

Factory Health Services:

An Innovative Method of Providing Health Care in Bangladesh

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Health care in Bangladesh is a complicated issue. Despite having a land area of merely 55,598 square miles, Bangladesh has a population of 133 million people, making it the eighth most populated country in the world and the twelfth most densely populated.^{1,2} Additionally, Bangladesh is one of the world's twenty least-developed nations.³ It comes as no surprise that due to the high population density, coupled with the country's low level of development, health care for the masses is a major concern that is rather difficult to address.^{4,5} Funding agencies such as the United Nations Children's Fund (UNICEF), the United States Agency for International Development (USAID), and the International Center for Diarrheal Disease and Research in Bangladesh (ICDDR) have recognized this dilemma and have thus helped Bangladesh's government and nongovernmental organizations (NGOs) provide health care to the country's great many people.^{4,5}

Bangladesh's Government Health System

Despite the daunting challenges of providing health care, Bangladesh's government health system is very well-organized. There are hospitals and clinics for every societal class. Big hospitals cater to cities. More limited but still extensive clinics provide services to *upazilas*, which are composed of a few districts. Small clinics cater to individual districts. Finally, small doctor rooms or a couple of doctors take care of individual unions or villages. The government provides its health services at very low costs, with the ultimate goal of providing free health care to all. Thus, the government attempts to target all members of the population, even the poorest residents of the remotest villages.³



The World Bank is one of many organizations dedicated to helping Bangladesh's health program.



A Bangladeshi Slum Area.



A cook at work.

Unfortunately, although planned well, the government system has a number of drawbacks, one of which is inefficiency. There are simply too few doctors available to see the patients that come in. This often forces patients to wait exorbitant amounts of time before being able to see a doctor.⁶ Additionally, funds are often insufficient or misappropriated, which results in half-constructed operation theaters or unmanned examination rooms in hospitals and clinics.⁶ As a result of the government's apparent inefficiency in the health sector, only 30 percent of Bangladesh's population utilizes the government's health services.⁷

A further disability of the government's system is that it caters too specifically to rural areas. The structured hospital/clinic

organization previously detailed seems mostly to be designed with rural areas in mind.^{7,8} The lack of "remote areas" in large, dense cities such as Dhaka makes a tier system seem almost unnecessary because the location of the large city hospital may be just as strategic as the site of the upazila health clinic, with both areas being equally densely populated and publicly accessible. In short, the government's health system has not been designed to specifically serve urban areas, where the patient need is greatest.

Involvement of Nongovernmental Organizations

Although the Bangladesh government health system's weaknesses are unfortunate, NGOs have heroically stepped in to help supplement the ailing system. NGOs have set up clinics in both urban and rural areas and have helped provide low-cost health care to the poor and the very poor.^{9,10} The role of NGOs is especially apparent in urban areas, where the government's system is not able to sufficiently serve the large population.^{6,8,9} Additionally, NGOs are committed to teaching health awareness and providing health counseling.^{9,11,12} They have successfully shown that they can improve people's health by suggesting lifestyle changes.^{9,10,11} The government does not provide and promote such health awareness-related services as readily as the NGOs do.^{6,7,9} Thus, the NGOs have effectively filled in many gaps of the government's health system, supplementing and supporting it so as to provide more people with necessary health care.

Mary Stopes Factory Health Services

Mary Stopes Clinical Society (MSCS), a Bangladeshi NGO that is affiliated with Mary Stopes International (based in the United Kingdom), has established clinics and mini clinics in Bangladesh's major cities, focusing on reproductive health but also covering general health services.^{9,11,12} Other NGOs, such as the Bangladesh Rural Advancement Committee (BRAC) and the Bangladesh Association for Maternal and Neonatal Health (BAMANEH), are acting similarly as well as reaching into rural areas.¹⁰ Mary Stopes, however, is unique because it provides a

service termed “factory health services,” in which Mary Stopes sets up and staffs a small clinic room within a factory for the nominal fee of 12 Taka per worker per month (\$0.21 U.S. per worker per month). Factories that choose to purchase this service pay this amount on behalf of the workers.^{9,11,12} The beauty of the service is that it allows a previously neglected group (factory workers) to get quality, convenient health care.

The vast majority of participating factories produce garments.^{9,12} Because of their long hours, garment factory workers have very little time to go to hospitals or clinics, especially to government-run facilities, where a patient might spend an entire day waiting to see a doctor.⁶ However, the Mary Stopes factory clinic doctor schedules regular checkups for each worker in addition to checkups available on a walk-in basis.^{9,11} Workers from participating factories are also eligible to receive free services at any one of the many Mary Stopes clinics available throughout Bangladesh’s major cities and can thus get zero-cost referrals to one of these larger clinics.⁹ Interviews with factory workers have shown that they very much appreciate the health benefits received from such a setup.^{13,14}

Economic Viability of Factory Health Services

Mary Stopes is able to provide these services to factories in a manner that is economically viable to its own organization. By charging 10 Taka/worker/month prior to 2002, it has been able to recover 70 percent of its expenses. In addition, it receives funding from the Department for International Development (DFID), a United Kingdom funding organization, although this funding is scheduled to expire in 2004. As a result, Mary Stopes increased its customer costs to 12 Taka/worker/month in 2002, with the goal of 100 percent cost recovery, and thus eventual self-sustainability of the program.¹²

Appeal of Health Services to Factory Administration

Most factory administrators wholeheartedly support the Mary Stopes health services provided in their factories. They reason that the service cost is very low yet reaps huge

economic benefits.^{13,14} Workers are more productive because they take fewer days of leave due to debilitating sickness. Workers also feel that their work environment is safe and homey, existing for their benefit.^{13,14} As a result, their on-the-job happiness remains greater. These two factors lead to incredible attendance and productivity, as exhibited by the 1 percent absentee rate observed in a garments factory run by director Faruq Hussein, who contracts Mary Stopes factory health services.¹³ From a less economic perspective, many factory directors feel a humanitarian obligation to help their poor workers by providing them with health services. Thus, another garment factory director, M. Rahman Razu, began by hiring a doctor and buying medicine with his own money and that of fellow administrators in 1995.



Hundreds of villagers come to see the village doctor.



Dr. Shaukat Jahan, an American volunteer, sees patients in a poor village.

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Later, when he heard of Mary Stopes factory health services, his factory switched to it, like many other factory directors have for its low cost, quality, and reputation.¹⁴

Factory administrators also enjoy Mary Stopes because it helps protect the factories from quotas that are often imposed due to child labor or poor working conditions. Since Mary Stopes is an international organization, it is highly trusted by international buyers of Bangladeshi-made garments.^{12,13} Additionally, by keeping thorough health records of all workers, Mary Stopes can detail the health status of each and every worker.¹¹ Thus, if need be, such records can dispel myths of poor health and unsanitary factory conditions. Given the prevalence of quotas against Bangladeshi garment factories, especially after September 11, 2001, many factory directors are considering health services such as Mary Stopes with renewed interest.¹²

Appeal of Factory Health Services to Government

In addition to factory workers and administrators, the government approves of Mary Stopes factory health services. The Bangladesh commerce minister, Amir Kusir, looks very favorably on these services,¹² mainly for assistance with quotas. As described previously, quotas are often imposed on factories when working conditions in the factories are suboptimal. The large-scale effect of quotas and the resulting factory closures and production reductions are a general shrinking of the Bangladeshi economy. Like any other government, Bangladesh wants to prevent such negative effects on its already frail economy.¹² This, along with its general efforts to make available better health services that reach a greater portion of the population, makes the government a strong proponent of Mary Stopes factory health services.

Conclusion

Mary Stopes factory health services, a revolutionary system that benefits workers of a leading Bangladesh industry (garments), factory administrators, the government, and the economy, is successfully serving 73,000 factory workers.^{9,15,16} Health and



A Mary Stopes slum volunteer describes how to care for a pregnant woman.



Inside the Mary Stopes Dhaka-2 Base Clinic.

efficiency in participating factories is improving dramatically for the miniscule cost of approximately \$2.50/worker/year.^{9,12} The success of the Mary Stopes program with garment factories has helped it expand to other types of industry, such as fish-processing factories in the city of Khulna.¹² Like garment workers, these workers do not have ready access to health care. Customers, however, do not pressure factories and governments with quotas in any industry quite as much as they do the heavily export-oriented garments industry.¹² Thus, the need for offering health services in other factories seems less pressing to factory owners. This notwithstanding, most factory owners are quickly learning that proper health care can drastically improve worker productivity and lead to greater profits. In addition, other Bangladeshi NGOs such as Momota, which provides health services to some factories in the city of Chittagong, are collaborating with Mary Stopes.¹² Such cooperation among NGOs as well as increased awareness among factory workers, administrators, and government officials will allow factory health services to multiply. 