

BRIEF 1

WORKPLACE FAMILY PLANNING INTERVENTION:

Expanding Access to Services for Garment Workers in Bangladesh



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INTRODUCTION In Bangladesh, approximately 4 million young people work in 5,500 ready-made garment (RMG) factories, and three-quarters of them are women. Factories employing more than 300 workers are required by law to provide basic healthcare facilities and personnel. Currently, many RMG factories house a mini-clinic where a nurse, paramedic, or medical assistant—supported by a part-time doctor—provide preventive and limited curative care to workers. However,

reproductive health concerns are not prioritized and service providers are often not trained to address workers' family planning (FP) and sexual and reproductive health needs. To improve workers' access to FP information and services on factory premises, EngenderHealth, through the U.S. Agency for International Development (USAID)–funded Mayer Hashi II (MH-II) project, implemented a service delivery strategy in select garment factories in Dhaka and Chittagong.

THE STRATEGY

MH-II's workplace intervention is a service delivery approach to: (1) conduct FP educational sessions on factory premises, (2) provide short-acting FP methods from factory-based mini-clinics, (3) organize FP camps (known as FP special days) to provide long-acting reversible contraceptives (LARCs) on factory premises, and (4) refer garment workers to off-site facilities for LARCs and permanent methods (PMs). MH-II began implementing interventions in February 2015 in 30 factories and 28 new factories were included in May 2016, bringing the total to 58 (43 in Dhaka and 15 in Chittagong).

Fostering an Enabling Environment Sensitizing Stakeholders

MH-II sensitized the board of directors and senior officials from the Bangladesh Garment Manufacturers and Exporters Association

(BGMEA¹) on the importance of addressing the FP needs of garment workers, particularly of female workers, in order to prevent unwanted pregnancy and subsequent reproductive health morbidity. At the meeting, the discussion highlighted the necessity of providing FP information and services on the factory premises, as many workers have limited opportunities to access health facilities, due to the nature of their work and long working hours. MH-II ensured the participation of the Directorate General of Family Planning (DGFP) at this meeting and built consensus to introduce FP interventions in select garment factories.

Similarly, MH-II held sensitization meetings with senior management staff from intervention factories, including the director, general manager, deputy general manager, and production manager. At those meetings, MH-II staff explained the benefits of providing FP

¹ BGMEA is a trade association committed to protecting and promoting the interests of the apparel industry and ensuring garment workers' rights and privileges.



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services to keep female workers healthy for factory work and to reduce absenteeism and emphasized the importance of providing FP information and methods on factory premises to address workers' FP needs. These meetings succeeded in generating senior management support for implementation of the intervention.

Establishing Partnerships for Contraceptive Supplies

The MH-II project succeeded in developing a bilateral memorandum of understanding between the BGMEA and EngenderHealth, which allowed for the provision of FP services in health clinics located at garment factories. In addition, MH-II conducted a multi-level advocacy intervention to establish a partnership between the DGFP, BGMEA, and EngenderHealth. As a result, these institutions signed a tripartite memorandum of understanding to strengthen FP service provision within factory premises and to facilitate the supply of short-acting methods from the DGFP to the garment factories.

IMPLEMENTATION OF THE WORKPLACE FP MODEL

MH-II's workplace FP model included peer-led demand-generation activities with linkages to factory mini-clinics and offsite health facilities. The model used a two-tiered service delivery approach to provide short-acting methods instantly at factory mini-clinics with functional referral linkages with BGMEA health centers² for implants and with government facilities and non-governmental organization (NGO) clinics for LARCs and PMs. MH-II mapped

government health facilities and NGO clinics in the proximity of RMG factories to establish the latter referral linkages.

Human Resources Development

Developing health educators.

MH-II developed a cadre of health educators known as "workplace coordinators" and "peer educators," who were chosen from the factory's mid-level and junior management staff and service providers stationed in factory mini-clinics. MH-II trained the health educators to provide FP information to workers and to link them with appropriate service providers. MH-II worked closely with BGMEA leadership to ensure their continued leadership, support, and involvement in the initiative, which was critical to facilitate the participation of mid-level and junior management staff from the intervention factories as health educators.

MH-II trained one workplace coordinator from each factory. Workplace coordinators completed a three-day training that covered all modern FP methods, benefits and side effects of LARCs and PMs, safe motherhood, client's rights, gender issues, client screening, counseling techniques, sources of FP services, and referral linkages. MH-II employed an abridged version of this training to develop three peer educators per factory through a two-day basic course. MH-II conducted a one-day refresher training six months later for both workplace coordinators and peer educators. Nearly half of the workplace coordinators were male while three-quarters of the peer educators were female.

² The BGMEA operates health centers staffed with doctors, nurses, and paramedics at 12 different locations for garment workers (10 in Dhaka and 2 in Chittagong). These health centers remain open from 9.00 am to 5.00 pm six days a week.

Enhancing capacity of service providers.

MH-II provided training on short-acting FP methods to healthcare providers working in 58 factory mini-clinics. The project also trained clinical providers (doctors and nurses) from 12 BGMEA health centers on short-acting methods and implants.

Demand Creation and Service Provision

Increasing demand and making referrals.

The workplace coordinator, with the assistance of peer educators, organized and conducted 45-minute FP educational sessions with a group of 30–35 workers (including married and unmarried women and men) at least once per week. A flexible schedule was used to suit factory production timetables and workers' availability. During these sessions, peer educators distributed educational materials (e.g., an informational FP booklet and mug displaying FP messages). In addition, factories ran educational videos developed by MH-II during the lunch break. Factory managers were involved in monitoring a minimum of four educational sessions per month. The BGMEA health unit also monitored in-factory educational sessions.

After the group session, peer educators talked with individual session attendees to identify their FP needs. Based on peer educators' recommendations, the workplace coordinator referred prospective FP clients to the factory mini-clinic for short-acting methods and to the FP special service days or the nearest select facilities for LARCs and PMs. Peer educators followed up with the clients who adopted an FP method to understand their subsequent experiences.

Provision of contraceptives at factory mini-clinics. Based on the tripartite agreement, BGMEA health centers and factory mini-clinics obtained free FP commodities (condoms, injectables, and pills) from the local DGFP office (injectables became available at the later part of the intervention). The mini-clinics and BGMEA health centers maintained commodity registers in line with the DGFP's supply system and submitted monthly reports to the DGFP on the consumption of FP commodities. BGMEA clinics provided support to RMG factories to place requisitions to the concerned DGFP office and guided and monitored garment-level FP commodity distribution activities.

FP special service days. Once a workplace coordinator identified 10–20 prospective injectable, LARC, and PM clients, that coordinator organized an FP special day on the factory premise, with support from the BGMEA health center. Due to a lack of appropriate infrastructure at the garment factories, only injectables and implants were provided on FP special days. There was no room appropriate for insertion of intrauterine devices (IUDs) at factory mini-clinics. Clients who intended to adopt an IUD or a PM were referred to the nearest government facilities or NGO clinics. The BGMEA health unit monitored FP special service days.

OUTCOMES

Access to FP Information

MH-II facilitated a total of 2,920 in-factory educational sessions (2,001 in Dhaka and 919 in Chittagong) to increase FP related knowledge and awareness among factory workers. Through these educational sessions, 88,169 factory workers (including married and unmarried women and men) received information on modern FP methods and referrals to relevant facilities and services. Two-thirds of session attendees were female (n=57,647).

Service Utilization

A total of 8,691 workers adopted FP methods from factory mini-clinics. This included 5,668 workers who obtained pills and condoms from mini-clinics and 3,023 workers who adopted injectables, LARCs, and PMs on FP special service days. Of the 8,691 method adopters, 38.6% chose the pill, 30.8% chose injectables, 26.6% chose condoms, 3.8% chose implants, and 0.2% chose an IUD or PM. In aggregate, 13 clients were referred for IUDs and PMs on FP special days. The negligible uptake of permanent methods was not unexpected, as most of female factory workers were under 30 years old. Moreover, due to the nature of work, most factory workers cannot afford to take a few days leave off to obtain contraception.

Expansion

In the Chittagong Export Promotion Zone (CEPZ), MH-II established a functional linkage between 164 garment factories and the 100-bed CEPZ Hospital to facilitate access to FP information and services from the hospital. MH-II provided technical assistance to the DGFP to deploy a female paramedic (known

commonly as a family welfare visitor) to the CEPZ Hospital to conduct screening and counseling services and to provide short-acting methods and IUDs. MH-II also developed peer educators at select garment factories in CEPZ.

KEY ACHIEVEMENTS

MH-II's workplace FP intervention increased access to FP information, commodities, and services.

The project developed the capacity of 58 factory mini-clinics for FP counseling and short-acting methods provision and strengthened 12 BGMEA clinics to provide short-acting methods and implants.

The peer-led educational sessions proved to be a convenient and quick way of reaching a large number of young factory workers with FP information. The conduct of 2,920 educational sessions attended by 88,169 factory workers was possible as a result of the high-level commitment of the factory management. To allow workers to attend sessions, factory management granted approximately 66,000 person-hours of workers' time off. Factory management did not charge the project for administrative and physical costs involved in using factory premises for the educational sessions.

MH-II is credited for institutionalizing the provision of contraceptive supplies to factory mini-clinics. MH-II also succeeded in pioneering FP special service days for LARCs and PMs on factory premises. To scale up the workplace FP intervention, MH-II held a series of advocacy meetings with policy makers at the DGFP and

BGMEA. As a result, the DGFP has included the workplace FP service provision in its Operational Plan under the Health, Population, and Nutrition Sector Development Program 2017-2022 and has drafted a plan to expand FP services to 500 garment factories by 2022.

NEXT STEPS

In 2017, the DGFP began to scale up the workplace FP intervention and trained the doctors, nurses, and paramedics working at the mini-clinics of 108 garment factories. At this nascent stage, only short-acting methods are offered at factory mini-clinics. Other program inputs of MH-II's workplace FP model, e.g., FP education sessions and FP special days, are yet to be implemented. However, there is a DGFP plan to engage NGO clinics to conduct FP education sessions on factory premises.

An effective scale-up of the MH-II's workplace FP model will require:

- A standard service delivery protocol for providing FP services in garment factories
- A training-of-trainer's model to develop a core group of master health educators to train factory-based health educators
- Institutional capacity of BGMEA in organizing training, supervision, and monitoring of service provision and the requisition and reporting of FP commodity supplies and consumption
- Capacity of garment factories' personnel to use training curricula and materials, job aids, operational guidelines, and monitoring instruments
- BGMEA's stewardship role in planning, coordinating, managing, and monitoring workplace FP programming

Citation: EngenderHealth. 2018. Workplace Family Planning Intervention: Expanding Access to Services for Garment Workers in Bangladesh. *Mayer Hashi-II Brief No.1*. Dhaka: EngenderHealth.

This publication was made possible by the generous support of the American people through the U.S. Agency for International Development (USAID), under the terms of the Associate Cooperative Agreement No. AID-388-LA-13-00002. The contents are the responsibility of the Mayer Hashi-II project/EngenderHealth and do not necessarily reflect the views of USAID or the United States Government.

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