ADVOCATING FOR WORKFORCE NUTRITION

LESSONS FROM EMPLOYER ENGAGEMENT ACROSS BANGLADESH, ETHIOPIA, INDIA, AND UGANDA



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SUMMARY

Successful implementation of workforce nutrition programmes relies on gaining employer commitment; without it, activities cannot be adopted or sustained. Prior to the implementation of workforce nutrition programmes, employers must thus be brought on board with the approach. This paper draws on primary data from GAIN programme teams in Bangladesh, Ethiopia, India, and Uganda to analyse the strategies and processes used to gain this employer buy-in, including which strategies were effective, what challenges arose, and the underlying reasons.

In these cases, effective advocacy generally began with understanding the institutional landscape and identifying trusted intermediaries, industry associations, buyer networks, and government bodies who opened doors and lent credibility to the programme's presence. Making the business case for workforce nutrition required contextual adaptation and proven examples. Productivity and reduced absenteeism were the potential outcomes that resonated most consistently across all four countries, but what made those arguments persuasive varied by sector, employer type, and the availability of locally generated evidence. Where evidence was thin, advocacy with sceptical employers was harder to sustain.

Attrition from initial interest to sustained engagement was substantial across all countries. The barriers were as much operational and relational as evidential. Sustaining commitment over time depended on whether workforce nutrition became embedded in company systems and routines or remained contingent on external support. The single most important determinant of success was management ownership: the conviction of senior leadership that workforce nutrition was an organisational priority worth sustaining independently. Where that conviction was present, programmes proved resilient; where it was absent, progress stalled regardless of the quality of technical support provided or the business case argument.

KEY MESSAGES

- Employer commitment is the prerequisite for workforce nutrition programming. Without it, no intervention can be implemented or sustained.
- Business advocacy effectiveness depended on context. Productivity arguments resonated most consistently, but locally generated evidence, trusted intermediaries like business associations, and adaptation to sector and employer type determined whether interest translated into action.
- Experience sharing among front-runner companies played a significant role in strengthening business advocacy. Hearing directly from successfully implemented initiatives provided practical insights and encouraged wider engagement among participating companies.
- Management ownership was the most important determinant of whether advocacy succeeded and its effects persisted. Existing policy frameworks, evidence, intermediaries, and governance structures support the buy-in process but cannot substitute for it.
- Future programmes should treat advocacy as continuous, invest in local evidence generation from the outset, and design onboarding processes that set realistic expectations and build genuine ownership.

BACKGROUND AND OBJECTIVE

Workforce nutrition has gained increasing attention as a strategic approach to improving the diets, health, and productivity of working-age adults by leveraging the workplace as a stable and influential setting for engagement (1,2). In particular, workers in labour-intensive export manufacturing sectors face heightened vulnerabilities: long hours, low wages, physically demanding conditions, and limited access to nutritious food create an environment in which dietary quality is consistently compromised (3, 4). Addressing these structural conditions requires more than individual behaviour change; it requires employers and the institutions around them to treat worker nutrition as a shared responsibility and an organisational priority.

Within GAIN's Workforce Nutrition programme and the broader Workforce Nutrition Alliance, workforce nutrition is structured around four key pillars: healthy food at work, nutrition education, nutrition-focused health checks, and breastfeeding support (5, 6). These pillars aim to enhance both access to and demand for healthier diets across various employment environments. However, successful implementation depends on persuading employers to act first. Without employer commitment, initiatives like improved menus, retail innovations, and nutrition education programmes cannot be effectively designed, adopted, or maintained. Securing this commitment through business advocacy is the essential foundation upon which all other workforce nutrition efforts rely.

Despite the significance of employer engagement to programme delivery, the strategies and processes through which GAIN and its country partners have engaged employers across workforce nutrition programmes have not been systematically documented. Evidence is limited on which arguments persuade employers, which intermediaries facilitate access, how commitment is institutionalised, and what determines whether engagement persists beyond programme support. This paper addresses that gap. Drawing on programme experience across Bangladesh, Ethiopia, India, and Uganda, it documents the business advocacy strategies that made workforce nutrition interventions possible. In so doing, it seeks to generate cross-country lessons on what worked, what did not, and why, and the implications for future programme design and investment in workforce nutrition.

METHODOLOGY

This paper presents a comparative analysis of business advocacy approaches used to engage employers in GAIN-supported workforce nutrition programmes across Bangladesh, Ethiopia, India, and Uganda. The four countries represent distinct but complementary programme contexts: Bangladesh within a buyer-driven ready-made garment sector; Ethiopia across government-managed industrial parks, garment industries, and the horticulture sector; India across tea estates and corporate organisations; and Uganda across a multi-sector employer base with no sector-specific regulatory lever. Together, they allow examination of business advocacy across different labour systems, institutional arrangements, and evidence environments.

The analysis is grounded in four sequential research questions: 1) what were the contexts and constraints that shaped business advocacy approaches in each country?; 2) what strategies and tools were used to build the initial business case and engage employers?; 3) how was employer commitment institutionalised and sustained over time?; and 4) what does the available evidence suggest about the effectiveness and durability of business

advocacy approaches? Evidence was drawn from key informant interviews and cross-country group discussions with programme implementers, and findings were triangulated across countries to identify convergent patterns, points of divergence, and implementation constraints.

RESULTS

UNDERSTANDING THE LANDSCAPE AND IDENTIFYING OPPORTUNITIES

In the cases studied, business advocacy for workforce nutrition programmes began with understanding the landscape in which employers operated. Across Ethiopia, India, Bangladesh, and Uganda, employers were embedded within distinct institutional, economic, and sectoral contexts that shaped both their priorities and their willingness to engage with workforce nutrition. Decision-making structures varied considerably, as did the regulatory environments, market pressures, workforce characteristics, and existing approaches to worker welfare. These contextual factors influenced not only which employers were most likely to engage but also what forms of advocacy were feasible, which arguments resonated, and how workforce nutrition needed to be positioned within broader business objectives. Understanding this landscape was a critical step to tailoring advocacy strategies to local realities and in identifying which employers could realistically be engaged.

Decision-Making Structures

A key finding across the countries was that there was no single employer audience. In some settings, advocacy had to target senior leadership (such as owners, managing directors, general managers, or CEOs) because these actors had the authority to approve investments. In others, HR, compliance, welfare, medical, canteen, or procurement teams played a central role in translating leadership approval into implementation. Advocacy strategies therefore required a layered approach: senior decision-makers needed to be convinced of business value, while operational teams needed to understand what implementation would require in practice.

Each country's context shaped decision-making pathways in distinct ways. In Bangladesh, employer engagement took place within the ready-made garment sector, where factory owners, senior management, HR and compliance teams, buyers, industry associations, and government actors all influenced whether workforce nutrition programmes could be adopted. This created a multistakeholder advocacy environment in which business performance, labour standards, buyer expectations, and worker well-being had to be addressed collectively. Senior management responded to business and productivity arguments, and government stakeholders responded to national development and labour standards objectives. The multistakeholder character of this environment was one reason why Bangladesh established a National Workforce Nutrition Alliance to bring these actors together under a common advocacy agenda rather than address each separately.

In Ethiopia, the presence of the Industrial Parks Development Corporation (IPDC) as an institutional intermediary shaped the advocacy environment. Many companies operating in parks were foreign-owned, with management already in an established support relationship with the IPDC across a range of operational functions. Rather than approaching companies independently, the programme worked through an institution that employers already trusted. IPDC facilitated meetings between the programme team and individual companies,

thereby reducing initial resistance and legitimising the intervention in the eyes of management. The same logic extended to sectors and settings outside industrial park environments: in horticulture, where onboarding individual large-scale producers and exporters proved slow, the programme engaged the Ethiopian Horticulture Producers and Exporters Association directly, drawing on its over 120 active member companies and long-standing trust. Likewise, the Ethiopian Garment and Textile Development Institute and the Ethiopian Garment and Textile Manufacturers Association was leveraged to coordinate engagement with the textile and garment sectors.

In India, decision-making structures differed across the two employer sub-contexts. For tea estates, the estate or general manager was typically the relevant decision-maker, operating within a governance environment shaped by sustainability procurement requirements of tea brands. Once the right relationship was established, the simplicity of authority made advocacy more feasible. For larger corporations, authority was more distributed: direction had to come from the CEO or executive level, but implementation required coordination among HR, nutrition, and welfare departments.

In Uganda, the multi-sector nature of the employer base meant there was no single decision-making model. The programme team worked through the SUN Business Network (SBN) to access companies and identify the key decision-maker with genuine influence, who, once convinced, could advocate from within the organisation. In some organisations this was the general manager; in others, the head of HR or corporate services. Importantly, this identification required prior intelligence gathering before formal advocacy began. This role of the SBN is comparable to the function the IPDC served in Ethiopia. In both settings, a trusted intermediary provided the knowledge that made initial engagement feasible.

Policy, Economic, and Sectoral Influences

Beyond decision-making structures, the policy and economic environments in which employers operated shaped which advocacy efforts were possible. Across the four countries, these contextual conditions functioned either as enabling factors that strengthened advocacy efforts or as constraints.

In Bangladesh, the export-oriented nature of the ready-made garment sector, combined with active global buyer expectations on ESG, worker welfare, and responsible sourcing, created an enabling condition. For factories operating within active buyer relationships, an introduction through a brand or buyer signalled that workforce nutrition was something their commercial partnerships would view favourably. Programme experience revealed that many factories, while acknowledging the programme's benefits in principle, would not invest in nutrition without such an external signal. Government commitments to nutrition and labour welfare provided a further enabling layer, though one that required a different advocacy approach than the productivity arguments used with factory management. Food price inflation and periodic labour unrest were the primary contextual constraints, occasionally shifting management attention away from nutrition at critical points in the advocacy process.

In India, pre-existing legal frameworks created a foundation for advocacy, but legislation alone was insufficient to drive implementation. Relevant legislation, such as the Companies Act (2013), the Plantation Worker Act (1951), and the Maternity Benefit Act, (1961) established a policy foundation for worker welfare. However, implementation and enforcement were

often inconsistent, limiting their effectiveness as a lever for advancing workforce nutrition. As a result, legal compliance did not necessarily translate into meaningful action on nutrition. In contrast, tea brand sustainability procurement requirements created stronger accountability through commercial relationships, providing clearer incentives for employers to implement worker welfare interventions. This suggests that, while policy frameworks established an enabling environment, external market incentives and accountability mechanisms were more effective in translating commitments into practice.

In Ethiopia, national food-based dietary guidelines aligned with the programme's objectives, facilitating the framing of menu improvements and nutrition education as consistent with government policy. The IPDC's mandate to support tenant factories across a broad range of operational areas meant it had an institutional interest in facilitating the programme. A significant contextual factor was the financial situation of workers themselves. Many could not afford to eat before or during work, leading to fainting episodes on the factory floor. This created a visible operational problem, giving programme teams a concrete starting point for advocacy. Consequently, in some companies, the case for basic nutrition provision was already self-evident before formal programme engagement began. Crucially, the programme could present its initial offer to companies as 'menu improvement' rather than new provision and could guarantee that improvement at no additional cost. This no-cost-increase commitment was a significant enabler of initial engagement. Nonetheless, inflation and supplier disruptions were primary threats to sustaining improvements once achieved.

In Uganda, there was no specific government policy directly supporting workforce nutrition, though elements of broader nutrition action plans provided some framing. The multi-sector nature of the employer base meant that sector-specific regulations present in Bangladesh and India were not available as advocacy tools. However, high rates of staff turnover and the burden of non-communicable diseases among workers provided arguments that partially compensated for the absence of dedicated policies. Programme teams tied the financial cost of losing productive workers to health conditions and of recruiting and training replacements to the advocacy pitch, creating a concrete business motivation that could be used even without a supportive policy environment.

Across all four countries, COVID-19-related disruptions during the initial implementation period added to the contextual complexity, simultaneously complicating operational planning and, in some instances, increasing employer attention to worker health. In Bangladesh, COVID-19 also strengthened relationships with several factories, as GAIN's practical support during a period of operational and financial uncertainty deepened the trust on which sustained engagement depended.

Identifying and Selecting Employers

The approaches to identifying and selecting employers to be a part of the programme varied across the four countries. In Uganda, a company mapping exercise enabled the programme team to understand what was happening within potential partner organisations before any formal approach was made. This prior information informed both which companies were selected for initial engagement and how the programme could be positioned as relevant to each organisation's specific concerns. Notably, the programme team described a shift underway at the time of this analysis. Rather than the programme approaching companies, the emerging model was for companies to express interest in being considered for the workforce nutrition programme. The rationale was that demand-

led engagement would produce stronger internal ownership from the outset, reducing the risk of participation being treated as an externally initiated activity.

In Ethiopia, company mapping, followed by an initial familiarisation workshop, was the primary mechanism for identifying potential employer partners. Convening companies and relevant stakeholders enabled the team to introduce the programme, gauge employer interest, and assess individual companies' contexts before direct engagement began. Attendance provided an early signal of receptiveness, and discussions within the workshop helped the team determine which companies were realistic candidates for follow-up. This approach suited the industrial park setting, where a concentrated group of employers could be reached through a single convening. For sectors outside the parks, notably horticulture, the shift to association-mediated engagement served the same function.

Employer identification in Bangladesh drew on GAIN's existing programme relationships, established partnerships with industry associations, the Bangladesh Garment Manufacturers and Exporters Association (BGMEA) and the Bangladesh Knitwear Manufacturers and Exporters Association (BKMEA), and introductions from buyers and brands. As the programme matured, the network of participating factories itself became a source of identification, with peer recommendations from engaged factories attracting new potential partners and substituting for the institutional introductions that had been necessary when the programme commenced. The programme also has generated evidence on outcomes, which gave factory senior management the confidence to trust GAIN directly, rather than relying solely on the credibility lent by buyers or associations.

In India, the identification approach differed between the two organisational contexts. For tea estates, employers were identified through brand relationships: tea companies with sustainability procurement commitments connected the programme team with relevant estates, which were then approached through the Indian Tea Association. For corporations, the programme worked through IMPAct4Nutrition (I4N), a UNICEF-incubated platform mobilising private-sector action for nutrition in India, which structured corporate engagement through its ACE model (Assets, CSR, and Employee Engagement), with workforce nutrition sitting under the Employee Engagement pillar. I4N's network of over 500 already-onboarded companies offered an existing entry point rather than requiring the programme to build corporate relationships from scratch. The corporate identification model evolved over the programme: an initial open, broad-invitation workshop format produced high attrition from expressed interest to sustained engagement, prompting a shift toward targeted orientation delivered through HR associations and factory and sector associations, reaching companies through intermediaries they already trusted, thereby improving participation.

A summary of these contextual factors by country is found in Table 1 below.

Table 1. Country contexts and primary features of employer engagement

	Bangladesh	Ethiopia	India	Uganda
Primary employer type	Ready-made garment factories; export-oriented, buyer-driven value chain	Foreign-owned manufacturers in government-developed industrial parks; horticulture producers, and locally owned textile factories established outside the industrial parks	Tea estates (Assam); corporations across manufacturing, IT, and services	Multi-sector companies across manufacturing, services, and agro-processing
Primary intermediary	Industry associations (BGMEA, BKMEA); buyers and brands	Industrial Parks Development Corporation (IPDC); horticulture producers and exporters association; and textile manufacturing industry development institute and associations	Indian Tea Association; Impact4Nutrition (I4N), HR associations (corporations)	SUN Business Network (SBN)
Key entry point	Buyer and brand relationships; industry association networks, Research partners	IPDC-facilitated introductions; Horticulture and textile industry associations-mediated engagement for horticulture sector and textile manufacturing industry development institute and associations for the textile/garment sectors out side the IPDC	Brand sustainability procurement requirements via the Indian Tea Association (tea estates); IMPAct4Nutrition platform network, shifting from open workshops to targeted association-led orientation (corporations)	SBN-mediated identification of internal decision-makers; company mapping exercise

Key constraints	Food price inflation and periodic labour unrest	Inflation and canteen food supplier disruptions	Legal frameworks do not necessarily translate into meaningful action on nutrition	No specific government policy directly supporting workforce nutrition

MAKING THE BUSINESS CASE FOR WORKFORCE NUTRITION

What arguments were used to secure employer commitment?

Securing access to employers did not automatically translate into employer commitment. The primary challenge in making the business case was not simply that employers lacked awareness of workforce nutrition; rather, nutrition did not fit within the frameworks employers already used to understand their welfare and investment obligations. Employers were accustomed to investments whose returns were physically visible and directly attributable—for instance, a canteen built, a fire safety system certified, a washroom installed—and nutrition did not produce this kind of tangible, measurable output in the short term. Programme teams found that employers generally acknowledged that healthy workers are more productive yet resisted the argument that they should be the ones to invest in making it happen. The advocacy task for programme teams was therefore to shift the framing of workforce nutrition from an additional welfare cost to a business investment with demonstrable operational benefits (e.g., increased productivity, reduced absenteeism).

Programme teams across the four countries drew on a common set of arguments:

- Better-nourished workers are more productive
- Lower absenteeism and staff turnover reduce costs
- Improved worker health supports buyer and regulatory compliance
- Workforce nutrition aligns with corporate sustainability commitments.

In practice, no single argument worked in every setting, and teams adapted their approach depending on the employer, sector, and country context.

What arguments resonated most?

Productivity and reduced absenteeism were the arguments that most consistently piqued employer attention across all four countries. Other framings such as worker well-being, regulatory compliance, and brand reputation played supporting roles but were rarely sufficient on their own to motivate investment decisions.

In Bangladesh, the initial framing centred on worker well-being as the entry point, arguing that healthy workers contribute more effectively to productivity and that benefits would extend beyond the factory. Employers pressed for evidence of concrete financial returns and a clear timeline for realising them. Many were unwilling to invest without a direct answer to return on investment (ROI). Over time, the framing shifted toward an explicit investment-and-returns argument, positioning workforce nutrition as a business decision rather than a welfare provision. Notably, the turning point in many engagements came when locally generated programme evidence, such as factory-level productivity improvements alongside reductions in anaemia, absenteeism, and worker turnover, could be presented directly.

In India, the productivity argument took a sector-specific form in tea estates: the link between anaemia reduction and tea plucking output. Programme teams argued that tea plucking is physically demanding and output-measurable, which made the connection between nutritional status and productivity direct and verifiable. However, a single standard presentation did not work across all estate contexts, and flexibility in framing was necessary. The situation was similar for larger corporations, manufacturing, and other sectors; programme teams adapted the framing to align with each organisation's priorities, including employee wellbeing, occupational health, ESG commitments, talent

management, business sustainability, and existing employee welfare initiatives. While support from senior leadership remained essential, engagement depended on demonstrating how workforce nutrition contributed to the organisation's own strategic objectives. This suggests that effective advocacy in the corporate context required tailoring the value proposition to the employer's context, rather than applying a universal business case.

The productivity argument in Ethiopia was, in some respects, easier to make because companies had already observed the operational costs of poor worker nutrition before formal programme engagement. Workers arriving without having eaten and then fainting on the factory floor represented a visible, costly problem, which gave the business case an urgency it lacked in other countries. Since the principle that worker nutrition affected operational performance did not need to be established from scratch, the programme's task was to build from that existing foundation toward a more structured, nutritionally focused approach. For some companies, the ability to demonstrate a visible worker welfare initiative to international buyers was a further incentive.

In Uganda, concrete and locally grounded examples proved more persuasive than aggregate figures or international evidence. Programme teams drew on specific anecdotal evidence that non-specialists could readily follow. One was particularly effective: a company experiencing high defect rates among employees during night shifts introduced a nutritious midnight snack and observed a reduction in defects. This specific example often carried more weight with management than broad international ROI claims. When local evidence was unavailable, which was the case in Uganda, the programme team used international figures, including a widely cited estimate that $1 invested in workforce nutrition generates $6 in returns (7,8). However, employers found this difficult to internalise or apply to their own contexts, and the team acknowledged it as the hardest part of the business case to make credible without supporting local data.

The role of evidence to support the business case and its limits

The evidence available to support the business case differed considerably across the four countries, with direct consequences for advocacy effectiveness. Evidence served not only to demonstrate potential returns but also to address employer concerns about cost.

In terms of locally generated quantitative evidence on health and productivity outcomes, Bangladesh appeared to be the best resourced of the four countries. Programme teams could draw on a pilot study demonstrating a 32-percentage-point reduction in anaemia (9), alongside initial programme monitoring data showing reductions in absenteeism, improvements in worker motivation and retention, and factory-level performance data. This body of local evidence proved essential to scaling. While global evidence from the ILO, WHO, and the Workforce Nutrition Alliance was sufficient to initiate conversations with employers, Bangladesh-specific data enabled the programme to move beyond early adopters to broader uptake. Even then, gaps remained: employers consistently requested direct financial ROI calculations at the individual factory level, which the existing data mechanisms were not designed to generate. In its place, the existing country-based evidence on absenteeism, worker motivation, and performance proved sufficient to sustain most employer engagements, even without a single bottom-line figure. In India, the attribution problem constrained the influence of available evidence. Even where employers observed improvements in worker health or productivity indicators, they questioned whether these

improvements could be attributed specifically to the workforce nutrition intervention or to broader employee health and welfare initiatives such as health checks, medical expense coverage, and IFA supplementation, Programme teams communicated that when absenteeism was presented as an outcome, employers recognised that it could be influenced by multiple factors: worker illness, family responsibilities, and income insecurity, making it challenging to attribute changes solely to workforce nutrition. While this limitation did not prevent employer engagement, it constrained the ability to demonstrate a clear return on investment and strengthen the business case, particularly for corporate employers seeking measurable evidence of impact.

Ethiopia and Uganda operated with the thinnest evidence bases, relying primarily on international literature and data from other programme countries, supplemented by limited locally generated pilot findings. In Uganda, this constraint was explicitly identified by the programme team as the hardest single element of the business case to overcome. Ethiopia's programme teams similarly described the absence of locally generated data as a genuine limitation on their ability to shift sceptical employers from interest to investment commitment. A competitive benchmarking approach, developed in the Indian corporate context, offered a partial compensating strategy: rather than relying on international ROI figures alone, programme teams presented comparisons between companies in the same sector, showing which peers were already participating and how they were performing against workforce nutrition indicators. For MSME-type employers particularly, this peer comparison, which effectively created healthy competitive pressure through transparency about relative performance, proved more motivating than the ROI argument.
A summary of the business case argumentation by country is found in Table 2 below

Table 2. Business case arguments: what was used, what resonated, and the evidence available

	Bangladesh	Ethiopia	India	Uganda
Primary arguments used	Worker wellbeing; productivity and reduced absenteeism; line level performance buyer and regulatory compliance; corporate sustainability	Worker health and operational performance; buyer-facing welfare visibility; productivity	Productivity and anaemia reduction (tea estates); employee wellbeing, business sustainability, ESG, and workforce welfare (corporations)	Worker wellbeing; individual productivity; company output and employee defect reduction
Most persuasive argument	Investment-and-returns framing with locally generated evidence on anaemia, absenteeism, and worker retention	Operational cost of poor nutrition already visible; no-cost-increase commitment.	Anaemia-to-output link (tea estates); context-specific business case aligned with organisational priorities (corporations)	Concrete, proximate examples linking nutrition to operational outcomes, e.g. midnight snack and defect rate reduction
Evidence cited	Pilot study (32% anaemia reduction); programme monitoring data (absenteeism, retention, line performance)	National dietary guidelines; IPDC operational data; limited local pilot findings	Tea estate health and productivity monitoring; international evidence on workforce nutrition and business benefits, supplemented by programme experience	International ROI figures; examples from other programme countries; limited local data
Key evidence gap	Factory-level financial ROI calculation unavailable; employers requested direct cost-benefit figures	Limited locally generated quantitative data; international evidence difficult to contextualise for sceptical employers	Limited evidence demonstrating the independent contribution and return on investment of workforce nutrition within broader employee welfare programmes	No locally generated quantitative evidence; international figures hard for employers to apply to their own context
Employer response	Initial resistance to wellbeing framing; shifted toward engagement when evidence of financial returns presented	Engaged where operational pain point already visible; scepticism among companies without prior nutrition awareness	Strong engagement among tea estates; corporate engagement depended on alignment with organisational priorities and a tailored business case	Concrete examples and peer comparison more effective than ROI figures; scepticism persisted among employers without direct operational experience

ENGAGING AND ONBOARDING EMPLOYERS

Across all four countries, onboarding involved negotiation over what the programme and the employers would contribute—for example, technical support, training, and facilitation from the programme plus staff time, operational cooperation, and financial commitment from the employers. This negotiation was the defining characteristic of the onboarding process, regardless of the country context. The transition from expressed interest to formal commitment was rarely linear. Programme teams frequently revisited earlier discussions as new questions emerged, circumstances changed, or initial company enthusiasm encountered implementation constraints. Understanding what was being asked of each employer and adjusting that expectation to their capacity and priorities was as important as making the business case.

The nature of what was being negotiated differed by context. In Bangladesh, discussions centred on budget allocation, training schedules, menu changes, and canteen resources, areas where management commitment translated directly into financial and operational decisions. In Ethiopia, because companies in the industrial parks were already providing meals before the programme began, the entry point was framed as improvement of existing provision rather than establishment of new systems, which reduced resistance. The programme's explicit commitment to improving menu quality without increasing existing meal costs, a promise the programme was able to honour, was a condition of initial buy-in that held across most Ethiopian companies. In Uganda, regular follow-up visits, thematic training sessions, and cooking demonstrations were the primary tools for moving employers from interest to active implementation.

The mechanisms used to structure and formalise commitment varied, with consequences for both the depth of engagement and attrition. In Bangladesh, the process moved through a formal commitment stage, peer educator selection, baseline assessment, multi-level training, and the establishment of Nutrition Improvement Committees as a governance mechanism, with the typical time from first contact to a fully operational programme running 3-6 months. In India, the workforce nutrition scorecard[1] served as the central onboarding instrument for corporations, used first as a baseline assessment and as a structured tool to help companies understand their existing workforce nutrition practices, identify gaps, and coordinate inputs across multiple functions before informing an implementation plan. Beyond its technical purpose, the scorecard also served as an early diagnostic of organisational readiness, revealing whether companies had the cross-functional coordination needed to implement workforce nutrition interventions. For tea estates, the process was more straightforward: a virtual orientation session, a field visit, and an implementation plan were all that was needed. The simplicity of the estate pathway was aided by the fact that implementation was provided at no cost to estate management, with programme investments supported through tea buyers' sustainability initiatives, meaning estates were primarily required to provide operational cooperation and access rather than financial resources. This removed a factor that would otherwise have been a significant source of resistance. For Uganda, the absence of a formal structure made the programme

[1] A self-assessment scorecard for employers and organizations to assess the nutrition programs they provide to workers (https://workforcenutrition.org/services/self-assessment-scorecard/)

more responsive to individual circumstances but also harder to assess and sustain consistent commitment.

Where early implementation was ongoing, visible improvements, such as enhanced canteen meals, nutrition education activities, and positive worker feedback, reinforced employer commitment and, in some cases, encouraged other companies to consider participation, making subsequent advocacy with new employers more effective.

Nonetheless, many employers in every country declined to proceed or dropped out during or after onboarding. The reasons were mostly consistent across countries: financial concerns, limited management commitment, competing operational priorities, and sustained production pressure. In Bangladesh, some factories were unwilling to commit the necessary resources, and several of them expressed concern that engaging in workforce nutrition would raise workers' expectations beyond what they could sustain. In Ethiopia and Uganda, scepticism about returns, compounded by limited locally generated evidence, was the most frequently cited reason for non-engagement among initially interested employers. In India, dropout was concentrated at the scorecard stage. This was not because data were unavailable in principle, but because completing the scorecard required coordination across departments (e.g., HR, nutrition, medical, welfare, and production teams) and companies without functional cross-departmental structures consistently were unable to complete that step.

INSTITUTIONALISING AND SUSTAINING COMMITMENT

In all countries, sustaining engagements depended on whether workforce nutrition became integrated into company systems and routines or remained dependent on external support and individual advocates. When formal mechanisms were in place and senior leadership treated the programme as an organisational priority, the programme demonstrated greater resilience to disruptions over time. Where neither condition was met, commitment was weaker and harder to sustain.

What ‘sustained commitment’ looked like in practice varied by country context. In Bangladesh, Nutrition Improvement Committees functioned as effective oversight and accountability structures where senior leadership was actively committed. In those companies, workforce nutrition was embedded in company policies, responsibility was formally assigned to HR and compliance teams, and activities were integrated into routine operations. In Ethiopia, rather than creating new governance bodies, the programme strengthened existing workplace committees and collaborated with intermediaries such as the IPDC and the Ministry of Health to develop improved menus that embedded nutrition standards into the industrial park's operational infrastructure. A notable indicator of institutionalisation in Ethiopia was the voluntary decision by some companies to upgrade to a higher-cost menu option (with higher nutritional value) after initial programme engagement, undertaken without external pressure, reflecting that management had made workforce nutrition a priority and was prepared to invest independently. Institutionalisation also extended through peer learning: several companies, particularly in the horticulture sector, began providing meals to their workers for the first time, having observed the practice among other engaged companies.

In India, participating corporations institutionalised workforce nutrition by embedding it within existing employee welfare and organisational systems rather than treating it as a

standalone programme. Employee welfare committees or existing welfare structures took on nutrition alongside other welfare functions, creating clearer organisational ownership and cross-functional accountability. A clearer indicator of institutionalisation was the integration of nutrition education into employee induction programmes and the incorporation of workforce nutrition into broader HR and employee health systems, allowing nutrition practices to become part of routine organisational processes. Post-programme visits by GAIN staff indicated that structural changes, such as improved menus, healthy access to food, and welfare committee functions, had largely persisted. These structural interventions were more likely to be sustained because they required one-time organisational or infrastructure changes rather than continuous external inputs. However, these visits were themselves a form of ongoing external engagement rather than independent verification. The programme team cautioned that activities requiring ongoing inputs, such as nutrition education sessions and breastfeeding support, were less likely to continue without external facilitation. Their continuation depended on whether companies had allocated internal resources, integrated these activities into routine operations, and assumed organisational ownership.

In Uganda, continuity depended on direct programme engagement, and when budget constraints reduced the frequency of visits, commitments began to fade. Consequently, the relationship between programme presence and employer engagement was not self-sustaining at the time of this analysis; however, in the new programme extension, the team described working to revive commitments that had weakened during the period of reduced contact. The deliberate shift toward a demand-led model, in which interested companies initiate contact with GAIN, was a strategic response to this issue, based on the assumption that companies who seek out the programme will exercise stronger internal ownership. Whether this assumption holds in practice remains to be seen.

Where commitment proved fragile across all four countries, two factors were consistently discussed. The first was reliance on individual champions. Where a single HR lead or manager had driven implementation, the programme was vulnerable to that staff person’s departure. In India, staff turnover also increased companies' reluctance to share monitoring data with external organisations. The programme team identified this as the most significant setback of the Indian programme. Even where companies had implemented the intervention and established governance structures, they did not trust external organisations with employee data. This data-sharing barrier affected the programme's ability to monitor outcomes, demonstrate attribution, and build the local evidence base that would have strengthened advocacy with subsequent employers. In Bangladesh, the same pattern of individual-champion dependency was evident: factories where a single person had driven the programme were more exposed when that staff member left.

The second factor was how employers came to understand the programme's relationship to their own organisational priorities. Sustainability was most vulnerable where nutrition was viewed as a project rather than a management priority. This distinction between employers who treated workforce nutrition as an external initiative running alongside their operations and those who made it an organisational commitment separated factories where implementation deepened from those where it stalled or faded as external support diminished. This pattern held across all four countries. Where management invested their own resources, adapted their own systems, and held their own staff accountable for outcomes, the programme proved resilient.

Implications for Future Programmes

The four-country experience points toward a common advocacy logic: understand the context and identify realistic targets; build and communicate a contextually grounded business case; secure and structure commitment through the right intermediaries; and embed ownership in company systems (see Figure 1). These elements describe a general progression, recognising that it is not always linear and was often shaped by how implementation unfolded across contexts. In all countries, engagement through compliance produced different outcomes from advocacy that secured conviction, and the gap between the two was not always visible at inception.

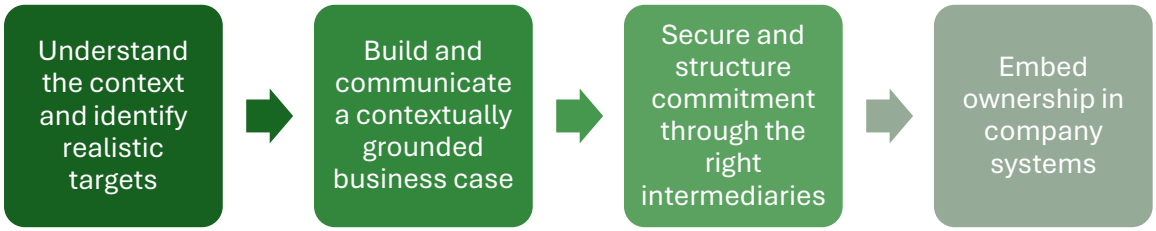


Figure 1: Common steps taken towards employer buy-in for workforce nutrition programmes

Several implications follow from this. First, business advocacy for workforce nutrition is most effective when treated as a continuous programme function. Access, the business case, onboarding, and sustained commitment each require ongoing attention as contexts shift, staff turnover occurs, and implementation demands evolve. Further, experience across all settings showed that initial employer interest did not reliably translate into sustained engagement. Hence, target-setting and resourcing should reflect this attrition rather than assuming that employers who express early interest will remain actively involved throughout implementation.

The evidence gap identified across all four countries, and most acutely in Ethiopia and Uganda, constrained advocacy in ways that locally generated data would have addressed. Pilot studies, baseline and endline assessments, and factory-level monitoring consistently proved more persuasive with sceptical employers than did international research, and their absence limited the programme's ability to move interested employers toward commitment. Investing in local evidence generation from the earliest stages of programme design and treating it as an advocacy resource rather than an evaluation output would strengthen the business case where it currently struggles most. In settings where such evidence is unavailable, peer comparison between companies in the same sector proved a more effective substitute.

Two further design considerations emerge from the evidence. The data-sharing challenge documented in India, where companies implemented the intervention but declined to share employee monitoring data with external partners, has implications for how monitoring is structured from programme conception. Future programmes should establish clear data governance arrangements and consider mechanisms such as

aggregated or anonymised reporting that enable monitoring and learning while addressing employer concerns around confidentiality. Further, where regulatory frameworks exist, as in India, they should be treated as enabling conditions for advocacy rather than sufficient as drivers of employer action. While legislation established a policy foundation for worker welfare, programme experience suggested that legal mandates alone were insufficient to motivate implementation. Employer action was more effectively influenced when regulatory expectations were reinforced by organisational priorities, external accountability mechanisms, or commercial incentives.

Finally, industry bodies and buyer networks were among the most effective intermediaries across the four countries, accelerating access and strengthening the credibility of the business case in ways that direct outreach alone could not replicate. Their involvement in Bangladesh provided the architecture for a multi-stakeholder alliance that sustained advocacy beyond individual employer relationships. Formalising this role in future programme design and treating them as entry points would strengthen advocacy from the outset and reduce dependence on the programme team as the primary bridge between employers and the case for workforce nutrition.

BOX 1. KEY IMPLICATIONS

- Employers who express early interest do not necessarily remain actively involved through implementation. Access, the business case, onboarding, and sustained commitment each require ongoing attention as contexts shift, staff turnover occurs, and implementation demands evolve.
- The lack of country-specific evidence constrained advocacy. Investing in local evidence generation from the earliest stages of programme design, treating it as an advocacy resource rather than an evaluation output, would strengthen the business case where it currently struggles most.
- To balance project monitoring and learning with employers' concerns around confidentiality, future programmes should establish clear data governance arrangements and consider mechanisms such as aggregated or anonymised reporting.
- Legal mandates alone have shown to be insufficient to motivate implementation and need to be reinforced by organisational priorities, external accountability mechanisms, or commercial incentives.
- Industry bodies and buyer networks were among the most effective intermediaries across the four countries. Formalising this role in future programme design and treating them as entry points would strengthen advocacy from the outset.

CONCLUSION

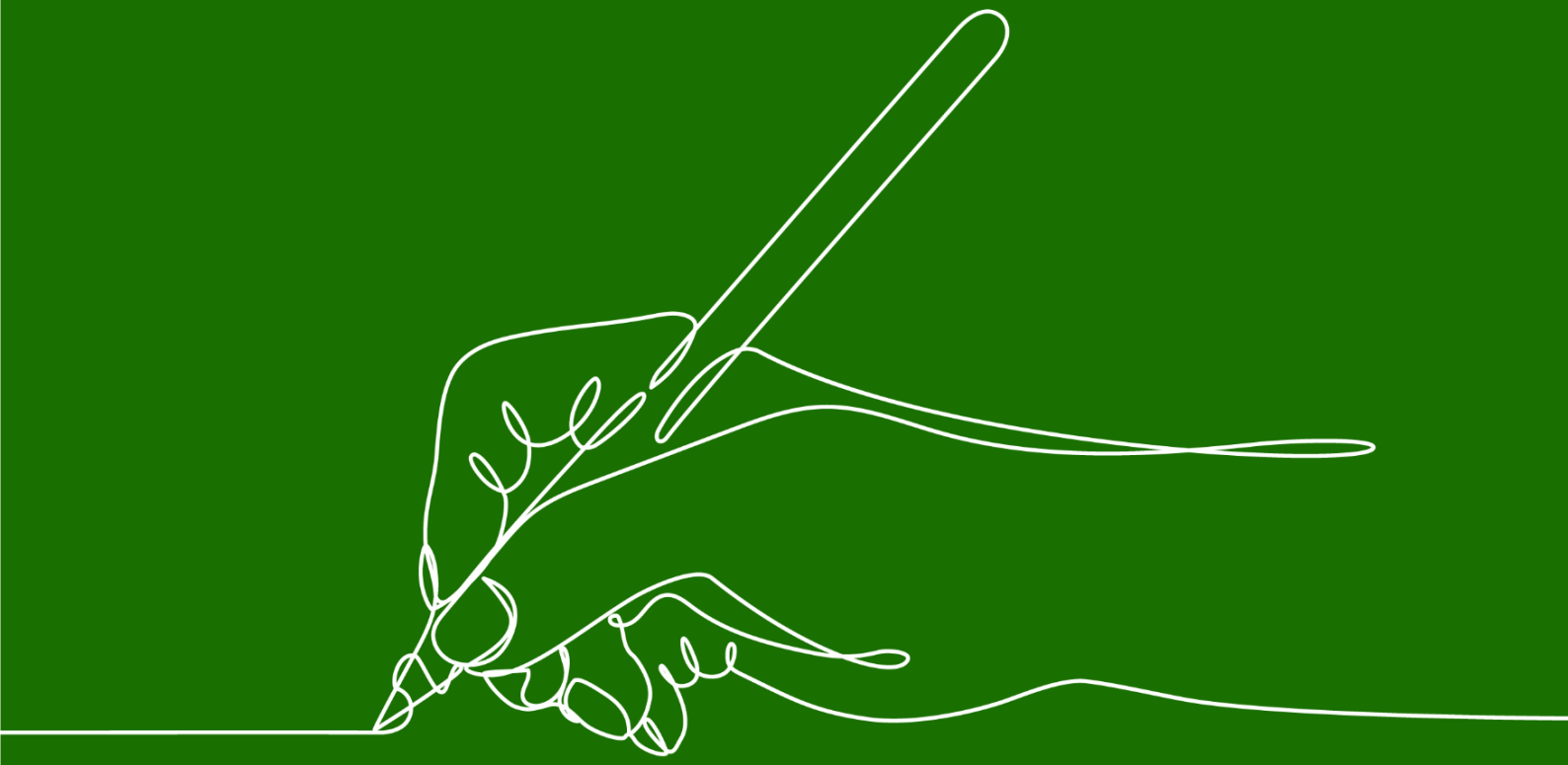
This paper documents the institutional and relational processes through which GAIN and its partners persuaded, engaged, and sustained employer commitment to workforce nutrition programmes across Ethiopia, India, Bangladesh, and Uganda. The central finding is that management ownership (i.e., senior leadership's conviction that workforce nutrition serves

their organisation's interests) was the most important determinant of whether advocacy succeeded and whether its effects persisted. Evidence opened conversations, intermediaries opened doors, and governance structures embedded commitment, but none of these was sufficient without this foundational condition. Where management ownership was present, programmes progressed, and structural changes proved resilient; where it was absent, progress was limited regardless of the quality of technical support.

The evidence base on which this paper draws has inherent limitations. The findings reflect the perspectives of programme teams, and the factors driving institutional change are difficult to isolate given the complexity of the organisational environments in which the programme operated. The long-term durability of employer commitment beyond programme support remains empirically open. The structural mechanisms established during implementation, committees, improved menus, and induction-integrated nutrition education showed continuity in follow-up visits, it is not known whether these will persist independently over time.

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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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