

PUTTING FOOD ON THE TABLE AT WORK

WORKER NUTRITION IN BANGLADESH AND OPPORTUNITIES FOR
INTEGRATION INTO OCCUPATIONAL SAFETY AND HEALTH



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All photographs included in this document have been taken with consent for use in publications.

SUMMARY

Many adults spend most of their waking hours in the workplace, making it an important—yet underappreciated—leverage point for change. In the context of food systems, workplaces can contribute to significantly improved nutrition through employer-provided nutrition programmes (also known as ‘workforce nutrition programmes’ (WFN)). However, the process of gaining support for these initiatives and the potential for institutionalising them within policy remain underexamined. This case study aims to address this by examining the development of WFN in Bangladesh, including at the factory level and through the government-led National Workforce Nutrition Alliance (NWN). It also considers opportunities for integrating nutrition considerations into occupational safety and health (OSH) policies, regulations, and practices in Bangladesh.

The growth and initial institutionalisation of WFN in Bangladesh appear to have been driven primarily by a strong belief in its multiple benefits and the support provided and galvanised by the National Workforce Nutrition Alliance. Over 40 perceived benefits were mentioned, with different actors highlighting different benefits but endorsing the same overarching goal. Worker health and business-centred benefits were prioritised; worker financial benefits were emphasised unexpectedly often. The strategic economic importance of the ready-made garments sector (where most WFN initiatives in Bangladesh take place), its capacity to welcome worker well-being initiatives, and company culture more broadly have also enabled adoption. Major challenges to WFN initiatives include workers’ limited resources, the large size of the informal work sector in Bangladesh, and the large scale needed to cover the country’s full workforce. WFN is not yet strongly embedded in policy frameworks in Bangladesh. Potential for doing so through OSH legislation seems limited. Stakeholders do not see OSH legislation mechanisms as a priority, as the relationship between nutrition and OSH is taken for granted, OSH legislation has limited impact on the informal sector, and any economy-wide policy must cover diverse sectors and considerations.

KEY MESSAGES

- Workforce nutrition initiatives may offer a powerful avenue for improving workers’ nutrition and wellbeing as well as an opportunity to engage an unusual type of actor — employers — in the process of food system transformation.
- Bangladesh has made significant progress in the adoption of WFN initiatives through the government-supported National Workforce Nutrition Alliance.
- The process of developing and scaling WFN within Bangladesh offers transferable lessons for other types of processes in transforming food systems (see Annex 1).
- Challenges with the institutionalisation of WFN approaches in Bangladesh persist, and it is not clear if Occupational Safety and Health policy is an effective route for addressing them.

BACKGROUND

Agreement on the need for transforming food systems to be more supporting of human and planetary health and wellbeing has grown in recent years, including through the 2021 United Nations Food Systems Summit (UNFSS). Many different sectors and actors, engaged in approaches ranging from top-down government to bottom-up community-led ones, have a role to play in this transformation [52-54]. One set of actors that is often forgotten in these conversations, however, is employers. Adults can spend over two-thirds of their waking hours at work, making the workplace an important environment to influence health, wellbeing, knowledge, and choices, including as these relate to food. Investing in nutrition can also yield benefits for the employer in terms of worker motivation, performance, and reduced absenteeism. However, discussions of food system transformation to date have not focused much on the potential for workplaces and employers to help catalyse or advance system-wide changes.

This case study aims to address this gap by examining the potential to use workplaces and employers as leverage points for improving nutrition in Bangladesh. It does so both by considering efforts made by individual employers and how these have been expanded and supported through the National Workforce Nutrition Alliance (NWNNA) under the leadership of the Department of Labour of the Ministry of Labour and Employment. It also considers opportunities for integrating nutrition considerations into national occupational safety and health (OSH) policies, regulations, and practices. This case study presents a government-led approach. It complements a forthcoming sister case study that focuses on an employer-led approach.

Prior analysis of nutrition in OSH regulations at international and national levels found limited examples of it but suggested that policymakers can ‘open a new dimension in worker wellbeing and employer performance’ by incorporating nutrition considerations into OSH-relevant agreements, legislation, contracts, and guidelines [1]. The present study builds on this suggestion by exploring the case of workforce nutrition (WFN) in Bangladesh, including its development to date, the role of the NWNNA, current levels of integration of nutrition consideration into OSH initiatives, and key drivers of and challenges to the progress of WFN initiatives in the country so far.

While the focus is on the influence on workers’ nutrition and health, the actions also have wider consequences. As large purchasers, companies can play a major role in influencing supply chains. The knowledge and habits workers acquire in the workplace are also likely to percolate into their lives outside of work, potentially also influencing their families’ food choices and health.

Box 1 outlines the two key concepts of the case study: WFN and OSH. The next section provides context on OSH in Bangladesh, after which we present the methods and results of the case study.

BOX 1. KEY CONCEPTS

Workforce nutrition (WFN): 'A Workforce Nutrition programme is an employer-led set of interventions taken to improve worker's diets. They may create access to safe and nutritious foods within the work environs; generate demand for such foods through communication strategies; and (or) provide the opportunity to access nutrition-focused health checks and counselling where relevant. Promotion of breastfeeding at the workplace is included in this definition, as it allows working parents to provide adequate nutrition to their infants' [2]. The Workforce Nutrition Alliance identifies four pillars of workforce nutrition: healthy food at work, nutrition education, nutrition-focused health checks, and breastfeeding support [3].

Occupational Safety and Health (OSH): For the purposes of this case study, we did not align strongly with a particular definition of occupational safety and health. It was considered important to work with the understanding of OSH of interviewees and with the definitions and scope of OSH reflected in legislation, regulations and policies from Bangladesh. According to the International Labour Organization (ILO): 'Occupational safety and health (OSH) brings together many disciplines to ensure safe workplaces, thereby preventing accidents and diseases. However, *OSH is about more than just avoiding injury*, it is also about actively promoting safety and health at work, and introducing a safety culture that cascades further than the workplace' [6].

'OSH involves:

- the prevention of harm and adverse effects on workers' health caused by their working conditions, whatever their employment sector, and regardless of their employment status, gender, racial or ethnic background;
- the adaptation of working environments so that they best suit the physical and mental needs of workers;
- the availability of adequate occupational safety and health services to promote and maintain the well-being of workers;
- the effective management of occupational safety and health by employers and workers, putting the subject on the same footing as other business requirements' [6].

OSH IN BANGLADESH: PRELIMINARY CONSIDERATIONS

Current legislation on OSH in Bangladesh has taken shape as a direct consequence of the tragic collapse of the Rana Plaza garment factory complex in 2013, which claimed 1,134 lives [7], making it 'the deadliest garment-factory disaster in history' and 'the deadliest industrial accident in the history of Bangladesh' [8]. In its aftermath, the Government of Bangladesh passed the Bangladesh Labour Act (Amendment), 2013, with

most provisions in the amendment concerning safety.¹ The National Policy on Occupational Health and Safety was also adopted in 2013 [7]. The 2015 Bangladesh Labour Rules then introduced a range of OSH-relevant provisions, including ones related to workers' nutrition (discussed later). As of spring 2025, the Bangladesh Labour Act is being reviewed, with provisions to uphold the health and well-being of workers being integral to the amendments.

The most recent major policy document dedicated to OSH in Bangladesh is the National Profile on Occupational Safety and Health in Bangladesh 2019 (endorsed Sep 2019, published Jul 2021) [7] developed by the Department of Inspection for Factories and Establishments (DIFE), with the support of ILO. The profile was considered a 'vital rudimentary step in the process of building an effective national OSH programme' and 'expected to act as a basis to analyse the current OSH situation in the country and develop a national plan of action for OSH in the coming years, thereby facilitating Bangladesh's commitment to achieve the SDG goal of ensuring decent work by 2030' [7].

The most recent 5-year plan for the development of the country (though outliving its operational life and developed in a different political context), the 8th Five Year Plan July 2020 - June 2025 [9], is highly critical of OSH services in Bangladesh. It evaluates them as 'inadequate, both in terms of quality and quantity' (p. 592). Primary concerns highlighted are the risks posed by toxic substances for a 'major portion of workers in the informal sectors' and, more broadly, occupational diseases and injuries (p. 592). The Plan also suggests that inadequate occupational safety and health is a factor discouraging women from accessing the job market.

There is a commitment in the 8th Plan for the Health Services Division (under the Bangladesh Ministry of Health and Family Welfare) to 'continue its preventive and control measures in collaboration with other relevant ministries... to address occupational health hazards, diseases and risks in a cost-effective manner' (p. 592). Improving OSH is repeatedly emphasised as an important aspect of improvements in the work environment: 'Improvement of work environment through safety, occupational health and safety and maternity, unemployment benefits. ... Elimination hazardous work and child labour and creating decent work, occupational health and safety, unemployment benefits and human development opportunities for working persons should be ensured' (p. 753).

Of note, in July-August 2024, Bangladesh went through significant political turmoil, with the spark arguably related to a controversial quota system for government jobs.² The then Prime Minister, Sheikh Hasina, fled the country, and a new interim government with a reform agenda came into power. Following these political changes, the possibility for a substantial change of course in Bangladesh's labour policies cannot be ruled out. However, OSH services in the country still present a concern and political commitment

¹ The amended provisions include: adding a new section regarding dangerous work for children (section 39); emergency exits (section 62); access to gangways, stairs etc. for workers (section 72); mandatory use of personal safety equipment (section 78a); notification of competent authority in case of incident (section 80); establishment of a health centre in companies employing more than 5000 workers (section 89); and a new section on the formation of a safety committee (section 90a)' (p. 26 of National OSH Profile [7]).

² <https://www.aljazeera.com/news/2024/8/5/sheikh-hasina-a-critical-misstep-and-the-end-of-15-years-of-rule>

to improving them persists. Their low baseline level may be both a risk and a chance in seeking integration of WFN into OSH standards.

AIMS AND OBJECTIVES OF THE CASE STUDY

While the focus of this case study was on the integration of nutrition considerations into OSH, we sought to provide a rich context for this focus. It is important to explore how an OSH approach to strengthening WFN compares to alternative approaches, especially ones relying on mechanisms shown to be effective by the experience so far. We also chose to provide substantial contextual detail because the groundbreaking work on WFN in Bangladesh has not yet been described in a research case study, even though one factory-based research case study [10] and at least two journalistic case studies of aspects of the work have been published [11,12]. The Bangladesh experience is thus not easily available as a model to learn from and replicate, with adaptations, by government-led stakeholder alliances in other countries.

This case study thus had the following aims:

- To describe the nature, design and implementation trajectory, and impact of the work on workforce nutrition in Bangladesh, with a focus on practices of and intentions for integrating nutrition considerations into OSH work.
- To seek a variety of explanations for the major successes and challenges of the work on WFN in Bangladesh.
- Whenever the data allows, develop hypotheses about the ‘essential ingredients’ for the successful integration of nutrition into OSH policy and practice.
- To represent the findings in a way that can be informative for policy makers in other countries which experience challenges of malnutrition, donors who may consider funding WFN programmes, or NGOs which may want to engage in such work.

The case study was conducted as part of the ‘Exemplars of Food System Transformation’ project within the Nourishing Food Pathways programme. More information on this project and how this case fits within it can be found in Box 2 and Annex 1.

BOX 2. THIS CASE AS AN EXEMPLAR OF FOOD SYSTEM TRANSFORMATION

As detailed in Annex 1, this case study, beyond its own merits, can be seen as one approach to trying to achieve two desired outcomes of food systems transformation—improved nutrition and health, and better livelihoods—through the actions of employers and government.

It offers potentially generalisable insights about fostering transformative change, including the importance of having a recognised problem, framing that problem in a way that resonates with stakeholders, a focusing event that galvanises action, and bringing together networks and coalitions for change. While the case study shows institutionalisation routes through OSH at the factory level, open questions remain about OSH legislation as an institutionalisation route at the societal level. Secondly, the case speaks to programme implementation – including requisite resources and institutional capacity. See Table A1 for more details.

Generalisable lessons from this case, along with those from a wide set of case studies on different topics and in diverse settings, will be used to inform broader understanding of food system transformation as part of the ‘Exemplars of Food System Transformation’ initiative.

METHODOLOGY

The study combined key informant interviews and document analysis. We conducted 8 semi-structured remote interviews (over Microsoft Teams or Zoom) with: four company managers with in-depth knowledge of the work on WFN in their factories, two government officials, one NGO representative, and an academic researcher. The factories whose representatives we interviewed were varied in their characteristics and levels of adoption of WFN practices.

Contact with the interviewees was enabled by GAIN’s Bangladesh office. They offered a list of 17 potential interviewees, following a specification of profiles of interest developed by the lead researcher. Ten of these contacts responded to invitations to take part in the study. Ultimately, eight interviews were conducted.³ All interviews were in English. They lasted between 20 minutes and 1 hour and 1 minute, with a pattern of 20 to 30 min interviews with factory managers and 40 min – 1 h interviews with the remaining interviewees (36 min on average). Interviews were audio-recorded with one exception (as per the interviewee’s preference against recording; notes were taken instead).

³ Two potential participants needed to reschedule their interviews beyond the intended data collection period, and we suggested to do so if important gaps remained after analysis of the data collected so far. This was not the case. Relative to the resources of the study, we had an abundance of data which required strict prioritisation.

Interviews were transcribed automatically, after which the transcripts were checked and extensively corrected by the lead researcher.

To triangulate and complement the interview data, we also analysed a range of documents. Five of them, all from Bangladesh, were coded line-by-line in NVivo prior to primary data collection. These were the model for WFN in Bangladesh [2], two journalistic case studies [11,12], a brochure for the flagship SWAPNO project [14], and an internal document on enhancing WFN in the private sector [15]. The goal was to refine the interview questions and create a framework for analysing the interview data.

To further refine the interview questions and collect relevant contextual information, we reviewed in depth the **2019-2025 Advocacy Plan for Nutrition** (the national-level document in which WFN features most clearly) [16], the **National Profile on Occupational Safety and Health** [7], **the Labour Force Survey 2022** [17], as well as selected sections of further policy documents on nutrition [18-20] and on the development of Bangladesh [9,21]. A variety of additional documents, as referenced throughout the report, were also considered. Most reviewed documents were provided by the GAIN Bangladesh team, following specifications by the research team of types of information sought.

Theoretically and methodologically, the work followed the seminal work on case studies of Yin (2018) [22]. Principles of realist research were also incorporated [23,24], with a rough programme theory and CMO (context-mechanism-outcomes) configurations developed, although the current paper does not report findings in realist terms. The analysis of interviews was conducted in NVivo 14, using principles of framework analysis [25]. The initial draft of the report was enriched by quantitative data provided by GAIN in places where the interview and document analysis data were too general, incomplete, or dated.

The study was conducted between April and June 2025. Ethics approval was obtained via the **Health Media Lab IRB**, Study #2923, 28-Apr-2025.

The remainder of the paper starts by describing the rationale for workforce nutrition in Bangladesh, the early steps, and current structures and processes. It then addresses the spread of the work across sectors and the factory-level perspective on it. It moves to a narrow focus on OSH, first by reviewing relevant laws and regulations and then through the in-depth analysis of interview data. This is followed by a return to a higher-level perspective on the drivers and challenges to WFN in Bangladesh and the next steps for the work, including in terms of OSH. The paper concludes with recommendations for further research.

The representation of primary (interview) data, secondary data (document analysis), and a critical analytic perspective are intertwined throughout. We have included interview

quotes to illustrate claims and to add depth and nuance to them. In representing quotes, minimal edits have been made to improve clarity.⁴

THE CASE FOR WORKFORCE NUTRITION IN BANGLADESH

A standard narrative on WFN in Bangladesh has taken shape across a variety of source types [2,11,12,14,15,26,27]. There are three anchors to this narrative: the burden of malnutrition, the potential of workplaces as an intervention setting, and the win-win scenario for both businesses and workers (and more broadly populations and economies) if workforce health is improved through better nutrition. In making the case for WFN across documents, in-principle arguments and figures from across the world have been intertwined with Bangladesh-specific arguments and figures.

The burden of malnutrition is the leading argument in the narrative on WFN in Bangladesh. Using global statistics, sources assert that since '1 in 3 people globally suffer from some forms of malnutrition (including overweight /obesity, under-nourishment, or micronutrient deficiencies) it is likely that any workforce is affected by one or several of these' [2]. Bangladesh-specific data rank malnutrition as the country's most significant driver of death and disability combined [11]. In sectors that have attracted more WFN initiatives, such as the garment sector, figures may be even more striking. For example, 77% of female garment workers are estimated to be anaemic, relative to a national prevalence of 41.8% [11, 28].

The second anchor point in the argument for WFN constructed by key documents concerns the potential of workplaces as an intervention setting. This potential is created by the size of the workforce, the time individuals spend at work, and the attention and co-operative stance of those individuals in light of the nature of relationships at the workplace. For example: 'The ILO estimates that 58% of the global population will spend at least one third of their adult life at the workplace, making occupational health a critical determinant of overall health and unique opportunity for intervention' [2, quoting 29]. 'Workplaces are unique settings for nutrition interventions: they provide repeated interaction with a captive audience, a contained environment that can be modified, and the potential for significant returns on investment, making workforce nutrition a potentially sustainable investment' [27].

Finally, the third anchor of the argument concerns the win-win scenario for both businesses and workers, and more broadly populations and economies, if workforce health is improved through improved nutrition. 'Workforce nutrition programmes benefit both employees and employers, with employees experiencing increased job satisfaction, reduced sick days, increased wage earnings, as well as higher consumption of healthy foods and better health. Businesses reap benefits in the form of: reduced

⁴ Some content-free aspects of oral communication (e.g., repetitions of words, stammers, and crutch words) have been edited out for clarity. In a small number of cases, we corrected grammatical issues. We indicate with ... omissions of parts of statements that were left out to keep the focus on the issue being illustrated with a quote or to go directly to the clearest expression of an idea.

absenteeism, enhanced productivity, lower rates of accidents and mistakes, and improved brand reputation' ([2], quoting [29-31]).

The interviewees in this case study did not contradict this narrative but did not follow it either. They made a case for WFN by articulating multiple benefits, from a range of perspectives, which could result from improving the nutrition knowledge and behaviours of workers. Over 40 specific benefits were mentioned across the eight interviews and in key sources on WFN in Bangladesh. These are represented in Figure 1 on the next page, through a preliminary categorisation. The Annex 2 Table links those expected benefits to published evidence from Bangladesh. Whatever the benefits singled out by a given interviewee, it was clear that WFN made intuitive sense to all. An interviewee's professional capacity, knowledge, and personal values led them to highlight different benefits. The broad position was, however, one of clear agreement: there is a strong case for WFN, in Bangladesh and in general. In the words of one interviewee, 'it takes some time, but everybody agrees about the importance of workforce nutrition'.



Figure 1. (Expected) benefits of WFN as identified by interviewees and key documents

EARLY STEPS FOR WORKFORCE NUTRITION IN BANGLADESH

Several key milestones have marked the progress on WFN in Bangladesh.

LAYING THE GROUNDWORK FROM AS FAR BACK AS 2012

WFN practices in Bangladesh precede GAIN WFN programmes. For instance, Speelman et al. (2019) report that Lenny Fashions have been providing lunch to workers since the factory was established in 1995 [10]. They joined a GAIN pilot from 2016 to 2017 (*ibid*). Nevertheless, we found no indication that pre-GAIN WFN initiatives, where available, were conducted in a coordinated manner or supported by a body solely dedicated to their advancement. Interviewees with national-level oversight also acknowledged that GAIN has been the developmental partner who first introduced a programme of work on WFN in Bangladesh.

GAIN has been working in Bangladesh since 2012, with steps to advance WFN made from the beginning of the organisation's engagement with the country. The dominant early challenge reported was that of uptake. Detailed argumentation in favour of WFN was found to fall flat with businesses. The impasse was ultimately resolved through the evidence generated by a pilot study: 'The project's biggest challenge was signing up the first factory manager to join the pilot back in 2014 ... We had a long pitch and that didn't work. These businesses are busy. They need a clear quick pitch. But once the pilot programme demonstrated results, more factory managers came on board' [12].

PILOT WORK AND PERSUASIVE EVIDENCE FROM IT

A much larger pilot project with a primary outcome of anaemia reduction was then conducted in four ready-made garment (RMG) factories over ten-month periods between Dec 2015 and Mar 2017 [32]. Data were collected from 1,310 participants at baseline and 1,290 participants at endline. Reductions in anaemia of 32 and 12 percentage points were observed, respectively, in the groups that received a lunch meal intervention (nutritionally improved lunches and weekly iron and folic acid supplements) and non-meal intervention (twice weekly iron and folic acid supplements and behaviour change counselling) [32].

FURTHER CAUSES OF A STEP CHANGE: SWAPNO AND COVID-19

The document analysis and interviews suggested two further developments that substantially increased the uptake of WFN initiatives by businesses, the credibility and visibility of the work, and the breadth of partnerships which GAIN could develop, paving the way for the creation of the Workforce Nutrition Alliance (see next section).

One of those developments was the SWAPNO (Strengthening Workers' Access to Pertinent Nutrition Opportunities) project, with 'swapno' also meaning 'dream' in Bangla. A SWAPNO brochure highlights six success factors for the work: Pushti Bondhu ('nutrition friend', or peer educators), behavioural change communication, quality improvement of food menu, a fair price shop for nutritious food, capacity handover to company, and supporting the enabling environment [14, see also 11,12]. SWAPNO, which was funded by the VF Corporation, a US-based apparel company, ran between 2019 and 2023 and was implemented in five factories in the garment sector. Peer-reviewed publications with baseline data from SWAPNO participants can be found here [33,34], with publications of endline data in progress.

A further driver of a step-change in the fortunes of WFN in Bangladesh may have come, unexpectedly and even paradoxically, through the COVID pandemic. Several interviewees discussed GAIN's support for factories and workers during the COVID-19

crisis. The observed impact of initiatives, the sense of trust and the relationships built through GAIN's critical and timely support appear to have paved the way for more expansive work on WFN once production returned to normal.

LAUNCH OF THE NATIONAL WORKFORCE NUTRITION ALLIANCE IN BANGLADESH

The National Workforce Nutrition Alliance (Nwana) in Bangladesh was launched in the wake of the above developments, in 2022, by the Department of Labour (one of the two departments constitutive of the Ministry of Labour and Employment), in close collaboration with GAIN [26]. The Bangladesh Alliance is one of two fully functional national WFN alliances, with the other in India [35]. The work of the national alliances is conducted with the support and under the umbrella of an overarching Workforce Nutrition Alliance based in Geneva, itself launched in October 2019 by the Consumer Goods Forum (CGF) and GAIN with the goal of helping 'employers ensure their employees have access to and knowledge about healthy nutrition, breastfeeding support and nutrition-focused health checks' [3].⁵ Early work on WFN in Bangladesh has thus been part of making the case for a highly targeted, well-coordinated support for WFN in both formal and informal sectors.

CURRENT STRUCTURES AND PROCESSES CHANNELLING THE WORK ON WORKFORCE NUTRITION IN BANGLADESH

COMPOSITION AND CAPACITIES OF THE NATIONAL WORKFORCE NUTRITION ALLIANCE

Currently, action on WFN in Bangladesh is channelled through the Nwana, under the leadership of the Bangladesh Department of Labour and with technical and financial support provided by GAIN in Bangladesh. As of July 2025, the Alliance has 270 organisational members, reaching over 234,000 workers [36].

The leadership of the Department of Labour was discussed by interviewees primarily as a factual matter. An argument that justified the choice of the Ministry of Labour and Employment as a leading ministry was the right of its officials to access workplaces. While other ministries have a relevant remit, such as the Ministry of Health and Family Welfare, they 'can't enter a factory'. A concern was expressed about the attenuation of the early-stage involvement of the other department under the Ministry of Labour and Employment, the Department of Inspection for Factories and Establishments (DIFE). It was seen as likely to diminish attention to the crucial role that DIFE inspectors can play in supporting WFN at worksite level.

Three main roles of the Nwana were identified:

⁵ The Manifesto of the Workforce Nutrition Alliance can be found here: https://workforcenutrition.org/wp-content/uploads/2022/06/WNA_Manifesto_v5_25-03-21-1.pdf

- As a **source of support**, NWNA provides access to resources (primarily knowledge-based, financial, and social) and training and development opportunities for employers and other actors who seek to gain knowledge and skills in WFN.
- As a **collaborative space** bringing together stakeholders with a broad range of expertise, NWNA enables 'cross-learning', resource sharing, and the incubation and uptake of new ideas.
- As a **body of broad and influential membership**, NWNA has the capacity to exert significant influence and enable systemic solutions to highly complex problems. It 'raise[s] the issues for the worker in the national level'. It is 'strong enough' to establish agendas and lead advocacy efforts on WFN. It enables collaborative, system-level solutions when it is 'so difficult to independently do all the positive things for the worker by only the government or only the development organisation. No one can alone solve these issues'.

An aspect of the influential membership of the NWNA is the involvement of individual proponents of nutrition who can initiate high-level change-making action through the organisations they are part of. For instance, a key Department of Labour official is a nutritionist by background. This background had not been relevant to their role before they were given responsibilities concerning the WFN programme. In their words, 'I prioritise nutrition-related activities from my heart'.

TECHNICAL WORKING GROUP

The work of the NWNA is progressed by a Technical Working Group which 'coordinates activities, strengthens policy dialogues, and provides implementation support for companies' [26]. The Technical Working Group has 23 members: 8 from the **Department of Labour** with its two constitutive ministries, 2 from national nutrition organisations (the Bangladesh National Nutrition Council and the National Nutrition Services collaboration), 1 from the Bangladesh Export Processing Zones Authority, 3 from employers' associations (the Bangladesh Garment Manufacturers and Exporters Association, the Bangladesh Knitwear Manufacturers and Exporters Association and Bangladesh Employers' Federation), 1 workers' association (Bangladesh National Garments Workers Employees Federation), two academic representatives, and representatives of 6 developmental partners (GAIN, CARE, BRAC, Nutrition International, UNICEF and ILO) [37].

KNOWLEDGE, TRAINING, AND KNOW-HOW INFRASTRUCTURE

The most visible aspect of the work of the NWNA is the knowledge, training and know-how infrastructure it uses to support employers to introduce WFN practices at their sites. This infrastructure has been continuously expanded and refined across the years (including before the formation of the NWNA), with new components piloted and evaluated before scale-up.

The flagship work of the NWNA is the in-depth training and support provided to factories that commit to improving the nutrition of their workforce – the 'campaign', as some factory-level interviewees called it. This is a complex, multi-component process. First, companies are onboarded through an initial assessment and process of engagement, including through site visits. Support is provided for the set-up and early work of a factory-level Nutrition Improvement Committee. A series of on-site training events are arranged for a cohort of company-level peer educators, the so-called Pushti

Bondhu. On average, one Pushti Bondhu is assigned 50 workers who they educate in principles and practices of good nutrition. A plethora of information, communication, and promotional materials in Bangla are also provided to the factory at this stage, such as posters, leaflets, and fans with nutrition messages to use in hot weather. Once the factory has launched nutrition education for its workforce, the Nwana continues to provide support in handling challenges and maintaining engagement and motivation. In addition to factory-level training, training towards a Master Trainer certification is provided to individuals at GAIN and partner premises. Typically, it is undertaken by company managers or HR professionals, who then become instrumental in advancing WFN at their worksite, or by government employees or NGO workers, who then incorporate nutrition messaging into their own agenda.

Training and sensitisation activities and associated knowledge and information sharing work are underpinned by a library of resources of written and pictorial information, with flagship resources being the WFN Guidebooks (<https://workforcenutrition.org/guidebook-series/>). Subsets of the information materials used in Bangladesh have been reviewed by academic members of the Workforce Nutrition Alliance.

Part of the know-how shared with employers also concerns improvements in the infrastructure they already have for providing healthy food at work or the initial set-up of such infrastructure. For instance, GAIN has collaborated with the national *Institute of Nutrition and Food Science* (INFS) to support factories that already provide meals to workers to revise their food menus to be more nutritious and safe [2]. The support provided spans menu contents and the process of introducing changes in it. It was found, for example, that ‘any change in food provision can potentially lead to unrest from the workers’, leading to recommendations that ‘[f]ull menu changes are not introduced until they are accepted on increasing sample sizes of workers’ [2]. Since 2014, support for menu improvements has been provided to 13 factories.

Know-how can also be shared about the set-up and functioning of workplace-based ‘fair price shops’, which ‘stock nutritious and safe foods, such as zinc fortified rice, vitamin A-fortified edible oil, iodised salt, organic vegetable and fruits, sea fish etc. at accessible prices’ [2]. So far, 12 factories have been supported in establishing fair price shops.

ROLES ON THE GROUND

Individuals enthusiastic about WFN and broader advancement of the health and well-being of workers were found to act as a conduit of opportunities and ideas offered by the Nwana, pulling the levers required for implementation in their particular workplaces. Factory managers, often in compliance or HR roles, were instrumental in persuading both the company management and colleagues on the shopfloor to enable relevant activities, whether through preparing business cases or engaging in moment-by-moment negotiations. They were also leading the rather complex logistics of setting up in-depth educational campaigns if such were initiated (discussed in more depth later). While some of this work had goals beyond WFN (e.g. ensuring the company had medical staff), it helped enable progress on WFN.

'[P]roduction have a lot of pressure, they don't want to give the people to do another work. So, first, I need to compromise with our production team because [we borrow] these 300 people ... [for] several training to them first.'

'[W]e have one registered doctor and one nurse and one medical assistant. This system is implemented by me. ... I forced the management and ensured the Bangladesh labour law [is followed].'

INFRASTRUCTURE OF PHYSICAL SPACES, RESOURCES, AND WORKER INTERACTION OPPORTUNITIES SHARED WITH PARTNERS

Interviews suggested that at least some parties to the Nwana actively contributed their own infrastructure to the work. This could be offices or centres for the provision of training on nutrition, such as the labour welfare centres of the Department of Labour or an NGO's one-stop service centres for garment workers. It could include information materials. Notably, staff of such partner organisations were enlisted to share nutrition-related messages, typically as part of the messages of one's own organisation. Adding the nutrition message was perceived as an enhancement of own's own messaging, not as yet another task or a competing demand:

'[E]arlier, when I enter in the factory, I have our different agenda. But now, when we enter in the factory or talking with the factory management ... we [are] also trying to give more emphasis on the nutrition issue. ... [W]e just incorporate this issue in with our agenda so we can improve the food habit of the worker.'

RELATIONSHIPS AND DYNAMICS IN THE WORKFORCE NUTRITION ALLIANCE

While we need to acknowledge the risk of bias, reports of the working relationships and dynamics within the Nwana were overwhelmingly positive, up to claims that 'the collaboration was amazing'. Notable examples of positive dynamics included employers feeling that their ideas were taken on board; government representatives finding easy agreement between employers and workers and experiencing employers as (uncharacteristically) responsive; and academics experiencing their perspectives as enriched by other ideas while being trusted in their expertise.

'[A]s a government ... when we try to address any issue in the labour area, we are just sitting between the employers and workers. Sometimes it's very difficult to settle any industrial dispute. ... But when [it] come[s] to the nutritional and health issue, I didn't face any difficulty between workers and employers.'

'When I request the employers to arrange any intensive activities regarding nutritional activities, they easily agree with the government. ... [T]hey will help us. They will provide so many facilities to conduct the sensitisation seminar or workshop at their workplaces. They help! Because they recognise that it is important for both the employers and workers as well as their productivity.'

'I give them some ideas from my side, from my experience, 'then maybe you think [about] these things, you [do] these things, these things will [en]rich [the

work]. They implemented some [of these] ideas. I think this way we are success[ful].'

SECTORS AND AREAS COVERED BY WORKFORCE NUTRITION INITIATIVES

Detailed data on the 270 members of the Nwana could not be obtained, but an internal document summarising membership by region [36] mentioned repeatedly ready-made garment and jute factories, food manufacturing and food processing factories, metal and steel facilities, and docks and shipyards. There were one-off mentions of a hospital, a trade body, local NGOs, tea garden factories, fish hatcheries, a paper mill and 'handicraft', suggesting a growing variety of participating sectors (*op. cit.*). Most WFN initiatives in Bangladesh have been implemented in the garment sector; the reasons for this are discussed in the next section.⁶ Some interviewees expressed concerns that developmental partners, including GAIN, tend to focus on the garment sector or at least noted neutrally that this was the case 'for some reasons'. Expansion towards other sectors was seen as part of the way forward for WFN in Bangladesh. Such expansion appears to be underway, judging by the data on Nwana membership by region [36]. The region with the largest number of members of the Nwana is Khulna (77 onboarded member companies), followed by Chattogram (47), Bogura (34), Narayanganj (34), Dhaka (25), Sylhet (41) and Mymensingh (12) [36].⁷ The Nwana thus has a presence in most of the country, with only two of its eight main administrative divisions not yet reached (Barisal and Rangpur).

DRIVERS OF THE HIGH CONCENTRATION OF WFN INITIATIVES IN THE GARMENT SECTOR

Crucial importance of the garment sector to the Bangladesh economy

The garment sector has a central importance for Bangladesh: in the words of an interviewee, 'this is the heart of our economy'. The website of the Bangladesh Garment Manufacturers and Exporters Association (BGMEA) states that the 'sector accounts for 83% of total export earnings of the country' and reports 2019-2020 data for export value of over \$27.9 billion [38]. Data from only four years later, provided by RMG Bangladesh, suggest a further leap: in 2023, garment exports have earned a record \$47.38b and represented 84.58% of all export receipts [39]. By way of comparison, in 1983-84, apparel accounted for less than 4% of total Bangladeshi exports [40]. Bangladesh is second only to China as one of the world's largest exporters of garments (*op. cit.*). Enabling the health and productivity of the garment sector workforce can thus be seen as a matter of national importance.

Export orientation

⁶ These were identified by the interviewees and documents analysed. We enriched their descriptions with further detail through analysis of documents outside of the field of WFN. Such further detail was sought because more abstract features of the garment sector in Bangladesh may suggest starting points for WFN initiatives in other countries or may help identify industries in Bangladesh that require substantially different strategies of engagement.

⁷ Of these, Khulna, Chattogram, Dhaka, Sylhet and Mymensingh are divisions of Bangladesh (the highest-level administrative units in the country, of which there are 8), with Bogura a district (second-level administrative unit) in the Rajshahi division and Narayanganj a district in the Dhaka division [49].

In a lower-middle-income country like Bangladesh, export orientation makes a business more likely to have buyers that are concerned about labour conditions. Interviewees from the garment sector acknowledged brand considerations in their interest in WFN and that health, safety and compliance are concerns for management not least because they are concerns for buyers. That said, on no occasion were buyer expectations represented as the paramount consideration for adding WFN to one's portfolio of workers' health and well-being or Corporate Social Responsibility initiatives. An interviewee also argued that export orientation is not, in itself, a sufficient factor for interest in developmental programmes in the garment sector, including WFN programmes. It was export 'to Europe or America' that was perceived as difference-making.

Size of the workforce and large proportion of female workers

The size of the garment sector workforce in Bangladesh is significant, with some dominance of female workers. Figures vary between 2.6 and 3.5 million workers, of which about 60% are women.⁸ This is relative to a total Bangladesh labour force of about 73 million people and a working age population of about 119 million [17]. The proportion of female workers in the garment sector does not justify its perception as a 'women-driven sector' [41], yet the stereotype seemed to contribute to the priority given to it in WFN efforts in Bangladesh. Female workers, particularly of childbearing age, are a preferred target for nutritional interventions. The rationale outlined in both interviews and documents was that the health benefits experienced by the mother translate directly into health benefits for the child(ren) she bears and breastfeeds, and that she also has the capacity to influence the nutrition of the whole family.

Further factors that enable WFN programmes in the garment sector

For those three reasons, and the Rana Plaza tragedy referred to earlier, the sector has become a focal ground for interventions by development partners. This, in turn, has created a level of receptivity and capacity for engagement with development initiatives, including for WFN. The capacity is both at the level of factories and that of employer associations. In the words of an interviewee:

'[D]evelopment programmes are also going there because it's a reciprocal relationship. Someone is ready to accept the interventions. ... [I]f there is no strong employers' association, it will be tough for the development partners to work there. ... [I]n Bangladesh, there are some employers' associations who are working well ... [T]his is a good example where the employers are embracing all the initiatives in a correct manner. They have also skilled manpower in different areas.'

⁸ The core GAIN document on WFN in the Bangladesh garment sector [2] refers to 3.5 million workers, of which 60.8% are women, quoting data from a 2018 survey of the Centre for Policy Dialogue [41,42]. Some sources suggest that in its heyday 'the domestic clothing industry employed around four million workers, of whom around 80% were reported to be women', though the latter figures have also been contested [40]. 2020 Brac University figures on export-oriented garment factories gave a total of 2,562,383 workers, of whom 58.3% were female [43]. 'Rapid automation, wage hikes and complex production process in the garment sector and marriages have narrowed the female workers' participation in the apparel industry' (*op.cit.*).

It is also worth noting that there is a sizeable body of evidence for the poor nutritional status of garment workers, offering solid ground for justifying interventions [44-48], now augmented by evidence from the SWAPNO project [33,34]. There are downsides of over-focusing on a single sector, regardless of how important it is. There are also, however, benefits in terms of evidence generation. As an interviewee explained, 'If we reach all of the persons [in the garment industry] through these initiatives and improve their health with this type of programme, it will be a great initiative. And this will create the evidence for other sectors'.

FACTORY-LEVEL EXPERIENCES

TYPES OF FACTORIES AND WFN INITIATIVES, AND LEVELS OF ADOPTION

The four companies whose representatives we interviewed were from the garment sector (2 factories), the food industry, and manufacturing and trade for the construction sector. We describe their features in abstract terms to preserve anonymity, as requested by some participants.

The size of the workforce in these factories varied from 100 to almost 7,000 workers. One factory had an entirely male workforce, one had an almost entirely male workforce (women were about 2%), and the workforce of two of the factories was predominantly female. The types of WFN interventions also varied, as well as the duration and intensity of involvement in the work. One of the companies was offering nutritious food prepared in an on-site kitchen. Workers received breakfast or lunch depending on their shift and nutritious snacks (such as bananas and juice) throughout the day. Another company had been a participant in the SWAPNO project, focusing on nutrition education and the distribution of iron and folic acid tablets. Since the project, the company had invested its own resources to continue the work, both in nutrition education and supplementation. The third company was offering nutrition education initiatives every 2-3 months, while looking forward to a NWNA 'campaign' on the factory premises. The fourth company also offered nutrition education.

At least three of the companies had at least one doctor on site,⁹ with the doctors reported to be offering nutrition-focused health check-ups or advice. More detail was provided on the doctors' involvement in other forms of support for WFN, such as inspecting the kitchen or running training events. None of the interviewees described a breastfeeding intervention, though one described group-specific nutritional education for pregnant women or mothers after they have given birth.

Outside of the four pillars of workforce nutrition, one interviewee described what can be thought of as a symbolic engagement with growing one's own food:

'We have created green zones within the premises by planting a wide variety of trees, including fruit-bearing species. Notably, we have cultivated numerous

⁹ There may have been a doctor in the fourth factory, too, as it is a legal requirement for factories of that size. The discussion in that interview had a different focus.

mango trees, and during the summer season, both workers and office staff enjoy fresh mangoes harvested on-site' (post-interview email exchange).

All four interviewees showed clear commitment to and belief in the value of WFN, from solid endorsement to infectious enthusiasm.

MAIN DRIVERS OF THE ADOPTION AND MAINTENANCE OF WFN PRACTICES

The small number of interviewees only allows us to offer preliminary indications of the main drivers of adoption and maintenance of WFN practices at factory level. We highlight four main drivers, for which data were richest.

Company or worksite culture; board or management support

There was clear indication of impact of the company culture and support from the board or higher levels of management. The relevant aspects of the company culture were of four main types: 1) belief that a healthy and motivated workforce is fundamental to the success and sustainability of a business; 2) commitment to compliance with the labour law and practices of Corporate Social Responsibility; 3) culture of continuous workforce training and development; 4) brand awareness and perceptions of it being enhanced through the former practices.

'[O]ur commitment to worker health and well-being stems from a deeply rooted company culture. The management and founders firmly believe that a healthy, motivated workforce is fundamental to sustainable business success.'

'We believe that small gestures like these foster a sense of community and reinforce our holistic approach to employee welfare—one that encompasses not only safety and compliance, but also nutrition, health, and emotional well-being.'

'We strictly adhere to the national Labour Laws, ensuring provisions such as provident fund, gratuity, workers' profit participation fund (WPPF), earned leave, casual leave, and sick leave. Beyond legal compliance, we offer additional support including salary advances, group insurance coverage, and emergency financial assistance.' (all three quotes from post-interview email exchange)

Confidence in the benefits of WFN

A further major driver of the adoption and maintenance of WFN practices at the factory level appeared to be the confidence in their benefits (see Figure 1). If anything, the benefits were perceived as more certain than there is evidence for them from Bangladesh contexts.

The financial bottom line for both workers and company

One of those benefits, emphasised disproportionately more often and at greater length by the interviewees as opposed to formal documents, was that of good nutrition being cheaper than standard nutrition, if informed choices are made. The potential financial benefit for workers was seen as a strong motivator for them to engage in healthy eating

practices. In cases where companies were already offering food at the workplace, the protection of the financial baseline was similarly ensured.

'Some people ...[may believe that] only expensive food [has] so many vitamins [and] minerals. But very cheap food [can] have ... some necessary, vital vitamin contents, but they don't know maybe. This message helps them. ...[V]ery small money [you] invest, [but] getting the rich vitamin. This is very important.'

'[T]hey have their own menu, the factory. Already they spend some money for the worker ... They can easily provide them the nutritious food for the worker within those money. They don't need to spend another amount.'

Further drivers at factory level

As noted above, individuals like the factory-level interviewees – people who work on-site, who are enthusiastic about WFN and, importantly, have access to organisational levers – have a crucial role in advancing workforce nutrition initiatives. Some further drivers, for which data were limited, concerned the fact that larger factories already have well-established workflows for the management of large-scale projects; the level of 'privilege' offered by factories' engagement with the NWN; and opportunities to release workers from the production process enabled by higher levels of automation (which makes it easier to take breaks for meals).

MAIN CHALLENGES

Challenges for WFN at the factory level were discussed far less frequently than drivers, though they could still be 'definitely a great challenge', such as the need to remove workers from the production process. Importantly, even if nutrition education could, in some ways, support not only healthy eating, but also healthy budgets, workers were poor:

'[O]ne thing is very difficult. Our people ... [are] too poor and they work hard [the] whole day. They ... [cannot] manage their family. But we are trying. We try to learn how to manage with the cheap income or with the poor income. It is the big problem ... [how to manage] nutrition ... with the cheap, with the poor income.'

Some further challenges, suggested by more limited interview data, included the low level of education of staff ('our workforces are not too much educated'); the potential lack of influence over work carried out in other company sites ('[i]n another site, we have no scope to ... arrange such type of training'); and, potentially, the disruption of normal social routines for workers once the peer educators are given targets to deliver their messages to co-workers. Document analysis also suggested risks related to ineffectively managed menu changes: 'The factory can be a volatile environment – changes to meals that workers deem unacceptable are unsustainable' [2].

RELEVANT LEGAL, REGULATORY, AND POLICY FRAMEWORKS

When considering features of the labour law in Bangladesh, it is important to keep in mind that the country's labour market is strongly dominated by informal employment: 84.9% of the employed population is engaged in informal employment, with the figure for women standing at 96.6% and for men at 78.4% ([17], p. 61).

WFN IN CURRENT LABOUR LAW, RULES AND REGULATIONS AND IN OSH POLICY

Several provisions in the current labour law, rules, and regulations and OSH policy of Bangladesh may be considered relevant to workforce nutrition [7]. The Bangladesh Labour Act, 2006 (BLA) and the Bangladesh Labour Rules, 2015 (BLR), with the latter setting implementation procedures for respective sections of the BLA [50], make provisions for:

- A rest room in worksites of more than 50 workers for eating meals and resting
- Canteens and dining areas in worksites of over 100 workers
- Supplies of pure drinking water
- Room(s) for use of children under 6 years, in establishments of 40 or more female workers
- Medical centre in establishments with 5000 or more workers
- Welfare officer in establishments of 500 or more workers.

The following provisions with potential relevance to WFN programmes are made as per the National OSH Policy, 2013:¹⁰

- Periodic medical examinations to identify workplace diseases/ occupational health issues
- Specialist who can identify occupational diseases.

Details on the text of these provisions can be found in Annex 3.

Looking at the types of data reported in the National Profile on OSH [7] (and, arguably, the focus of OSH inspections), nutrition initiatives may appear marginal in a context attending to violations of labour laws detected through inspections; legal cases filed for violations, accidents and compensations; and child labour. At the same time, monitoring of/ data collection on maternity benefits, daycare provision, safety committees, and awareness raising may open possibilities for integration of nutritional considerations.

WFN in current food and nutrition policies, agricultural policies, and overarching country development plans

With the exception of the *Advocacy Plan for Nutrition, Bangladesh 2019–2025* [16], in which WFN considerations are prominent, the issue does not seem to be integrated into food- and nutrition-focused policy documents, agriculture-focused policy documents, or overarching country development visions and plans. In the ones we searched (see Box 3), relevant mentions were either non-existent or inconspicuous in lengthy documents, such as the 8th Five-Year Plan [9] asserting that breastfeeding facilities at the workplace should be ensured (p. 753) or that agricultural extension workers should be trained in nutrition education (p. 603). We make such claims cautiously, as our searches were

¹⁰ We do not have access to a formal translation of the Policy in English.

BOX 3. POLICY DOCUMENTS SEARCHED

FOR WORKFORCE NUTRITION CONSIDERATIONS

Food- and Nutrition-Focused Policy Documents

Advocacy Plan for Nutrition, Bangladesh 2019–2025
2nd National Plan of Action for Nutrition (NPAN2) Bangladesh 2016–2025
National Food and Nutrition Security Policy 2021–2030
Bangladesh Third Country Investment Plan: Sustainable, Nutrition-Sensitive and Resilient Food Systems 2021–2025
Bangladesh Safe Food Act 2013
Dietary Guidelines for Bangladesh 2013

Agriculture-Focused Policy Documents

Bangladesh Good Agricultural Practices Policy 2020
National Agriculture Mechanization Policy 2020–2021
National Agricultural Extension Policy Draft 2012

Major Country Development Visions and Plans

8th Five Year Plan July 2020 – June 2025
Perspective Plan of Bangladesh 2021–2041
National Adaptation Plan of Bangladesh 2023–2050
Bangladesh Delta Plan 2100

exploratory,¹¹ yet neither the interviewees nor the GAIN Bangladesh team suggested any policy document of the above types as making the case for WFN, apart from the ***Advocacy Plan for Nutrition*** [16]. That said, nutrition most generally is a major concern for the country's policies, with relevant rights enshrined in the Constitution of Bangladesh (*op. cit.*, p. 15).

THE CASE FOR INTEGRATING NUTRITION INTO OSH – INTERVIEW DATA

PERCEPTIONS OF CURRENT LEVELS OF INTEGRATION IN LEGAL FRAMEWORKS

As discussed above, while there are no direct provisions for WFN in the current OSH framework as embedded in the labour law more broadly, relevant provisions (for canteens, drinking water, medical care, care for children, etc.) are already part of the legislation. In the words of an interviewee, WFN is 'a natural extension' of OSH provisions in the law and of the mandate of relevant departments:

'[W]orkforce nutrition ... doesn't directly incorporate in our labour law, but I think it's a natural extension of our occupational health and safety because

¹¹ Using the 14 documents listed in Box 3, we conducted a combination of ChatGPT Plus proximity searchers for 'worker' and 'nutrition' and ChatGPT Plus searches for 17 phrases concerning workforce nutrition (1. workforce nutrition, 2. work force nutrition, 3. labour force nutrition, 4. labour force nutrition, 5. workers nutrition, 6. labourers nutrition, 7. labourers nutrition, 8. staff nutrition, 9. employee nutrition, 10. personnel nutrition, 11. workplace nutrition, 12. work place nutrition, 13. worksite nutrition, 14. work site nutrition, 15. food at work, 16. nutrition at work, 17. eating at work). The searches in ChatGPT showed high levels of false positives. We reviewed in further detail (either read and annotated or ran more extensive keyword searches manually in Adobe) the Advocacy Plan, the NPAN2 Plan, the 8th Five Year Plan, and the Perspective Plan.

workers' well-being is an important part of the Department of Labour's mandate as well as the Department of Inspection for Factories and Establishment mandate. So, indirectly, it is in the law.'

PERCEPTIONS OF OPPORTUNITIES FOR DEEPER INTEGRATION IN LEGAL FRAMEWORKS

Of the interviewees who addressed the legal OSH framework from the perspective of WFN, one felt that in-progress revisions to Bangladesh's labour law will further strengthen the integration of WFN into OSH through an increased attention to workers' health and well-being:

'[W]e are working to amend our existing labour law because we had a deadline from International Labour Organization and European Union and USA ... to amend our labour law in line with international labour standards. In that case, we are not only considering the freedom of association issues, safety issues, we also consider their [workers'] well-being, and improved nutrition is a part of that. ... The Labour Law Review Committee, as far I know, they consider these issues, how to secure the health ... [and] nutrition is a very important part of it.'

Interviewees, including those working at national political as opposed to factory level, did not feel that legislative changes in the OSH area should be a priority in advancing WFN. This was because of: availability of other effective mechanisms to achieve change; the challenge of introducing provisions for WFN when the labour law for the country needs to cover all settings; and the overall greater benefits of expanding the reach of current NWFN activities.

'In at least labour law there is no provision regarding nutrition ... [but] we have developed guidelines. So under this, using these tools we provide guidance and suggestions.'

'[I]t is a single law for the whole country for all the sectors, small or big, so we can't make it very general rule for everyone ... Sector-wise guidelines, protocols can be developed, so that we can develop this sector-based approach.'

'I'm giving an emphasis on capacity and awareness building rather than incorporating it in labour law.... We should cover more workers, employers to make their capacity rather than incorporating in laws.'

'So far about 243 factories are members or are guests with this initiative [The Workforce Nutrition Alliance] ... As the initiative is untypical, it's more related with our day-to-day life, the scope of intervention is huge. So better we should cover more and more factories first.'

OPPORTUNITIES AND CHALLENGES OF INTEGRATING NUTRITION INTO OSH THROUGH LEGALLY MANDATED ROLES – THE CASE OF DIFE INSPECTORS

DIFE (Department of Inspection for Factories and Establishments) inspectors were described as having a crucial role in ensuring compliance with OSH legislation. DIFE has

three types of inspectors: general inspectors, safety inspectors (who are engineers by background), and health inspectors (doctors by background). Health inspectors were perceived as having the most relevant knowledge and highest credibility to advise employers and workers on nutritional issues, but, with training and motivation, the role as a whole could serve as a conduit for healthy nutrition messages.

Some such training had already been provided: GAIN, in partnership with MoLE, had trained 100 DIFE inspectors to promote effective nutrition among workers, with reported plans to train an additional 300 inspectors [15]. There was, however, a perception that more was needed and that engagement with DIFE inspectors from earlier stages of the work had trailed off and needed to be strengthened again.

Without appropriate – and continuous – training and motivation, the likelihood that nutrition is prioritised by DIFE inspectors was seen as low due to competing priorities and workload. The checklists followed by inspectors can contain as many as 100 items. The number of inspectors is not sufficient to cover the multitude of establishments.

'[W]e have a lo-o-ong checklist. ... For example, in tanneries, in garments, we have more than 100 courses in the checklist ... So it is unlikely the inspector will trade off, and may not give emphasis on nutrition. But it's a matter of motivation and it's a personal issue as well for the inspectors.'

'[W]e are giving training on ergonomics, occupational health and safety, complaint management, so many issues. It's not a challenge for the inspectors to get knowledge on it [nutrition] and to deliver on it. It's a matter of training and motivation, but continuous motivation as well!'

'[T]he number of inspectors are few, but there are huge numbers of workers and factories as well, because [of] so many informal sectors, so many small-scale factories. It is challenging, definitely.'

CURRENT LEVELS OF NUTRITION INTEGRATION INTO FACTORY-LEVEL OSH

In OSH policies and/or OSH training

We found several configurations for the integration of nutrition issues into companies' formal OSH policies and OSH training. In one case, even though the factory was relatively early in their WFN journey, nutrition was already integrated into their OSH policy and training. In another factory, nutrition was not part of their formal OSH policy, yet the adoption of WFN activities and messages was not only high but also sensitive to the relevance of nutrition to OSH. For instance, the workers' menu had foods purported to support lung health or help with respiratory problems, with dust being a major health and safety risk on the site (note GAIN has not investigated or verified the accuracy of the associated health claim).

Through factory roles with a cross-cutting remit

A couple of interviewees responded affirmatively to a question about the integration of nutrition in OSH activities in their factory by referring to the role of the doctor. A doctor's role is central to the OSH structures of a factory, ensuring workers' health and safety. When necessary, this involves nutrition advice. In one factory, the doctor also '**conducts**

random inspections of the kitchen, supervises the food menu, and even participates in meal tasting to ensure hygiene and nutritional adequacy' (clarification from post-interview email exchange). In another factory, the doctor was the unifying factor in the provision of OSH and nutrition training, by being responsible for the contents of both types of training, amongst others. Managerial roles can also bring nutrition and OSH together. An interviewee who described their role as 'all including' (e.g., HR, Corporate Social Responsibility, Occupational Safety and Health, professional services) was one of two key professionals leading the WFN activities in the factory.

Through menus sensitive to occupational hazards

In one case, we found some use of nutritional solutions intended to mitigate the primary health and safety risk in the factory – that of dust:

'Nutritionally, we supply food items such as jaggery and bananas, which are traditionally known to support respiratory health. In addition to this, our general dietary provisions are designed to be wholesome and balanced, supporting the workers' overall physical resilience' (clarification from post-interview email exchange). [Note GAIN has not investigated or verified the accuracy of the associated health claim].

It is worth noting that the above nutritional solutions were applied in the context of what appeared to be a robust system of technologies and processes seeking to minimise dust exposure, as yet another element in a systemic solution to a major occupational risk, not as a substitute to practices of far greater and better proven effect.

By virtue of the direct relationship between nutrition and health

Finally, some interviewees responded to the question about the integration of nutrition into OSH by interpreting the latter in terms of the workers' experiences of health, safety, and sickness (as opposed to in terms of the structures and processes enabling the former two and preventing the latter). As such, nutrition was a natural part – a causal factor – in OSH.

'Yes, it can lead to occupational health and safety because ... people work hard, every day work hard, and they they're working in [difficult] environment. If they are not eating the nutrition food, the people cannot survive. ... If their nutrition is [good] ... they can fight the bad environment. So of course it [is] aligned with the occupational health safety.'

Since an employee's health and sickness are, at the company level, an OSH matter (e.g., in the case of sick leave), there is 'a definite connection' between nutrition and OSH.

THREE FURTHER CONSIDERATIONS

Three further considerations emerged, though with more limited data to support them. First, we found – both through the affiliation of interviewees and the contents of the conversations – that OSH could sit in various places in a company's structure and concerns: Compliance, Sustainability, Corporate Social Responsibility, and even Safeguarding. Such different homes could necessitate different approaches to further integrating nutrition into OSH.

Second, a concern was expressed that WFN programmes, like many other development programmes, focus on a limited number of sectors, such as garments, tanneries, and leather, which are usually ones exporting products to Europe or America. At the same time, other hazardous sectors receive limited support from development partners. In addition to that, there are settings in which levels of compliance with OSH standards are very low and which tend to be avoided by development partners as a matter of principle. Future work in Bangladesh on the integration of nutrition into OSH may thus choose to prioritise sectors posing particularly high risks to workers' health.

Third, occupational health conditions that cause acutely felt suffering – such as back pain and urine infections – were mentioned as dominating the health concerns of garment workers. If an OSH route is taken towards further strengthening the presence and sustainability of WFN programmes, the messaging on nutrition needs to acknowledge more immediately felt sources of pain and suffering at the workplace.

FACILITATORS AND CHALLENGES FOR WORKFORCE NUTRITION IN BANGLADESH

Due to its small size, the current case study can offer only preliminary evidence on the main facilitators and challenges for the implementation and impact of WFN initiatives in Bangladesh and the potential of OSH in their context. These are summarised here.

MAIN FACILITATORS

Four main factors appear to be propelling work on WFN in Bangladesh: 1) the strength of the case for WFN and the confluence of motivations to make it happen; 2) an expansive and collaborative Alliance; 3) the visible and invisible infrastructure co-created and emerging across the years; and 4) a sharp focus on the ways in which good nutrition can be affordable, even cheaper than the alternatives.¹²

By now, Bangladesh appears to have a critical mass of key stakeholders for whom WFN makes strong intuitive sense. To the extent to which we can make judgements about the membership of the broader Alliance from our interviews and document analysis, the arguments in favour of WFN appear to be owned and enthusiastically passed on. Different stakeholders may be highlighting somewhat different expected outcomes, yet all point in the same direction: action on WFN is beneficial in multiple ways while being in the interest of one's own organisation and aligned with its values. This results in a confluence of motivations to enable WFN and, in turn, in high levels of collaboration and good will. Joint action is not only possible but progressing effectively, with a shared ownership of both the challenges and solutions.

Of course, the in-principle alignment of stakeholder interests, due to the multiple potential benefits of WFN – over 40 of which were identified in the interviews and documents from Bangladesh – does not create an alignment of stakeholders and actions of its own accord. The case of Bangladesh suggests that years of daily effort,

¹² While other factors are likely to have played a decisive role, most notably adequate resourcing of the programme, we do not have sufficient evidence about them to argue for their relative importance.

supported by appropriate resourcing, have led to the creation of a solid yet flexible and constantly evolving infrastructure. The most prominent component of it is a National Workforce Nutrition Alliance, which is expansive, varied in its membership, and collaborative in its spirit, but it goes beyond that. There is also a complex, multilayered infrastructure of knowledge and information materials, training structures and processes, own and partner premises and resources, linkages across programmes and agendas, and many other visible and invisible components co-created or emerging across the years.

One of the unexpected findings from this case study was the degree to which the potential for saving money was part of the message on good nutrition. No other benefit of WFN at the worker level was discussed so often and in so much detail in the interviews, without a corresponding question or prompt in the interview guide. Apparently, such a message can be crucial in a lower-middle-income country like Bangladesh.

MAIN CHALLENGES

This study suggested three main challenges to the progress of WFN initiatives in Bangladesh. The first two concern the exceptionally large size of the workforce and the high levels of informality of employment in the country. As mentioned, 2022 estimates suggest a labour force of 73 million individuals and a working age population of 119 million [17]. Levels of informal employment were 84.9% for the population in general and as high as 96.6% for women [17]. Reaching most of the workforce with nutrition initiatives is, realistically, a multigenerational project.

The third main challenge we identified is a mirror image of the ‘focus on affordability’ driver. It concerns the levels of poverty and limited purchasing power of workers. There are limits to the extent to which wiser spending on food can secure a healthy enough and diverse enough diet for a worker and their family when salaries are very low. For instance, the 2024 apparel competitiveness investigation of the U.S. International Trade Commission found that ‘the purchasing power of manufacturing wages for workers in Bangladesh ranked lowest among top apparel producing countries’ [51].

There was signal in the data for other important challenges to WFN in Bangladesh, but it was not strong enough for solid assertions or was beyond the scope of this study. One notable example is the significant gap between knowledge and practice, and practice and health outcomes in the case of nutrition. Having the right knowledge about nutrition does not translate directly into practising what one knows. Similarly, having certain levels of adequate nutritional practice does not translate directly into expected health benefits. Such challenges are, by no means, Bangladesh-specific.

NEXT STEPS FOR WFN IN BANGLADESH AND THE PLACE OF INTEGRATION INTO OSH AMONGST THEM

The interviewees consistently called for continuation and expansion of the WFN work – towards more factories, sectors, and workers. The next grand vision could be covering

the whole of the garment sector or even the whole of the formal sector. One interviewee suggested that the nutrition agenda should be 'mainstreamed' in the development sector. Long-term donor funding for the Alliance was considered crucial for the sustainability of the work.

The evidence obtained in this study does not, however, lay a clear path for a deeper integration of nutrition into OSH. Indeed, the study suggests that this may not be a particularly effective way forward in the case of Bangladesh. First, many interviewees perceived the integration as a given, whether or not nutrition was formally and explicitly incorporated into company policies or national labour law. In this sense, a push towards deeper integration may meet perceptions that the latter is already happening and no new action is needed, or that it cannot be prioritised. Moreover, the labour law was not perceived as a uniquely effective mechanism for bringing about positive change for the workforce. One of the likely reasons for this perception is the limited proportion of the workforce that is realistically covered by the country's labour laws, given the large informal sector.

If work towards deeper integration of nutrition into OSH is nonetheless decided upon, including as a secondary way to encourage a broader spread of WFN initiatives, it is worth engaging with the broad range of bodies, institutions and initiatives with relevance to OSH listed in the *National Profile on OSH* (pp. 37-46) [7]. Similarly, existing promotional activities and employer and worker programmes may serve as contexts for awareness raising, debate, and pilots of the integration of nutrition into OSH.

STRENGTHS AND LIMITATIONS OF THIS CASE STUDY

Case studies of aspects of the work on WFN in Bangladesh have been conducted previously. We are aware of one factory research case study [10] and two journalistic case studies [11,12]. There is also solid academic work on baseline-endline comparisons of nutritional indicators amongst samples of workers who have participated in nutritional interventions [32-34], with new analyses in progress. In addition, the webpage of the NWFN in Bangladesh gives high-level visibility to the programme of work (<https://workforcenutrition.org/get-involved-in-bangladesh/>). To our knowledge, however, this is the first comprehensive research case study of WFN work in Bangladesh.

Relative to the complexity of the topic, however, this small case study could only collect indicative evidence. It is also subject to a risk of bias arising from the fact that the individuals identified as potential study participants by the Bangladesh GAIN team and who accepted the researcher's invite may have had above-average enthusiasm for the work. The key limitation in terms of sampling, however, is the fact that the study did not include workers. Interviewing workers was not possible within the time constraints of the project, as it involves much more complex ethical and language arrangements. Another important limitation of the study was its conduct in English. In some of the interviews, this limited the depth of the conversation.

RECOMMENDATIONS FOR FUTURE RESEARCH

Future research on the value of using OSH-mechanisms to support the uptake and sustainability of WFN initiatives in Bangladesh needs to involve the broad variety of

stakeholders listed in the *National Profile on Occupational Safety and Health in Bangladesh 2019* [7]. More broadly, future research on WFN in Bangladesh needs to prioritise hearing the views of workers involved in such programmes, while developing study designs that minimise the risk of workers feeling under pressure to represent an entirely or predominantly positive picture of their experiences. An exceptionally ambitious but highly valuable initiative would be to set up a major evaluation programme that has the capacity to provide high-quality evidence on the variety of benefits or otherwise of WFN initiatives in Bangladesh.

CONCLUSION

This case study described in some detail the trajectory, key drivers, and key challenges of work on WFN in Bangladesh, under the umbrella of the National Workforce Nutrition Alliance – an impressive and inspiring programme of work, even if not yet supported by sufficient evidence to declare lasting impact. It also explored opportunities for increasing the integration of nutrition considerations into OSH policy and practice in the country, suggesting that this may not be a particularly effective approach to increasing the uptake and sustainability of WFN interventions and that, if taken forward, it should be one of several complementary approaches.

REFERENCES

1. Lok X and Vidianti N. ***Nourishing the Workforce: Nutrition Integration in Occupational Safety and Health Regulations***. Global Alliance for Improved Nutrition (GAIN). Working Paper #44. Geneva, Switzerland, 2024. DOI: <https://doi.org/10.36072/wp.44>
2. GAIN, Bangladesh. ***Better Nutrition for Workers. Workforce Nutrition Programmes in Bangladesh's Garment Sector***. Internal GAIN document, Undated.
3. **About** The Workforce Nutrition Alliance. Webpage. <https://workforcenutrition.org/about/>. Last accessed Aug 2025.
4. Self-Assessment Scorecard: The gold standard for assessing nutrition at workplaces. Webpage. <https://workforcenutrition.org/services/self-assessment-scorecard/>. Last accessed Aug 2025.
5. Workforce Nutrition Alliance. Self-Assessment Scorecard Pre-read v.7.7. Self-assessment of your workforce nutrition programme's performance. https://drive.google.com/file/d/1gmhJOkdIRckyXg_O5a3MXX6JmUWhdqF0/view?pli=1. Last accessed Aug 2025.
6. International Labour Organization. Governance and Tripartism Department; Labour Inspection and Occupational Safety and Health Branch. ***ILO Curriculum on Building Modern and Effective Labour Inspection Systems: Module 8, Occupational Safety and Health***. 2nd ed. Geneva, 2022. https://labordoc.ilo.org/discovery/fulldisplay/alma995645974802676/41ILO_INST:41ILO_V2. Last accessed Jul 2025.
7. Department of Inspection for Factories and Establishments, with the support of the International Labour Organization (ILO). ***National Profile on Occupational Safety and Health in Bangladesh 2019***. Endorsed Sep 2019. Published Jul 2021. <https://file-chittagong.portal.gov.bd/uploads/9cdd11d6-4e9a-420a-b0a4-89080e10b52d//638/edf/e75/638edfe7579fd987852659.pdf>. Last accessed May 2025.
8. Rana Plaza Collapse. Wikipedia webpage. https://en.wikipedia.org/wiki/Rana_Plaza_collapse. Last accessed Aug 2025.
9. General Economics Division (GED), Bangladesh Planning Commission, Government of the People's Republic of Bangladesh. ***8th Five Year Plan July 2020 - June 2025***. Dec 2020.
10. Speelman L, Saab W, Koole C, Phillips J, Lofthouse J, van der Zijden M, Weiligmann B, Nyhus Dhillon C. Nutrition programmes for workers in commodity value chains: The business case. Global Alliance for Improved Nutrition (GAIN). Geneva, Switzerland, 2019. https://nutritionconnect.org/sites/default/files/2020-01/Garment%20study%20-%20GAIN%20and%20NewForesight_0.pdf. Last accessed May 2025.
11. Ewing-Chow D. Healthy Meals Are A Dream Come True For Female Garment Workers In Bangladesh. ***Forbes***, 18 Oct 2022. <https://www.forbes.com/sites/daphneewingchow/2022/10/18/healthy-meals-are-a-dream-come-true-for-female-garment-workers-in-bangladesh/?sh=39d4b3f2a011>. Last accessed May 2025.
12. Exemplars in Global Health. Healthy meals powering Bangladesh's factory workers and economy. ***Exemplar News***, Feature. 21 Mar 2024.

<https://www.exemplars.health/stories/healthy-meals-powering-bangladeshs-factory-workers-and-economy>. Last accessed May 2025.

13. GAIN. Nourishing Food Pathways WS6.1.2 – Exemplars of Food System Transformation: Mid-level research questions_v2. Internal GAIN document. Undated.
14. Workforce Nutrition Programme (SWAPNO Brochure). Internal GAIN document. Undated.
15. Workforce Nutrition Alliance: Enhancing Nutrition in the Private Sector. Internal GAIN document. Undated.
16. Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh. **Advocacy Plan for Nutrition, Bangladesh 2019-2025**.
17. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh. **Labour Force Survey 2022 Bangladesh**. Oct 2023.
18. Government of the People's Republic of Bangladesh, Ministry of Health and Family Welfare. **Second National Plan of Action for Nutrition 2016-2025**. Aug 2017.
19. Bangladesh National Nutrition Council, Health Services Division, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh. **Monitoring Report January 2020 - December 2021. Second National Plan of Action for Nutrition (2016-2025)**. Dec 2022.
20. Food Planning and Monitoring Unit, Ministry of Food, Government of the People's Republic of Bangladesh. **National Food and Nutrition Security Policy Plan of Action (2021-2030)**. Sep 2021.
21. General Economics Division (GED) Bangladesh Planning Commission Ministry of Planning Government of the People's Republic of Bangladesh. **Making Vision 2041 a Reality: PERSPECTIVE PLAN OF BANGLADESH 2021-2041**. Mar 2020
22. Yin R K. **Case Study Research and Applications: Design and Methods**. Sixth Edition. Los Angeles, etc.: Sage, 2018.
23. Pawson R and Tilley N. **Realistic evaluation**. London: Sage 1997.
24. The RAMESES (Realist And Meta-narrative Evidence Syntheses: Evolving Standards) Project. http://www.ramesesproject.org/Home_Page.php [website]. Last accessed Apr 2025.
25. Ritchie J, Spencer L. Qualitative Data Analysis for Applied Policy Research. In: Bryman A, Burgess RG, editors. *Analyzing Qualitative Data*. Abingdon and New York: Routledge; 1994, pp. 173–194.
26. Workforce Nutrition Alliance. Get involved in Bangladesh. The National Workforce Nutrition Alliance. Webpage. <https://workforcenutrition.org/get-involved-in-bangladesh/>. Last accessed Aug 2025.
27. Dhillon CN, Stone G on behalf of GAIN (Global Alliance for Improved Nutrition). **The Evidence for Workforce Nutrition Programmes**. 2019. <https://www.gainhealth.org/resources/reports-and-publications/evidence-workforce-nutrition-programmes>. Last accessed Jun 2025.
28. Rahman MA, Rahman MS, Aziz Rahman M, Szymlek-Gay EA, Uddin R, Islam SM. Prevalence of and factors associated with anaemia in women of reproductive age in Bangladesh, Maldives and Nepal: Evidence from nationally-representative survey data. **PLoS ONE**, 2021;16(1):e0245335.
29. Wanjek, C. **Food at work: workplace solutions for malnutrition, obesity and chronic diseases**. ILO, 2005.

30. Geaney, F. *et al.* The effectiveness of workplace dietary modification interventions: a systematic review. *Prev Med* **57**, 438–447 (2013).
31. Berry, L. L., Mirabito, A. M. & Baun, W. B. What's the hard return on employee wellness programs? *Harv Bus Rev* **88**, 104–112, 142 (2010).
32. Hossain M, Islam Z, Sultana S, Rahman AS, Hotz C, Haque MA, Dhillon CN, Khondker R, Neufeld LM, Ahmed T. Effectiveness of workplace nutrition programs on anemia status among female readymade garment workers in Bangladesh: a program evaluation. *Nutrients*, 2019;11(6):1259.
33. Nayan MM, Islam MH, Shaheen N, et al. Knowledge, attitude and practice towards healthy diet and their determinants among readymade garment workers in Bangladesh: a cross-sectional study. *BMJ Open*, 2025;15:e098605. doi:10.1136/bmjopen-2024-098605
34. Afrin S, Alam MM, Sarwar S, Hossain MS, Sumon GR, Shaheen N, Amin MR. Low Micronutrient Adequacy And Rising Overweight And Obesity Among Ready-made Garment Workers In Bangladesh. *Bioresearch Communications*, 2025;11(1):1728-40.
35. Workforce Nutrition Alliance. Get involved in India. The National Workforce Nutrition Alliance. Webpage. <https://workforcenutrition.org/get-involved/get-involved-in-india/>. Last accessed Aug 2025.
36. Workforce Nutrition Alliance and Global Alliance for Improved Nutrition. *Region-wise Member Factory/ Company and Workers*. Internal document. Jul 2025.
37. Government of the People's Republic of Bangladesh, Ministry of Labour and Employment, Department of Labour Training Section. *Office Order for the formation of a Technical Working Group*. Record Number: 40.02.0000.037.30.001.21.43. 20 Feb 2023.
38. BGMEA (The Bangladesh Garment Manufacturers and Exporters Association). About Garment Industry of Bangladesh. Webpage. <https://www.bgmea.com.bd/page/AboutGarmentsIndustry>, undated. Last accessed Aug 2025.
39. RMG Bangladesh. *Garment exports earnt record \$47.38b in 2023*. Post 8 Jan 2024. <https://rmgbd.net/2024/01/garment-exports-earned-record-47-38b-in-2023/>. Last accessed Aug 2025.
40. Sidiqqi DM. *What's happening in Bangladesh's Garment Industry?* Economics Observatory. 26 Mar 2025. <https://www.economicsobservatory.com/whats-happening-in-bangladeshs-garment-industry>. Last accessed Aug 2025.
41. Dhaka Tribune. Women's participation in RMG workforce declines. 03 Mar 2018 news item. <https://www.dhakatribune.com/business/2018/03/03/womens-participation-rmg-workforce-declines>
42. Moazzem KG, Khatun F, Khandker A, Nabil F, Reza MM, Arfanuzzaman M. Ongoing Upgradation in RMG Enterprises: Preliminary Results from a Survey. Conference presentation, March 2018. https://www.wiwiss.fu-berlin.de/forschung/Garments/Medien/2018_CPD_Upgradation-in-RMG-Enterprises-Preliminary-Results-from-a-Survey.pdf
43. Mirdha RU. *Women garment workers on the decline: Brac University survey shows*. The Daily Star. 15 Dec 2020. <https://www.thedailystar.net/business/news/women-garment-workers-the-decline-2011601>

44. Akter S, Haque A, Zubair ABU. Assessment of Nutritional Status and Food Intake Pattern of the Selected Adolescent Industrial Female Workers in Bangladesh. *J Sci Technol*, 2017;7:171–7.
45. Rakib A. Income and Food Status of Female Garment Workers in Gazipur Area, Bangladesh. *Journal of Social Sciences*, 2016;X:50–61.
46. Chowdhury A. Food Habit and Dietary Intake of Garment Workers in Semi-Urban Area of Bangladesh. *Aijas*, 2019;2:52–7.
47. Khan MR, Ahmed F. Physical status, nutrient intake and dietary pattern of adolescent female factory workers in urban Bangladesh. *Asia Pac J Clin Nutr*, 2005;14:19–26.
48. Hasnain G, Akter M, Sharafat SI, et al. Morbidity patterns, nutritional status, and healthcare-seeking behavior of female garment workers in Bangladesh. *Electron Physician*, 2014;6:801–7.
49. Divisions of Bangladesh. Wikipedia webpage. https://en.wikipedia.org/wiki/Divisions_of_Bangladesh. Last accessed Jul 2025.
50. Department of Inspection for Factories & Establishments and Ministry of Labour and Employment. *Labour Inspection Report 2018-2019*. https://dife.portal.gov.bd/sites/default/files/files/dife.portal.gov.bd/publications/46ab7b45_c682_4a31_94eb_18fe80b00f7c/2021-09-01-10-43-e4a7360819e89e25f7c5c21349945906.pdf. Last accessed Jul 2025.
51. Judd J, Wakamo B, Kuruvilla S, for the ILR Global Labor Institute, Cornell University. Waiting Game: Minimum wage-setting in Bangladesh’s apparel industry. Policy Brief. Feb 2025. https://www.ilr.cornell.edu/sites/default/files-d8/2025-02/cornell-gli-brief-bangladesh-february-2025_0.pdf. Last accessed Aug 2025.
52. FAO. Transforming food and agriculture through a systems approach [Internet]. Rome: Food and Agriculture Organization of the United Nations; 2025 [cited 2025 Oct 17]. Available from: <https://openknowledge.fao.org/handle/20.500.14283/cd6071en>
53. Lawrence MA, Baker PI, Pulker CE, Pollard CM. Sustainable, resilient food systems for healthy diets: the transformation agenda. *Public Health Nutr*. 2019 Nov;22(16):2916–20.
54. IPES-Food. A unifying framework for food systems transformation: a call for governments, private companies & civil society to adopt 13 key principles [Internet]. Brussels: IPES-Food; 2021 [cited 2025 Oct 17]. Available from: https://www.ipes-food.org/_img/upload/files/sfsENhq.pdf
55. Resnick D, Haggblade S, Babu S, Hendriks SL, Mather D. The Kaleidoscope Model of policy change: Applications to food security policy in Zambia. *World Development*. 2018 Sept 1;109:101–20.
56. Baker P, Hawkes C, Wingrove K, Demaio AR, Parkhurst J, Thow AM, et al. What drives political commitment for nutrition? A review and framework synthesis to inform the United Nations Decade of Action on Nutrition. *BMJ Glob Health* [Internet]. 2018 Feb 10 [cited 2025 Dec 19];3(1). Available from: <https://gh.bmj.com/content/3/1/e000485>
57. Cullerton K, Donnet T, Lee A, Gallegos D. Playing the policy game: a review of the barriers to and enablers of nutrition policy change. *Public Health Nutr*. 2016 Oct;19(14):2643–53.
58. Garton K, Kraak V, Fanzo J, Sacks G, Vandevijvere S, Haddad L, et al. A collective call to strengthen monitoring and evaluation efforts to support healthy and sustainable food systems: ‘The Accountability Pact’. *Public Health Nutr*. 2022 Sept;25(9):2353–7.

ANNEX 1. THIS CASE AS AN 'EXEMPLAR' OF FOOD SYSTEM TRANSFORMATION

THE EXEMPLARS OF FOOD SYSTEM TRANSFORMATION INITIATIVE

Addressing interlinked challenges related to food systems, such as malnutrition, climate change, and equity in food systems employment, requires integrated approaches that work across all aspects of food systems, as opposed to in sectoral silos. The 2021 United Nations Food Systems Summit (UNFSS) crystallised widespread agreement on the need for this kind of 'food system transformation' to accelerate progress towards the Sustainable Development Goals and other development goals. However, concrete examples of what food system transformation can look like in practice remain limited, and not much is known about the factors that can foster or inhibit these transformative steps or processes.

The 'Exemplars of Food System Transformation' initiative, part of a multi-donor programme led by GAIN called Nourishing Food Pathways, thus seeks to document case studies of food system transformation in action. By considering individual cases on their own, as well as viewing a diverse set of cases jointly, the initiative seeks to better understand the process of food system transformation, including facilitating factors and how they can be fostered and barriers and how they can be overcome. Through a compendium of examples, as well as generalisable lessons, the work seeks to inform and inspire others seeking to transform food systems.

ANALYTICAL FRAMEWORK

The overarching research question for the 'Exemplars' is thus: How does food system transformation come about, and what fosters or hinders food system transformation? To answer this overarching question, the initiative is guided by a framework that divides the transformation process into five phases, based on the Kaleidoscope Model for policy change (4), and identifies factors that promote change within each phase (see Figure A1). These factors are primarily drawn from the Kaleidoscope Model, with additional factors drawn from the 'Three I's' framework, social movement theory, the advocacy coalition framework, Baker et al (2018), Cullerton et al (2016), and (on accountability) Garton et al (2022) [55-58].

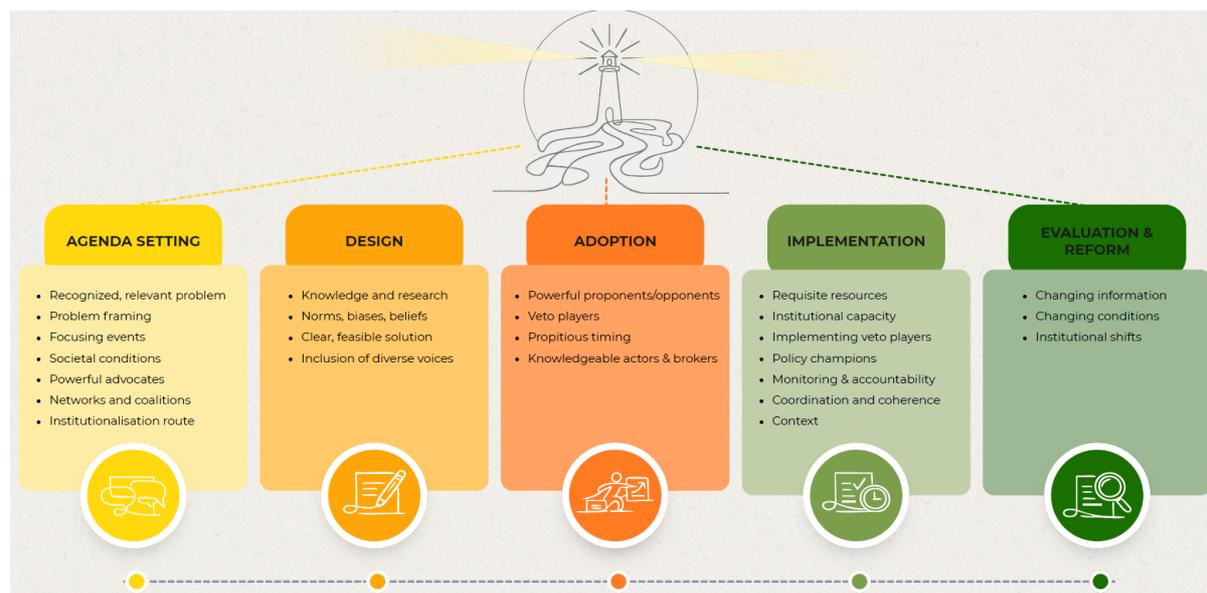


Figure A1. Exemplars Framework for Analysing Change Processes

The exemplars framework specifies a set of research questions that connect to each phase and can be applied to individual cases where relevant. The framework is meant to be a flexible tool, which can be adapted to context but should provide structure for viewing the cases jointly.

In addition, this process-focused framework can, where helpful, be embedded in a larger framework that considers not just the studied change or intervention but also the context in which it occurs, the stakeholders with which it interacts, and how it affects food system drivers, activities, and outcomes (Figure A2).

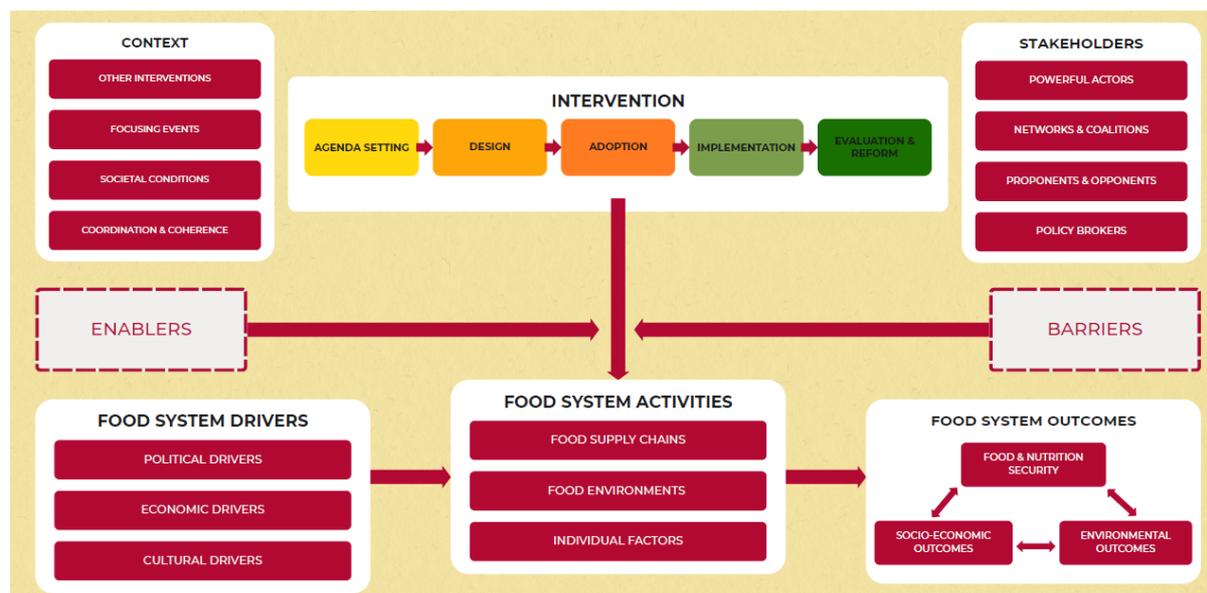


Figure A2. Exemplars Framework for Understand Change Processes within Context

This common framework for identifying research questions and focuses is used to facilitate synthesis and comparison across the studied cases.

How does this case fit within the Exemplars?

This case focuses on two desired outcomes of food systems transformation: improved nutrition and health and better livelihoods. It focuses on a type of actor (or 'change maker') that is not typically thought of as being central to food system transformation processes: employers, specifically considering their capacity to foster better diets and health for workers, as well as better livelihoods for them, through workforce nutrition programmes. It also considers the potential for how government leadership and support can enable these individual employer actions to become a wider norm within the sector, through the National Workforce Nutrition Alliance – and even potentially be adopted within policy, including as part of Occupational Safety and Health (OSH) legislation.

Within the exemplars process framework (Figure A1), this case is primarily one about 'Agenda Setting'; it demonstrates the importance of having a recognised problem, framing that in a way that resonates with stakeholders, a focusing event that galvanises action, and bringing together networks and coalitions for change. While the case shows institutionalisation route at the factory level, this remains an open question at the societal level, with many open questions about whether OSH legislation can serve as that route.

Secondarily, the case speaks to programme implementation – including requisite resources, institutional capacity, and champions.

The table on the next page maps some of the key results of the case study to the Exemplars framework.

Table A1. Mapping Case Study Results to Exemplars Framework

	Facilitating Factors & Strengths	Barriers & Challenges
Agenda-Setting Phase		
Recognised, relevant problem to be addressed through policy or other action	<p>Widespread agreement on malnutrition and poor working conditions as challenges in Bangladesh</p> <p>Pilot study in 2014 used to demonstrate results, leading to more businesses coming onboard; larger study in 2015-17 demonstrates reduction in anaemia levels</p> <p>Widespread agreement on importance of WFN as a topic and confidence in its benefits</p>	Limited time and interest to engage initially among factory owners
Framing the problem by the change-makers	<p>Formal framing among advocates around burden of malnutrition, potential of workplaces, and win-win scenario with economic (productivity) benefits to businesses, supported by data on malnutrition burden</p> <p>Stakeholders' own framing around diverse benefits (Fig 1), including financial ones such as affordability</p>	Workers and factory owners may focus on more immediate and visible OSH challenges, such as pain or injuries, while malnutrition is less perceptible
Focusing event that draws attention to the problem or creates an opportunity	<p>Rana Plaza garment factory complex collapse in 2013, which drew attention to working conditions in the garment sector in Bangladesh and made companies more willing to collaborate with development actors</p> <p>COVID-19 pandemic further spotlights plight of factory workers, fosters trust among partners collaborating to support them</p>	These events primarily focused attention on workers in export-oriented sectors, particularly factories, leaving out others

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<p>Societal conditions that draw attention to the problem or facilitate or prevent change</p>	<p>Importance of export-oriented sectors to Bangladesh's economy, which places pressure on both employers and the government to ensure decent working conditions</p> <p>Perception of garment sector as 'women-driven' bolsters stakeholders' perception of the importance of nutrition</p>	<p>Political turmoil in 2024 may lead to weaker commitments to food systems, WFN, and/or OSH, though this remains to be seen</p> <p>Focus on women (and on women of childbearing age) may entail interventions are not well suited to other groups</p>
<p>Powerful advocates</p>	<p>Early-adopting factories, with supportive company cultures</p> <p>GAIN, Department of Labour</p>	
<p>Networks and Coalitions</p>	<p>Global Workforce Nutrition Alliance (2019) consolidates best practices and collective action on WFN</p> <p>Launch of National Workforce Nutrition Alliance (NWNNA) in 2022, which enables access to knowledge resources, collaboration and collective action</p>	<p>Uncertain sustainability for NWNNA in absence of external funding and support</p> <p>Focus largely limited to garment sector</p>
<p>Institutionalisation route</p>	<p>Factory level: some integration into companies' own OSH policies</p>	<p>Factory level: limited formal integration of WFN into policies</p> <p>Sustainability dependent on management; commitment may wane in absence of external support/advocates (e.g. GAIN)</p> <p>Diversity of factory structures and 'homes' for WFN within them makes consistent institutionalisation challenging</p> <p>Policy level: Lack of integration of WFN into most policies and plans</p>

	<p>Policy level. Some potential for institutionalisation through OSH by building on existing provisions (e.g., canteens)</p>	<p>Limited stakeholder agreement on institutionalisation through labour laws</p> <p>Large informal workforce limits scaling of approaches institutionalised through policy or formal workplaces</p> <p>Nutrition may appear too ‘soft’ compared to more severe labour law violations (e.g., workplace injuries)</p>
Implementation Phase		
<p>Requisite budget and resources</p>	<p>At factory level, capacity to manage large-scale projects</p> <p>Automation enabling productivity gains and freeing up worker time</p>	<p>At worker level, workers’ limited budgets for food and low levels of education</p> <p>At factory level, limited budgets to spend on meal improvements (focus on those which are budget-neutral)</p> <p>At government level, limited time of DIFE inspectors to focus on nutrition</p>
<p>Institutional capacity</p>	<p>Knowledge products and best practices developed through the Nwana</p> <p>Within factories, individuals who are knowledgeable and enthusiastic about WFN</p> <p>Existing canteens, break rooms</p> <p>Medical staff within factories</p> <p>Infrastructure of partners (e.g. as training spaces)</p>	<p>Limited attention to nutrition and worker wellbeing among other factory departments (e.g. Production)</p> <p>Challenges with change management (e.g., menu changes)</p>

ANNEX 2 - TABLE BENEFITS OF WFN IN BANGLADESH, FROM INTERVIEWS AND ANALYSED DOCUMENTS

The aim of this table is to bring together the variety of positive outcomes – expected, anecdotal, and supported by research evidence – which encourage stakeholders in Bangladesh to engage with workforce nutrition initiatives. It also seeks to bring together evidence generated in the context of workforce nutrition programmes in Bangladesh as opposed to other settings. While rigorous evidence from Bangladesh is still limited, this report argues that both the logical plausibility of the outcomes represented here and evidence from other settings have a central organising power in engagement with workforce nutrition in Bangladesh.

The specific outcomes (lowest level) were either mentioned in the case study interviews or in sources reviewed in the document analysis (Bangladesh-only documents). If mentions in the interviews were judged to be in-principle as opposed to associated with direct observations from the work on workforce nutrition, the interviews were not considered to provide relevant evidence and were not included under the column on *Sources of evidence*. For example, 'better health of the future workforce' is such an in-principle claim.

If a specific outcome was only mentioned in a document (as opposed to both the interviews and documents reviewed), we reference the document in a footnote. Most benefits appeared in both the interviews and documents analysed. In such cases we reference documents (under *Sources of evidence*) only if they refer to primary data and direct observations.

In the interviews, no numerical data were shared with us. We note cases in which the interviewee referred to a study (e.g. baseline/ endpoint survey).

The sources reporting on primary data from workforce nutrition programmes in Bangladesh which we found were: one peer-reviewed paper reporting on outcome data (Hossain et al., 2019), two peer-reviewed papers reporting on baseline data (Nayan et al., 2025; Afrin et al., 2025), with peer-reviewed papers on the endpoint data either under review or in the process of writing up; one research case study commissioned by GAIN (Speelman et al., 2019) and one journalistic case study (Ewing-Chow for Forbes, 2022). The references are below, with key detail on methods added.

Hossain M, Islam Z, Sultana S, Rahman AS, Hotz C, Haque MA, Dhillon CN, Khondker R, Neufeld LM, Ahmed T. Effectiveness of workplace nutrition programs on anemia status among female readymade garment workers in Bangladesh: a program evaluation. *Nutrients*, 2019;11(6):1259.

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Sample/ study design/ study duration: 1310 non-pregnant female garment workers from four factories. Two types of intervention packages tested against respective controls over a 10-month period.

Nayan MM, Islam MH, Shaheen N, et al. Knowledge, attitude and practice towards healthy diet and their determinants among readymade garment workers in Bangladesh: a cross-sectional study. *BMJ Open*, 2025;15:e098605. doi:10.1136/bmjopen-2024-098605

Afrin S, Alam MM, Sarwar S, Hossain MS, Sumon GR, Shaheen N, Amin MR. Low Micronutrient Adequacy And Rising Overweight And Obesity Among Ready-made Garment Workers In Bangladesh. *Bioresearch Communications*, 2025;11(1):1728-40.

Both papers are using the same dataset from a baseline survey of the SWAPNO programme (Strengthening Workers Access to Pertinent Nutrition Opportunities): 801 garment workers (468 female, 333 male) from two companies (Snowtex Outerwear Ltd. and Square Fashions).

Speelman L, Saab W, Koole C, Phillips J, Lofthouse J, van der Zijden M, Weiligmann B, Nyhus Dhillon C. ***Nutrition programmes for workers in commodity value chains: The business case.*** Global Alliance for Improved Nutrition (GAIN) and New Foresight. Geneva, Switzerland, 2019. https://nutritionconnect.org/sites/default/files/2020-01/Garment%20study%20-%20GAIN%20and%20NewForesight_0.pdf. Last accessed May 2025.

Limited detail on method in Speelman et al., 2019: 'structured interviews with Lenny Fashions employees and buyers, and ... garment sector market research and an in-depth analysis'. No numerical data.

Ewing-Chow D. Healthy Meals Are A Dream Come True For Female Garment Workers In Bangladesh. *Forbes*, 18 Oct 2022. <https://www.forbes.com/sites/daphneewingchow/2022/10/18/healthy-meals-are-a-dream-come-true-for-female-garment-workers-in-bangladesh/?sh=39d4b3f2a011>. Last accessed May 2025.

Journalistic case study of Snowtex Outerwear Limited. Tells the story of/ follows a garment worker, who is also a peer educator in workforce nutrition; also involves a factory site visit and interviews with management. No numerical data.

(Expected) outcomes, specific	Sources of evidence from Bangladesh – available or in-progress
BUSINESS-CENTERED BENEFITS	
Revenue, outputs and production process benefits	
Revenue increased	Speelman et al. (2019) case study: ‘Lenny Fashions also believe that the programme contributed to increased revenue through an increase in quality and a subsequent reduction in final shipment rejections’.
Productivity increased	Case study interviews, including company level. Speelman et al. (2019) case study of Lenny Fashions.
Performance of workers improved	Case study interviews, including company level. Journalistic case study (Forbes, Ewing-Chow, 2022) of Snowtex Outerwear Limited.
physical performance improved	
intellectual performance improved	
Quality of products increased	Speelman et al. (2019) case study of Lenny Fashions (see Revenue increased row). Journalistic case study (Forbes, Ewing-Chow, 2022) of Snowtex Outerwear Limited.
Accidents and mistakes reduced ¹³	
Brand/ client perceptions benefits	
Brand reputation/ positioning with buyers improved	Case study interviews, including company level. Speelman et al. (2019) case study in Lenny Fashions.

¹³ Referred to in *Better Nutrition for Workers: Workforce Nutrition Programmes in Bangladesh's Garment Sector* (undated).

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Worker presence and effectiveness benefits	
Sick leave reduced	Case study interviews, including company level. In one interview, reference to company study. No response to follow-up email to request further data. Speelman et al. (2019) case study in Lenny Fashions. Journalistic case study (Forbes, Ewing-Chow, 2022) of Snowtex Outerwear Limited.
Sick leave for childcare reduced ¹⁴	
Absenteeism reduced	Speelman et al. (2019) case study in Lenny Fashions.
Presence increased	Case study interview, company level.
Retention increased ¹⁵	
Worker-job connection benefits	
Employee morale increased	Speelman et al. (2019) case study in Lenny Fashions.
Job satisfaction/ worker satisfaction increased	Case study interviews, including company level.
Business ethics benefits	
An ethics/ culture of supporting employee welfare affirmed	Case study interviews, including company level.
WORKER-CENTRED BENEFITS	
Worker health benefits, primary outcomes	

¹⁴ Referred to in *Better Nutrition for Workers: Workforce Nutrition Programmes in Bangladesh's Garment Sector* (undated).

¹⁵ Referred to in Exemplars in Global Health feature: <https://www.exemplars.health/stories/healthy-meals-powering-bangladeshs-factory-workers-and-economy>.

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Micronutrient deficiencies and associated diseases reduced	Peer-reviewed research on change from baseline to endpoint in progress. Baseline data in Afrin et al. (2025) on: calcium, iron, magnesium, phosphorus, potassium, sodium, zinc, copper, Vit. A, RAE, Retinol, Vit. E, Thiamine, Riboflavin, Niacin, Vit. B6, Folate, Vit. C, Vit. B12. Case study interviews, including company level (iron focus).
Anaemia reduced	Peer-reviewed research, Hossain et al. (2019): 'Anemia was reduced significantly in both lunch meal and non-meal intervention (A and C) group (DID: 32 and 12 percentage points, p: <0.001 and <0.05 respectively)'.
Undernutrition reduced	Peer-reviewed research on change from baseline to endpoint in progress. Baseline data in Afrin et al. (2025).
Overweight and obesity reduced	Peer-reviewed research on change from baseline to endpoint in progress. Baseline data in Afrin et al. (2025).
Sick leave reduced	Case study interviews, including company level. In one interview, reference to company study. No response to follow-up email to request further data. Speelman et al. (2019) case study in Lenny Fashions. Journalistic case study (Forbes, Ewing-Chow, 2022) of Snowtex Outerwear Limited
Overall health improved	
Physical fitness improved	
Worker health benefits, intermediary outcomes	
Knowledge of healthy eating increased	Peer-reviewed research on change from baseline to endpoint in progress. Baseline data in Nayan et al. (2025). Case study interviews, including company level.

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Attitudes to healthy eating improved	Peer-reviewed research on change from baseline to endpoint in progress. Baseline data in Nayan et al. (2025).
Practices of healthy eating increased	Peer-reviewed research on change from baseline to endpoint in progress. Baseline data in Nayan et al. (2025). Case study interviews, including company level.
Personal hygiene improved ¹⁶	
Worker financial benefits	
Cost of healthy eating reduced	Case study interviews.
Worker overall quality of life benefits	
Overall life improved because of healthy nutrition and better health	Journalistic case study (Forbes, Ewing-Chow, 2022), the featured Pushti Bondhu (peer-educator) experience.
A cycle of malnutrition and poverty broken, passing through healthcare expenses and missed workdays ¹⁷	
WORKER FAMILY BENEFITS	
Healthier children when mothers in childbearing age eat more healthily	
Family of worker educated	Journalistic case study (Forbes, Ewing-Chow, 2022), the featured Pushti Bondhu (peer-educator) experience.

¹⁶ Workforce Nutrition Programme (SWAPNO Brochure). Internal GAIN document, Undated.

¹⁷ Referred to in Exemplars in Global Health feature: <https://www.exemplars.health/stories/healthy-meals-powering-bangladeshs-factory-workers-and-economy>. Comment of GAIN's Bangladesh Director, Dr Rudaba Khondker.

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Benefits for family, unspecified	
LOCAL INFRASTRUCTURE BENEFITS	
Fair price shops in factories and associated value chains established ¹⁸	
Old premises renovated for community nutrition purposes ¹⁹	
NATIONAL LEVEL BENEFITS, INCLUDING NATIONAL VERSIONS OF GLOBAL DEVELOPMENT GOALS	
Better health of the workforce	
Better health of the future workforce (through support for breastfeeding and better health of working mothers now)	
Better public health	
New pathways for public health interventions established (iron supplements provided to women through employers)	Case study interview.
Improved economic outcomes	
New markets and value chains for nutritious food ¹⁸	

¹⁸ Referred to in *Better Nutrition for Workers: Workforce Nutrition Programmes in Bangladesh's Garment Sector* (undated).

¹⁹ Referred to in Exemplars in Global Health feature: <https://www.exemplars.health/stories/healthy-meals-powering-bangladeshs-factory-workers-and-economy>: 'establishing a 'community nutrition center,' by renovating a local grocery shop to offer all workers blood pressure screenings and measure body mass index in addition to stocking more healthy foods'.

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Progress towards SDG2 (zero hunger)	
Progress towards SDG3 (health and well-being)	
Progress towards SDG5 (gender equality)	
Progress towards SDG8 (decent work and economic growth)	
UNINTENDED POSITIVE OUTCOMES	
Compliance with labour law increased (in terms of availability of canteens, breastfeeding corners and medical centres)	Case study interview, some signal.

ANNEX 3. DETAILED CONTENT OF RELEVANT LEGISLATION

Provisions in the Bangladesh Labour Act, 2006 and the Bangladesh Labour Rules, 2015

- A rest room in worksites of more than 50 workers for eating meals and resting

The Bangladesh Labour Act (BLA) 'makes it mandatory that the employer shall establish a rest room for the workers (in case of more than 50 workers) with arrangement for drinking water, where they can eat meals brought with them and take rest [section 93 (1), BLA]. Separate rest rooms shall be provided for male and female workers if the number of female workers is more than 25 [Section 93(3), BLA]' (National Profile on OSH, p. 33).

- Canteens and dining areas in worksites of over 100 workers

'The BLA (2006) also ensures first-aid equipment, washing facilities, canteen, resting place and dining areas with water facilities' (National Profile on OSH, p. 36; 100 workers figure quoted by an interviewee).

- Supplies of pure drinking water

'Employers should provide sufficient supplies of pure drinking water' as per Section 58 of the Bangladesh Labour Act (National Profile on OSH, 2019, p. 31, also on p. 33).

- Room(s) for use of children under 6 years, in establishments of 40 or more female workers

'In every establishment, where 40 (forty) or more female workers are ordinarily employed, one or more suitable rooms shall be provided and maintained for the use of their children who are under the age of 6 (six) years (Section 94(1), BLA 2006)' (National Profile on OSH, p. 36).

- Medical centre in establishments with 5000 or more workers

'In any establishment or establishments where 5000 (five thousand) or more workers are employed, the employer or employers of that establishment or those establishments, shall arrange for operating a permanent medical centre, in such manner, as may be prescribed by BLR (Section 89 (6), BLA 2006 and Section 78, BLR 2015)' (National Profile on OSH, p. 33).

- Welfare officer in establishments of 500 or more workers

'In every establishment where 500 (five hundred) or more workers are employed, the employer of such establishment shall appoint a welfare officer in the manner prescribed by Section 79 of the BLR (Section 89 (8), BLA 2006 and Section 79, BLR 2015)' (National Profile on OSH, p. 33).

Provisions in the National OSH Policy

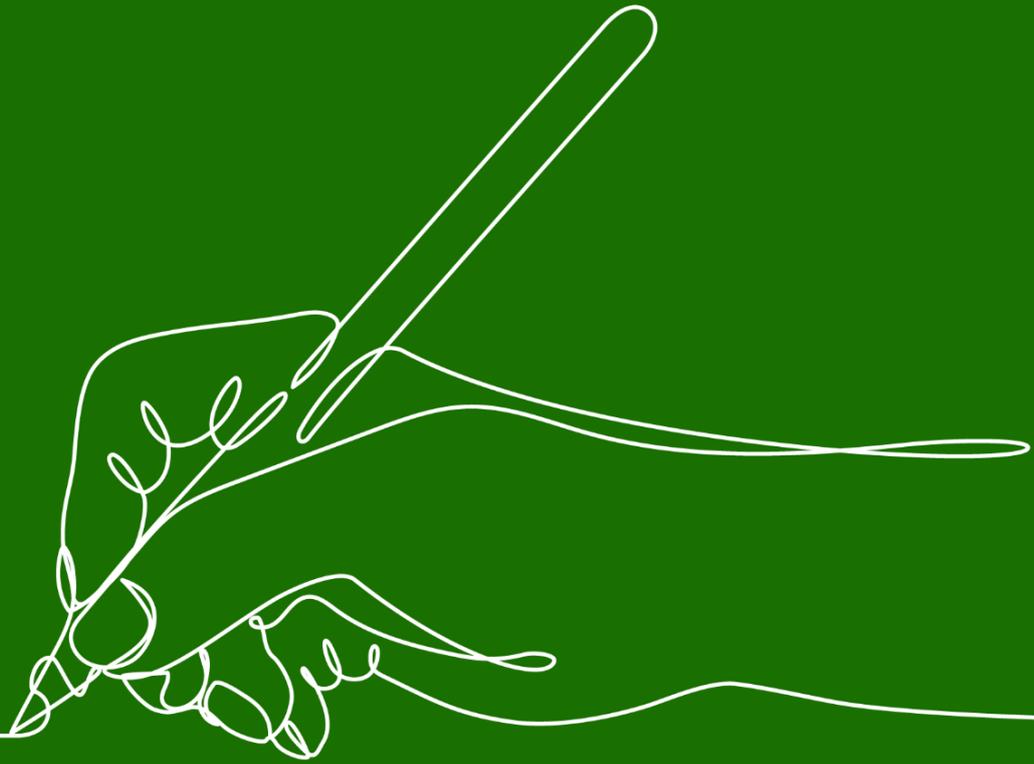
- Periodic medical examinations to identify workplace diseases/ occupational health issues

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The National OSH policy 'suggests periodic medical examinations to identify workplace related diseases/occupational health issues (Clause 4.b.12) and to provide support to the Occupational Health Surveillance (Clause 4. b.13.)' (National Profile on OSH, p. 36).

- Specialist who can identify occupational diseases

Clause 3.10 of the National OSH Policy refers to 'making provisions for a specialist who can identify occupational diseases' and ensure health safety in the factory and establishment' (National Profile on OSH, p. 32).



ABOUT GAIN

The Global Alliance for Improved Nutrition (GAIN) is a Swiss-based foundation launched at the UN in 2002 to tackle the human suffering caused by malnutrition. Working with governments, businesses and civil society, we aim to transform food systems so that they deliver more nutritious food for all people, especially the most vulnerable.

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