

# THE NOW EXCHANGE

**Summary:** The Now Exchange (TNE) will facilitate reproductive health access for women in the garment industry. By training health workers in employment-based clinics and equipping them with more supplies (starting with the Sayana Press), women in the industry will have reliable, trusted access to long lasting reversible contraceptives.

**Context:** Nationally, 17% of married women in Bangladesh have unmet contraceptive needs. In the Gazipur region (selected for pilot due to its high density of garment factories<sup>1</sup>), the rate is 22.4%.<sup>2</sup> A Bangladesh FP analysis led in Matlab showed that a *variety* of family planning options is an important influencer of overall contraceptive use: “80 percent of women [with varied choices] continued using contraception for more than one year, while when only condoms and oral contraceptives were available, only 40 percent of women sustained use.”<sup>3</sup> Additionally, TNE’s effort is well-aligned with the **government’s explicit 2020 commitment to bolstering FP services in RMG factories**<sup>4</sup> - signaling the urgency and relevance of this model.

Administering the SP (and other FP resources) in Bangladesh is well-suited for scale-up through the use of on-site factory clinics because by law, all factories employing more than 300 workers are required to provide basic healthcare facilities and personnel (a nurse and doctor). This has been demonstrated successfully in a comparable - but unscaled - effort by EngenderHealth to bolster FP choices and education through garment clinics<sup>5</sup> (to be elaborated in business plan). FP users in Bangladesh have high dropout rates and suffer from a lack of FP choices; training clinic health workers reduces logistical restraints surrounding women’s access to FP for the high numbers of women working in the industry (currently about 3 million women<sup>6</sup> and about 15% of all women between 16 and 30<sup>7</sup>) in Bangladesh.

On-site clinics are uniquely positioned for the successful distribution of the SP: they are easily accessible and trusted by employees, yet underfunded, under-resourced, and often lack a focus specifically around women’s reproductive health. Additionally, the Government of Bangladesh and the Ministry of Health and Family Welfare is currently working to increase the availability and accessibility of Long Lasting and Reversible Contraceptives (such as injectables) by working with partners on initiatives largely centered around increasing the training and placements of FP health care personnel, as well as ensuring procurement of FP methods in the private sector.<sup>8</sup>

**Model:** TNE will train health workers and fund health supplies in employment-based clinics, starting with the distribution of the Sayana Press (SP) contraceptive in Bangladesh’s ready made garment (RMG) industry. TNE will first secure garment factory partnerships in which they will agree to have their clinic health workers participate in a free training session about the administration of the SP, its distinctions from other contraceptive options, and methods for addressing employee concerns about injectable contraceptives. Secondly, TNE will purchase wholesale orders of SP in accordance with the number of women employees in partnered factories. Lastly, TNE will collect feedback from clinics about health supply needs & SP administration challenges, tailoring offerings and training methodologies accordingly.

**Inputs & Timeline:** The initial seed funding will go toward the pilot cost of the SP units (\$0.80 x number of women in participating factories x 4 yearly injections), payment for 2 health worker trainers (securing through local partners; free instruction materials have been made digitally available), flights; contract payment for a Business Development & Program Manager role (based in Bangladesh). Detailed breakdown to follow in forthcoming business plan.

| 2019 Pilot   | 2020 Limited Expansion   | 2021 Scale-Up  | 2022 Looking Ahead   |
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| <ul style="list-style-type: none"> <li>- Train first round of <b>5*</b> health workers</li> <li>- Supply <b>3</b> participating clinics with SP with exposure to <b>3000+</b> women</li> <li>- Hire local BD &amp; Program Manager</li> <li>- 6-month pilot review: iterate offerings to ensure local relevance</li> </ul> | <ul style="list-style-type: none"> <li>- Expand offerings to <b>2</b> additional factories in Gazipur + Dhaka</li> <li>- Gauge feasibility of Sylhet and/or Chittagong expansion</li> <li>- Fundraise for additional supplies, including and beyond SP (e.g. emergency contraception)</li> </ul> | <ul style="list-style-type: none"> <li>- non-profit partnerships for scale (i.e. BRAC's network of shasthya shebikas, door-to-door field workers)</li> <li>- Expand to <b>5</b> additional factories, now with potential reach to <b>~10,000+ women</b></li> </ul> | <ul style="list-style-type: none"> <li>- Garner retail sponsors to cover subsequent health supply purchases</li> <li>- Explore other high contraceptive need geographies/industries with employment-based clinics</li> </ul> |

\*Colored text indicates a tentative goal that is likely to fluctuate based on the pilot factory sizes, feedback, etc.

**Impact Metrics:** TNE will compare baseline numbers of women who use contraceptives in target factories with the number of women who completed a full year's cycle (4 shots) of the SP, as administered and measured by the clinic nurses and doctors (collected by future Program Manager). The training program for health workers will include the collection and maintenance of these data points. TNE will also assess the following measures through pre and post-implementation evaluations:

- 1) Family planning knowledge for health workers
- 2) Use of contraceptives for women who previously did not use a method of contraception
- 3) Women's continued adherence to contraception

**Funding Model: Scenario 1** is a clothing recycling and reselling program in North America relying on city-wide campus clothing collection and two annual events ("Now Exchanges") where clothing is resold (e.g. for \$5 a piece, which covers one woman's contraceptive health access for a year). TNE would train campus leaders to collect garments, raise awareness around garment waste, and align with existing campus efforts around reducing consumption & increasing recycling. One woman's annual SP coverage costs \$3.20, a fraction of what people spend on clothing (even used and thrifted clothing). This model is capital intensive to do properly, but we believe could amplify our impact and mission intensely through a B2C component.

**Scenario 2** is to set up a non-profit model and apply for grant funding to cover the cost of health supplies and training. We would seek partnerships with existing nonprofits and government initiatives around health access to bolster distribution in the private sector.

**Both scenarios** have a similar trajectory: with a few successful examples of implementation (i.e. 8 factories with demonstrable upticks in contraceptive usage), we will seek corporate sponsorships - specifically from retailers. These scenarios are not mutually exclusive.

**Team:** These efforts will be overseen by the **CEO** (Farah Momen), who is leveraging family connections she has with subject experts and decision makers in both the Bangladeshi garment and pharmaceutical industries. Combined with relevant start-up advisory experience, her first-hand understanding of Bangladeshi culture, language, and on-the-ground connections is instrumental for TNE's execution strategy and agility. The success is also contingent on a robust health access strategy and training program, which will be overseen by the **Chief of Health Access** (Giulia Bova); she has first-hand experience in curriculum design, reproductive health education and intervention in developing contexts. In early 2019, TNE will initiate a strategic talent search for a Business Development & Program Manager in Bangladesh.

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<sup>1</sup> “ACCORD on Fire and Building Safety in Bangladesh.” Bangladesh Accord, August 1, 2018. <http://bangladeshaccord.org/wp-content/uploads/Accord-Public-Disclosure-Report-1-Aug-2018.pdf>.

<sup>2</sup> Ferdousi et Al. “Unmet Need of Family Planning Among Rural Women in Bangladesh.” Accessed November 9, 2018. <https://www.banglajol.info/index.php/JDMC/article/viewFile/6244/4815>.

<sup>3</sup> Levine, Ruth. “Case 13: Reducing Fertility in Bangladesh,” n.d., 8. [https://www.cgdev.org/sites/default/files/archive/doc/millions/MS\\_case\\_13.pdf](https://www.cgdev.org/sites/default/files/archive/doc/millions/MS_case_13.pdf).

<sup>4</sup> “Family Planning 2020 Commitment, Government of Bangladesh.” Family Planning 2020, July 11, 2017. <http://www.familyplanning2020.org/bangladesh>.

<sup>5</sup> “In Their Own Words: Stories from Garment Factory Workers in Bangladesh.” EngenderHealth. Accessed November 9, 2018. <https://www.engenderhealth.org/our-impact/stories/in-their-own-words-stories-from-garment-factory-workers-in-bangladesh/>.

<sup>6</sup> “Healthcare Delivery in RMG Factories in Bangladesh: What Are the Missed Opportunities?” BSR - Her+ Project, November 2014. [https://www.bsr.org/reports/BSR\\_Healthcare\\_Delivery\\_in\\_RMG\\_Factories\\_in\\_Bangladesh.pdf](https://www.bsr.org/reports/BSR_Healthcare_Delivery_in_RMG_Factories_in_Bangladesh.pdf).

<sup>7</sup> “Mobarak, Mushfiq. “Manufacturing Growth and the Lives of Bangladeshi.” Yale University, 2015. Accessed November 9, 2018. <http://faculty.som.yale.edu/mushfiqmobarak/papers/garments.pdf>.

<sup>8</sup> “Family Planning 2020 Commitment, Government of Bangladesh.” Family Planning 2020, July 11, 2017. <http://www.familyplanning2020.org/bangladesh>.