

Well-being in the Apparel Industry of Bangladesh

Project Partners:



**LEVI STRAUSS
FOUNDATION**

Prepared By:



LightCastle Partners
Inspiring Business | Boosting Economy

List of Acronyms

RMG	Ready Made Garments
BGMEA	Bangladesh Garments Manufacturers and Exporters Association
BKMEA	Bangladesh Knitwear Manufacturers and Exporters Association
BDT	Bangladeshi Taka
BOP	Bottom of the Pyramid
GDP	Gross Domestic Product
GOB	Government of Bangladesh
OTC	Over the Counter
MAC	Middle and Affluent Class
USD	US Dollar

Executive Summary

Booming RMG sector in Bangladesh currently employs up to 4 million workers, mostly women, who are generating almost 80% of the country's export. Bangladesh's RMG sector is expected to increase earnings as sector growth is precipitating due to increasing labor costs in mainland China and other competitors, leading them to move up the value chain. Bangladesh, providing the most inexpensive labor, has been the natural beneficiary of some shifting export orders. Despite rising minimum wages in recent years, Bangladesh has managed to retain their least cost status.

One key component of this evolving industry are the workers involved and as the industry evolves, so does the dynamics of their individual lives. With growing 'fast fashion' trends, there's demand for low cost fashion solutions and increased production in emerging destinations like Bangladesh. However, the margins are razor thin resulting in low wage structure for workers and inhumane working conditions often leading to disastrous accidents and casualties.

Ashoka Innovators for the Public recently initiated the project 'Sustainable solution for the apparel industry through collaborative entrepreneurship' (Bangladesh) in partnership with Levis Foundation to study the wellbeing of Bangladesh RMG workers and seek out improvement areas for intervention. The five vertices for wellbeing are segmented as Access to Safe and Healthy Environment, Good Health and Nutrition, Economic Empowerment, Equality, Acceptance and Social Rights, Education and Professional Development.

The study reveals that, workers' wellbeing is highly contingent on their overall living environment, health and hygiene followed by their socio-economic status and financial stability. Health issues related to WaSH were found to be the most instrumental factors adversely inflicting these worker's wellbeing. Lack of proper nutrition was also seen to be an equally imperative issue faced by these workers. Most workers had some form of aspirations to move up their career to pursue entrepreneurial endeavors but are restricted with their current skillsets. With these vertices affecting workers' wellbeing in unison, it is imperative to seek out intervention possibilities and scope for innovation through multi party collaborations with RMG owners, social innovators and entrepreneurs and establish sustainable products and services that'll help improve these workers' lives and overall wellbeing.

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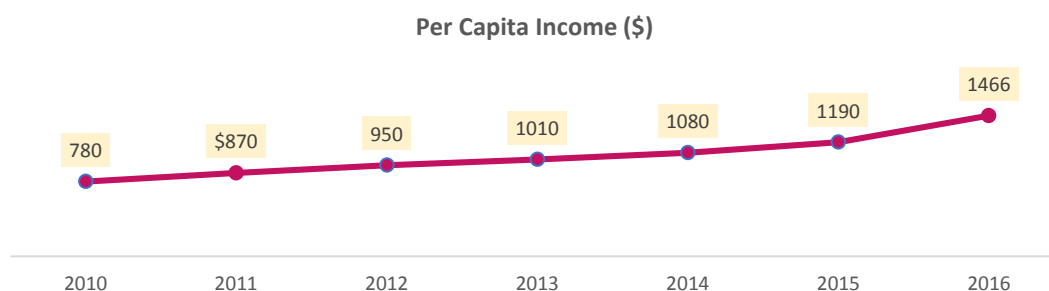
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Chapter 1: Bangladesh RMG Driven Economic Growth

Bangladesh – RMG Driven Economic Growth

Bangladesh economy has been undergoing steady transformation, over the last two decades, with increasing trade liberalization, apparel and remittance driven growth and rising domestic middle-income population. As a star regional performer in terms of macroeconomic indicators, the economy is set to progress as a middle-income nation within less than a decade.

With rising economic growth, population in general have been experiencing rising economic prosperity. According to recent BCG study (2015), the Middle-income population stands at 11.7 million, which is expected to quadruple within 10 years.

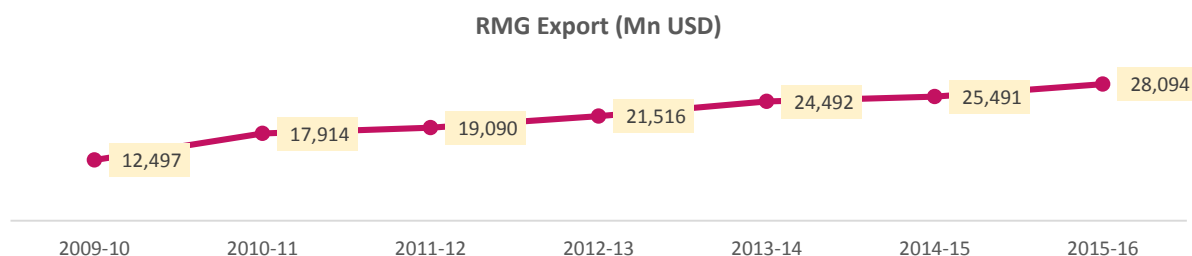


Source: World Bank

Although the sectors catering to the domestic market is gaining prominence, the main economic contributors happen to be export driven. Among them, RMG has the highest impact, contributing 14% of the GDP and employing 4.2 million workers, 85% of which are women. Other prominent sectors include Pharmaceutical, Frozen food and jute.

RMG sector has been providing much needed Impetus, especially in terms of employment generation, mostly among the BOP population with 2.2 million people entering the job market. Further growth in the sector would contribute in terms of employment generation among the semi-skilled and un-skilled labor force.

The Bangladesh RMG sector has grown by leaps and bounds with 'Made in Bangladesh' apparels spreading across the globe. Currently, the sector is exporting USD 32 billion worth of apparel as of FY2016-17. In the recent past, China has been plagued by rising labor costs and recently by economic slowdown.



Source: BGMEA

Although in 2010, China dominated as the world's leading RMG exporter, the RMG economy has shifted significantly with USA and Europe based apparel companies shifting their focus of production towards Bangladesh and other emerging countries, as part of their 'China plus one' policy. Alongside, China's policymakers have consciously adopted a stance of moving up the value chain, catering to high value apparel demands. This has resulted in influx of apparel orders to smaller competitors; Bangladesh being a major

beneficiary. As China develops a more emerging industrial economy, the demographic and labor pool has also shifted towards more profitable frontiers such as electronics manufacturing resulting in a labor gap in the RMG production sector and an inevitable wage hike and increased cost of production.

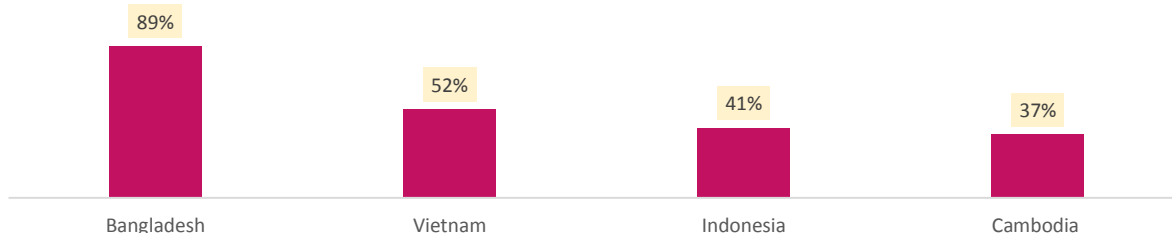
Global Apparel Market Share



Source: Mckinsey

According to Mckinsey studies on Global Apparel market in 2012 and 2015, Chief Procurement Officers (CPOs) of major clothing brands have pinpointed Bangladesh as their top choice as sourcing destinations for orders shifting from China. Mckinsey, in their 2012 report, had projected that Bangladesh's apparel sector export will grow to USD 42 Billion in 2021. Local industry leaders have earmarked USD 50 Billion RMG export target within 2021.

What are the Top 3 sourcing countries in the next 5 years?



Source: Mckinsey

Large garments use subcontracting extensively to offload production targets and achieve lower margins. Due to this, Bangladesh has become one of the most cost effective and attractive RMG production market for big ticket apparel brands.

As the concept of 'Fast Fashion' becomes more widely popular with a rising millennial consumer segment worldwide, demand for cheap apparel products are going up. Bangladesh being the leading manufacturer of fast fashion products for large apparel manufacturers such as Uniqlo, Primark and Walmart among others, experiences tremendous growth in apparel export. However, the flipside to this is **the falling quality of life of the labor force engaged in this segment.**

The Wellbeing Dilemma

As more and more RMG factories take on contracts with razor thin profit margins, they sacrifice compliance and workers' safety to cut down on costs. In turn, workers are vulnerable in unsafe working environment, subjected to inhumane working conditions and receive minimal wage with low scope for salary negotiation.

All of these factors compounded has a consistently eroding effect on workers' wellbeing. There is also limited public sector or government body intervention to ensure rights of workers as RMG owners are **deeply politically entrenched through their massive wealth and indirectly influences policy formulation.**

In 2013, the Rana Plaza building collapse in Bangladesh resonated globally, which led to the death of more than 1100 people and injured more than 2000 RMG workers. Tazreen fashion factory fire was also another major industrial accident occurring around that time. Both these accidents can be attributed to lack of proper factory compliance norms adopted by these factories.

Due to these large scale industrial accidents, international brands sourcing from Bangladesh have undergone major PR crisis, which has resulted in them taking a more active role in managing factory compliances.

The Accord on Fire and Building Safety in Bangladesh (the Accord), a five-year contract was signed on 15 May 2013. It's a legally binding agreement between global brands and retailers and trade unions designed to build a safe and healthy Bangladeshi Ready-Made Garment (RMG) Industry. The major components of the contract were:

- A legally binding agreement between brands and trade unions spanning five years with objectives to build safe working environment in the Bangladeshi RMG industry.
- An independent inspection program supported by brands in which workers and trade unions are involved.
- Public disclosure of all factories, inspection reports and corrective action plans (CAP).
- A commitment by signatory brands to ensure sufficient funds are available for remediation and to maintain sourcing relationships.
- Democratically elected health and safety committees in all factories to identify and act on health and safety risks.
- Worker empowerment through an extensive training program, complaints mechanism and right to refuse unsafe work.

According to a Washington based advocacy group, International Labor Rights Forum, more than 700 garment workers have died since 2005 in Bangladesh and currently labor rights activists are urging global merchants to help pay for safety upgrades at about 4,500 Bangladesh factories. Doing so would amount to 10¢ per garment, or \$3 billion over five years, according to an analysis by the Worker Rights Consortium, a Washington-based monitoring group.

RMG sector is the single largest source of employment for 14-35-year-old women (though some join as young as 13), largely migrants from rural areas and from disadvantaged backgrounds. Most of these factories are concentrated in the Dhaka- Chittagong belt, near the Chittagong port, while the rest are located in the Khulna division, near the Mongla port. Since the apparel factories are largely concentrated near Dhaka and Chittagong, majority of these workers have to reside in densely populated slums, devoid of basic amenities, but having to pay higher rents. Most of these workers also suffer from lack of proper healthcare, childcare for infants and

nutritious food. It is imperative to see the pivotal role these workers play in the growth story of Bangladesh's RMG sector and how their wellbeing will eventually determine the future of this sector and the economic growth of Bangladesh.



The Definition of Wellbeing

It is critical to distinguish between 'welfare' and 'wellbeing' in order to best set the context for wellbeing in the RMG sector. The distinction between these two concepts lies in their linguistic origin (see Fig 3). Welfare means 'to fare well' or in more direct terms– 'wealth '. Hence 'welfare' meant a person's wellbeing based on their financial status and wealth. Welfare remains to be a subset of Wellbeing while the latter covers multitude of parameters under its umbrella.

Wellbeing means 'to live and to fare well', 'to flourish', 'bound up with ideas about what constitutes human happiness and the sort of life it is good to lead' (et. Al. Ryff 1995). According to this concept, human life is viewed in such a way as it is- broad, complex, and intertwined. Wellbeing practices are focused on the sustainable development of life; not only covering the basics of the welfare practices but also enhancing the scope of these practices. Therefore, well-being practices not only cover the monetary benefit provided for a cause but also triggers the subjects' willingness to utilize that benefit insofar as to create an environment where the benefit can be enjoyed.

In a direct comparison, a welfare practice is to develop policies and to implement healthcare allowance (or at most to install a medical facility at the workplace) to enhance the standards of the workers' healthcare, whereas a well-being practice is to improve access to medical facilities, to promote preventive practices, and to develop household and local hygiene as well as health consultancy of subjects and their families. It can be deduced easily that only the practice of well-being can sustainably improve human life. As such, this study will focus on well-being rather than on welfare.

At the Sustainable Development Summit on 25 September 2015, UN Member States adopted the Agenda for Sustainable Development, which includes a set of 17 Sustainable Development Goals (SDGs) to end poverty, to fight inequality and injustice, and to tackle climate change by 2030. To achieve these global goals directly and indirectly, well-being is in fact a pre-requisite. Among these seventeen goals, the third one is 'to ensure healthy lives and promote well-being for all at all ages'. Elaboration of this goal covers a much diverse scope of healthcare, requires the concept of well-being in full implementation. In addition, most of the other sixteen goals (e.g. education, no poverty, reduce inequalities etc.) demand comprehensive well-being practices to be achieved.

Well-being of the Ready-Made Garments (RMG) workers is a major step in that direction. RMG is the most dominant industry spearheading the industrialization process of Bangladesh and altering employment structure and urbanization pattern in a rapid fashion. Ensuring the RMG workers' rights has, therefore, been a major focus of all development entities active in this nation for the past decades. Furthermore, in the wake of the crisis in the recent past, lives of RMG workers are being taken more seriously than ever. In the quest of a sustainable change, the conversation has turned from fundamental rights to the overall living and employment measures.

The impact of improving RMG workers' life standards is not only confined within the subject population, but also encompasses their immediate families in addition to setting standards for the rest of employment sectors as well. And given the complexity and massive scope of well-being, well-being of the workers will be much more difficult to achieve than the welfare of the workers. With the deadline of 2030 of sustainable development goals (SDGs) in mind, it is essential to pace up the process.

Development Work on Worker's Well-Being

The sector currently has three critical verticals where development funds are working – environment, worker safety (including insurance, childcare, health benefits, and minimum wage) and business support (including factory relocation, capital for growth).

In the environment vertical which includes intervention to optimize resources (mostly electricity and water) via modern energy saving techniques, recycling of water via effluent treatment plants the largest player in the sector is the Partnership of Cleaner Textile (PACT) Program by IFC managed under the World Bank Group. Other players include GIZ and GFA consulting who have a focus in augmenting usage of renewable energy in the process. Besides BGMEA in the worker safety you have a host of development partners working together including SNV, Phulki, Care, DFID and corporate entities like GSK, VISA. The business support is actively contributed by the government especially support in the form of especial economic zones and low-cost factory setup lands.

Recent spate of industrial accidents has induced renewed commitment for funding among international apparel brands, **which have assessed these incidents as corrosive to their brand equity**. As a result, brands like H&M, Levi's and C&A have committed large funding for improving factory conditions, as well as, for propping up living standards of apparel workers. For example, Levi's has teamed up with Ashoka Foundation and WaterAid, two non-profits, for improving quality of life for apparel workers, in terms of women empowerment and access to basic WASH amenities. Other international apparel buyers like C&A Foundation, H&M and Walmart are also investing heavily in intervention projects aimed at improving factory conditions, quality of life for apparel workers and sustainable development of the sector.

Bangladesh directly benefits from EU's GSP facility and has duty free quota which allows free access to the EU for exports of all products, except arms and ammunition (Everything but Arms or EBA arrangement). Bangladesh is one of the 48 Countries to enjoy this advantage. This makes Bangladesh based RMG products more price competitive compared to its export peers. EU GSP facility is vital to the industry, since EU export contribute to 53% of the country's RMG export. In the recent past, US has cancelled their GSP facility to Bangladesh (back in 2013) and yet to renew the facility, however since apparel was not originally part of the US GSP facility agreement, the industry was not affected directly but has suffered image issues, since this cancellation was an indication to RMG buyers in US and EU that working conditions in Bangladesh are less than the required safety benchmarks.

Based on secondary study, the following development entities have engaged in apparel sector interventions, aiming to improve the status quo.

Donors	Area of Focus
Asian Development Bank (ADB)	Social protection of poor female workers in apparel sector. Small and Medium Sector development program (dealing with smaller RMG factories)
Delegation of European Commission to Bangladesh	Improving quality and productivity of textile/RMG sectors and implemented by UNIDO. Asian Invest: Establishing business links between Bangladesh RMG suppliers and EU importing garments sector.
GIZ	Promotion of social, Environmental and Production Standard.
ILO	Social Compliance in RMG industry Worker quality of life improvement
South Asian Economic Development Facility (SEDF)	Improvement of apparel sector

UNDP	Preparatory assistance for promoting Pro-Poor Trade (PPT)
UNFP	Promotion of reproductive health, Gender equality and empowerment of women.
USAID	Greater access to trade expansion (GATE) Advancing Economic Development and Industrial Democracy through Improved Compliance with Labor Standards and Industrial Relations in the RMG sector.
Save the Children (INGO)	CSR and Child Labor project
Oxfam (INGO)	Livelihood program for RMG workers.
DFID	Challenge fund for improving working conditions of apparel workers in a sustainable manner.

The question is: how can substantive improvements in wellbeing and pay of the predominantly female workforce be achieved in a manner which strengthens (rather than undermines) what is arguably Bangladesh's most important industry, and its prospects for long-term, sustainable growth?

Chapter 2: Backdrop of The Study

Backdrop of the Study

Ashoka is the largest network of social entrepreneurs across 82 countries. Ashoka started its journey in Bangladesh in 1989, and has worked across different sectors, namely in Education, Healthcare, Food Security, Environment etc., transforming the life of millions in partnership with Social Entrepreneurs.

Ashoka Innovators for the Public recently initiated the project 'Sustainable solution for the apparel industry through collaborative entrepreneurship' (Bangladesh) in partnership with Levis Foundation and Ashoka Fellows and engaging key stakeholders, social entrepreneurs and Ashoka's Support network. Intending to assess and formulate a sustainable design solution for the RMG sector in Bangladesh by identifying and empowering social entrepreneurs, to delving into identifying critical systemic problems and forming long term strategic intervention framework to improve the overall working and living conditions of the workers in the sector.

For implementing the project, Ashoka is conducting a study for better defining the concept of worker wellbeing, in the context of Bangladesh apparel sector. Through this study, which includes both qualitative and quantitative components, Ashoka intends to further identify the potential areas of intervention, as well as, areas of collaboration with Ashoka fellow.

Several development entities like Asian Development Bank (ADB), GIZ, ILO, South Asian Economic Development Facility (SEDF), UNDP, UNFP, USAID, Save the Children (INGO), Oxfam (INGO), DFID, etc. have already worked over the last decade spanning several verticals on the development of garments workers' wellbeing and the aim of this project is to incorporate entrepreneurial element into the intervention process to ensure long term sustainability.

Specific Objectives:

The study has a number of key objectives:

- To devise a definition of wellbeing that works in the context of apparel industry in Bangladesh.
- Stakeholder analysis: Identifying potential subsectors, stakeholders, workers and resources in relation to apparel industry of Bangladesh.
- To identify the existing problems in the apparel industry and find the gap between demand and supply in terms of wellbeing of the workers.
- To analyze general physical layout of the factory complex, inter-relationships of components, and experience of workers' habitat, different static service facilities and find co-relation between infrastructure and living and working condition of workers.
- Understand the living status and wellbeing of the garments workers through detail analysis of socio-economic conditions, income & expenditure, access to basic products and services, behavior and lifestyle, work place and employment conditions.
- To understand how wellbeing is addressed conceptually and practically on the ground.
- Develop and propose monitoring and evaluation framework for measuring impact for way forward activities.

Worker's Wellbeing Segmentation

According to a study done by Levi's on the Bangladesh market (2013), worker's wellbeing can be broadly segmented to five basic factors. These five major factors overall encapsulate and addresses the quality of living of a garment's worker and singles out areas of improvement.



The individual factors are farther broken down and segmented into observable areas to examine the plethora of components that affect workers' wellbeing in further details. Based on secondary research, a few parameters were also broadened to best encapsulate all instrumental factors.

Access to Safe and Healthy Environment

Access to safe and healthy environment mainly focuses on the physical and emotional environmental factors that affect a person's wellbeing. The segmentation mainly focuses on two major components, the workers' access to safe and healthy environment in the **workplace and at home**. In a study done by CERES (a non-profit sustainability advocacy organization based in Boston, Massachusetts), access to safe and healthy environment has been linked with the Millennium Development Goals (MGDs) to derive a model that addresses the issue of workers, their families and communities that do not have access to clean water, sanitation, a safe, clean living environment, and community infrastructure.

Access to Safe and Healthy Environment	
Water and Sanitation Hygiene (WaSH)	Access to safe drinking water and water for other uses, access to proper sanitation facilities, disposal of waste and healthy practices.
Living Condition of Housing	Living area-rooms, size, condition of living area-cleanliness, smell, etc., family size, and quality of neighborhood.
Mobility and Transport	Location of housing, transport facilities available (local and factory if any), cost of transport, travel time and ease of travel.
Workplace Environmental Factors and Facilities	Environmental conditions- lighting, temperature, clothing, space congestions, food/water arrangement, waste/smoke disposal system, protective clothing necessary and provided (if any), environment related negative impact i.e. air pollution, water pollution. Workplace facilities- available bathrooms, daycare, prayer area, cafeteria, necessary facilities vs. provided facilities, Alliance and Accord inspection standard.

Good Health and Nutrition

Good health and nutrition encompasses current health status of the workers, specifically their sexual and reproductive health, health of their family, mental health and their nutrition intake and overall spending on these factors.

According to the **HER project by BSR (a global nonprofit organization that works with its network of more than 250 member companies and other partners to build a just and sustainable world)** health and nutrition of female workers, specifically anemia and poor nutrition, reproductive tract infection, low access to family planning, poor maternal health, STDs and diabetes are one of the leading causes of absenteeism, attrition, reduced concentration, exhaustion and decreased productivity.

We have also incorporated family wellbeing and mental health as few of the factors that affect wellbeing. Since a large portion of the workers are women, they are the main caretaker of the family so family wellbeing also affects their individual wellbeing and productivity significantly.

Good Health and Nutrition	
General Health	Current health status (any diseases), absenteeism rate due to health reasons, diseases suffered from in the past, medical support available (locally and from employer if any), spending on medical services, treatment status (if any), health complications from work (if any).
Sexual and Reproductive Health	Current practices in maintaining sexual and reproductive health- use of STD meds, sanitary products, etc., medications taken (if any), spending on sexual and reproductive health product, sources of product medicinal product.
Children and Elderly Family Members' Health	Status of children's health, elderly's health, frequency of health complications, medications for diseases and cost of medications.
Nutrition	Current food/nutrition intake, number of meals per day, types of food consumed, factory provided food (if any).
Mental Health	Mental health status, work satisfaction, sleep, work productivity, etc.

Economic Empowerment

Economic empowerment includes the workers' current economic condition, their earning, savings and spending patterns, ways to improve their current status and basic financial management knowledge. This segment is set to understand how much of their social standing impact their wellbeing compared to other factors. According to the **Workers' Wellbeing Guidebook by Levi Strauss and Co**, economic empowerment of a worker is largely impacted by their financial literacy. Levi's have worked to provide workers with short financial literacy courses after work. Workers are more aware of savings strategies, debt administration and household budgets after these initiatives.

We have expanded the economic empowerment section to include their access to financial services in Bangladesh, their current social standing and their income to have a wider lens of understanding about their overall financial wellbeing.

Economic Empowerment	
Social Standing	SEC, spending, savings and earnings, perception of current standard of living and ways to improve current standard.
Basic Financial Management Literacy	Education level, understanding of basic savings, spending, monthly/weekly planning, savings plans (if any) and understanding of contracts and agreements.
Access to Financial Services	Different financial products available, i.e. MFS, banks, etc. spending and frequency of use of financial product, willingness to avail financial products and services, and financial products wanted/needed.
Wages	Base rates, hourly rates, peak/off peak rates, timing of monthly payments etc. Monthly income, seasonal/quarterly/yearly income.

Equality, Acceptance and Social Rights

This segment takes into account their awareness of social rights, workplace rights the level of abuse and harassment they face at work and at home and ways to alleviate them. To quantify the level of social rights they have in the workplace it is also necessary to understand their ability to negotiate with their employers. According to the same **study by CERES**, objectives have chalked out that ensures workers are protected from harassment and discrimination. Workers' voices are recognized and respected and workers are able to freely communicate and dialogue with management. Communication skills are extended to household and community members too. Broadly the report looked at two factors this segment, harassment and discrimination, communication and negotiation.

Equality, Acceptance and Social Rights	
Harassment and Abuse	Level of harassment and abuse from peer (home) and management, understanding of what constitutes as harassment and abuse and steps taken to reduce harassment (if any).
Awareness of Rights and Duties	Explicit rights and duties stated by employer (if any), actual implementation of stated rights, understanding implicit rights and duties, understanding of their rights as workers in a factory, steps taken to ensure proper worker rights (if any).
Workplace Negotiations	Current working hours, salary negotiation frequency, hourly rate negotiations, management perception of negotiations, current established negotiation system (if any). Pay equity analysis based on gender discrimination.
Gender Equality	Pay equity analysis, gender discrimination, gender based facilities, maternity leave and benefits, etc.

Educational and Professional Development

Educational and professional development takes into account their current educational qualifications, trainings acquired on the job, training bodies (employer and external if any), and their interest on acquiring further training to progress at their job. This segment also focuses on their future aspirations and plans over the next five years. **According to the CERES study**, basic literacy and professional skills development largely impacted their career prowess and wellbeing. The study focused mainly on these two factors and we have also added their future goals as one of the key indicator to understand their overall personal/family development goals and how it'd affect their wellbeing.

Educational and Professional Development	
Basic Education and Literacy	Current Education and literacy level, basic abilities to read, write and sign, ability to understand basic documents, etc.
Professional Skills and Development	Current work expertise, types of trainings received and training body (employer or external, trainings necessary, trainings wanted- future goals, current achievements, pay hike with experience, opportunity for growth at factory, interest in growth through learning, etc.
Aspirations	Long term goal for the next five years, interest in starting their own business, going back home, going abroad as migrant worker, etc.

Chapter 3: Research Methodology

Research Methodology

The workers' wellbeing study has been structured involving both qualitative and quantitative research components to address the main five areas segmented earlier. The quantitative segment of the research involved research through a survey instrument with 80 plus questions exploring the five major segments in greater details. The survey was supported by qualitative research through key informant interviews (KII) with different stakeholders within the industry. Focus group discussions were also carried out to validate the results of the survey along with one to one interviews with workers to garner further insights.



Instruments	Objective	Execution Plan
Desk Research	To collect secondary research on the socioeconomic, cultural, government policy and regulations aspects among others.	Published articles, research papers, journals, news reports, relevant websites, books, magazines and other sources.
Key Information Interview (KII)	To gather preliminary insights and current practices from garment owners, authoritative bodies, NGOs, donors and other relevant stakeholders.	Qualitative interviews of 6 concerned stakeholders including relevant government authorities such as Ministry of Commerce, Health Ministry, Women & Children Affairs; Trade Associations such as BGMEA, BTMA, ILO, Ain & Shalish Kendra; NGOs like Phulki; private sector players such as ACI, PRI.
Questionnaire Survey	Structured questions asked to respondents to extract specific information (quantitative) designed for statistical analysis of the responses.	Develop questionnaire, orient field workers, conduct 300 workers level surveys, and analyze data.
Focus Group Discussion (FGD)	Small number of people (6 to 10) brought together with a moderator to focus on a specific topic discussion.	2 FGD with 7-9 garment workers in each was conducted.
Factory setting observation	To validate the findings from the data gathered from the above methodology and help draw up the chalkboard to map out gaps in the system.	3 factories (1 in top-tier, 1 in mid-tier, 1 in low-tier) was visited and observed in details with respect to water quality, operational amenities, technological capabilities, work place setting etc.

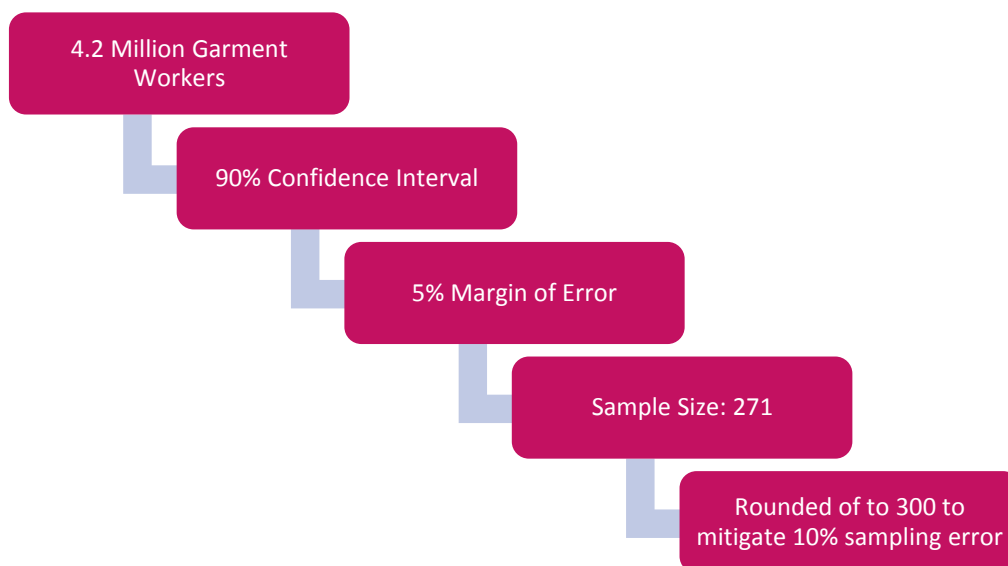
Sampling Plan and Data Collection

The sampling plan was derived using 95% confidence interval and 5% margin of error resulting in a sample size of 271 from a population size of 4.2 Mn garments workers. The sample size has been rounded off to 300 to best mitigate sampling errors.

The sample size is calculate assuming normal distribution and in terms of the confidence interval and margin of error selected, the sample size n and margin of error E are given by:

$$\begin{aligned}x &= Z(c/100)2r(100-r) \\n &= N x / ((N-1)E^2 + x) \\E &= \text{Sqrt}[(N - n)x/n(N-1)]\end{aligned}$$

Where N is the population size, r is the fraction of responses that we are interested in, and $Z(c/100)$ is the critical value for the confidence level c .

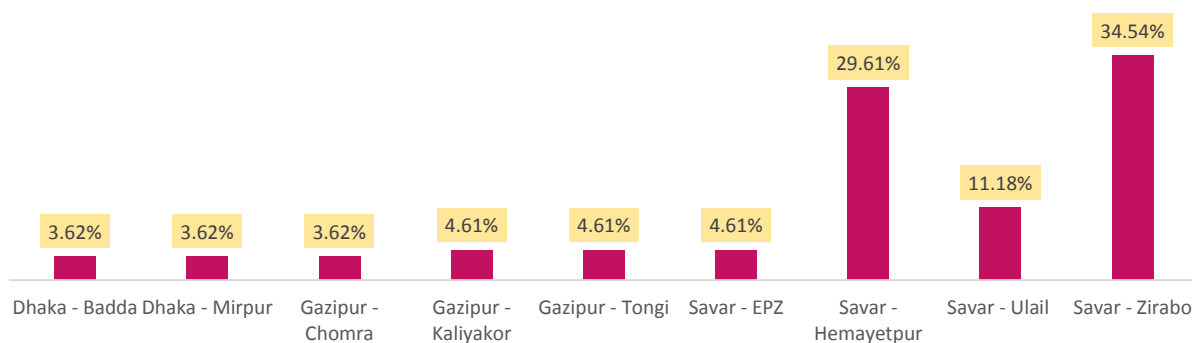


Chapter 4: Research Findings

Research Process

Within a span of two weeks, **20+ garments** have been covered in locations Savar, Gazipur and Dhaka and **300+ data points** have been gathered by **15+ field enumerators and supervisors** combined. Respondents were contacted at outskirts of factories, residence and location clusters.

Locationwise Data Collection



Some of the companies with RMG factory workers covered



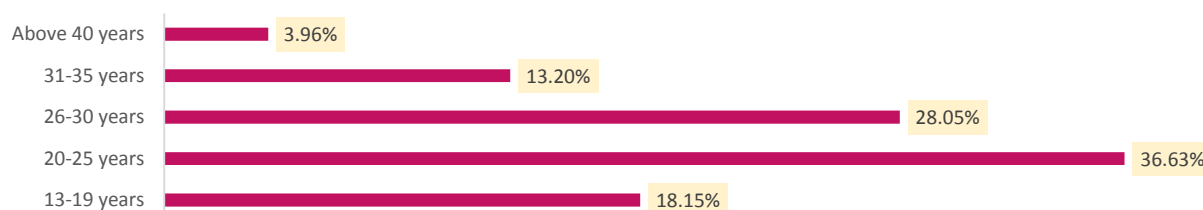
Learnings from data collection

- Female workers were reluctant to talk about disease/sexual health related issues and needed to be assured through female enumerators.
- Some female workers were uncomfortable to disclose their personal mobile numbers and gave their husband's mobile numbers.
- Majority of the respondents were reluctant to disclose their names.
- Majority of the respondents were worried the survey conducted was from their employer and were hesitant to answer employer related questions.
- Despite proper clearance and documentation, majority of RMG factory owners were skeptic about the line of questioning and refused access to factory premises fearing media repercussions, which is why workers had to be approached at their homes.

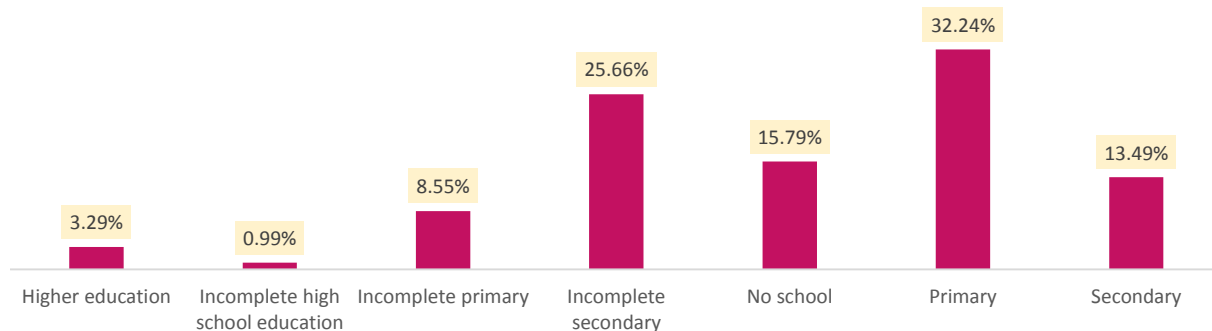
Demographic Composition of Respondents

The respondents group was predominantly female with around 21% of the respondents being male. Majority were between the age group of 20 to 25 years old (37%) and resided in and around Gazipur, Savar and Dhaka. Most of them lived near the factory they work in to save time on transportation and around 69% of the respondents earned more than BDT 15,000 monthly. These workers are working because they are usually the major earners of the family. Around 18% of the workers were divorced and are working to support their children or father and mother. Around 32% of them have completed a primary education whereas a majority have not completed basic high school education or have not pursued higher studies. This is a strong road block that's preventing them from pursuing further career advancement along with their responsibility to support their family dependable.

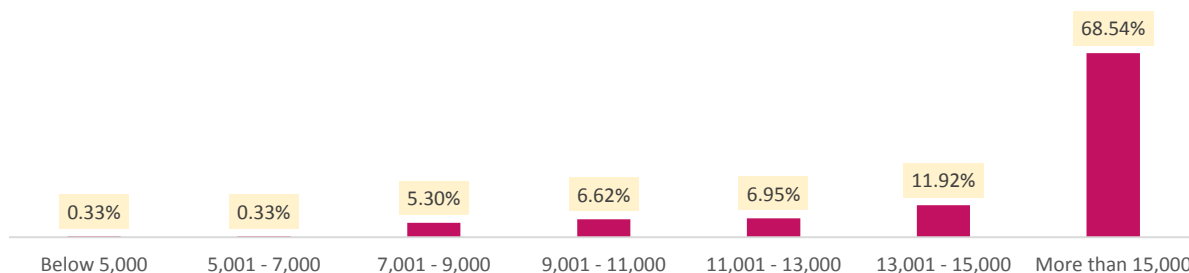
Age Group



Education Status



Income Group (BDT)



Worker's Wellbeing Segmentation

A. Access to Safe and Healthy Environment



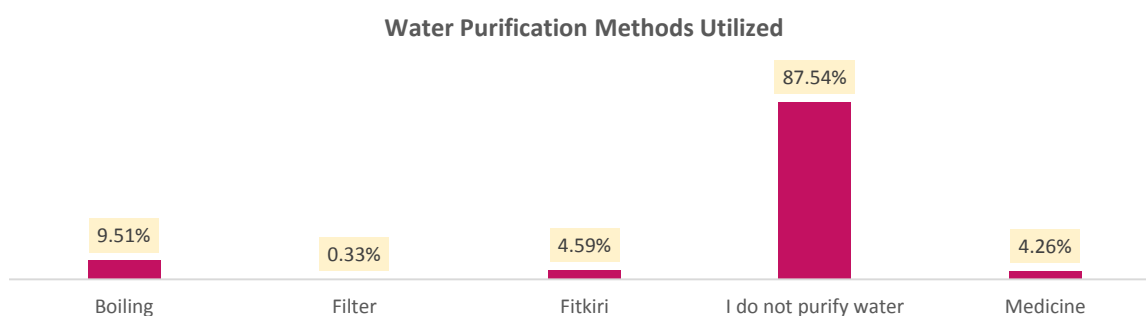
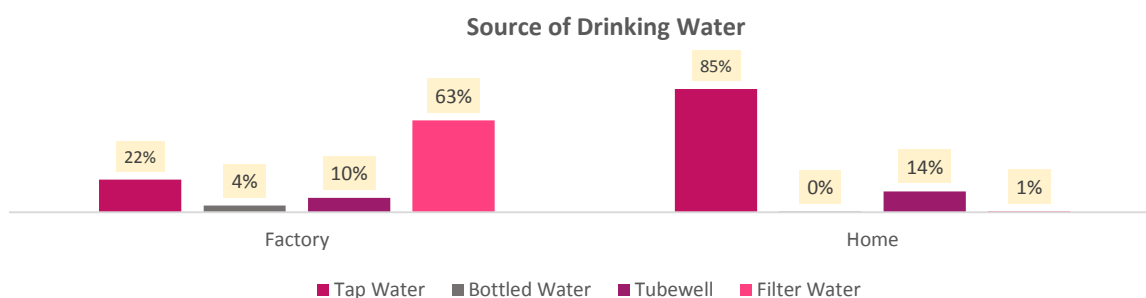
I. Water and Sanitation Hygiene (WaSH)

Water and Sanitation hygiene is poorly maintained in living areas

An alarming number of respondents do not purify water (88%) resorting to drinking from tap water (85%) at home. Further investigation showed that they do not purify water because it's time consuming and even boiling costs gas/fuel money. According to them it's much more efficient for them to drink straight out of the tap. Only 63% of factories provides filtered water to its workers.

Waste disposal is through disposing in nearby garbage but according to FGD, the lead time is high meaning garbage are stored indoor for long periods of time (2-3 days) before someone takes it out indicating poor hygiene in living conditions. Since majority of the respondents live in shared apartments and houses separate toilets are also not available, with around 99% of respondents sharing toilets with many other households.

This is indicative of a lack of proper maintenance in hygiene which inevitably results in a myriad of health complications and in-turn a greater spending on healthcare. Ultimately, one of the key issues that the respondents have stated is their increased expenses on healthcare and if an intervention is carried out in this vertical, the compounded effect would result in lower healthcare spending and overall higher health and financial stability.

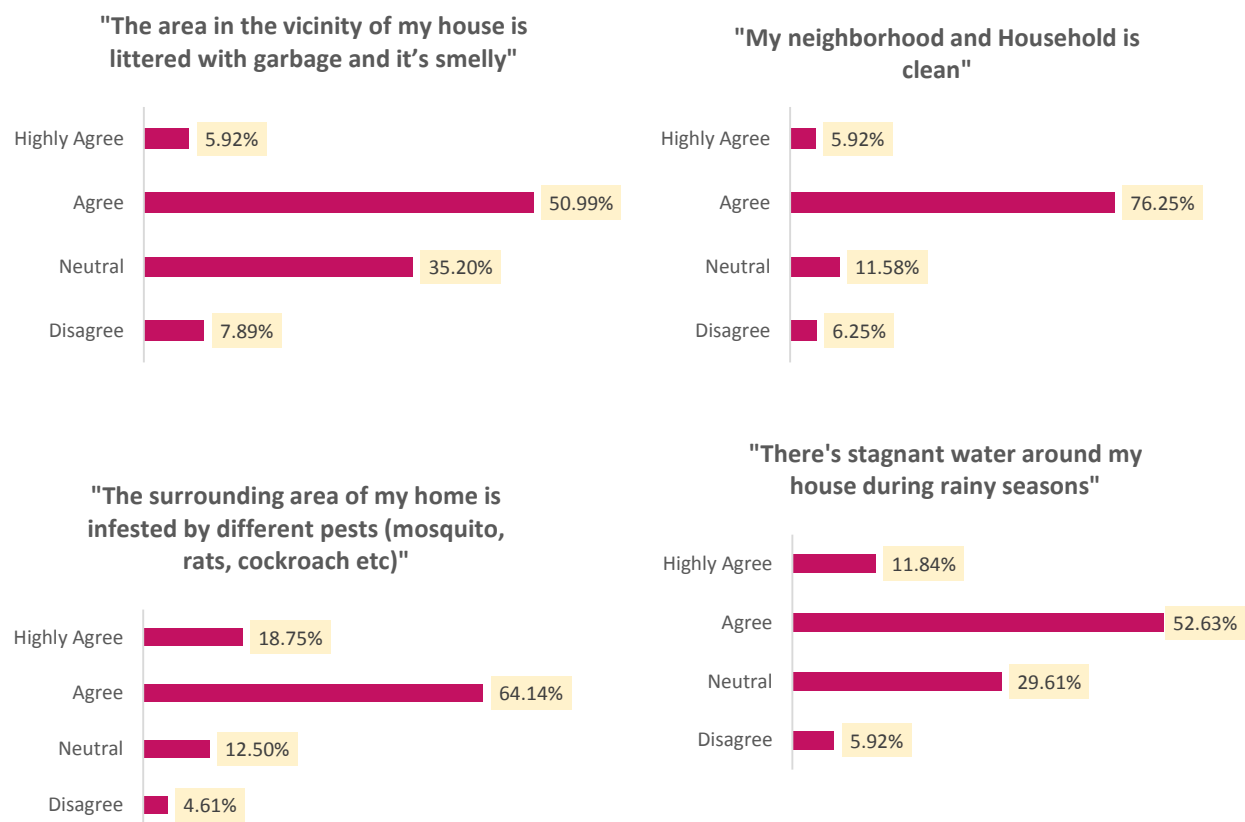


II. Living Condition of Housing

Perception of living standards are consistently low

In majority of the cases, around 82% of respondents agree they have an infestation problem in their surroundings. There's also stagnant water around their homes during rainy seasons with 63% of respondents agreeing to this statement. The garbage disposal is also very abysmal in their living surroundings with around 57% of respondents agreeing that they have littered garbage around their homes.

The overall general consensus is that the living condition of housing is poor with around 83% of respondents agreeing that their living condition is not clean. This overall lack of proper hygiene in and around their living arrangements inevitably results in infestation of harmful disease carrying vectors. Diseases spread and ultimately the RMG workers living in these substandard conditions are victims of repetitive viral diseases.



III. Mobility and Transport

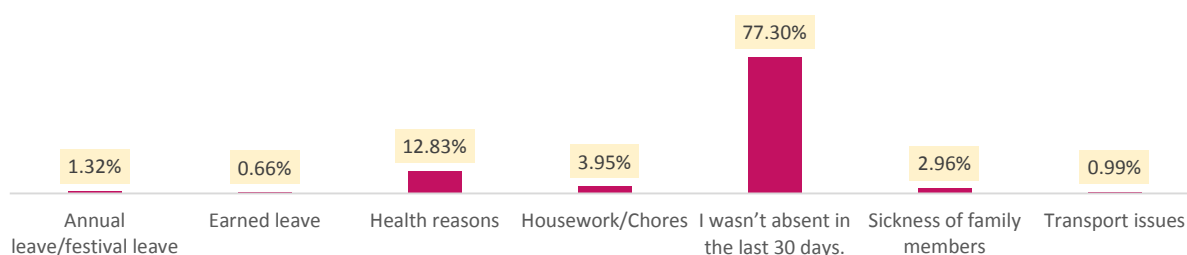
The main reasons behind absenteeism is health and family issues

Around 84% of the respondents spend less than BDT 2,000 travelling to and from work while the rest spend nothing. Majority of the respondents live near the factory in surrounding living quarters and spend nothing travelling to the factory. Their preferred method is walking and they spend less than 10 minutes every day travelling to work. Around 39% of respondents do not have children and among those that do, 38% of their children travel to school on their own.

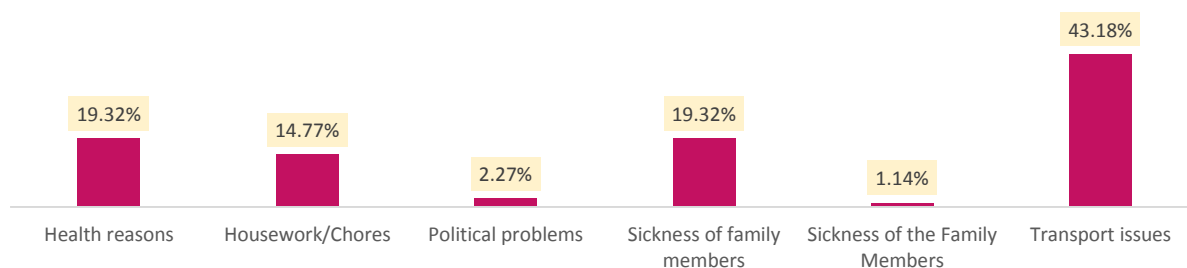
In case of absenteeism and lateness, 78% of respondent said that they have not been absent in the last month. In both cases of lateness and absenteeism, family reasons, sickness and household chores are the major reasons for being absent or late. This is also most prevalent in case of women workers.

Mobility and transport has very limited effect on wellbeing unlike city commuters as most of the respondents live near their factories and spend very little time travelling to and from work. In case of absenteeism and lateness, there's a common reason of either sickness or the sickness of the family member. Transport is a significant issue behind lateness but overall has limited effect on wellbeing.

Reasons For Absenteeism



Reasons for Being Late

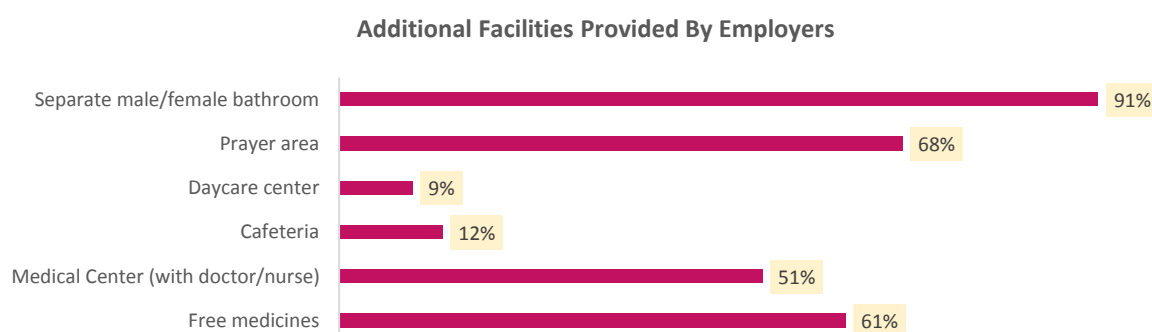
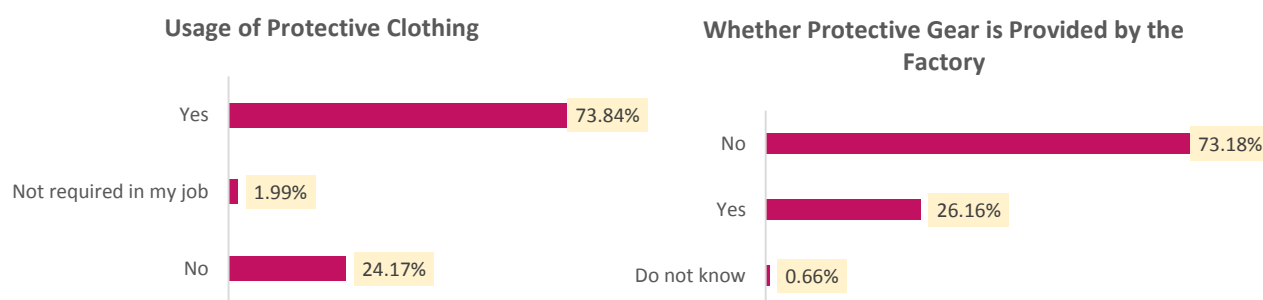


IV. Workplace Environment and Facilities

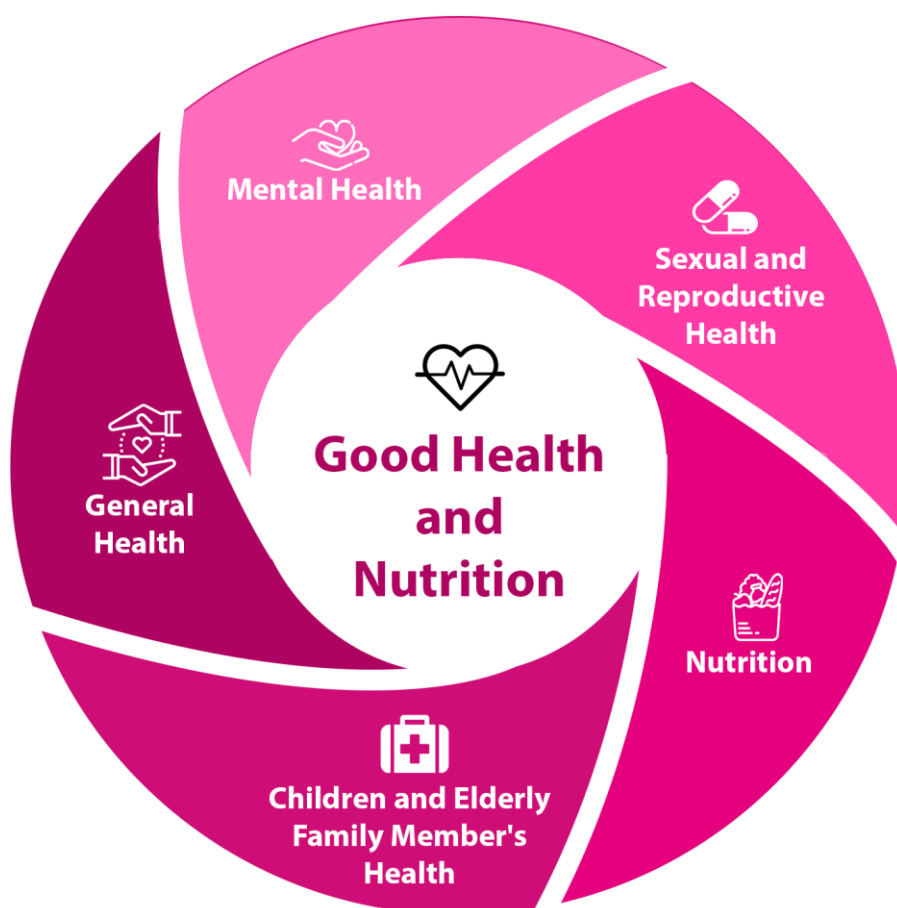
Protective Clothing is lacking for most and most want healthcare support from employers

Although 74% of respondents have stated that they require protective clothing, only 26% of respondents have stated that they receive protective clothing provided to them by factory. This is an alarming finding indicating negligence in worker safety. The most prevalent additional facilities provided by employers were separate male/female bathrooms (91%) and prayer area (68%). Although 61% of companies are said to provide free medicine, the medicines are for common ailment like fever or headache, not for more intricate diseases or for female sanitary needs. In 88% of cases, factories don't provide any food and 12% provide evening or morning snacks but no heavy meal.

Two most prevalent services wanted by the respondents were medical center (38%) and free medicine (39%). Surprisingly very few wanted daycare (2%) although 54% of respondents had 1 or more children with their spouse. This again reaffirms the demand for healthcare products and services among these workers.



B. Good Health and Nutrition

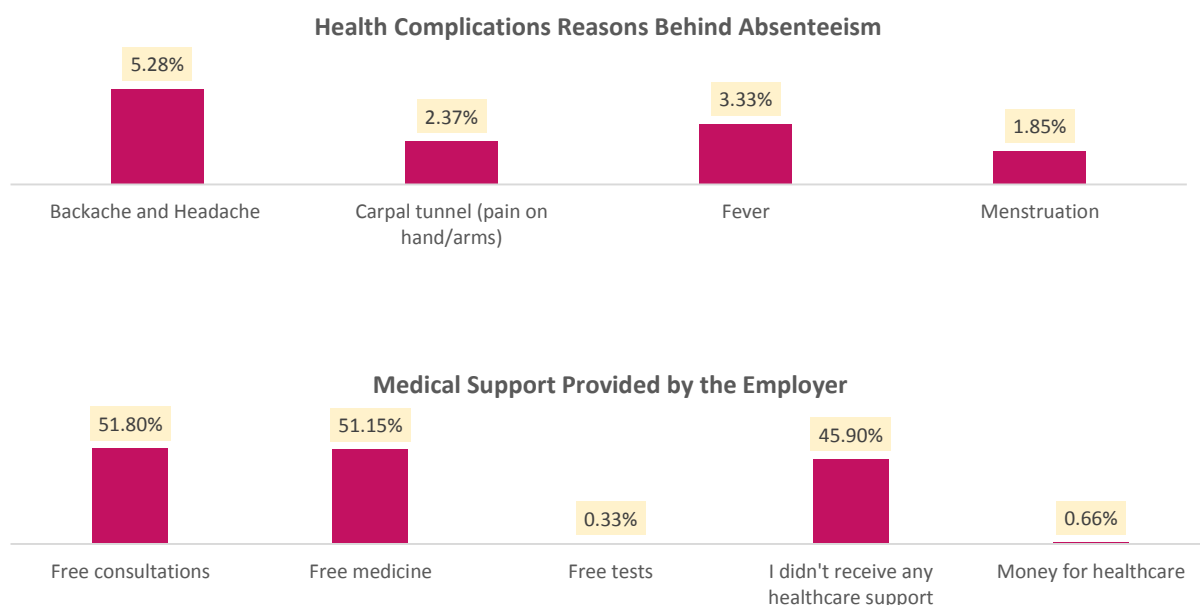


I. General Health

Low cost medical facility is not available to most

Instances of health complications resulting in absenteeism is low and among those that were absent due to health reasons (12.83%), it's either fever (3.33%) or muscle related pain resulting from repetitive work. ie. backache, carpal tunnel etc. Medical consultation and free medicine is provided by 51% of companies. This is however for basic health complications such as fever, muscle pain or headache and this support does not extend to more complicated diseases with higher expenses.

Only 11% of respondents received healthcare support in the form of checkups and medicine from NGOs such as BRAC and Trinomul. The ones suffering from long term diseases (7%) suffered from various diseases such as vaginal cancer, general cancer, lung problem, liver problem and 4 respondents were impaired due to accidents at the factory.



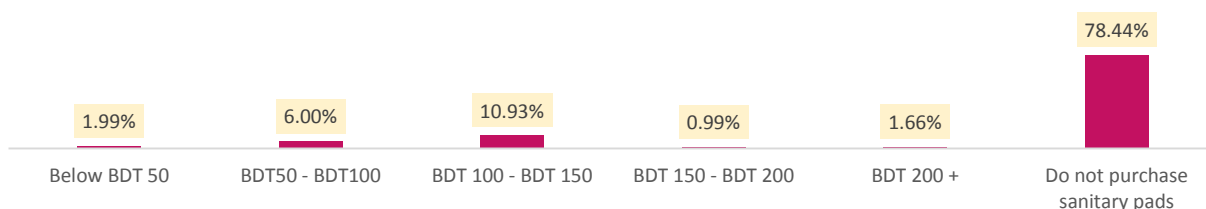
II. Sexual and Reproductive Health

Use of sanitary products are minimal however use of contraceptives are popular

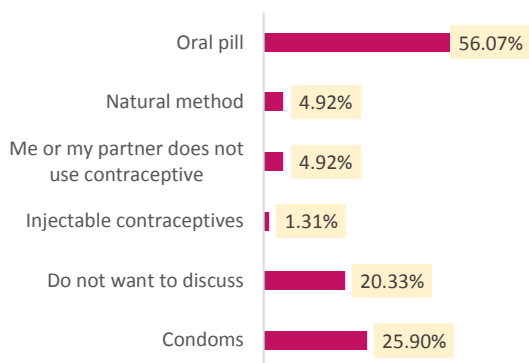
Among female respondents, majority do not purchase sanitary pads and among those that do usually alternate between pads and simple cloth alternative to reduce costs. All female respondents have stated that they are willing to purchase sanitary napkins if costs were lower. Awareness of STDs are generally high but action/protection against said diseases are low. About 50% among female respondents have been pregnant but instances of visit to prenatal clinic has been low with most preferring to forgo monthly or quarterly checkups in fear of added costs. Most have also worked at the factory well into their pregnancy.

The workers are very cost averse and tend to cut down even on medical consultations and does not go to a doctor unless it's absolutely necessary. Although awareness of sexual health is there, the majority of the respondents are willing to forego any costs and choose cheaper alternatives.

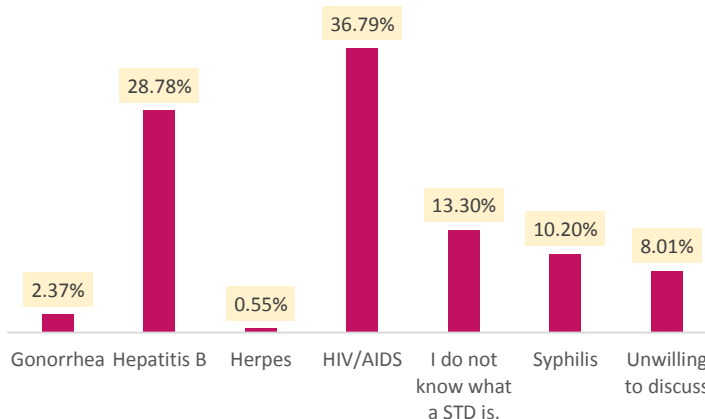
Expenditure on Sanitary Pads



Usage of Contraceptives



Awareness of STD's

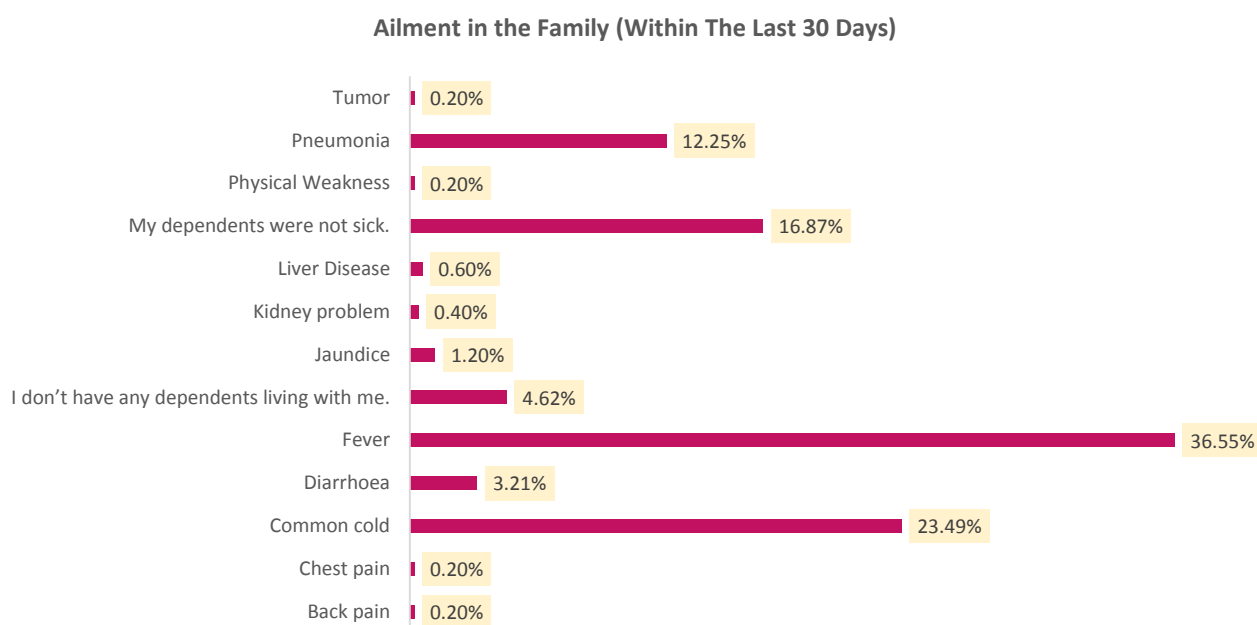


III. Children and Elderly Family Members Health Complications

Fever and Common Cold are the main ailments inflicting family members

A significant portion of the respondents have stated that their dependents consistently suffer from fever (37%) or the common cold (24%) due to unhygienic living standards and fluctuating weather. One FGD discussion has revealed that although around 51% of respondents receive medical support in the form of free medicine from their employers, they also want low cost medicines for their family members.

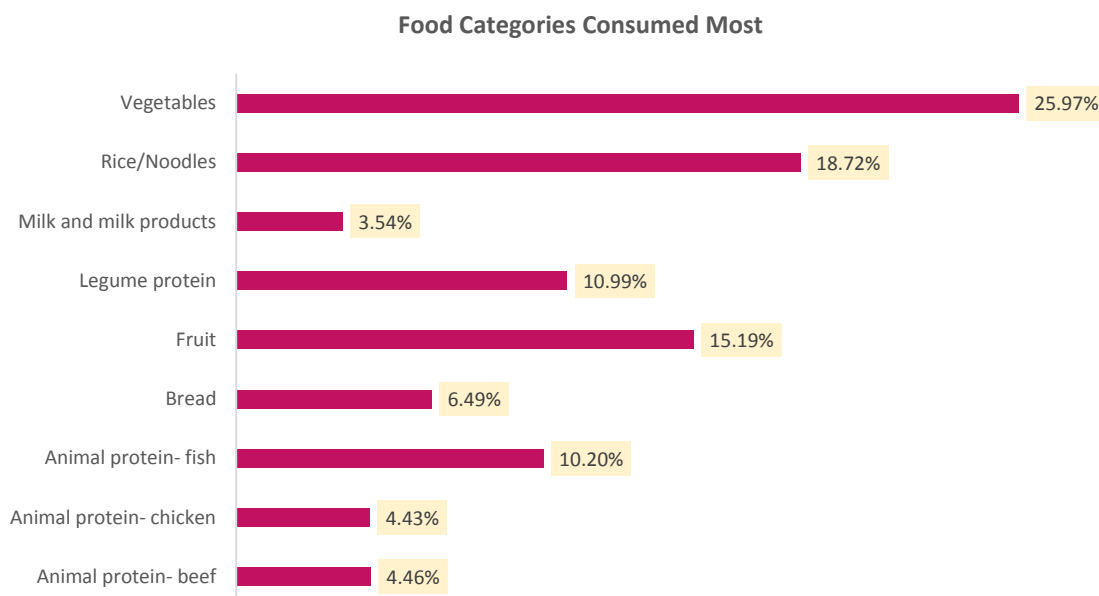
The health conditions of family members or dependents also significantly affect a workers' wellbeing. The main objective behind working in RMG for most workers are supporting their family, so their health conditions and wellbeing also has a compounded effect on these workers.



IV. Nutrition

Most had three square meals per day but the meals were deprived of protein

Around 90% of respondents had 3 square meals per day, however these meals were mostly composed of rice, vegetables and legume protein. Most respondents have stated that animal protein, milk or fruits are harder for them to afford and they spend on protein occasionally. Women stated that they usually spend on milk or fruits for their children. A balanced diet is one of the most crucial components of healthy lifestyle and wellbeing. Most workers are not capable of affording a healthy diet and this adversely affects their wellbeing.

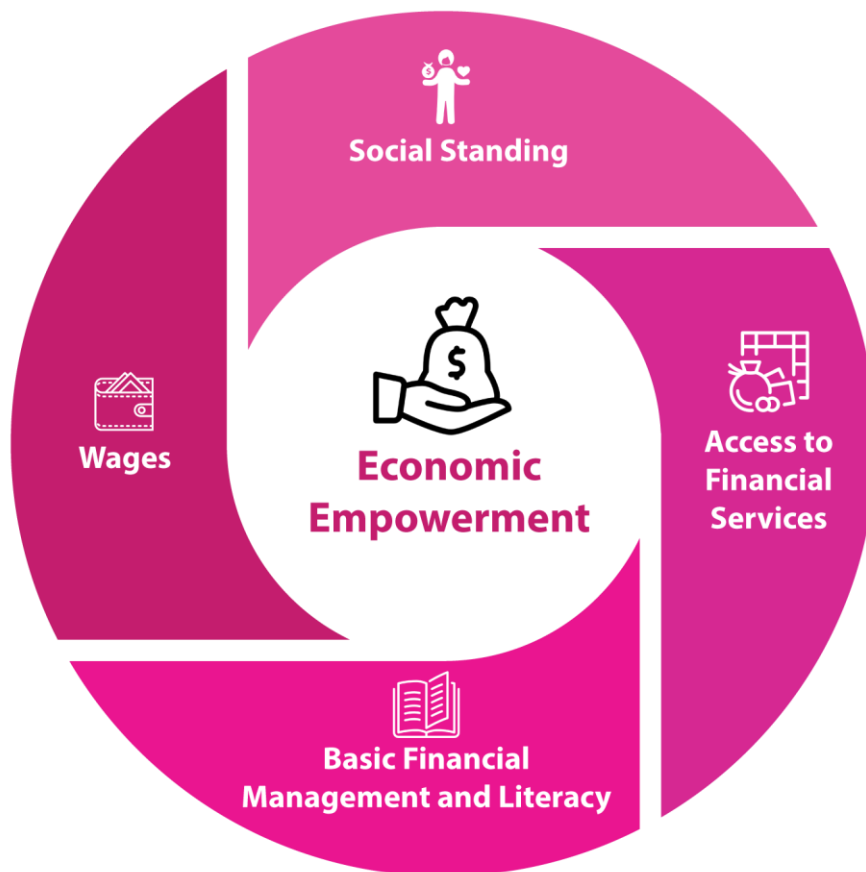


V. Mental Health

According to FGD and worker interviews, it is seen that majority do not care for mental health because it is low on their list of priorities. Most feel depressed in their current financial condition but hope for a better future. They believe depression doesn't sway them from their commitment because the harsh reality of their living standards has been present since birth.

A few stated instances of paranoia. Some believe in some form of external entity (supernatural) causing them paranoia or worry. None suffered from disillusionment or dementia. According to the workers, if anyone suffers from any mental diseases, they are deemed to be invalid and are shunned from society because there's no financial means to take care of an invalid person. A significant portion of the workers are divorced (18%) and feel that they are forced to take up the burden of their family due to this. It's also hard for them to find work elsewhere. All have hope for a more stable future and plan to move to a better place from their current position.

C. Economic Empowerment

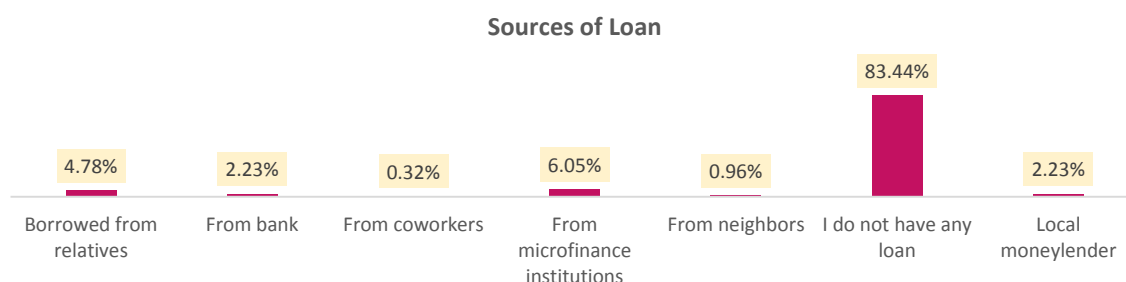
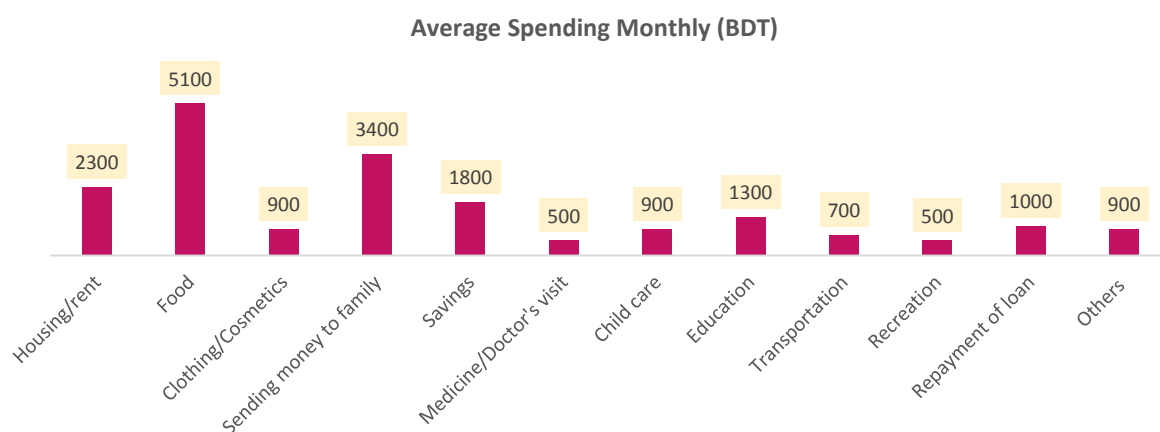


I. Social Standing

Savings are low compared to earnings and financial debt is minimal

Financial instability is one of the key issue that these workers face constantly and inevitably this impacts their overall wellbeing very strongly. Working at minimum wage, they are unable to afford all the basic amenities of life resulting erosion of wellbeing. Most respondents stated that their major spending areas were either housing rent or on food with little money left for savings at the end of the payday. 96% of respondents also have family members dependent on them.

Workers also have very minimal debt as they tend to avoid complications of banks and those that do have debt, use the money for buying assets such as land or home for future security and borrow money mostly from relatives instead of financial institutions. This is because they have a hard time understanding complex paperwork and do not want to pay interest on loans.



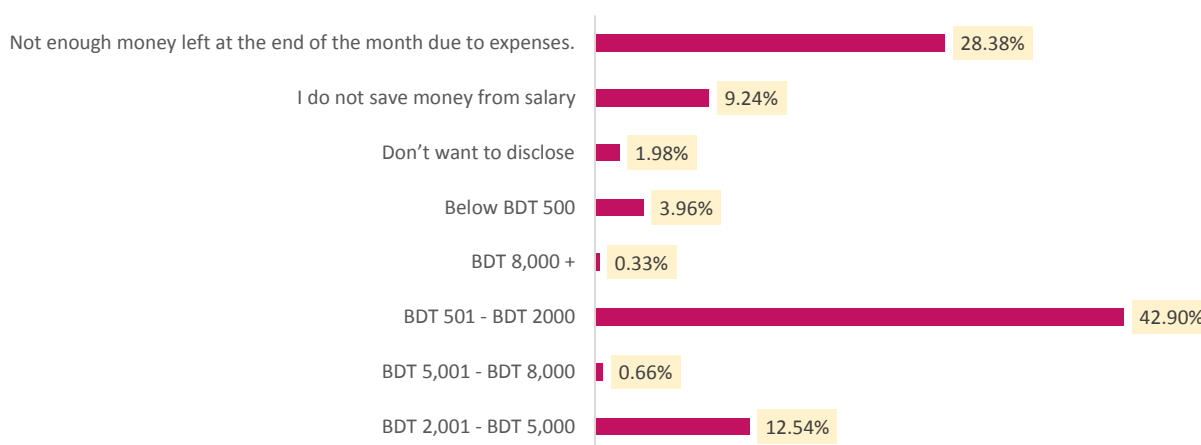
II. Basic Financial Management Literacy

Instances of savings are low and most preferring non-financial mediums for saving

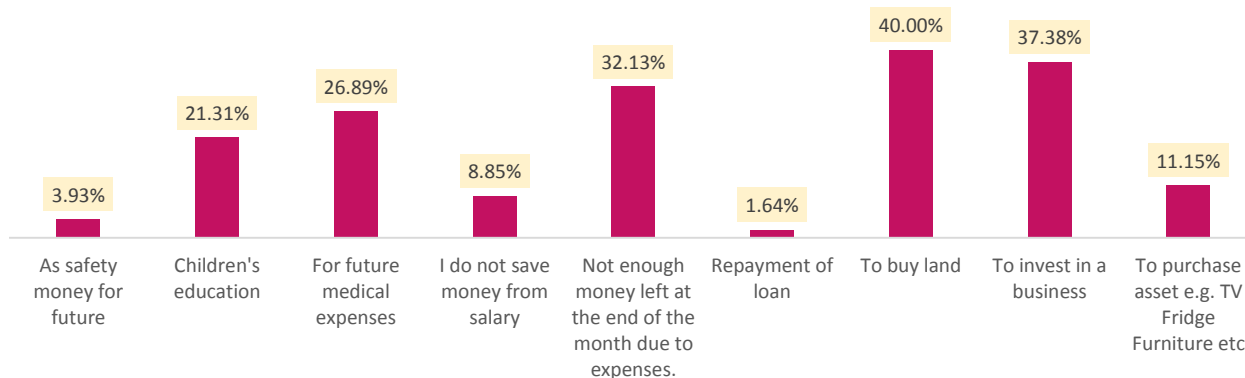
Around 29% of respondents have stated that they have very minimal amount left at the end of the month for savings and most save only around BDT 500 to BDT 2,000 monthly. The top three reasons for savings among workers were to either buy land, to invest in a business or a safety money for future medical expenses.

Due to the high expenses the respondents have to bear considering the amount they get paid, usually most of them don't end up saving at all and even if they do, they prefer to stick to the traditional method of saving which is to keep the money with themselves since they think they might need it for emergencies anyway.

Savings from Monthly Salary



Reasons Behind Savings



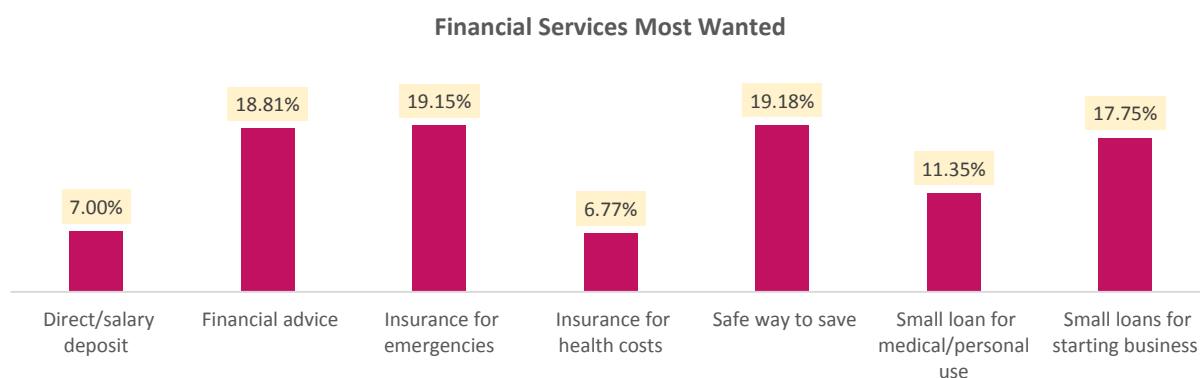
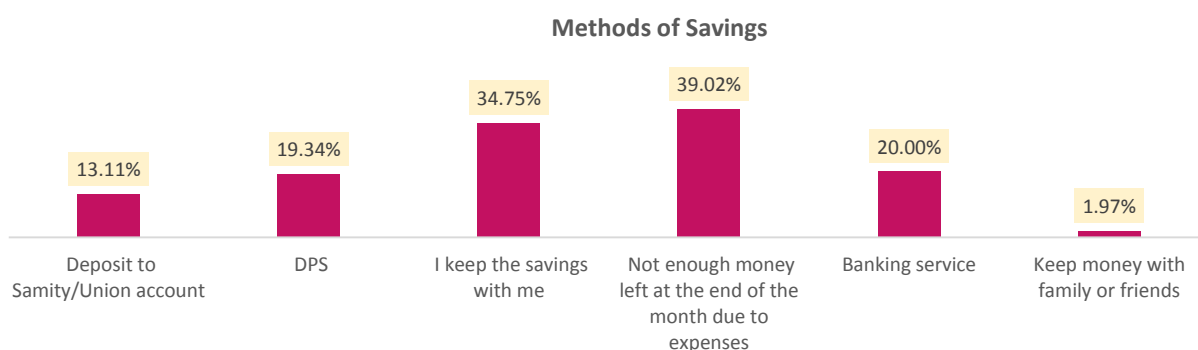
III. Access to Financial Services

Mobile Financial Services (MFS) is the most renowned form of financial services

Around 57% of respondents send money to home through MFS stating it is the easiest form of sending money available to them. They rarely use post office or any other alternative at the moment. Those that do not send money at home village has stated that their family has migrated to their current location, negating the need for money transfer. Around 50% of respondents stated that their primary reason for not opening a bank account is their lack of understanding of paperwork and 16% have stated that they do not have enough money to meet bank account opening balance.

Hence, the most common method of saving is keeping the money at home where around 40% of the respondents live life in a daily expenditure basis and have little to no money left to save after their necessary expenses. However, around 40% have resorted to using financial services such as DPS and banking service combined and it can be seen as a positive sign as more people want to have a safe way to save and have access to financial services.

Most respondents want varying form of loans for future use, mostly for opening up their own business, for medical use and insurance for emergencies. Around 19% wants financial advice to better navigate their finances for future goals and around 20% of respondents want a safer way to save.

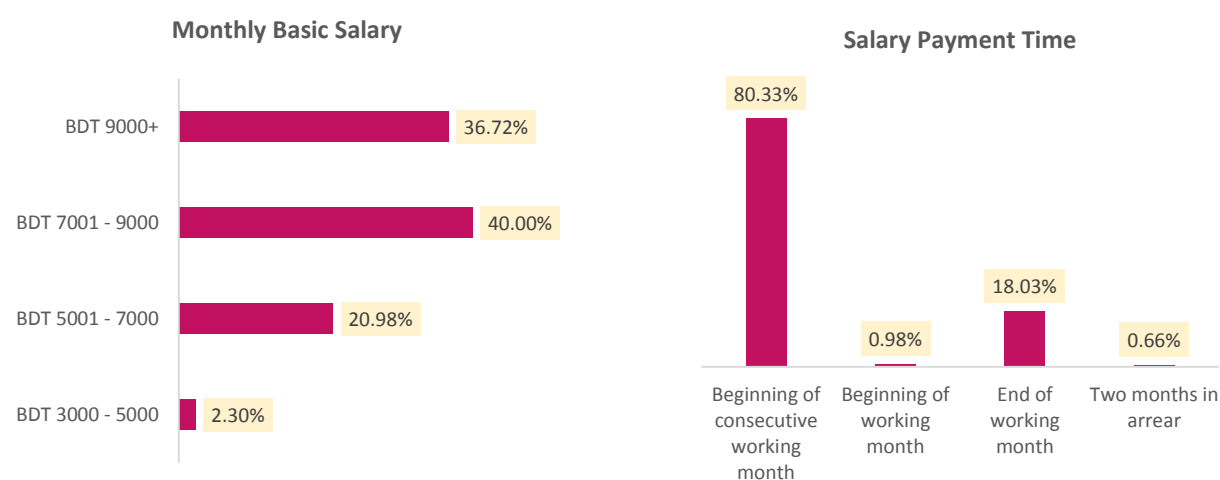


IV. Wages

Salary is paid in the beginning of the consecutive month and is very minimal compared to expenditure

If the average spending of BDT 7,400 behind food and housing is taken into consideration, then it is seen that the salary of BDT 7,001 to BDT 9,000, the salary bracket in which 40% of respondents operate, is highly minimal. Majority are also paid at the beginning week of next month (80%) not allowing them to shift jobs without losing a chunk of their payment.

Around 51% of received their payment as monthly fixed rate plus overtime and around 26% received their salary as monthly fixed rate and piece rate. With a low basic salary, workers are forced to work overtime and over work in order to earn adequately.



D. Equality, Acceptance and Social Rights



I. Harassment and Abuse

In FGD findings, most women respondents have stated that they haven't faced discrimination based on religion or ethnicity, or gender. Being in a highly female heavy work environment, peer to peer discrimination is low. However, at home and society they have all faced some form of harassment and abuse. They have faced criticism from family and community for working even though it has become a necessity. Most state that their spouse has been verbally abusive a lot of times and physical abuse has been minimal.

Although the respondents may be unwilling to discuss this information completely. All participants, male and female have stated that they have faced verbal abuse from a direct supervisor but not physical. The verbal abuse usually borders around profanity and degradation. However, these instances are mostly when there's work consignment pressure and work is not done at the required pace.

II. Awareness of Rights and Duties

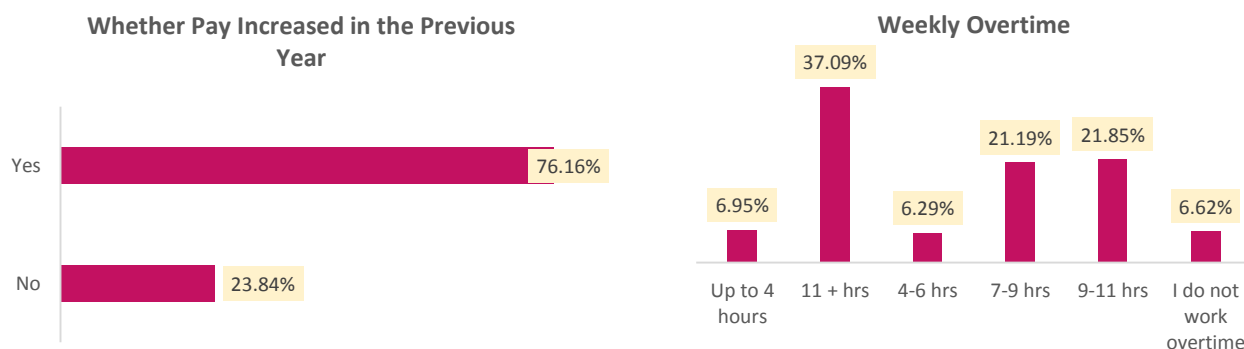
Awareness of social rights were missing in most instances among the participants. They assume physical and verbal abuse to be a part of life and rarely take any specific actions against the perpetrators. In the instances they do, it is through a family elder or through a community leader. In the work place action against harassment is rarely taken since any complain will result in them losing their jobs.

III. Workplace Negotiations

Very minimal growth in salary within the last year but long working hours

Unsurprisingly, it is seen that 21% of the workers work 7-9 Hrs and 22% of the workers work 9-11 Hrs daily at the factory and pulling in 11+ Hrs (37%) weekly overtime. This is a significant workload in comparison to pay. Therefore, around 42% of the workers are working with very minimal salary for which they have to work overtime. Around 76% have stated that their pay has increased within the last year but 74% have stated the rate of salary increment is less than 10% which is very minimal.

Workers are also prohibited from unionizing and around 67% do not engage in any form of salary negotiations, and only 10% negotiate salary through unions. Majority of salary negotiations are done in department or floor based processes. The inequitable salary policies and working hours eventually leave the workers dissatisfied with their work and end up leaving their job for a similar one elsewhere in the hopes of finding better pay.

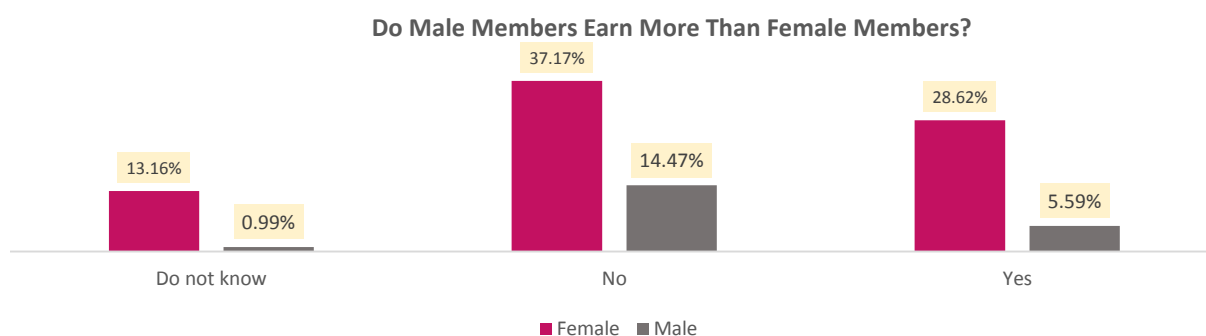


IV. Gender Equality

Most believe gender equality is consistent in the RMG sector

According to 37% of female respondents, male members earn more than female members and only 6% of male members believe they earn more than their counterparts. Male/female bathroom facilities are also available in most cases (stated earlier). However, according to FGD participants, there's no maternity leave stipulated and they work well into their maternity until they cannot stand on their feet any more. They usually go back to work 1-3 months after child birth but this period is not paid.

This sort of discrimination is considered illegal and not to mention immoral by the international standards. Since women are underpaid in the RMG sector, that should be compensated with better facilities provided for them.



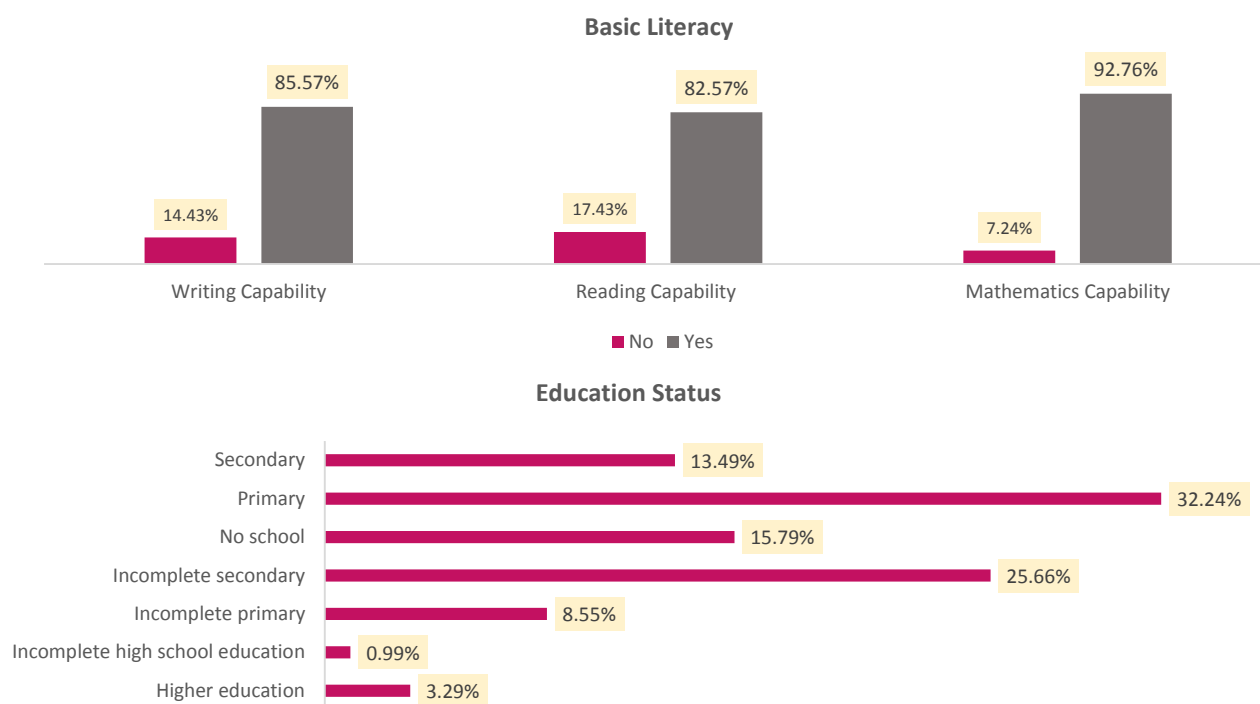
E. Educational and Professional Development



I. Basic Education and Literacy

Respondents showed alarming rate of illiteracy

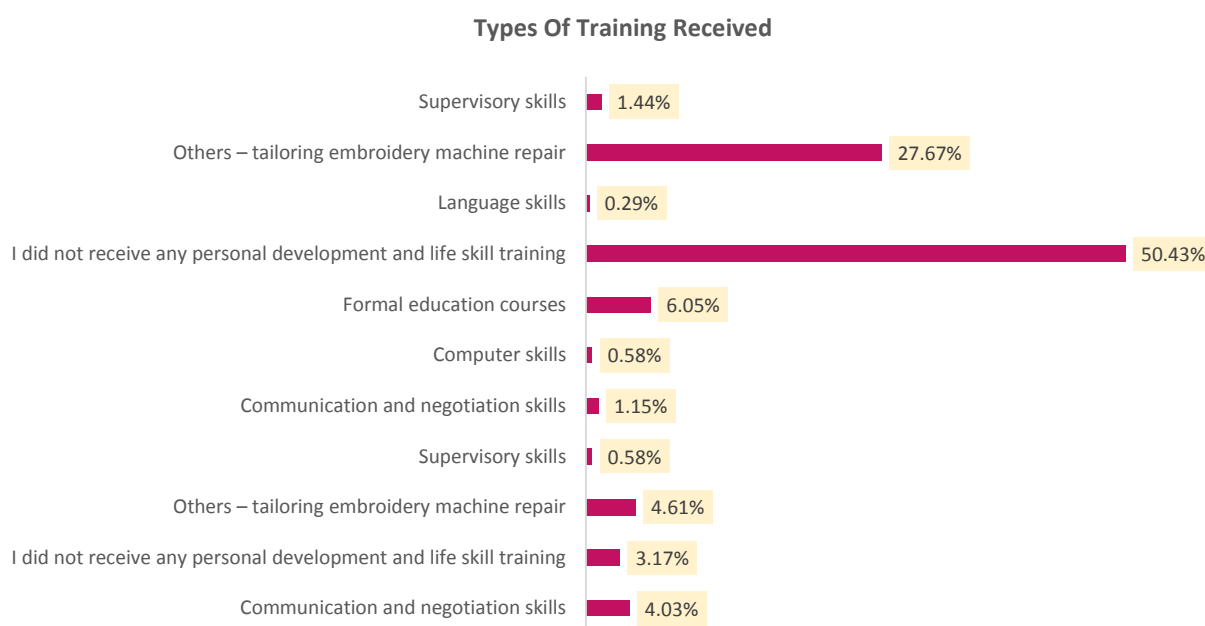
Although instances of basic literacy are high, the number of respondents receiving no schooling is as high as half of the respondents who have received schooling and most have completed primary and incomplete secondary school with very few number of respondents (3.29%) pursuing higher education. It can be observed that even though they have basic literacy, they lack secondary education to back up their knowledge.



II. Professional Skills and Development

Personal development training is the most sought after

Majority of the respondents have received some form of technical training or the other to do their current job more efficiently. However, most respondents (57%) want some form of personal/life skills training i.e. vocational training for career in other sectors such as electronics manufacturing, basic computer literacy, etc. For the betterment of their future and about 50% have not yet received any training related to that. Although 25% have stated that they want further technical training, most also do not want to learn further garments technical work as their aspirations move beyond the garments work.



III. Aspirations

Although majority of respondents had varied aspirations, most expressed their interests to start their own business in the future or to buy asset in order to secure future cash flows. Some wanted to buy houses so that they can rent them out to tenants. Few wanted to further pursue garments career and wanted higher pay and training to improve their skills. A handful of workers wanted to shift to a less physical labor oriented jobs and wanted a desk job with less strain on their health. A lot of the workers say that they are living on a day to day paycheck and aiming for a future goal is extremely tough with nothing to fall back on.

Among those that had children, expressed their future aspirations to be more geared towards their children. They want better schooling and healthcare for their children and family members. They are optimistic and claim that their overall quality of living will improve over time as most plan to shift away from garments worker and start something new.

Summary of Findings

Segment	Key Points
Access to Safe and Healthy Environment	<p>WaSH. related issues are they main key improvement areas in terms of environment according to findings. Lack of hygiene and water purification or proper waste disposal leads to increased frequency of diseases.</p> <p>Living standards are significantly mediocre but scope of intervention is small with the underlying detrimental factor being poverty from low wage structure. However, training on hygiene awareness, low cost water purification techniques are workable areas.</p> <p>In the factory, proper protective clothing is not worn by most and is not provided by the owner. Long hours in sound pollution and exposure to chemical effluence results in declining health conditions.</p>
Good Health and Nutrition	<p>Healthcare support is very minimal from factory end. Some provide free consultation but do not provide extended care or checkups. Free medicine is given by some but these are OTC and generic brands. For more serious ailment, workers have to seek out more expensive clinics or alternatives. Although most are aware of STDs, they care less about the diseases or exposure to them. This is because of a multitude of other issues that surrounds them and STDs are the least of their worries according to a group discussion. However, most use contraceptives but few uses sanitary napkins because of the cost.</p> <p>There are also very few numbers of low cost clinics or NGOs providing healthcare support to garments workers. Among those that are suffering from long term diseases, majority are suffering due to factory accident or long-term exposure to chemicals.</p> <p>Almost 90% of respondents had three square meals per day. However, these meals did not compose of the ideal dietary need and was usually devoid of protein or dairy products. Low cost food alternatives could be an improvement areas for the workers.</p>
Economic Empowerment	<p>Rent and Food are the most major spending areas for these workers with very minimum amount of cash left at the end of the month. Some remote garments provide housing areas for its workers and that can be an improvement area.</p> <p>Most do not use any form of banking services because it is harder for them to understand paperwork and they do not meet the minimum requirement benchmarks. A lot of them want a safer way to save money and even earn through investment if possible.</p> <p>MFS is the most popular financial service used among the workers but very few send money to their home village since most of their families have migrated to their work area.</p>

Equality, Acceptance and Social Rights	<p>Awareness of equality and social rights is extremely minimal and most are apathetic about it. Social rights take a backseat to them in the face of poverty and most do nothing to address inequality. A significant percentage have faced some form of verbal abuse from their spouse at home or from their supervisors at the factory. Very few have faced sexual harassment which is a surprising statistic and their willingness to disclose information may be inhibiting actual results in this case.</p> <p>There's a limited wage gap between male and female but the issue is majority receives their salary in arrears, stopping them from moving to higher paid alternative jobs without sacrificing significant percentage of their salary. Unsurprisingly, workers are prevented from unionizing for salary negotiations.</p>
Education and Professional Development	<p>Majority had basic literacy but it's also alarming that a sizeable portion of the respondents did not have basic reading or writing skills. A significant portion of the garments workers have expressed interest to develop their education and basic literacy but mostly for career advancement.</p> <p>They want more real life related technical training to best shift to a sector with higher pay. Very few wanted to stay in the garments sector and receive more technical training on garments work.</p>

Location-wise Breakdown

A. Dhaka

- The living conditions of the RMG workers are subpar and the major portion of their wages is spent on house rent, food, and daily expenses.
- Healthy living conditions are not prioritized by the workers since many of them suffer from severe financial constraints.
- The housing facilities of the RMG workers are unhygienic and below par. Most of the workers live in congested rented apartments and toilets are shared by 4-5 residents in general.
- The children of the RMG workers are deprived of proper education, health and nutrition facilities due to financial issues.
- Awareness about STDs (sexually transmitted diseases) and reproductive health is low and most of the workers are not concerned by these issues. For family planning, many female workers take contraceptives, mainly oral pills. Some couples do not use contraceptives at all or worry about sexual health.
- Few factories provide its employees with transportation facilities and as such, many of the workers have to stay in areas close to the factories and the workers living farther from the factories use public transportation services for commuting purposes.
- Some factory authorities provide facilities like: separate washrooms for male and female workers, free medicines for the common health complications. However, the employees are not supported financially or logistically in case of complex health problems.

- They are interested to have personal development and life skills training, even though most of them are too pressed for time and opportunities to avail these trainings.

B. Savar

- The RMG workers are subjected to poor living conditions due to lack of pure drinking water, proper sanitation system, and a healthy environment. Most live together in locations around the factories in Savar.
- Majority of the RMG workers do not have access to proper transportation facilities. Most of them use the public transportation system (i.e. buses) and some of the RMG workers are provided with factory buses for daily commuting purposes.
- The workplace condition of RMG workers are somewhat better than their living condition, since many of them are provided with separate bathrooms for respective genders, cafeteria, day-care facilities, prayer halls, medical facilities, free healthcare benefits, such as- medicine, etc. However, these facilities are not common to all. In most cases, RMG workers are provided with barebones facilities, such as: medical centers, canteens, and daycare centers. Most employees do not believe these facilities to be adequate.
- Workers are not that aware of health-related issues, and consequently, many of their family members suffer from various diseases.
- Workers are given some short-term training, such as: fire drill training and workplace technical training by their employers but no vocational training.
- Worker would like to have personal skill development and technical training besides the trainings they are currently provided with.

C. Gazipur

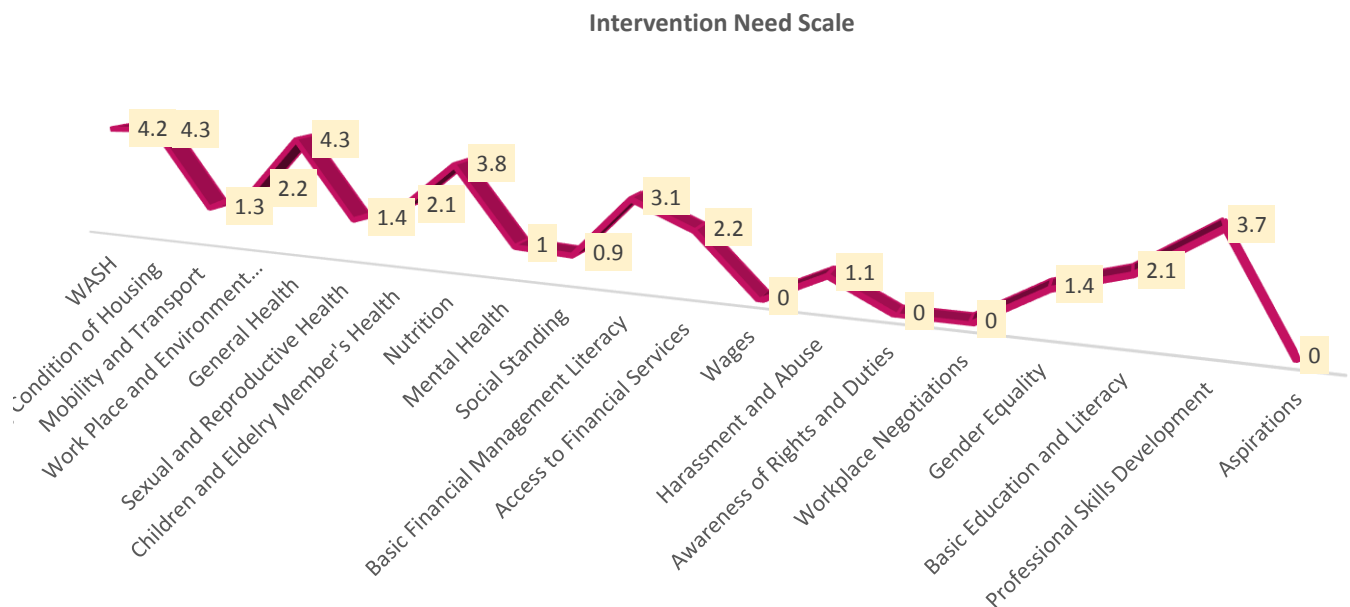
- The living conditions of the RMG workers are not meeting the minimum standards and they generally suffer from poor sanitation facilities, more so than in Savar or Dhaka. Most of the workers are forced to live in Tin-shed houses where more than three or four families share a single bathroom. For the unmarried workers, the scenario is much more severe as 10-12 people share a single bathroom.
- Some factory workers are provided with transportation facilities. The rest of them are forced to walk on foot to reach the workplace. The ones living in remote areas use public buses for commuting purposes.
- Workers are provided with minimum medical facilities although majority believes these services to be inadequate. Separate washrooms for male and female workers are available in most RMG factories.
- Daycare facilities for the children of the workers are provided, but they are not properly maintained.
- Workers are only concerned about their day-to-day businesses and not about their future. Most of them would like personal and life skills training.

Chapter 5:

Intervention Areas

Weighted Intervention Need Scale

Based on the data collected, the intervention sub-segments are selected by segregating occurrences of negative data point's concentrations in each sub-segment and translating those negative concentration cluster data sets into a graphic map of improvement areas using weighted calculation on a scale of 1 to 5. Any sub-segment falling above the cutoff point of 3.5 are sub-segments where intervention is most needed according to the survey findings.



WaSH, condition of housing, general health, nutrition and professional skills development are the subsets with the strongest intervention requirements according to the weighted scale. The weighted scale gives a road map for intervention with a data driven approach behind it. The cut-off points of 3.5 is taken to isolate the probable intervention areas with the strongest likelihood of success. Individual KIIs and secondary study also reveals that the highest weighted areas the sub-segments where majority of development work is currently in done in most BoP markets. The improvement area choices are further supported by qualitative findings from the different data sources and a segment-source wise intervention matrix is created to visualize the points for intervention

Major Intervention Areas

Color	Action
	High Improvement Possibility Through Intervention
	Moderate Improvement Possibility Through Intervention
	Low Improvement Possibility Through Intervention

Segment	Access to Safe and Healthy Environment	Good Health and Nutrition	Economic Empowerment	Equality, Acceptance and Social Rights	Education and Professional Development
Survey Findings					
FGDs					
KIIs					
Data Analysis					
Secondary Study					

The coalition of data sources shows a correlation between data analysis done through the weighted scale and the qualitative data collected through various mediums. Access to safe and healthy environment, Good health and nutrition, Economic empowerment and Education and professional development are the segments that shows definitive need for intervention according to the matrix.

In our survey findings, it was evident that the workers were living in substandard conditions and were suffering from various diseases due to the unhygienic living standards. It was also prominent that their socio-economic status was not in a good condition given the low wage bracket and increased spending on healthcare and rent/accommodations. Respondents also expressed interest in development in their education and professional stature. Through our FGDs, we found out that the respondents also understood that they face diseases frequently but does not understand that this is due to their unhealthy practices and their living conditions.

All agreed that their living conditions definitely needs improvement but they were not cognizant of the fact that their unhygienic practices were also a major component behind their bad health conditions. Most expressed their want increasing skillsets through training or some form of job switching to earn more in the future. This again shows the need for professional and educational development. Through KIIs of industry insiders, it is again reaffirmed that good and health and nutrition is a strong catalyst behind improvement productivity and hence should be an intervention area. Most agreed educational and professional development is important but said it should be limited to the RMG industry. Our data analysis and secondary study showed presence of intervention projects in the health subsector and the need for further improvement in safe and healthy environment.

Recommendations on Intervention Areas

Access to Safe and Healthy Environment

- An alarming number of respondents do not purify water (88%) resorting to drinking from tap water (85%) at home. Only 63% of factories provides filtered water to its workers.
- Around 82% of respondents agree they have an infestation problem in their surroundings and around 57% of respondents agreeing that they have littered garbage around their homes.
- Although 74% of respondents have stated that they require protective clothing, only 26% of respondents have stated that they receive protective clothing provided to them by factory.

Hygiene Improvement

Cleanliness and hygiene is given very low priority by the workers and most do not purify water before drinking or cooking. Unhealthy living conditions increases chances of diseases and in most cases reasons behind absenteeism is seen to be health complications. The need for medication and cheaper doctor consultation stems from the lack of proper living environment. A holistic business can be built centered around **creating hygiene awareness and low-cost hygiene products** to cater to the needs of the workers. Hygiene is a severe detrimental factor behind major health issues and overall living condition of RMG workers and should be the most essential intervention section.

Protective Gear

Unsafe working environment due to lack of protective gear was seen as a common phenomenon in most cases. Among those that suffer from long term diseases are due to factory accidents or due to long term exposure to unhealthy working conditions. An element of compliance is also instrumental in this section. Although proper protective clothing must be provided in all factory premises according to compliance regulations, in most cases it is not done. This is mainly due to a cost element tied to providing protective clothing such as masks and earbuds to workers on a periodic basis. A collaborative business can be centered on providing low cost factory wear (mask, ear buds, aprons, head scarves etc.) to factory owners. Workers are less like to be willing to pay for such products and hence has to be an initiative of the business owner.

Good Health and Nutrition

- Among female respondents, majority (78%) do not purchase sanitary pads. Majority doesn't have any access to low cost medical treatment facilitates.
- Around 90% of respondents had 3 square meals per day but are devoid of protein.

Low Cost Medicine Products

Basic medicine for illnesses such as fever, cold, diarrhea is of high need among RMG workers. Low cost medicine and discounted medical check-up programs can be initiated in collaboration with healthcare institutions and pharmaceutical companies. Product innovation is less likely to happen in case of common diseases but for sanitary pads it is more applicable. Discounted or low cost sanitary products can also be sold by factory owners through collaboration with manufacturers to reduce cost and health related absenteeism.

Protein Based Food Products

Low protein diet is a one big improvement area. Majority of the respondents live on basic food items with very little diversification unless occasion warrants it. Animal meat in general are harder for them to afford on a regular basis and to some extent so is fish. **A balanced protein diet is an essential of health and should be an improvement area.** Globally major innovation is carried out with high protein and low-cost food products targeting the BoP market. E.g. potato protein based flour. These innovations should be leveraged for the Bangladeshi market.

Economic Empowerment

- Around 50% of respondents stated that they haven't opened bank accounts because of confusion with paperwork.
- Around 20% of respondents wants a safer way to save.

Financial Management

Since in most instances, the majority of workers are unable to access banking services because of lack of understanding of documentation or they do not meet banking requirements, it can be an area for intervention. Access to financial services with lenient parameters for inclusion can be an intervention area along with product innovation. Financial constraints are one of the key issues RMG workers face in life and that has a serious impact on their wellbeing. If financial management can be more efficient then it will have a positive impact on their wellbeing.

Educational and Professional Development

- 57% of respondents want some form of personal/life skills training for the betterment of their future.

Life Skills Training

Majority of the workers plan to move out of their RMG job and either start their own business or move into another sector with better pay and living standards. For this they require vocational training on diverse topics such as computer literacy, crafts, SME business management, electronics manufacturing, etc. **An integration of technology in the process through mobile app based or interactive video based educational content** be carried to help these workers build on their aspirations. Lack of formal education or variety in expertise is one of the major road blocks that's preventing them from moving on from the RMG sector to more profitable sectors with higher pay. It's also preventing them from moving up the value chain in the RMG sector with lack of specialized skillsets.

Collaborative Opportunities

Improvement intervention areas can only be tackled through strong collaborations with already existing social business industry experts. Corporations and institutions with ties to the RMG industry sector are also strong entities for collaborative opportunities. A lot of intervention work is currently being done in the RMG sector by different development institutions such as ADB, GIZ, ILO, SEDF, UNDP, UNFP, USAID, Save the Children (INGO), Oxfam (INGO), and DIFD etc. These institutions do not necessarily solely focus on wellbeing but on different vertices of the wellbeing segment. Collaboration with social entrepreneurs is the key to involving sustainable business solutions in the RMG industry. Access to safe and healthy environment is highly contingent on water and sanitation. WaterAid, Practical Action and many other INGOs work in Bangladesh to provide WaSH related development solutions and can be potential collaborative partners for this sub-segment.

WaterAid is an international charity that transforms lives by improving access to safe water, hygiene and sanitation. Practical Action is an international non-governmental organization (NGO) that uses technology to challenge poverty in developing countries. Practical Action through technology enables poor communities to build on their skills and knowledge to produce sustainable and practical solutions- transforming their lives. They mainly work under four program themes, sustainable energy access, food and agriculture, **urban water and waste** and disaster risk reduction.

Doctors beyond Borders, work globally to provide free healthcare services to those in need and they or their business model can be a strong collaborative opportunity for this sector. Other than them, local/international NGOs like Jita and Jeeon also works in improving good health and nutrition sector. JITA Bangladesh, a social enterprise, is a joint venture of CARE International & Danone Communities dedicated to empowering women through a network of enterprises creating employment opportunities and improving access to markets for BOP consumers. Jeeon bridges the divide between rural patients and quality healthcare by providing local intermediaries with the training and equipment to facilitate meaningful consultations with remote doctors.

Bkash in Bangladesh is the easiest and safest way to send or receive money, making payments, mobile balance recharge nationwide through mobile banking. They are one of the pioneers of mobile financial services and proponents behind bringing access to banking services to the ones in need. They hold a unique position in the market and can be a collaborative partner to bring about higher financial services inclusion in the RMG sector.

Daffodil and BRAC provides various training courses and opportunities to help improve the skilled workforce in Bangladesh in various sectors, mainly IT and should be potential collaborative partners in Bangladesh. There are also various social accelerator and innovation center programs operating in Bangladesh, such as Spark, Toru etc. to help build sustainable social businesses in Bangladesh through training entrepreneurs with innovative solutions for social issues. These programs should be a medium to determine strong entrepreneur candidates for intervention in the RMG sector.

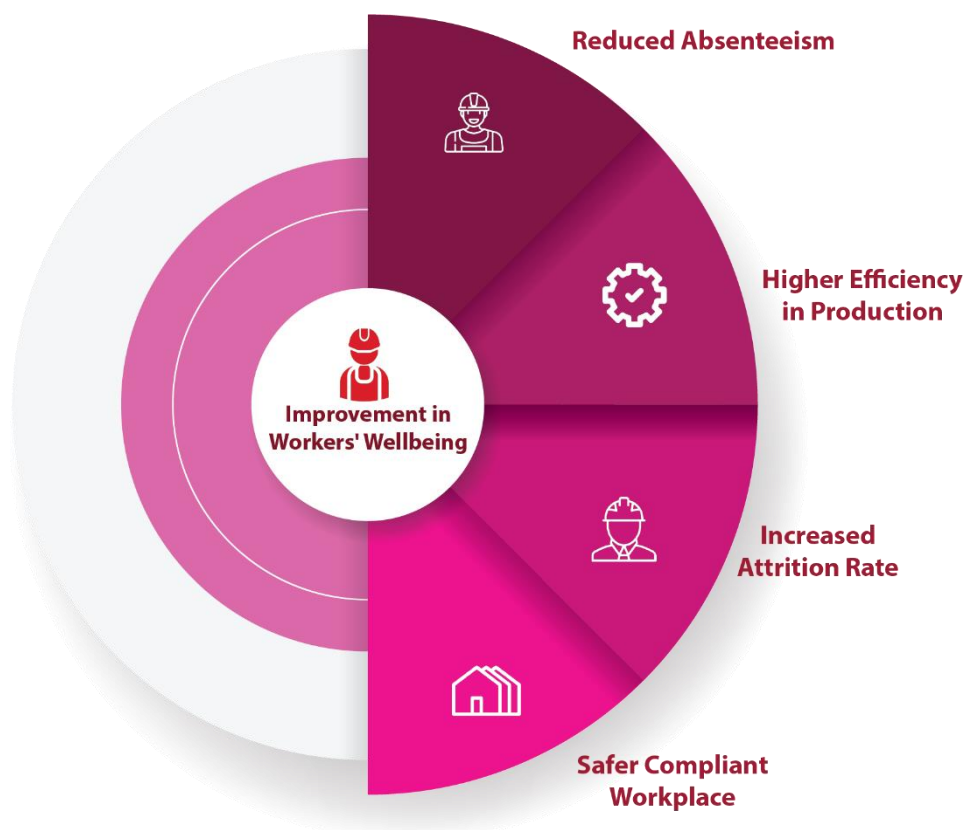
Segment	Partners
Access to Safe and Healthy Environment	WaterAid, Practical Action, St. John's Medical College, Business for Social Responsibility, etc.
Good Health and Nutrition	Doctors Beyond Borders, Jita, Jeeon, iDE, USAID Feed the Future etc.
Economic Empowerment	Bkash, Grameen Bank, a2i etc.
Educational and Professional Skills Development	ADB, Daffodil, Brac, etc.

The Role of RMG Owners

Workers' wellbeing is highly tied to the profitability and long-term sustainability of the RMG industry. Demographic dividend being one of the key drivers for the growth of the sector, it is essential to acknowledge the pivotal role these workers play in the growth of Bangladesh's economy and subsequently the growth of the RMG sector. Furthermore, the living conditions and the plight of these workers have received worldwide exposure due to the number of accidental deaths resulting from unsafe working conditions, which on the long run has eroded brand value of global apparel brands that produce in Bangladesh but does not oversee proper compliance of the factories that make their products.

An improvement in workers' wellbeing will positively affect several vertices of a RMG business like a domino effect. According to a study conducted by Levis', after implementing worker wellbeing programs in Health, Equality and Acceptance and Financial Inclusion, the factory has seen highly positive indicators as a result of these projects. The Absenteeism reduced to 3.45% from 4.84%, the Attrition Rate fell to 2.1% from 3.38% and the return from maternity leave increased from 73% to 92%. The workers also received learning sessions on feminine hygiene, family planning, maternal health, STDs, and about hygiene practices. They were also given training money management, budgeting and saving. The importance of nutrition was also taught along with how to manage workplace grievances. Although these were all training based initiatives, there's scope for further improvement with a sustainable business based approach to solving this issue.

As the most important key stakeholder in the RMG business, active role of RMG owners in collaborative efforts on workers' wellbeing projects will pave the way for future growth of the RMG industry and sustainable development of the workers' livelihood.



The Future of RMG Sector and Wellbeing of Workers

The future of the RMG sector is contingent on the development of the workers wellbeing in Bangladesh. As our export volume gradually increases year on year targeting the ambitious goal of 50 Billion Dollar export, so will the RMG business simultaneously within the country. To achieve this sustainable growth one of the key cogs in the system is the workers themselves.

The RMG industry will in time evolve from more transactional relationships to more strategic partnership and will require more developed workforce in every aspect of the supply chain. Workers' development is essential to support this growth. An evolving RMG landscape with worker wellbeing in mind will also reduce the instances of radicalized unionized workforce and labor unrest and increased productivity.

The definition of wellbeing will also have to be more focused in context of Bangladesh with a few elements taking preference over others in the overall wellbeing medium. Health and nutrition must take priority above all to ensure strong wellbeing of these workers and this will have a compounded domino effect as improved health conditions will in turn improve other aspects of wellbeing overall. It's also crucial to understand that hygiene and proper knowledge about water and sanitation also affects overall health and living conditions and wellbeing of these workers. Health condition also includes the workers family and dependents as their wellbeing is also instrumental to these workers.

Development of the workers skills and overall livelihood will help the RMG industry move above in the value chain, catering to a more evolved market with higher value. If worker's safety and compliance issues are not resolved over time, the industry will eventually suffer a loss of skilled workforce as other industries evolve simultaneously with better working conditions and stronger financial prospects. In conclusion, workers' wellbeing is an instrumental factor behind the evolving RMG sector and needs effective intervention programs in areas needing dire improvement.

Annex

Annex- 1

Questionnaire: RMG Workers' Wellbeing

Consent of Respondent

This survey by LightCastle Partners is an attempt to understand a garment worker's wellbeing in the Bangladesh RMG sector. As the RMG sector grows, so does the need for worker wellbeing in order to improve overall life quality. Data gathered during this survey will be used to sustainable solutions that benefit all participants.

Your response will be kept completely anonymous adhering to LightCastle Partners' non-disclosure policy.

I understand this information and agree to participate fully under the conditions stated above:

Signed: _____ Dated: _____

Official Stats

a. Questionnaire Code:

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b. Date:

				1	7
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c. Name of Field Enumerator: _____

d. Phone Number of respondent: _____

e. Location (Savar/Gazipur): _____

A. Qualifier

Are you currently a garments worker? (Single Response)

Yes	No

Chapter 1: Access to Safe and Healthy Environment

B. WaSH Services

1. What is your source of drinking water? Tick the appropriate location (Multiple Response)

Source of Water	At the Factory	At Home
Tap water		
Bottled water		
Tubewell		
Filter water		
Others (please specify)		
Rainwater Storage		
None		

2. How do you purify water? (Multiple Response)

- a) Fitkiri
- b) Boiling
- c) Medicine
- d) Filter
- e) I do not purify water
- f) Others_____

3. How many households do you share the toilet with? (Single Response)

- a) 1-3 HH
- b) 4-7 HH
- c) 8-10 HH
- d) 10+ HH
- e) None. I have a separate toilet at home.

4. How do you dispose your solid waste? (Multiple Response)

- a) Personally, disposing in nearby garbage
- b) Collected directly by city corporation from home
- c) Collected by private waste collectors from home
- d) Others_____

C. Living Condition of Housing

5. "The surrounding area of my home is infested by different pests (mosquito, rats, cockroach etc.)"
How much do you agree with the statement? (Scale)

1- Highly agree	2- Agree	3- Neutral	4- Disagree	5- Highly disagree
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6. "There's stagnant water around my house during rainy seasons" How much do you agree with the statement? (Scale)

1- Highly agree	2- Agree	3- Neutral	4- Disagree	5- Highly disagree
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7. "The area in the vicinity of my house is littered with garbage and it's smelly" How much do you agree with the statement? (Scale)

1- Highly agree	2- Agree	3- Neutral	4- Disagree	5- Highly disagree
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8. "My neighborhood and Household is clean" How much do you agree with the statement? (Scale)

1- Highly agree	2- Agree	3- Neutral	4- Disagree	5- Highly disagree
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9. Where do you live? (Single Response)

- a) In a shared apartment
- b) In my own home
- c) In housing provided by factory
- d) Slum
- e) Others_____

D. Mobility and Transport

10. What is your preferred method of transport to the factory? (Single Response)

- a) Local Bus
- b) Rickshaw
- c) Factory Bus
- d) Walking
- e) Tempo/leguna
- f) Maxi
- g) Others_____

11. How long does it take you to reach factory every day? (Single Response)

- a) Less than 10 minutes
- b) 10-20 minutes
- c) 21-40 minutes
- d) 41-60 minutes
- e) 1 hour +

12. How much do you spend each month on travelling to and from factory? (Single Response)

- a) Below BDT 2,000
- b) BDT 2,000 - BDT 3,000
- c) BDT 3,001- BDT 5,000
- d) BDT 5,001- BDT 7,000
- e) BDT 7,000 +
- f) None

13. Do you have to drop your children to school before work? (Single Response)

- a) Yes
- b) No (someone else does)
- c) I do not have children
- d) My children do not go to school
- e) My Children goes to school on their own

14. How many days were you absent in the last 30 days other than Govt and earned leave? (Single Response)

- a) 1-5 days
- b) 6-9 days
- c) 10+ days
- d) I wasn't absent in the last 30 days

15. How many days are you entitled to leave per year (other than Govt holidays) (Single Response)

- a) 1-5 days
- b) 6-9 days
- c) 10-12 days
- d) 12+ days
- e) Nil

16. If you were absent in the last 30 days, what was your reason behind absenteeism? (Multiple Response)

- a) Health reasons
- b) Sickness of family members
- c) Political problems
- d) Transport issues
- e) Housework/Chores
- f) Earned leave
- g) Annual leave/festival leave
- h) I wasn't absent in the last 30 days.
- i) Others _____

17. How many times were you late for work in the last 30 days? (Single Response)

- a) 1-5 days
- b) 6-9 days
- c) 10+ days
- d) I wasn't late in the last 30 days

18. If you were late in the last 30 days, what was the reason behind your lateness? (Multiple Response)

- a) Health reasons
- b) Sickness of family members
- c) Political problems
- d) Transport issues
- e) Housework/Chores
- f) Others _____

19. "I feel safe travelling to and from work" How much do you agree with the statement? (Scale)

1-Highly agree	2- Agree	3- Neutral	4- Disagree	5- Highly disagree
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E. Workplace Environment Factors and Facilities

20. Do you wear protective clothing (i.e. masks, gloves, and apron) during work? (Single Response)

- a) Yes
- b) No
- c) Not required in my job

21. Do you have protective clothing provided to you from the factory? (Single Response)

- a) Yes
- b) No
- c) Do not know

22. Does your workplace have any of the following facilities? (Multiple Response)

- a) Separate male/female bathroom
- b) Prayer area
- c) Cafeteria
- d) Daycare center
- e) Medical Center (with doctor/nurse)
- f) Free medicines
- g) Others_____

23. Rank the facilities that is most important to you based on order of importance: (Rank: Top 3)

Facility	Rank
Separate male/female bathroom	
Prayer area	
Cafeteria	
Daycare Center	
Medical Center (with doctor/nurse)	
Free medicines	
Others_____	

24. Does the company provide you food (if any) for free or at discounted rates? (Multiple Response)

- a) Breakfast
- b) Morning snack
- c) Lunch
- d) Evening snack
- e) Dinner
- g) Factory doesn't provide any food
- f) Others_____

Chapter 2: Good Health and Nutrition

A. General Health

25. What type of health complications have caused you to be absent in the last 30 days? (Multiple Response)

- a) Fever
- b) Headache
- c) Backache
- d) Diarrhea
- e) Menstruation
- f) Carpal tunnel (pain on hand/arms)
- g) I had other issues
- h) I was not absent in the last 30 days

26. Did you suffer from any of the following health complication because of work this year? (Multiple Response)

- a) Fever
- b) Headache
- c) Backache
- d) Diarrhea
- e) Carpal tunnel (pain on hand/arms)
- f) I do not have any health complications from work
- g) Others_____

27. Do you suffer from any long-term disease? (Single Response)

- a) Yes
- b) No

28. If answer to the previous question is yes, what type of disease are you suffering from? (Single Response)

a) Answer: _____

29. Did you receive any of the following medical support from employer? (Multiple Response)

- a) Free medicine
- b) Free consultations
- c) Free tests
- d) Money for healthcare
- e) I didn't receive any healthcare support
- f) Others_____

30. Did you receive any of the following medical support from NGOs? (Multiple Response)

- a) Free medicine
- b) Free consultations
- c) Free tests

- d) Money for healthcare
- e) I didn't receive any healthcare support
- f) Others_____

31. What is the name of the NGO if you have received any healthcare support from them?

- a) Name: _____
- b) I didn't receive any healthcare support

B. Sexual and Reproductive Health

32. How much do you spend on sanitary pads monthly? (Single Response)

- a) Below BDT 50
- b) BDT 50 - BDT 100
- c) BDT 1,00 - BDT 150
- d) BDT 150- BDT 200
- e) BDT 200 +
- f) Do not purchase sanitary pads

33. Have you or your partner been pregnant once? (Single Response)

- a) Yes
- b) No
- c) My partner has been pregnant at least once.

34. (if yes for respondent, partner) How many times have you visited the prenatal clinic during the pregnancy? (Single Response)

- a) 1
- b) 3
- c) 5
- D) 5+ times
- e) My partner/I haven't visited a clinic
- f) My partner/I haven't been pregnant

35. What type of contraceptives you or your partner have purchased? (Multiple Response)

- a) Oral pill
- b) Condoms
- c) Injectable contraceptives
- d) Natural method
- e) Implants
- f) IUD
- g) Vasectomy or tubal ligation
- h) Me or my partner does not use contraceptive
- i) Do not want to discuss

36. Which of these Sexually Transmitted Diseases (STDs) s do you know about? (Multiple Response)

- a) HIV/AIDS
- b) Syphilis
- c) Gonorrhea
- d) Herpes
- e) Hepatitis B

- f) I do not know what a STD is.
- G) Unwilling to discuss

37. Where do you get contraceptives from? (Single response)

- a) Pharmacy
- b) Factory pharmacy
- c) Provided free of cost by factory
- D) Provide free of cost by NGO
- e) I do not purchase contraceptives
- f) Others_____

C. Children and Elderly Member's Health

38. If any family members (dependents) have been sick in the last 30 days, what was the reason? (Multiple Response)

- a) Fever
- b) Pneumonia
- c) Jaundice
- d) Diarrhea
- e) Common Cold
- f) My dependents were not sick.
- g) I don't have any dependents living with me.
- h) Others_____

D. Food and Nutrition

39. How many meals per day do you have? (Single Response)

- a) 1 meal
- b) 2 meals
- c) 3 meals
- d) 3+ meals

40. Which of these did you have in the last 4 days? (Multiple Response)

- a) Bread
- b) Rice/Noodles
- c) Fruit
- d) Vegetables
- e) Animal protein- Chicken
- f) Animal protein- beef
- g) Animal protein- fish
- h) Animal protein- mutton
- i) Legume protein
- j) Milk and milk products
- k) Others_____

41. Which of these foods are hard for you to afford? (Rank 1-3)

Type of Food	Rank
Bread	
Rice/Noodles etc.	
Fruit	
Vegetables	
Animal protein- Chicken	
Animal protein- fish	
Animal protein- beef	
Animal protein- mutton	
Legume protein	
Milk and milk products	
Fast food- burgers, sandwich, fried food	
Others _____	

Chapter 3: Economic Empowerment

A. Social Standing

42. Are you the sole bread winner of the family? (Single Response)

- a) Yes
- b) No

43. How many people do you support? (Single Response)

- a) 1-3 People
- b) 4-7 people
- c) 8-10 people
- d) 10+ people
- e) I don't support anyone else.

44. What are the major spending areas monthly? Put the approximate figure in the box (BDT). (Multiple Response)

Segment	Amount in Figures (BDT)
Housing/ Rent	
Food	
Clothing/cosmetics	
Sending money to family	
Savings	
Medicine/ Doctors' visits	
Child care	
Education	
Transportation	
Recreation	
Sending money back home to village	
Repayment of loan	
Others	

45. Reason for any financial debt? (Multiple Response)

- a) Family needs
- b) Daily needs
- c) Medical emergency
- d) Buying asset (land/home etc.)
- e) Repaying debt
- f) Sending someone abroad
- g) I do not have any financial debt
- h) Others: _____

46. Source of loan? (Multiple Response)

- a) Borrowed from relatives
- b) Local moneylender
- c) From coworkers

- d) From bank
- e) From neighbors
- f) From microfinance institutions
- g) I do not have any loan
- h) Others: _____

B. Basic Financial Management and Literacy

47. What amount of money do you save from your salary monthly? (Single Response)

- a) Below BDT 500
- b) BDT 501- BDT 2000
- c) BDT 2,001- BDT 5,000
- d) BDT 5,001- BDT 8,000
- e) BDT 8,000 +
- f) I do not save money from salary
- g) Not enough money left at the end of the month due to expenses.
- h) Don't want to disclose

48. If you save money, what is the reasons? (Multiple Response)

- a) For future medical expenses
- b) Children's education
- c) To buy land
- d) To invest in a business
- e) To purchase asset e.g. TV, Fridge, Furniture etc.
- f) I do not save money from salary
- g) Not enough money left at the end of the month due to expenses.
- h) Repayment of loan
- i) Others_____

49. How do you save money from your salary? (Multiple Response)

- a) Banking service
- b) DPS
- c) Deposit to Samity/Union account
- d) Post office plan
- e) I keep the savings with me
- f) Not enough money left at the end of the month due to expenses
- g) Friends and Family
- h) Others_____

50. How do you send money to your village home?

- a) Through MFS (e.g. Bkash)
- b) Through someone else
- c) I take it myself
- d) Through post office
- e) I do not send money home
- f) Others_____

C. Access to Financial Services

51. **Have you used any financial service before, if so, which? (Multiple Response)**

- a) MFS (e.g. Bkash)
- b) Bank
- c) I did not use any financial service
- d) Others_____

52. **Do you receive your salary in cash? (Single Response)**

- a) Yes
- b) No

53. **If you do not have a bank account, what is the reason? (Single Response)**

- a) Does not understand banking services.
- b) Does not have enough money for a banking service.
- c) Does not want to use banking services
- d) I have a bank account
- e) Others_____

54. **What financial services would be best for you? (Rank 1-3)**

Criteria	Rank (1-3)
Safe way to save	
Financial advice	
Small loan for medical/personal use	
Direct/salary deposit	
Insurance for emergencies	
Small loan for paying school fees	
Safe way to send money home	
Insurance for health costs	
Small loans for starting business	

D. Wages

55. **What is your monthly basic salary? (Single Response)**

- a) Below BDT 3000
- b) BDT 3000- 5000
- c) BDT 5001 - 7000
- d) BDT 7001- 9000
- e) BDT 9000+

56. **When do you get your salary? (Single Response)**

- a) Beginning of working month
- b) End of working month
- c) Beginning of consecutive working month
- d) Two months in arrear

57. **How do you get your salary? (Single Response)**

- a) Monthly fixed rate
- b) Piece basis
- c) Monthly plus overtime
- d) a+b
- e) a+c
- f) Others_____

Chapter 4: Equality, Acceptance and Social Rights

A. Workplace Negotiations

58. What are your current average working hours daily? (Single Response)

- a) 4-6 hrs.
- b) 7-9 hrs.
- c) 9-11 hrs.
- d) 11 + hrs.

59. What is your average weekly overtime? (Single Response)

- a) Up to 4 hours
- b) 4-6 hrs.
- c) 7-9 hrs.
- d) 9-11 hrs.
- e) 11 + hrs.
- f) I do not work overtime.

60. Who helps you in the salary negotiation process? (Multiple Response)

- a) Individually
- b) Team based
- c) Floor based/department based
- d) Union based
- e) We do not engage in salary negotiations
- f) Others _____

61. Has your pay increased in the last one year? (Single Response)

- a) Yes
- b) No

62. By how much has it increased? (Single Response)

- a) Less than 10%
- b) 10%
- c) 20%
- d) 30%
- e) 40%
- f) 50%
- g) 50%+
- h) It hasn't increased

63. On an average do male members earn more than female members? (Single Response)

- a) Yes
- b) No
- c) Do not know

Chapter 5: Educational and Professional Development

A. Basic Education and Literacy

64. Can you read? (Single Response)

- a) Yes
- b) No

65. Can you write? (Single Response)

- a) Yes
- b) No

66. Do you understand basic calculations (addition, subtraction, percentage, division, multiplication etc.)? (Single Response)

- a) Yes
- b) No

B. Professional Skills Development

67. What type of organized training have you received? (Multiple Response)

- a) Short term technical/vocational training
- b) Long term technical/vocational training.
- c) In-house apprenticeship
- d) Others_____

68. For how long have you worked in your current position? (Single Response)

- a) 3-6 months
- b) 6 months to 1 year
- c) 1-2 years
- d) 2-3 years
- e) 3- 4 years
- f) 4-5 years
- g) 5-10 Years
- h) more than 10 years

69. "I'm satisfied with my current job" How much do you agree to this statement? (Scale)

1-Highly agree	2- Agree	3- Neutral	4- Disagree	5- Highly disagree
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70. What type of organized technical training have you received? (Multiple Response)

- a) Training on how to do my current job
- b) How to use other equipment in the factory

- c) Quality control
- d) I did not receive any training
- e) Fire Drill/Training
- f) Others _____

71. What type of personal development and life skills training have you received? (Multiple Response)

- a) Formal education courses
- b) Communication and negotiation skills
- c) Computer skills
- d) Language skills
- e) Supervisory skills
- f) Others – tailoring, embroidery, machine repair
- g) I did not receive any personal development and life skill training

72. Which type of training would you prefer to have? (Multiple Response)

- a) Technical Training
- b) OSHA/Compliance training
- c) Personal/life skills training
- d) Others _____

Chapter 6: Demographic

73. Gender (Single Response)

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
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74. Age: (Single Response)

<input type="checkbox"/> Below 13 years	<input type="checkbox"/> 13-19 years	<input type="checkbox"/> 20-25 years	<input type="checkbox"/> 26-30 years	<input type="checkbox"/> 31-35 years	<input type="checkbox"/> Above 40 years
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75. Which department of the factory do you work in? (Single Response)

<input type="checkbox"/> Sewing	<input type="checkbox"/> sample-making	<input type="checkbox"/> washing	<input type="checkbox"/> cutting	<input type="checkbox"/> quality control	<input type="checkbox"/> design	<input type="checkbox"/> training	<input type="checkbox"/> embroidery	<input type="checkbox"/> finishing
Others__								

76. Educational Status: (Single Response)

<input type="checkbox"/> No School	<input type="checkbox"/> Incomplete Primary	<input type="checkbox"/> Primary	<input type="checkbox"/> Incomplete Secondary
<input type="checkbox"/> Secondary	<input type="checkbox"/> Incomplete high school education	<input type="checkbox"/> Higher education	

77. Current location of residence: (Single Response)

Location: _____

78. Marital Status (Single Response)

<input type="checkbox"/> Single	<input type="checkbox"/> Married with no kid	<input type="checkbox"/> Married with 1 kid	<input type="checkbox"/> Married with 2 kids
<input type="checkbox"/> Married with more than 2 kids	<input type="checkbox"/> Other		

79. Number of family members in your home (Single Response)

<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> More than 10
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80. What is your monthly Household income (in BDT)? (Single Response)

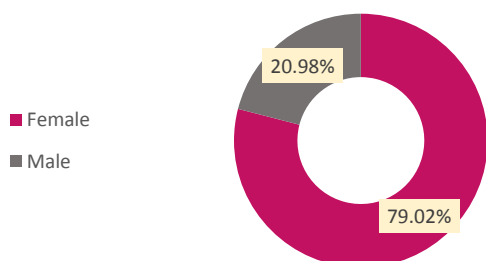
- a. Below 5,000
- b. 5,001 - 7,000
- c. 7,001 - 9,000
- d. 9,001 - 11,000
- e. 11,001 - 13,000
- f. 13,001 - 15,000
- g. More than 15,000

81. What is your monthly Household Expenditure (in BDT)? (Single Response)

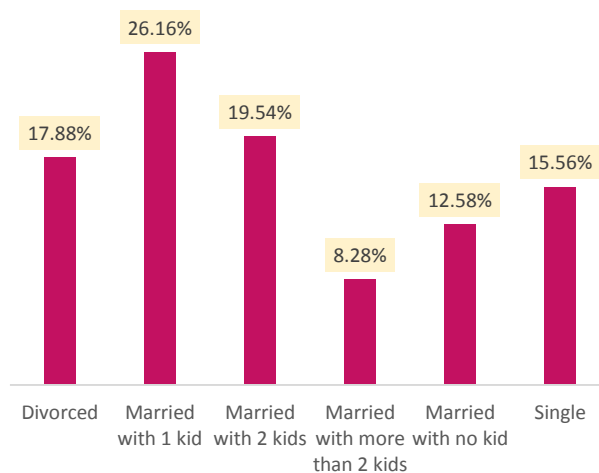
- a. Below 5,000
- b. 5,001 - 7,000
- c. 7,001 - 9,000
- d. 9,001 - 11,000
- e. 11,001 - 13,000
- f. 13,001 - 15,000
- g. More than 15,000

Annex 2: Additional Charts

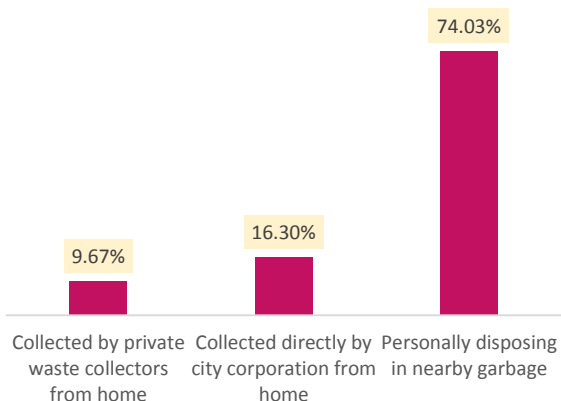
Gender



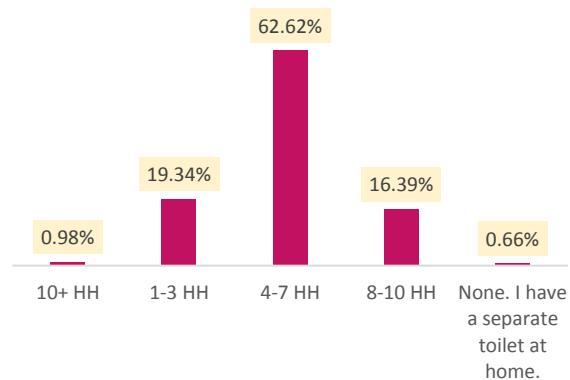
Marital Status



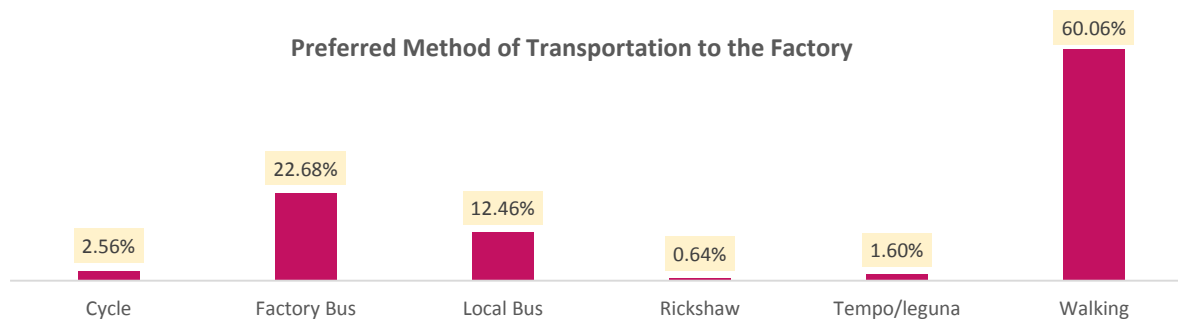
Method of Solid Waste Disposal



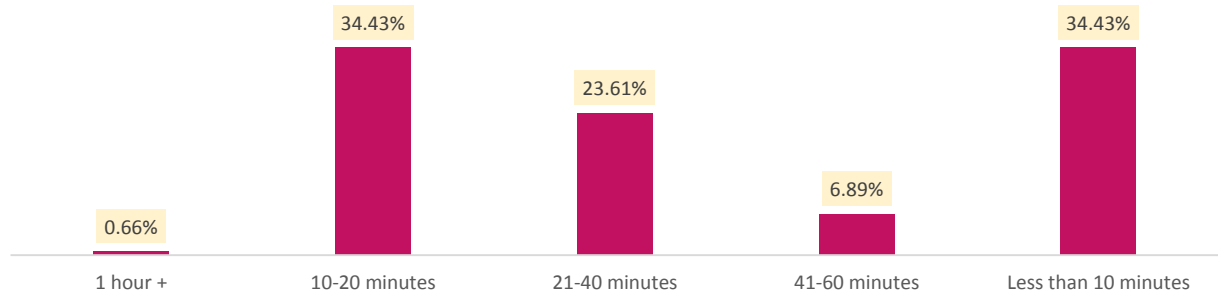
Toilets Shared With Number of Households (HH)



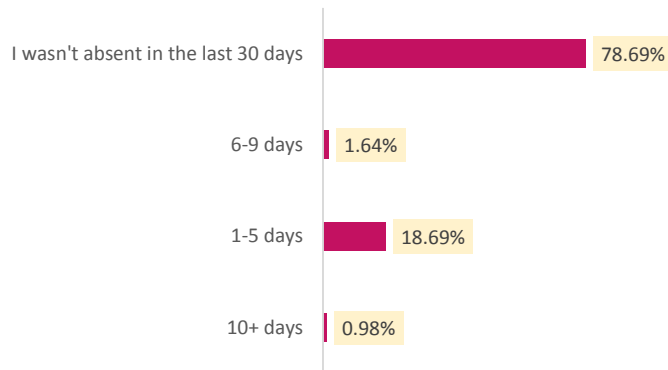
Preferred Method of Transportation to the Factory



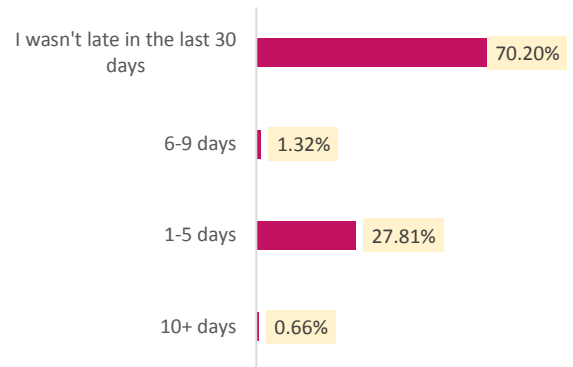
Commuting Time



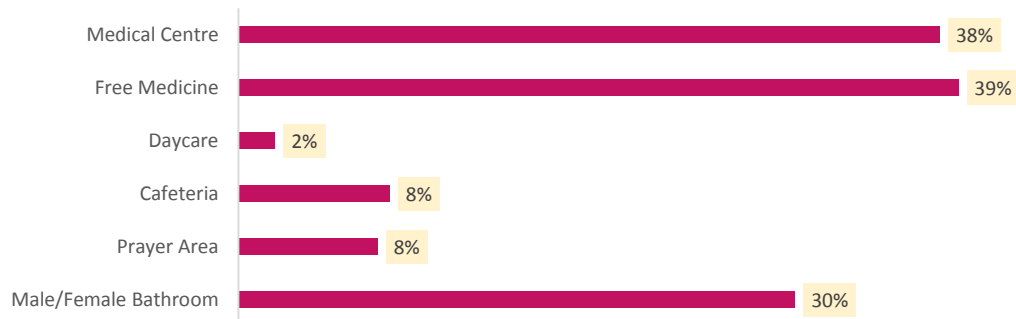
Absenteeism



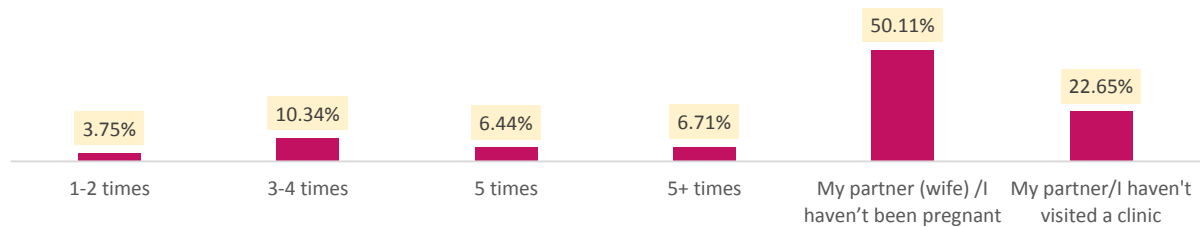
Late for Work



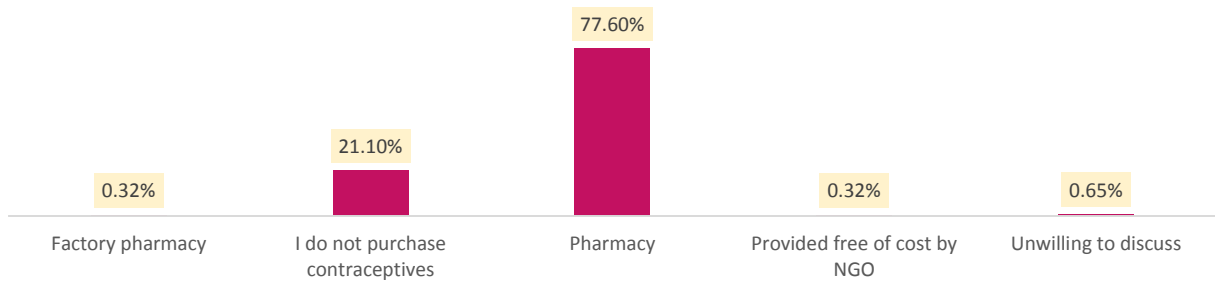
Additional Facilities Wanted By Workers



Number of Visits to Prenatal Clinics During Pregnancy



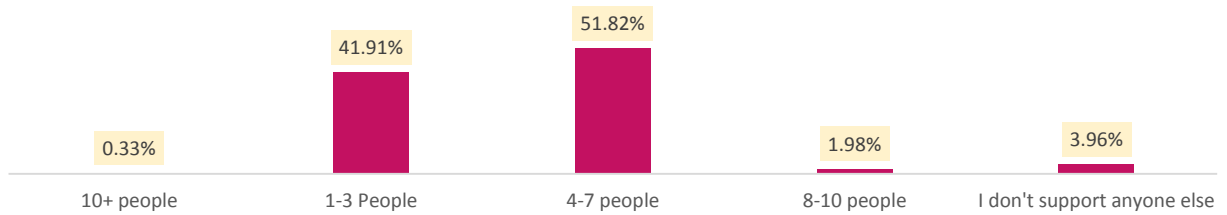
Source of Contraceptives



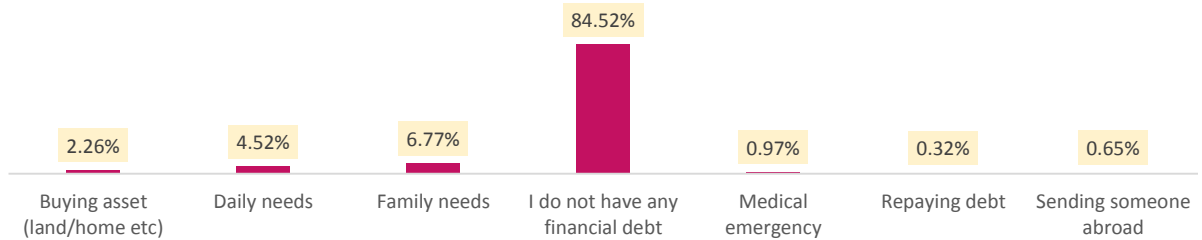
Meals Per Day



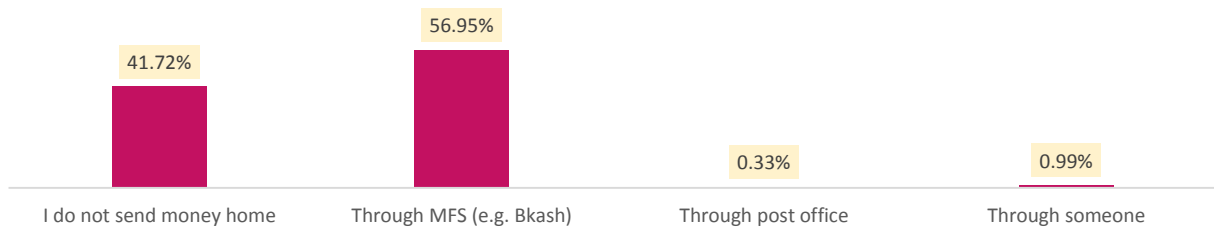
Number of Dependents



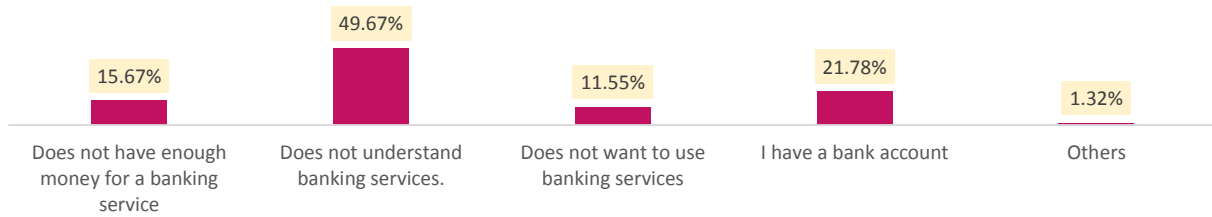
Reasons For Financial Debt



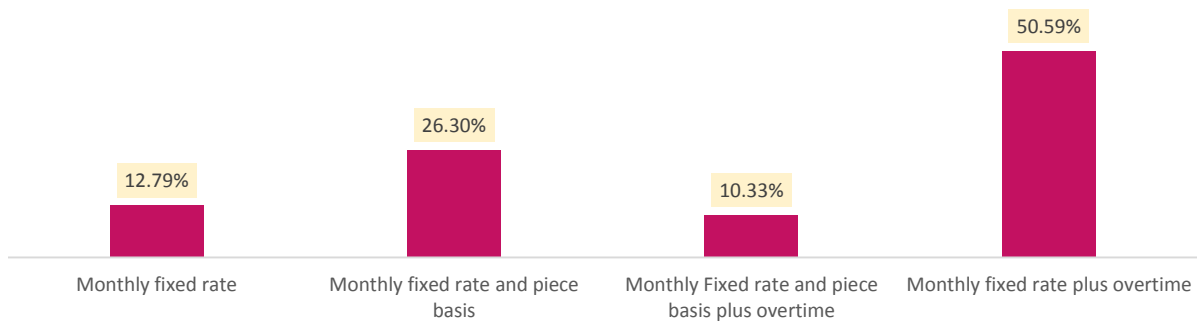
Method of Sending Money Home Village



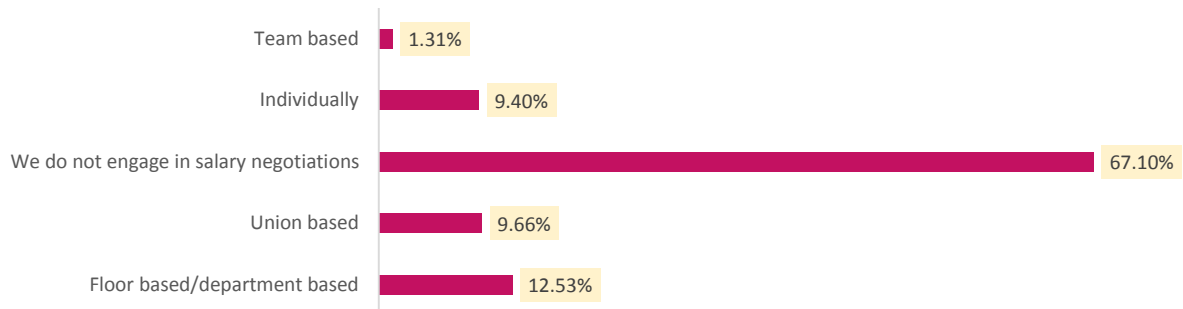
Reason for Not Having a Bank Account



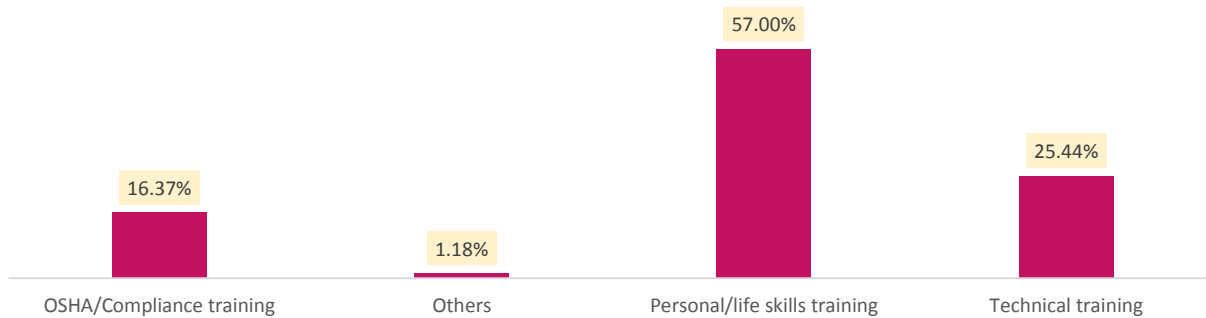
Method of Salary Payment



Assistance in Salary Negotiation Process



Types of Training Preferred



© LightCastle Partners
Suit B1 | House 19 | Road 13 Block G Niketan
Gulshan-1 | Dhaka 1212 | Bangladesh

Mobile: +8801711385988

Web: www.lightcastlebd.com

Real Time Consumer Research: www.lightcastledata.com

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