

HERproject Nutrition Improvement Program

Lessons from Bangladesh

November 2017

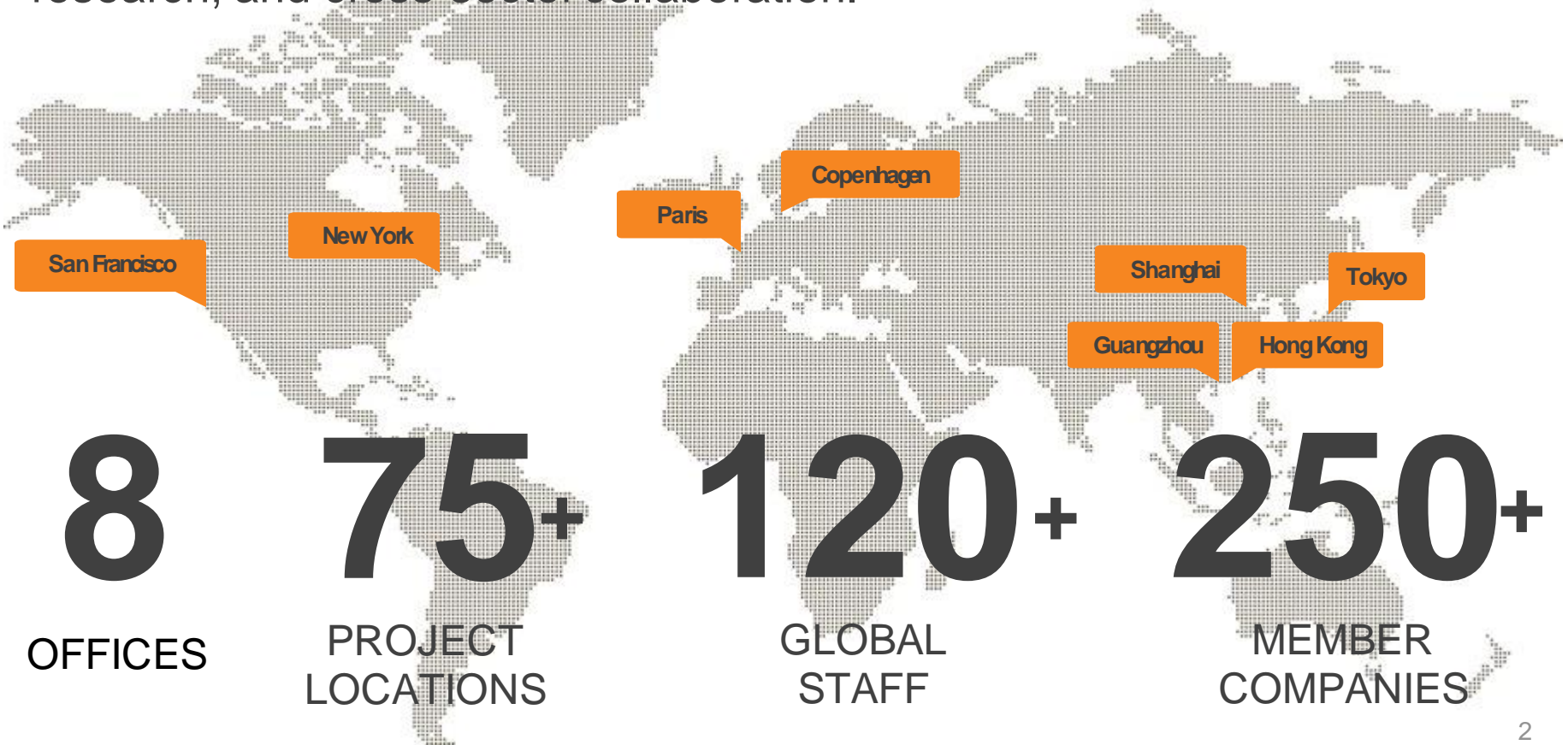


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- Swire Pacific
- Toshiba
- Total
- Unilever
- UPS
- Wal-Mart Stores
- Walt Disney

HERproject



Mission

To unlock the full potential of women working in global supply chains through workplace programs promoting health, financial inclusion, and gender equality

The HERproject model

HERproject is a global public-private partnership to empower low-income women workers along global supply chains.

Impact for Women

Women receive trainings in the workplace on essential topics such as health



Through a peer-to-peer training model, women spread knowledge to others at work and in their communities and homes



Improved health and well-being and increased standard of living for women and their families



Impact for Business



Employers offer more health products and service in the workplace



Empowered workforce and better workplace communication reduces absenteeism and turnover

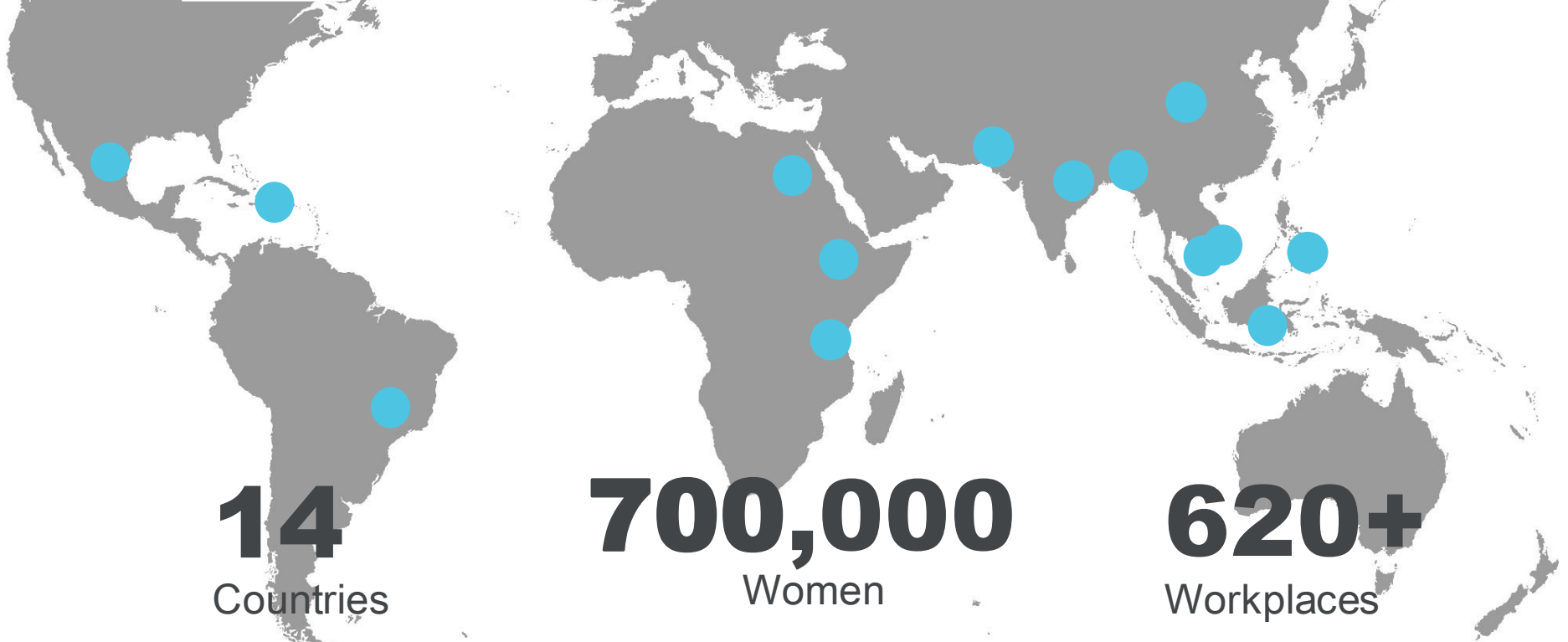


Workforce productivity increases



Making her work empowering

HERproject in numbers



14
Countries

700,000
Women

620+
Workplaces

Bangladesh, Cambodia, China, India, Indonesia, Vietnam, Myanmar, Pakistan, Ethiopia, Kenya, Egypt, Mexico, Brazil, Haiti

HERproject partner brands



Government agencies, foundations, NGO partners





Monitoring and evaluating the HERhealth factory nutrition program in Bangladesh



The HERhealth factory nutrition program in Bangladesh aims to improve the nutritional status of female workers in the Ready Made Garments (RMG) sector

- As 85% of female RMG workers are at a reproductive age, they are more susceptible to maternal and child health issues, which are related to nutrition
- Because of the knowledge gaps in nutrition:
 - Female workers are susceptible to anemia (especially mothers) and micronutrient deficiencies, such as vitamins
 - 37% to 52% of these workers have anemia
 - It is likely that their children may become malnourished too



In 2014, BSR and GAIN conducted a situational analysis on the nutritional status of female workers and the state of childcare provisions in the Bangladesh RMG sector.



Objectives of the study

1. Workers' knowledge, awareness, and practices related to food and nutrition, and expenditure on food
2. Current workplace arrangements on meals and snacks (type of food served, average budget per worker, workers' satisfaction)
3. Availability and affordability of food products
4. Current childcare arrangements (facilities, conditions, operating hours, food provision)



Research methodology (n = 15)

- Mixed methods used to collect data
 - Focus group discussions (female workers between ages 18 to 22, female workers with children under 2 years of age, female workers with children between ages 2 to 5, and male and female workers 30 years or older)
 - In-depth interviews with factory managers, day-care centre personnel, and food suppliers
 - Facility observations

Key findings from the situational analysis

- The majority of female workers have poor knowledge and misconceptions on what constitutes a nutritious diet
- Only 33% of the surveyed factories provided hot meals
- There are many reported benefits to serving hot meals including:
 - Workers' satisfaction
 - Freeing up workers' time to allow for consumption of breakfast
 - Increased productivity and worker loyalty
- Workers are concerned about the taste, quality, and quantity of the food served at work



Our pilot project: improving nutritional status of female workers through HERhealth

In partnership with the Global Alliance for Improved Nutrition (GAIN), in 2016 BSR piloted an **enhanced HERhealth program with an added focus on improving the nutritional status of female workers.**

We implemented the pilot in **2 control and 2 intervention factories.**

- Two intervention factories (one factory serves hot meals)
- Two control factories for comparison (one factory serves hot meals)

Partnership Model



Expected outcomes from the pilot project



Benefits for the workplace



Increased productivity



Reduced illness-related absenteeism



A return on their investment in health and nutrition



Benefits for female workers



Reduced prevalence of anemia among female workers



Improved nutritional status for workers' families, especially children



Increase in workers' overall nutritional status and well-being

1. Promotion of behavior change through training

Improve female workers' knowledge on nutrition through training on healthy eating

Personal Hygiene

Eating healthy

Maternal health
& family planning

STI and HIV
prevention

Infant and young
child feeding

Serious illnesses

2. Active nutrition interventions

Improve the nutritional status of female workers by supporting nutrition interventions, depending on the facilities available at each factory.



Distribution of iron folate tablets

- Provide a minimum of one iron folate tablet per week for all female workers
- Iron folate tablets provided daily for pregnant and breastfeeding women



Fortification of hot meals

- Introduce fortified rice in hot meal serving factories
- Ensure the use of vitamin A enriched oils and iodized salts



Upgrade of hot-meal menus

- Review and assess the nutrition value of existing lunch menu
- Provide suggestions on areas of improvement

3 . Monitoring & Evaluation

Monitor the impact of the program, focusing on changes in health and behavior



- In our pilot, we examined the impact of our nutrition intervention on:
 - Anemia levels of female workers (indicators: hemoglobin levels)
 - Changes in behaviour
 - Iron folate intake (indicators: pill intake, knowledge on purpose of the pill, side effects)
 - Food intake (indicators: nutritional value of meals via rice, lentil, animal protein intake)
 - Improvement in productivity (indicators: absenteeism, sick leave, alteration rates, efficiency)
 - Changes in workers' knowledge on nutrition
 - Success of revised menu (indicators: inventory and stock in factory kitchen)

Feedback from workers

The in-depth interviews with workers **showed self-reported changes in behaviour** as a result of the intervention.

- One worker shared that “I changed a lot of my food habit. I also try to maintain hygiene. I eat my food on time.”
- Another worker said: “My child got diarrhea and I prepared an oral saline solution myself at home. I did not need to go to the health centre.”
- To address anemia, a worker told us: “Anemia, I guess, if my body has weakness in blood, I will eat more eggs, drink milk, and go to the doctor’s shop to get iron.”

Challenges

Our pilot achieved positive results with the support of brand and factory management, however we still encountered various challenges:

- Production and shipment pressures affect outreach time leading to low knowledge retention on nutrition topics
- In larger factories (10,000 + workers), management may be reluctant to invest in nutrition interventions
- Factories are concerned that workers may not appreciate management's efforts to improve their nutritional status or improve access to good quality day care services on-site
- Factory management may be reluctant to share details about productivity and inventory, affecting program monitoring and evaluation



Future improvements

- Share program progress with factory management through a monthly reporting system and work closely with factory management to address any issues with outreach
- Conduct a factory nutrition assessment to provide a shortlist of interventions that is tailored to the specific needs and capacities of each factory (adapting for factories of all sizes and all infrastructures).
 - Factory workers will also become aware that management is seeking their advice and opinions on the nutrition intervention they would like
- Present the business case (i.e. productivity) to encourage factory management to share information

Terima kasih!

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