

## THRUST ON MAKING POLICY TO ENSURE CSR FOR SUSTAINABLE HEALTHCARE SYSTEM

Christian Aid and Dhaka Ahsania Mission are jointly implementing the EU-funded “Health and Nutrition Voucher Scheme for Poor, Extreme Poor and Socially Excluded People” project to address the health and nutrition needs of the poor in two municipality areas in Bangladesh

Corporate Social Responsibility (CSR) will be effective in addressing healthcare issues in the country, especially for the poor and marginalised people who are not getting enough health services from the government, said participants at a virtual discussion entitled “Promoting Corporate Social Responsibility Culture among Private Health Care Service Providers.”

At the programme, Ahsan Habib, consultant of the “Health and Nutrition Voucher Scheme for Poor, Extreme Poor and Socially Excluded People (Pepsep)” project, presented the findings of a study conducted by Management and Resources Development Initiative (MRDI) in joint collaboration with Christian Aid and Dhaka Ahsania Mission. Citing the research findings, he said the health infrastructure needs more investment as there is a gap between the quality and resource of health-related services. Many people are being excluded from the health services due to the gap, he added. Christian Aid and Dhaka Ahsania Mission are implementing the health and nutrition voucher scheme project – funded by the European Union – to understand the scope of CSR in the health sector and develop a guideline on this to ensure sustainability of the country’s healthcare system. The online discussion was organised collectively by the aid agencies in cooperation with The Business Standard (TBS) as media partner.

TBS Chief Reporter Morshed Noman moderated the webinar.



**MORSHED NOMAN**  
Chief Reporter  
The Business Standard

For long, health has been getting importance as one of the fundamental rights for its humanitarian value. Therefore, getting health services is a right for the people. Today we will discuss the condition of healthcare services in the country.

The title of today’s discussion is “Promoting Corporate Social Responsibility (CSR) Culture among Private Health Care Service Providers”.

At first, I want to share a personal experience. One of my younger sisters and her husband got infected with Covid-19 during the beginning of the second wave of infections in March this year.

We could not manage a bed in any government hospital for them. But, they were going through several health complexities including decreasing oxygen saturation.

After tremendous efforts, we could manage beds at the HDU unit in a private hospital and there they had to take treatment for around 10 days, which cost them Tk7 lakh.

After that, I along with my family members were also infected with Covid-19 and had to go through the strain that if I also need to get admitted to the hospital. However, by the grace of almighty Allah, I recovered without any symptoms.

Nonetheless, the fear of hospitalisation is rampant in many people in the country. It is not only for Covid-19 but a common factor for long.

In response to these issues, Christian Aid (CA) and Dhaka Ahsania Mission (DAM) are jointly implementing the EU-funded Pepsep project to address the health and nutrition needs of poor people in two municipality areas in Bangladesh.

Through this project, they are working to increase the coverage and comprehensiveness of primary healthcare in urban areas among poor and extreme poor people.

In light of this background, CA and DAM in collaboration with MRDI have conducted a study. Today, the study findings will be shared.



**Ahsan Habib**  
Project Consultant

I will present the study before you. There are two parts of this study. One is scenario analyses and the other is a template that we have developed under the study so that the service providers can form a CSR guideline.

First of all, we all know there is a gap between quality and resource of services in the healthcare system in the country. I think CSR and philanthropic activities can bridge this gap. There are many partners like private health service providers who can play a role in this issue. Policy makers and public hospitals also can play a big role.

As per the study, the health infrastructure of Bangladesh needs more investment, as there is a huge gap in between the quality and resource of health services. Many people are left out from proper healthcare services due to this gap. The CSR intervention and the stakeholders of this sector have to play a key role.

Secondly, CSR activities by most PHSPs (private health care service providers) are not strategically designed despite being a significant part of the health sector. PHSP’s CSR structure and strategic activities might contribute significantly.

Besides, absence of CSR policy and budget allocation, lack of effective complaint management system and lack of skilled manpower are identified as key challenges associated with the CSR venture of the PHSPs.

Corporates may contribute significantly by minimising the resource gap in the health sector and promoting CSR activities by the PHSPs.

Meanwhile, based on our findings, we tried to develop templates by which the PHSPs can form a CSR guideline.

First, the CSR policy needs to have set a vision and objectives. It also must have some specific principles. Another important thing is that it must have a programme area which CSR will cover.



**TOUFIQ MARUF**  
President  
Health reporters Forum

In Bangladesh, some categories have entered the CSR Corporate people see it in a way while social workers view it in another way. The meaning of CSR is different to them.

However, our main goal should be to achieve the universal health target.

In countries where universal health coverage works actively, they don’t need CSR because people there get several benefits from healthcare providers.

There is active health insurance. However, business is the first priority for insurance companies. On the other hand, big private hospitals are misusing CSR by giving wrong information. For example, when a rich person takes treatment from a top private hospital and gets a big bill, they try to request a discount through different channels.

And if they get any discount from the hospital, the hospital authorities claim the cash rebate is a CSR. But, CSR is only meant for the poor.

Many hospitals provide CSR only to their staff and their relatives. So, ultimately the poor people are not getting the benefits from it. The government is also failing to run the CSR or the universal health coverage in the country.

Again, doctors are also an obstacle to CSR as they have a misconception that if CSR starts to run, they will face problems. Meanwhile, there are some philanthropic ventures like the Birdem and the Heart Foundation but surprisingly their charge is now getting higher than other private hospitals.

So, to ensure CSR, a policy is needed. The monitoring by the government and leaders of the hospital association has to be increased.



**TAZKIN AHMED (CHISTY)**  
Mayor  
Sathkhira municipality

Some 2,198 marginalised people have received health services through the health voucher card. Through this project, funded by European Union (EU), people who cannot afford treatment at private hospitals are getting treatment there. They are getting modern treatment facilities for the first time. So, we are giving heartiest thanks to the project implementers.

Sathkhira is a disaster-prone area. People here are wounded by several natural disasters and they are the most marginalised. They are living with troubles.

This project is giving such a service that the people of this area never got before.

However, the government is providing health services through community clinics and we have a medical college in Sathkhira. But, the marginalised people have many health complexities. The government service cannot meet the demand. For the first time, around 2,200 people who cannot afford treatment at private hospitals got the opportunity for good treatment under the project.

Initially, the project suffered from a lack of coordination, but it became a popular one afterwards.

We are shocked to hear the news that the project is going to end. Many pregnant women received treatment and gave birth safely under the project. Through this project, they can contain their monthly savings too.

I am asking for an extension of the project and hope it will be a role model. This is because we never got direct health services earlier from any other NGO.



**IQBAL MASUD**  
Director  
Wash and Health, Dhaka  
Ahsania Mission

The number of ultra-poor people in urban centres and municipality areas like Savar and Sathkhira is getting higher.

We initially started providing services to garment workers, factory workers, rickshaw-van pullers, vegetable vendors, day-labourers. Besides, marginalised or socially excluded people have been brought under our project’s aid.

These people are mostly excluded from mainstream development. They also lag behind in getting health services. But, if we want to accelerate the country’s progress and make it sustainable, these people have to be incorporated in the mainstream development. They also have to be inspired to use institutional health services through eradicating stigma and discrimination.

To this end, in 2018 we started the Pepsep project in Savar and Sathkhira. We have 6,417 voucher card holders who are getting health services from different hospitals in these areas.

We are not providing this service directly. We wanted the local healthcare providers like hospitals and clinics to provide the services and by this a relation may be developed between the marginalised people and these institutions. And by this, the poor will be eager to take services after the project is over. Hospitals provided free health service to the 6,417 voucher card holders. Later, the CA and DAM reimbursed the bill to the authorities. However, the hospitals also extended the hand to the poor by giving discounts.

This project initially targeted women and children as we know they are lagging behind in getting healthcare. We saw that men and earning sources got more priority. The main purpose of this project is to provide health services to pregnant women, health checkup for adolescent girls, meeting the deficit of nutrition etc.

Besides, when we considered expanding our services, we included non-communicable diseases in the project. However, we got stuck in the middle of the project due to Covid-19 while it was being implemented in full swing. But, overcoming that obstacle, we are now providing services to the receivers.

But, we observe that the people in Sathkhira are currently avoiding hospitals as those are full of corona patients, reducing the use of our health cards there. We are trying to find ways to overcome this situation.

If we can develop a CSR protocol in the country that will increase our commitment, we will go another step forward and can make CSR sustainable.

We have spoken with the hospital associations in Savar and Sathkhira and they have assured us of CSR. They have already started giving discounts to people. They have also expressed willingness to continue their involvement in this work.



**SHAHIN RAHMAN**  
Director  
Sangram Hospital, Sathkhira

We have been working with the project for the last three years. We see after the inception of the Pepsep project, marginalised people are coming to hospitals.

Earlier, they were reluctant to come to hospitals due to monetary problems and misconceptions about hospitals. This project addressed the issue. As a result, they are encouraged to come and get health services.

However, we have come to know that this project will end in July. Hearing this, the people who received the service also have become frustrated. I urge the authorities concerned to continue the project.

However, we are providing the best treatment at affordable costs. We have also vowed to continue this service even after the project is over.



**MD QUAMRUZZAMAN-RUSSELL**  
Secretary  
Clinic and Diagnostic  
Association, Sathkhira

The model service is underway in Sathkhira and Savar.

We are trying to provide the best treatment to the marginalised people. We never gain profit from those people because it is our duty to serve the society.

I urge everyone to expand the programme and include non-communicable diseases in the project. If it is done, it will be a good initiative.

We all know that health insurance is not functional in the country which can be launched through another project. This will be helpful.



**GOBINDA ACHARJA**  
Chairman  
Sima General Hospital, Savar

The project is a good initiative. However, it is a matter of regret that the project is coming to an end in July. But, we want to continue it as poor and marginalised people are getting enormous help from it.

The voucher card worth Tk10,000 given under the project is a big thing to the poor and marginalized people. It is beyond their thinking to have a credit of Tk10,000 for treatment. So, I am urging the authorities to continue the project by adopting a multi-party approach. Along with this, I am proposing to include other marginalised groups like transgenders in such a project.



**HASIBUR RAHMAN**  
Executive Director  
Management and Resources  
Development Initiative (MRDI)

Everyone is worried about the fact that the project is going to end, but the sustainability of the project is what is important.

When a community owns the work of a project and carries that ahead, it should be considered a success of that project. The hospital owners have expressed their eagerness to carry on the work of the project, but they have to decide how and how long they will carry it on.

I think the project should include this as their exit plan and to support the owners too.

Two mayors also have committed to increase the health budget. Therefore, now the project implementers have to think how a relation can be made between the mayors and the service seekers. Many institutions are working on CSR, but only the work of the Bangladesh Bank (BB) is visible.

The central bank issued a circular in April where it asked banks and financial institutions to make 1% more CSR considering the special crisis.

And the regulatory body also gave a 3-year time-limit from 2022 to 2024 to spend the money. The circular further mentioned that from the special CSR budget, along with daily needs, health safety products will be prioritised to serve. Moreover, the circular directed that 50% of the special CSR will be spent in city corporation areas and the rest will be spent in district, upazila and union level.

As the Bangladesh Bank asked to spend 50% in the district, upazila and union level, CA and DAM can make a partnership with banks and can utilise the fund for the marginalised people. The success story on CSR activities have to bring in light to inspire providers to work more in this ground.



**HAZI MD ABDUL GONI**  
Mayor  
Savar municipality

The CA and DAM work hard and through their project they aid the poor and marginalised people.

The people will always remember them. However, we are shocked to hear that the project is going to end.

However, the hospital owners are present in this event and have given their opinions. They have vowed to provide service to the marginalised people.

The leaders of the private hospital association are assisting us. In our municipality, we have increased allocation on the health sector this year with the help of the leaders. So, I hope, together we will work further and will move ahead.

I urge the CA and DAM to launch another project after the end of the current one and I will assist them to the best of my capacity and together we build a healthy city.



**KHONDOKAR MORSHED MILLAT**  
General Manager  
Sustainable Finance Department,  
Bangladesh Bank

The Bangladesh Bank is the regulatory body of all banks and financial institutions in the country. It has a big commitment on green finance, sustainable finance, funding on environment and on CSR activities.

If we look back, from 2008, the central bank has been working tremendously to bring CSR activities in the mainstream with a comprehensive guideline. According to the guideline, the precondition of CSR activities for a bank or financial institution is that they will have net profit after tax.

And if they spend Tk100 in CSR activities, minimum Tk30 will be spent on education, Tk20 on healthcare, Tk10 on disaster management and climate resilience while the rest Tk40 will be spent on research, innovation, sports, culture and marketing.

But during the pandemic, in March 2020, BB issued a circular asking the banks and financial institutions to serve the community and front-fighter with health safety products like mask, PPEs. And in June in the same year, we made it mandatory to spend the CSR on health.

Recently, some more work has also been done. We further urged the banks and financial institutions to serve the CSR within June this year.

However, banks have limitations to reach everywhere, so we asked them to link with NGOs and local governments. We also asked the banks to be transparent in coordination and ensure accountability. The target group should be provided with food support along with masks and PPE which we asked in the circular. Further, we have called 20 banks from the 20 vulnerable districts and asked them to provide health safety products along with food and asked them to do it within 30 July.



**PANKAJ KUMAR**  
Country Director  
Christian Aid

Christian Aid is very delighted to be a part of this particular event. And we are very delighted to have The Business Standard and others as our partners.

Hospital owners in Savar have spoken on how this project can continue to provide services to the poor people. They also called for a government policy to make insurance coverage so that the people get the health services easily.

They appreciated the project as the poor are being benefited from it. Savar is the place where the majority of the migrated workers live. People have got a health coverage of Tk10,000. The owners wanted municipality support to continue the project for the excluded people.

The health journalist association also talked about the universal health coverage, CSR and the charity venture of the hospitals following the government rule.

Inconsistency of the project cost is also a challenge for this kind of support and the NGOs also need proper license. The MRDI and other people have talked about the health project and partnership with the Bangladesh Bank and included the health ministry to take responsibility for CSR. Savar municipality mayor spoke about voucher cards and expressed his commitment to continue this support. The mayor of Sathkhira termed it a new window for poor people and urged to provide direct health service as a new approach.