

# SCORECARD

## COLOR CODING

- All elements present and functional, no improvement needed
- Minor elements missing from indicator or non-functional, minor improvement needed
- Significant elements or items missing, major improvement needed
- Not enough information

## LEVELS

- B** Basic
- M** Middle
- H** Higher

## HEALTH SERVICES

### 1. PHYSICAL FACILITY

BENCHMARK	LEVEL (B,M,H)	INDICATORS (IN RED THE INDICATORS BEYOND BASIC REQUIREMENTS)	RED/YELLOW/GREEN	NOTES
<b>1.1 Cleanliness</b> <i>Health facility is kept clean</i>	B	<b>1.1.1</b> Soap and running water OR hand sanitizers are available for hand washing at the health facility		
	B	<b>1.1.2</b> Dedicated cleaning materials and disinfectants are available for cleaning furniture and instruments		
	B	<b>1.1.3</b> Waste receptacles are on site		
	B	<b>1.1.4</b> Workspace is not dirty or messy		
	M	<b>1.1.5</b> Hot water is available and easily accessible in facility		
<b>1.2 Patient/Provider Safety</b> <i>The facility does not expose patient or providers to health hazards</i>	B	<b>1.2.1</b> A dedicated disposal receptacle for hazardous materials, separate from general waste, is in facility		
	B	<b>1.2.2</b> A separate container for disposing of needles is available		
	B	<b>1.2.3</b> No expired medicines are on-site		
	H	<b>1.2.4</b> Hazardous waste is disposed of by a hazardous waste service (private or public) provider		

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<b>1.3 Privacy &amp; Confidentiality</b> <i>The facility ensures patient privacy and protects confidential information</i>	B	<b>1.3.1</b> Space is provided where provider and patient can speak privately and not be overheard		
	B	<b>1.3.2</b> Waiting area is separate from examination or intake area		
	B	<b>1.3.3</b> Facility has a secure location in which patient records can be locked		
	M	<b>1.3.4</b> Facility is not a passage, exit, or entrance for non-patients		
	M	<b>1.3.5</b> A private space separate from patient intake is provided for patient exams, counseling and other communications		
<b>1.4 Lighting</b> <i>Electricity and adequate lighting is provided</i>	B	<b>1.4.1</b> Adequate lighting is available to perform functions		
	M	<b>1.4.2</b> Electricity is available in facility, supported by a generator, to perform functions		
<b>1.5 Furniture</b> <i>Adequate furniture is provided for patient services</i>	B	<b>1.5.1</b> A desk/table and chairs are available for intake and consultation		
	B	<b>1.5.2</b> Locked cabinet to store medicines and other materials is on site		
	M	<b>1.5.3</b> A bed is available for rest and care		
	M	<b>1.5.4</b> An examination table is available for clinical services		
<b>1.6 Record-Keeping</b> <i>Health records are maintained for each patient</i>	B	<b>1.6.1</b> A registry book is used for documenting patient intake and consultations		
	B	<b>1.6.2</b> All information gathered identifies the sex and age of the patient and phone number (if available)		
	M	<b>1.6.3</b> Forms tracking individual patient history, services and follow up are used		

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<b>1.7 Public Information</b> <i>Information on health services is publicly posted in the facility and in the workplace</i>	B	<b>1.7.1</b> Facility and health provider hours and services are posted in front of the clinic		
	B	<b>1.7.2</b> Facility and health provider hours, services and location are posted in one or more public spots		
	B	<b>1.7.3</b> Provider responsibilities to patients are posted in the facility: informed decision-making, right to refuse care, patient-centered care, and confidentiality		
	B	<b>1.7.4</b> Workplace policies on workers' access to health services during and after work hours are posted in and near health facilities/spaces		

## 2. PRODUCTS/EQUIPMENT/MATERIALS

<b>2.1 Instruments</b> <i>The facility is stocked with instruments and materials appropriate to the level of services provided</i>	B	<b>2.1.1</b> A first aid kit is kept stocked with bandages and other items required by law and basic needs		
	B	<b>2.1.2</b> Washing products are available for cleaning wounds		
	M	<b>2.1.3</b> Provider has access to thermometer, weight scale, and tape measure		
	M	<b>2.1.4</b> Stethoscope and blood pressure cuff or machine are available		
	M	<b>2.1.5</b> Protective gloves (preferably non-latex) are available		
	H	<b>2.1.6</b> Equipment/products for specific tests or services offered by the facility are available		
<b>2.2 Medicines</b> <i>Basic medicines are available that are appropriate for the services provided</i>	B	<b>2.2.1</b> Non-prescription pain reliever is available		
	M	<b>2.2.2</b> Medicines and immunizations are available based on illnesses specific to the workplace/community and training of health provider		

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<b>2.3 Reproductive Health</b> <i>Reproductive health products and services are made available to workers</i>	B	<b>2.3.1</b> Sanitary napkins and/or other products for menstruation are available to workers		
	B	<b>2.3.2</b> Treatment for urinary tract and gynecological infections are made available on-site or off-site by a qualified provider		
	M	<b>2.3.3</b> Modern contraception is made available in the facility or through other mechanisms onsite or formal relationships offsite with providers		
<b>2.4 Health Education Products</b> <i>Health educational materials appropriate for the literacy level and in the language of workers are available</i>	B	<b>2.4.1</b> Health education materials are posted on wall in clinic, bathrooms and production areas (as appropriate)		
	B	<b>2.4.2</b> Health education materials are available as handouts for workers at a reading level that reflects their literacy		
	B	<b>2.4.3</b> The facility provides information (posters and/or handouts) on topics that are related to disease prevention or health protection of the workforce (e.g. correct use of antibiotics, hand washing, hydration, nutrition, family planning, ergonomics, etc.)		
	M	<b>2.4.4</b> The facility provides information (posters and/or handouts) on topics that are specifically relevant to women workers (e.g. menstrual hygiene, spacing pregnancies, pre- and post-natal care, and urinary/gynecological infections)		
	M	<b>2.4.5</b> Materials are available on treatment or prevention of essential health issues in the workers' local community, (e.g. sexually transmitted diseases, reproductive health/family planning, harassment/gender-based violence, cancer, HIV/AIDS, tuberculosis, malaria, alcohol/drugs, anemia, hypertension, etc.)		

### 3. FACILITY POLICIES/PROCEDURES

BENCHMARK	LEVEL (B,M,H)	INDICATORS (IN RED THE INDICATORS BEYOND BASIC REQUIREMENTS)	RED/ YELLOW/ GREEN	NOTES
<b>3.1 Hygiene Protocols</b> <i>Health providers follow good hygiene practices</i>	B	<b>3.1.1</b> Hands are cleaned between patient visits		
	B	<b>3.1.2</b> The work space is cleaned and disinfected as necessary each day		
	B	<b>3.1.3</b> Protective gloves are worn whenever there is contact with blood or bodily fluids		
	B	<b>3.1.4</b> Hazardous materials (blood, bandages, needles) are always put in a safe disposal site, separate from other trash and are not included in the routine handling of trash		
	M	<b>3.1.5</b> Instruments and examination furniture are cleaned between patients		
<b>3.2 Confidentiality Protocols</b> <i>Health providers takes precautions to protect confidential information</i>	B	<b>3.2.1</b> The provider provides the patients medicines, products, counseling, or information in a fashion that ensures their confidentiality		
	B	<b>3.2.2</b> The provider keeps all patient information in a locked site when providers are not in the facility		
	B	<b>3.2.3</b> The provider never shares individual patient information with management, workers, non-health professionals or any other person without a medical need to know		
<b>3.3 Patient Protections</b> <i>Providers follow common practices for outside observers during patient services</i>	B	<b>3.3.1</b> Patients are informed that they may have a second person of their choice with them at any time when receiving care from or consulting with a provider		
	M	<b>3.3.2</b> A second person of the same sex as the patient is present when a provider of a different sex is undertaking a physical exam beyond vital signs		

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<b>3.4 Availability/Accessibility of Services</b> <i>Health services are made available to workers</i>	B	<b>3.4.1</b> The facility/workplace has the minimal number of health staff and level of qualifications required by law		
	B	<b>3.4.2</b> The health staff takes lunch at a time different from the workforce		
	B	<b>3.4.3</b> Workers may leave during work hours at no penalty to receive non-emergency services they need, if these are not accessible to the worker at an affordable cost during non-work hours		
	M	<b>3.4.4</b> A health facility is never closed during the day (if facility has more than one provider)		
	M	<b>3.4.5</b> Workers have access to the health facility for non-emergency matters during work hours		
	H	<b>3.4.6</b> Workplace health services or programs are extended to workers' spouses and children		
<b>3.5 Patient Screening</b> <i>Patient screenings are routinely performed</i>	B	<b>3.5.1</b> Patients are asked basic screening questions to inquire about general health status beyond the specific health issue being treated		
	M	<b>3.5.2</b> The height, weight, blood pressure and temperature of patients are taken as a routine part of services.		
<b>3.6 Inventory Management</b> <i>Inventory of supplies and medicine is managed to ensure quality and sufficient supplies</i>	B	<b>3.6.1</b> Providers check supplies each week (first aid kit, medicines, etc.) to cover worker needs		
	B	<b>3.6.2</b> The providers track supplies in facility to prevent stock-outs or unauthorized use of medicine		
	M	<b>3.6.3</b> Medicines are procured from reputable companies or organizations that are recognized as ensuring high-quality products		
<b>3.7 Grievances/Comments</b> <i>Existing grievance systems or worker management processes address health issues and provision of healthcare in the workplace</i>	B	<b>3.7.1</b> The facility has a sign indicating workers can raise any concerns about health services or treatment through the existing grievance processes and suggestion boxes		
	B	<b>3.7.2</b> Comments/complaints are reviewed by management and shared with providers		

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<b>3.8 Patient Records</b> <i>Patient records are maintained and used for ongoing patient care</i>	B	<b>3.8.1</b> Workplace is in compliance with any legal requirements to record and report on workplace accidents and related diseases		
	B	<b>3.8.2</b> Health providers record on paper or in registries basic health information of the patient, including sex and services provided		
	B	<b>3.8.3</b> Providers store all patient health records in a cabinet or private space that is locked at the end of each day		
	M	<b>3.8.4</b> File folders with individual patient records are kept if providers perform health screenings and vital signs and provide medical treatments or services on-site		
	M	<b>3.8.5</b> Health records and data are regularly reviewed by providers to ensure follow-up with individual patients		
	H	<b>3.8.6</b> Health records and data are regularly analyzed to identify worker health trends and general needs and by sex and age		
	H	<b>3.8.7</b> Health needs and trends of workforce are reported to management		

#### 4. REFERRAL/PROVISION OF CARE

<b>4.1 Referrals</b> <i>Effective referral services are provided to workers</i>	B	<b>4.1.1</b> Provider makes available to patients accurate referral information on available public/private health providers, including exact location, hours of operation, sex of providers, types of services, costs (if not free), availability of health products, and general quality of care		
	M	<b>4.1.2</b> Provider follows up with patient to ensure the referral took place and services were received		
	M	<b>4.1.3</b> Health provider refers patients needing family planning to facilities and/or pharmacies where family planning methods, counseling and emergency contraception are available		
	H	<b>4.1.4</b> Provider has a referral contract with public and/or private service providers		

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<b>4.2 Provision of Care</b> <i>Health providers use a patient-centered approach with workers</i>	B	<b>4.2.1</b> Health providers demonstrate (1) concern for the patient's overall health needs, (2) lack of negative judgments expressed orally or physically about patient health issues or patient's gender, (3) friendly provision of services, (4) respectful responses to patient choices and questions, (5) protection of confidentiality		
	B	<b>4.2.2</b> Patients are informed that they may refuse treatment at any time		
<b>4.3 Additional Services</b> <i>Workplace addresses unmet health needs of women and men workers on-site</i>	B	<b>4.3.1</b> Health provider has taken at least one action during the year to improve knowledge or skills to improve or expand services offered		
	B	<b>4.3.2</b> Health providers are in compliance with their professional requirements for licensing and continuing medical education		
	M	<b>4.3.3</b> Health team reviews information gathered at least once a year (from facility data, meetings with workers and worker representatives, supervisors, health providers, surveys/focus groups and/or external public health information) to identify any critical unmet health needs of women and men workers		
	M	<b>4.3.4</b> Workplace takes action to address the unmet health need(s) of workers prioritized each year		
	H	<b>4.3.5</b> Screenings for prevalent non-communicable diseases are offered on-site or off-site once a year		



## 5. EDUCATION/COUNSELING

BENCHMARK	LEVEL (B,M,H)	INDICATORS (IN RED THE INDICATORS BEYOND BASIC REQUIREMENTS)	RED/ YELLOW/ GREEN	NOTES
<b>5.1 Health Education/Patient Counseling</b> <i>Health providers perform health education and counseling services at the workplace</i>	B	<b>5.1.1</b> Provider plays a proactive role in improving worker health through formal and informal education outreach in the facility or at the worksite, where possible, with individual workers or groups of workers		
	B	<b>5.1.2</b> Provider provides basic health information to workers on nutrition, hydration, ergonomics, general and menstrual hygiene, and reproductive health/family planning as well as occupational health risks		
	M	<b>5.1.3</b> Provider is able to provide basic health information on leading health issues in the community (e.g. waterborne and infectious diseases, maternal and child health and such health risks as diabetes, TB, HIV/AIDS, malaria, heart disease, etc.		
	H	<b>5.1.4</b> Provider provides counseling on family planning methods and reproductive health based on principles of free and informed consent		
	H	<b>5.1.5</b> Provider provides counseling on critical public health issues affecting workers		

## MANAGEMENT SYSTEMS AND CORPORATE LEADERSHIP

### 6. MANAGEMENT SYSTEMS

BENCHMARK	LEVEL (B,M,H)	INDICATORS (IN RED THE INDICATORS BEYOND BASIC REQUIREMENTS)	RED/ YELLOW/ GREEN	NOTES
<b>6.1 Management Processes</b> <i>Management structures and processes exist for oversight of health services</i>	B	<b>6.1.1</b> Management assigns responsibility for oversight of health practices and standards to the appropriate senior manager		
	B	<b>6.1.2</b> A reporting structure exists for the health facility that defines roles, responsibilities, and decision-making authorities		
	B	<b>6.1.3</b> Each health provider receives a job description defining responsibilities based on standards		
	B	<b>6.1.4</b> The senior manager reports on progress in addressing the health standards and benchmarks twice a year to senior and middle management		
	M	<b>6.1.5</b> A formal process for hiring new health providers is in place and includes review and documentation of qualifications		
	M	<b>6.1.6</b> An annual budget for health operations is allocated that is adequate for meeting workplace health standards and plans		
<b>6.2 Supervision of Health Services</b> <i>Management supervises the health facility and staff and provides necessary support for achievement of annual plans</i>	B	<b>6.2.1</b> The senior manager meets regularly with the health staff to ensure guidelines and plans are being met		
	B	<b>6.2.2</b> The senior manager and the health staff develop an action plan for health improvement and outreach each year		
	B	<b>6.2.3</b> The senior manager reviews the guidelines and health plans with any part-time medical staff to ensure their compliance with workplace health policies and practices each year		
	M	<b>6.2.4</b> Each health provider's job performance is evaluated against defined goals and responsibilities by the senior manager annually and compensated appropriately		
	M	<b>6.2.5</b> An external health expert observes the health operations at least every two years to assess compliance with the guidelines and identify areas for improvement		

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<b>6.3 Integration of Health into Workplace Operations</b> <i>Health activities are integrated into overall company processes and functions</i>	B	<b>6.3.1</b> General health practices under the guidelines are integrated into existing occupational health and safety practices, policies, and standards		
	B	<b>6.3.2</b> Management has a process for addressing violence, harassment and threats to women and men workers and it includes an appropriate role for workplace health providers		
	B	<b>6.3.3</b> The health staff participates in all worker committees and, as appropriate, management committees to engage on health issues and activities		
	B	<b>6.3.4</b> New worker orientation and training programs include introductions to the health providers and infirmary health services, policies, and patient rights		
	M	<b>6.3.5</b> Management seeks the formal input of women and men workers and their representatives in developing an annual health plan each year		
	M	<b>6.3.6</b> Facility health data is incorporated into overall management data systems for quality, productivity, and occupational safety		
	M	<b>6.3.7</b> Health data, disaggregated by sex and age, is reviewed at least twice a year by the management team and the appropriate worker committees		

## 7. CORPORATE LEADERSHIP

BENCHMARK	LEVEL (B,M,H)	INDICATORS (IN RED THE INDICATORS BEYOND BASIC REQUIREMENTS)	RED/ YELLOW/ GREEN	NOTES
<b>7.1 Integration of Health into Policies, Goals, and Values</b> <i>Health and well-being are an explicit part of value statements, codes, and business strategy</i>	B	<b>7.1.1</b> Worker health and wellness policies incorporating the guidelines and other occupational health and safety standards are established		
	B	<b>7.1.2</b> Gender equity in health services (and all other operations) is explicitly written into policies		
	B	<b>7.1.3</b> Chief Executive Officer communicates information on workplace policies, national law, and contractual requirements relating to health annually to managers and workers		
	B	<b>7.1.4</b> Corporate values or codes statements include commitments to worker health and well-being beyond the legal minimum		
	B	<b>7.1.5</b> Chief Executive Officer evaluates and enforces policies that address the specific health issues of migrant workers from other countries		
	M	<b>7.1.6</b> Chief Executive Officer evaluates health and wellness policies with senior and middle managers for gaps, understanding, and workplace performance each year		
	H	<b>7.1.7</b> Chief Executive Officer makes a corporate commitment to applying the World Health Organization's Healthy Workplaces Model and Plan of Action		

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<b>7.2. Strong Accountability Framework for Health</b> <i>Accountability for adhering to policies promoting worker health and well-being at all levels of the enterprise is established</i>	B	<b>7.2.1</b> The manager of health services reports quarterly to the Chief Executive Officer on performance on the health guidelines and related occupational health issues		
	B	<b>7.2.2</b> Chief Executive Officer makes commitment to improve at least one health area under the guidelines each year		
	B	<b>7.2.3</b> Chief Executive Officer ensures that the funds for the health line item in the budget are allocated		
	M	<b>7.2.4</b> Chief Executive Officer uses health data and metrics as part of the annual assessment of company performance and productivity		
	M	<b>7.2.5</b> Chief Executive Officer communicates formally each year to line and senior managers and workers on the health status of the workforce and its impact on business performance		
	H	<b>7.2.6</b> Performance reviews of line managers and related compensation take into account their adherence to workplace health policies, plans and commitments		
	H	<b>7.2.7</b> The enterprise shares primary health information related to infectious diseases and illness with the public health system (in addition to data on injuries and occupational health events)		

# Notes

# Notes

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