IMPLEMENTING A BABY-FRIENDLY WORKPLACE INITIATIVE IN KENYA
Lessons learned from supporting exclusive breastfeeding in a private tea plantation in Kericho
An innovative baby-friendly workplace initiative is being undertaken at a private tea plantation in Kericho, Kenya to support breastfeeding mothers as they return to work. The initiative provides mothers with time, space and support for breastfeeding, including maternity leave, affordable child care, lactation counselling, nursing breaks and dedicated nursing spaces.

In Kericho, this support has been effective in increasing breastfeeding rates, improving worker retention and fostering greater satisfaction at work. In just two years, the initiative demonstrated its feasibility, effectiveness and cost-effectiveness, providing proof of a scalable working model. This Field Innovation story shares valuable lessons for embedding maternity and child rights into business practices in Kenya and beyond.

The tea plantation: a business and a community

Established at the inception of the tea industry in Kenya in the 1920s, the Kericho tea plantation spans a vast 8,700 hectares of land. It provides employment to 12,000 permanent workers and up to 5,000 seasonal workers; 32 per cent of all workers are women.\(^1\) Tea estate workers live with their families in small concrete homes with basic comforts: a rudimentary cooking area, a living room, solar-generated electricity and communal access to clean drinking water and toilets. The tea estate provides access to social halls, schools, grocery shops, free health care – and more recently, as part of this initiative – affordable day-care centres. It is home to approximately 80,000 plantation workers and their families, living in 112 villages.

The tea business is labour intensive. An estimated 90 per cent of tea is picked by hand,\(^2\) with work following a set routine: At dawn, tea pickers are assigned to a group and given a location for picking. They move along rows of tea bushes with large baskets slung to their backs and employ careful, repetitive movements to break off the buds at the end of the branch. They are paid based on the weight of leaves picked in the day, with a minimum target of 33 kilograms. Tea pickers can earn up to US$70 or 80 (7000–8000 Kenyan Shillings) a month.

In line with the Kenya Employment Act, 2007, the tea plantation grants permanent workers three months of paid maternity leave and two weeks of paid paternity leave, which may be combined with one-month of annual leave. Breastfeeding breaks or a reduction in working hours are also permitted.

Exclusive breastfeeding: a challenge for tea plantation workers

Nationally, breastfeeding rates in Kenya are on the rise. Exclusive breastfeeding rose from just 13 per cent in 2003 to 61 per cent in 2014.\(^3\) Despite this national progress, mothers engaged in formal and informal work still face important barriers to breastfeeding.\(^4\)

Before the baby-friendly workplace initiative was introduced in Kericho in 2016, only 20 per cent of infants living on the tea plantation were exclusively breastfed.\(^5\) Maternal, infant and young child nutrition was not prioritized and the lack of quality child care meant that working mothers had to leave their babies with village caregivers, house-help and older siblings for long hours. Babies were often fed with water, cow’s milk or porridge to appease their hunger until their mothers returned.

The baby-friendly workplace initiative in Kericho aimed to address these barriers with an innovative public-private partnership aiming to better support breastfeeding mothers and their babies.
Caroline Simatwa, a tea picker, breastfeeds her baby Abigail, at home in Kapkorech Village, Kericho, Kenya. © UNICEF/UN0228388/Appleton
A comprehensive programme to support early childhood nutrition

The baby-friendly workplace initiative was launched in 2016 at a private tea plantation in Kericho with the support of UNICEF and the county Ministry of Health. The initiative aimed to increase working mothers’ access to and demand for breastfeeding support to improve early childhood nutrition. Its launch in Kericho preceded the enactment of the Kenya Health Act, 2017, a landmark national policy protecting the rights of breastfeeding mothers in workplaces across the country (see Box 1).

Recognizing that breastfeeding mothers needed support from families, health workers, communities and workplaces, UNICEF used a communication for development approach and leveraged global evidence on effective workplace and community exclusive breastfeeding promotion to design the programme. The programme was implemented through four distinct channels: the workplace, day-care centres, health facilities, and villages (shown in Figure 1). A multi-stakeholder working group was established to monitor the initiative, including county and National Ministries of Health, UNICEF, the tea plantation management, the Kenyan Private Sector Alliance (KEPSA) and Kabarak University.

BOX 1
Protecting breastfeeding with policy

On 23 June 2017, the Kenyan Parliament passed the Health Act, 2017 to protect the rights of breastfeeding mothers in the workplace. The Act marked an important advancement in the breastfeeding rights of Kenyan mothers. UNICEF played a role in advocating for this Act in partnership with the Ministry of Health and the Kenyan Private Sector Alliance. A Ministry of Health working group was established to develop guidelines and tools to operationalize workplace breastfeeding programmes nationwide.

The Health Act, 2017 requires all employers to:

- Establish breastfeeding stations with necessary equipment and facilities;
- Take strict measures to prevent any direct or indirect promotion, marketing or selling of infant formula and/or breastmilk substitutes in breastfeeding stations;
- Grant all breastfeeding employees paid breaks, in addition to regular time-off for meals, breastfeeding, or breastmilk expression, for up to one hour of every eight-hour working period.
In the workplace: Workplace interventions in the tea plantation focused on disseminating baby-friendly workplace policies, sensitizing managers, supervisors and employees across the business and equipping the social welfare team with the capacity to become the plantation’s focal points in facilitating access to workplace accommodations. In November 2016, in advance of the enactment of the Health Act, 2017, (Box 1), the tea plantation’s Executive Director issued a written statement supporting enhanced maternity protection policies, which granted breastfeeding working mothers two daily breaks of 45 minutes each, flexible work options, and lighter workloads.

In day-care centres: Two new day-care centres were inaugurated to offer affordable quality care for young children aged 3 months to 3 years, with nearby breastfeeding rooms where mothers could breastfeed or express breastmilk. Professional day-care providers received UNICEF training on infant and young child feeding and early childhood development. The first day-care centre was launched in April 2017 by the tea plantation’s Executive Director, in partnership with the county Ministry of Health and UNICEF.

In health facilities. The initiative was supported in health facilities by the county Ministry of Health nutrition team through continuing education on maternal, infant and young child nutrition, workplace policy awareness-raising sessions and supportive supervision provided to health care workers.

In villages: UNICEF supported a team of one coordinator, three supervisors and 82 community health volunteers to implement a baby-friendly community initiative (BFCI) – an effort to extend support to the community in the tea estate. During household visits, community health volunteers counselled around 200 pregnant and breastfeeding women each month using Ministry of Health-approved messages and tools, and accompanied them through pregnancy, after delivery and during the first year of their child’s life. The BFCI included 22 mother-to-mother support groups to provide peer support to mothers; and community mother support groups (advisory committees for community-level activities), which included grandmothers, spouses and opinion leaders, to accelerate change at community level.
Achieving results – for mothers, babies and business

For children: better nutrition, health and development

An evaluation of the baby-friendly workplace initiative in Kericho, between October 2016 and July 2018, showed that investing in better breastfeeding support for working mothers can improve breastfeeding practices, protect children’s health and empower women workers and communities (Figures 2, 3 and Box 3).

According to the reports of mothers, close to nine out of ten infants under age 1 were breastfed in the first hour of life. There was a statistically significant four-fold increase in exclusive breastfeeding in mothers working in the plantation, with eight out of ten infants under 6 months of age receiving only breastmilk (Box 2), compared with two out of ten previously. Most infants were directly fed to the breast; less than one out of every ten breastfeeding mothers reported expressing breastmilk.7

Mothers, fathers and day-care providers observed that infants and young children were experiencing fewer illnesses, such as cough, fever and diarrhoea. This observation was supported by endline findings, which showed statistically significant declines in the incidence of fever (6.9 percent), and diarrhoea (12.4 percent). Families connected these health improvements with a better understanding of the nutritional needs and recommended feeding practices for young children, such as providing only breastmilk from birth to 6

Figure 2: Changes in recommended breastfeeding practices and incidence of childhood illnesses, from baseline to endline

Box 3: The investment case for workplace breastfeeding support

UNICEF supported the research agency, Africa Population Health Research Centre (APHRC), to independently monitor and evaluate the feasibility, effectiveness, business case, and scalability of the tea plantation’s baby-friendly workplace initiative. The results were positive: Every US$ invested yielded a 111 per cent return on investment.
months of age (no water, other liquids or foods) and introducing soft, semi-solid and solid foods at 6 months. Day-care centres were seen as contributing to these changes by providing a safe, clean, affordable and happy place to care for and nourish young children.

For mothers: better knowledge on breastfeeding and working mothers’ rights

Nine out of ten mothers reported receiving counselling from community health volunteers during the initiative, resulting in improved breastfeeding knowledge and skills. Working mothers’ awareness of their maternity rights improved, with more mothers accessing key breastfeeding accommodations in the workplace (Figure 3).

Working mothers reported feeling better able to manage work and breastfeeding. Their uptake of day-care and breastfeeding accommodations had positive effects on their mental health and productivity, with many reporting they experienced less stress, greater peace of mind, and an improved ability to plan, which increased their attention at work. Mothers also disclosed that with fewer child illnesses, they in turn missed fewer days of work.

Mothers’ success in combining breastfeeding and working was facilitated by supportive team leaders and spouses. Team leaders’ compliance with breastfeeding policies allowed working mothers to take breastfeeding breaks and adjust their schedule and duties in order to breastfeed. Spousal support was manifested through encouragement as well as practical and financial support. Working lighter duties in order to breastfeed resulted in a temporary decrease in pay, which spouses may have compensated for by increasing their own workload.

For business: a supportive culture and stronger partnerships

The initiative improved the well-being of tea estate employees and their families while maintaining business needs. Working mothers reported enjoying a more supportive workplace culture for breastfeeding thanks to the understanding and encouragement of their supervisors. While some tea pickers willingly opted for lighter duties and a reduced income for a short period in order to exclusively breastfeed, there was no indication that working and breastfeeding had an impact on average productivity. In terms of productivity, evaluation results revealed that although
working mothers may have spent fewer hours at work, their overall productivity was relatively the same. (Figure 4)

Another benefit of the initiative was the tea estate’s social welfare unit becoming more firmly established as the gatekeeper to workers’ and communities’ well-being. The unit played an important role in strengthening relationships between the tea estate and the county Ministry of Health, paving the way to continued capacity building and sharing of information.

**For communities: stronger support systems**

Communities benefited from an improved understanding of maternal, infant and young child nutrition through the establishment of community mother support groups. With the new nutrition knowledge acquired through these groups, many villages revived, enriched and expanded existing kitchen gardens. In some villages, 80% of the households maintained kitchen gardens to grow nutrient-rich foods such as kale, spinach, black night shades, pumpkin and tomatoes. Thanks to the rich indigenous soil and small plots, kitchen gardens were perceived as an easy, cost-effective and income-generating activity for households that chose to sell vegetables in local markets.

![Figure 4. Comparison of the work performance of breastfeeding mothers at baseline and endline (p>0.05)](image)

Dorcas Syengo, 32, picks green leafy vegetables full of nutrients from her kitchen garden to prepare lunch for her family.
Challenges to effective workplace support for breastfeeding mothers

- Breastmilk expression, storage and handling: Some parents voiced concerns about breastmilk expression and handling, and the potential for contamination or misuse by the caregiver. More time and experience are needed for this practice to be accepted and adopted.

- Perceived costs: Some mothers did not use baby-friendly workplace day-cares because they considered them too expensive. For others, the day-care centres were far away from their homes and inconvenient. In response to the latter, the tea plantation plans to expand the provision of quality day-care.

- Recruitment, retention and acceptance of community health volunteers: It was challenging to recruit and retain community health volunteers, and some expressed difficulties in being accepted by parents due to their youth and lack of experience. UNICEF, the county Ministry of Health and the tea plantation responded to this challenge by ensuring community health volunteers were formally introduced to communities. The tea plantation also intends to work with existing peer educators, who are workers in the tea plantation, to conduct community-based maternal, infant and young child nutrition activities.

- Supervisor support: There were reports of inconsistencies in supervisors’ compliance with workplace breastfeeding policies. Some supervisors were reluctant or refused to comply, while others made breastfeeding breaks compulsory. In other cases, tea workers were reluctant to request breastfeeding breaks. The tea plantation plans to address this challenge through improved training for supervisors and other management staff.

- Social inequities: The initiative made apparent and may have unintentionally exacerbated existing social inequities in the tea plantation by emphasizing differences between groups, such as: office workers (whose job sites and salaries are fixed) and tea pickers (who work in a variety of sites and often earn lower, performance-based wages); permanent
tea pickers (who are entitled to maternity protection) and seasonal tea pickers (who are not entitled to maternity protection, despite usually being women); and families who reside near the day-care centres and those who live far away.

- **Reaching all children:** While the initiative covered all villages in the tea plantation intervention sites, some parents and children were not reached, such as those residing outside of the tea plantation, those whose parents lived away from home (and were raised by their grandparents), those whose parents who resisted participating in the programme, and those cared for by village caregivers (*mama kijijis*) who were the preferred day-care providers for many plantation workers.

### Lessons learned from implementing a workplace breastfeeding programme

**Use existing workplace systems to amplify benefits and save on costs:** The initiative leveraged existing management and community systems and structures as sustainable channels for reaching tea plantation workers. For example, master meetings, which are held every morning with tea pickers, were used to present the benefits of exclusive breastfeeding and misconceptions related to breastmilk expression, storage and handling.

**Nurture those who support employee health and well-being:** The social welfare team was effective in convening partners engaged in the baby-friendly workplace initiative and in facilitating day-care and breastfeeding accommodations for tea estate employees. Confidence in their role and responsibilities increased among both team plantation employees and managers as a result of this initiative.

**Build middle management understanding and capacity:** Engaging and supporting middle managers from the start of the initiative improved their buy-in and participation in the initiative, making them more likely to adhere to workplace breastfeeding accommodations.

**Expand strategies to reach all caregivers:** The tea estate’s social welfare team is working with village caregivers (*mama kijijis*) to improve and standardize the quality of day-care provided in villages and reach more children.

**Address access-related inequities:** An analysis of potential social and financial inequities should be carried out to address unintended negative outcomes of a baby-friendly workplace initiative.

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**Improve demand for breastmilk expression and storage** – More time is needed for breastmilk expression, storage and handling to be accepted and adopted. Efforts to improve demand for these practices should continue to sensitize and train parents in these skills, while debunking misconceptions.

**Build on the success of quality day-care provision** – Establishing affordable and high-quality day-care centres introduced a major shift in working mothers’ peace of mind and overall well-being – a benefit that should be replicated in other settings to overcome this urgent challenge facing working mothers and their families.

### What lies ahead: Workplace breastfeeding for the future

The experience of implementing a baby-friendly workplace initiative in a Kericho tea plantation demonstrates how key accommodations for breastfeeding mothers can improve infant and young child nutrition and increase mothers’ satisfaction in the workplace, while maintaining business objectives.

With the continued support of UNICEF and the county Ministry of Health, the community component of the initiative is being strengthened, including through community peer education and village committees, with 75 community actors trained in 2018. Efforts will also be made to involve experienced mothers as mentors and to better engage with fathers, while addressing the social inequities that prevent some working mothers from accessing day-care and breastfeeding support.

The county Ministry of Health is exploring opportunities to expand its support to other formal agricultural settings in the county to maximize the reach and positive results of the baby-friendly workplace initiative.

At the national level, the Ministry of Health, with UNICEF support, will share the experience in Kericho with other counties to highlight opportunities for businesses to engage in social protection programmes and strengthen their support for breastfeeding among working mothers. It will also develop evidence-based tools to guide government institutions, businesses and civil society organizations in implementing family- and baby-friendly workplace programmes.
Generating evidence to inform the design of a scalable model to reach children of working mothers to improve infant and young child nutrition and early childhood development.

Providing guidance to create policies and operational strategies and tools for securing a baby-friendly workplace environment.

Working closely with partners to coordinate advocacy and partnerships for implementing a baby-friendly workplace initiative.

Bringing together partners from government, business and NGO sectors to design, implement and monitor baby-friendly workplace initiatives.

Endnotes

1 Communication by the tea plantation’s Social Welfare Manager in 2017.


3 Kenya Demographic and Health Survey (DHS) 2014.


7 Between baseline and endline surveys, the practice of expressing breastmilk remained low at endline, rising to only 8.2 per cent from 6.8 per cent.

8 On the contrary, the endline survey indicates that tea pickers’ productivity (measured by the number of tea leaves picked) was comparable to baseline results.

9 Informants estimated that 40 percent of male tea workers had homes outside of the tea estate.