: increased productivity, increased income (38%); prevention of diseases and accidents at work, promoting workers’ health (67%); improved working conditions, and improved knowledge on OHS (20.6%)

In the last 6 months of programme implementation, workers considered the working conditions in their enterprises to have improved significantly as compared to baseline. Majority of those surveyed wants to maintain the existing activities and to continue implementation of other healthy Workplace” activities in the future.

VI. DISCUSSION AND RECOMMENDATIONS

This pilot study demonstrates that the Regional Guidelines for Healthy Workplaces can be successfully implemented in small and medium scale enterprises. Adoption of the guidelines can result in benefits to the workers, their employers, and their communities. While the benefits to the workers are largely self-evident, by the end of the study period the employers were convinced of the advantages of a healthy workplace to management. Increased worker productivity, reduced absenteeism for health reasons,
improved knowledge and skills of managers, and enhanced corporate pride in the recognition given to healthy workplaces (through the awards) were identified by employers as positive consequences of participation in the programme. A cost-benefit analysis revealed financial gains from increased productivity relative to health and safety investments made by management. The benefits extended to the local government and health services. The Steering Committee facilitated inter-agency collaboration while the training led to an upgrading of managerial and technical skills at the District level. The programme contributed to an increased awareness of OHS issues at the national and local government level, and paved the way for incorporating OHS into the primary health care services at the commune health stations.

Areas for improvement were acknowledged. While participation and support for OHS activities was strong, interest and involvement in general health promotion was less so. For example, healthy lifestyle activities such as exercise programmes were less popular.

Several key elements for success were identified:

- Intersectoral participation and involvement of critical stakeholders through the establishment of Steering Committees encouraged ownership and facilitated coordination for the programme. Among the critical stakeholders are the agencies involved in registration of the SSEs and MSEs. Their membership in the Steering Committees persuaded industry owners to take on the programme.

- The action plan needs to be developed with involvement and input of all stakeholders. The plan needs to be clearly written, with delineation of objectives, accountabilities and projected target dates for specific activities.

- Areas for intervention should be relevant to the workplaces involved, and should be identified based on a needs assessment and prioritization.

- A mechanism to monitor progress must be built into the action plan. Periodic assessments of implementation should be carried out.

- A method to reinforce desirable behavior, such as competitions and a certification process, greatly augments the likelihood of successful programme implementation.

Based on this experience, the project team plans to develop a manual on occupational health risk management for distribution to all health staff. It is recommended that a report on the project methods and results be disseminated and made available for adaptation by SSEs and MSEs throughout Vietnam. Future programmes should also include a provision to train the Labour Inspectorate on the special occupational health and safety needs of SSEs and MSEs.
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