



REPUBLIC OF KENYA
MINISTRY OF HEALTH

IMPLEMENTATION FRAMEWORK FOR SECURING A BREASTFEEDING FRIENDLY ENVIRONMENT AT WORK PLACES



2020-2024



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STATEMENT BY CS



Breastfeeding is recognized as a human rights issue for babies and mothers and therefore it should be protected, supported and promoted for the benefit of both. In Kenya, these rights are enshrined in the Constitution under article 53 (1c) which gives every child the right to basic nutrition, shelter and health care, Article 43 (1c) on economic and social rights provides for freedom from hunger and to have adequate food of acceptable quality. Breast milk provides the basic nutrition for infants and young children and it is a sustainable source of

food security for this vulnerable group and contributes to prevention of malnutrition in all its forms. Protecting, promoting and supporting breastfeeding is essential in the realization of sustainable development goals (SDGs), particularly SDG 1 (end poverty in all of its forms everywhere), SDG 2 (end hunger, achieve food security and improved nutrition and promote sustainable agriculture) and SDG 10 (reduce inequality within and among countries).

In 2012, the World Health Assembly Resolution 65.6 endorsed a comprehensive implementation plan on maternal, infant and young child nutrition, which contained six global nutrition targets for 2025. One of the targets is to increase the rate of exclusive breastfeeding in the first six months to at least 50%. Although Kenya realized the target in 2014 where the rate of exclusive breastfeeding was reported at 61%, the national target set in the Kenya Nutrition Action Plan is 80% by 2022. Exclusive breastfeeding for the first six months has been identified as a high impact nutrition intervention that could save more than 800,000 children's lives in the world annually and hence an important strategy in the reduction of infant and child mortality. Additionally, investing in breastfeeding results in economic gains; a study published in the Lancet magazine in 2016 reported that every \$1 invested in breastfeeding generates \$35 in economic returns.

The government has created conducive legislative, regulatory and policy environment to protect, promote and support breastfeeding: Employment Act 2007 provides for 3 months fully paid maternity leave and two weeks paternity leave; Breast Milk and Substitutes (regulation and control) Act 2012 provides for appropriate marketing and distribution of breast milk substitutes and promotion of breastfeeding; and the Health Act 2017 under article 71 and 72 requires all employers to establish lactation stations in the workplace and provide breaks intervals for nursing employees. The Ministry has developed the "Implementation framework for securing a breastfeeding friendly environment at workplaces" whose implementation is expected to contribute to reduction of infant and young child morbidity and mortality and realization of global, regional and national social economic goals, including the Universal health coverage and food and nutrition security pillars of the Big four agenda of the government.

The Ministry shall work with all stakeholders and partners in developing social support systems to protect and facilitate the implementation of this framework. We are committed to providing policy and technical guidance that supports women employees, their families and communities to practice optimal maternal, infant and young child feeding.

A handwritten signature in blue ink, consisting of a stylized 'M' followed by a long, sweeping horizontal line that loops back under the 'M'.

Sen. Mutahi Kagwe., EGH

CABINET SECRETARY

STATEMENT BY PS



The World Health Organization (WHO) recommends that infants should exclusively breastfeed for the first six months and thereafter introduced to appropriate complementary foods with continued breastfeeding until 24 months of age or older. According to the 2014 Kenya Demographic and Health Survey, 61% children are exclusively breastfed, 23% are fed on breastmilk and other liquids, 15% on breastmilk and complementary food while one percent are not breastfed. There is evidence that breastfeeding improves the survival, health, and development of all children and it is therefore recognized as a human rights issue for babies and mothers. The government is committed to protecting, supporting and promoting breastfeeding for the benefit of the babies, mothers and communities as evidenced in several legislations and policies.

The Kenya Health Policy 2014-2030 has identified suboptimal breastfeeding and child undernutrition among the leading risk factors to good health. Some of the leading barriers to exclusive and continued breastfeeding include maternal employment, lack of family, community and workplace support, maternal undernutrition and maternal knowledge on breastfeeding. The Ministry has developed and disseminated to the counties policies and guidelines relevant to maternal, infant and young child nutrition. Furthermore, exclusive breastfeeding is one of the high impact nutrition interventions promoted to contribute to reduction of child morbidity and mortality.

The Ministry has also developed the multisectoral Kenya Nutrition Action Plan (KNAP) 2018-2022 whose objective is to accelerate and scale up efforts towards the elimination of malnutrition in line with Kenya's Vision 2030, sustainable development goals and the World health assembly nutrition targets. One of targets in the KNAP is to increase the rate of exclusive breastfeeding from 61% to 75% by 2022 through strengthening delivery of maternal, newborn, infant and young child nutrition services. In recognition of the challenges faced by working mothers in sustaining breastfeeding on return to work, the Health Act 2017 provides for every employer to establish a lactation room and provide flexible working hours for nursing employees. There is evidence that workplace breastfeeding support programmes are able to contribute to increased rates and duration of breastfeeding.

The Guidelines for Securing a Breastfeeding Friendly Environment at the Work Place, 2018 provides direction to the public and private sector on securing conducive environment for supporting female employees. Additionally, Implementation framework for securing a breastfeeding friendly environment at workplaces has been developed. It provides the national roadmap for coordinated implementation and monitoring of interventions geared towards support for breastfeeding at workplaces.



Susan N. Mochache, CBS
PRINCIPAL SECRETARY

STATEMENT BY DIRECTOR GENERAL



Breastfeeding is the optimal nutrition for infants and is vital to a child's lifelong health. The World Health organization recommends that infants should be exclusively breastfed for the first six months and continued breastfeeding with introduction of appropriate complementary foods upto two years or beyond. Breastfeeding has major benefits to both the mother and the baby and is directly linked to reducing the death toll of children under five by about 13 percent. Infants who are partially breastfed or not breastfed at all are at greater

risk of death due to diarrhoea and other infections. However, successful breastfeeding requires a conducive environment and nursing mothers be supported, encouraged and counselled.

In May 2012, the Sixty-fifth World Health Assembly(WHA) endorsed the comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition(MIYCN). The MIYCN Plan includes six global nutrition targets to be achieved by 2025: 40% reduction of the number of children under five who are stunted; 50% reduction of anaemia in women of reproductive age; 30% reduction of low birth weight; no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first six months up to at least 50%; and reduce and maintain childhood wasting to less than 5%.

Kenya adopted the global nutrition targets and has outlined the key strategies for improved MIYCN in various policy and technical guidelines. The National MIYCN Policy (2013), MIYCN strategy 2012-2017 and the revised MIYCN policy summary statement 2018 lay emphasis on the exploitation of the critical 'window of opportunity' from pre-pregnancy until two years of age – the first 1000 days. During the antenatal clinic, pregnant mothers are counselled on MIYCN including breastfeeding and advised to deliver in hospital. The ministry is also promoting the ten steps to successful breastfeeding - Baby-friendly Hospital Initiative (BFHI)- which consists of policies and procedures that facilities providing maternity and newborn services should implement to support breastfeeding. The Baby friendly community initiative (BFCl) promotes community-level interventions for supporting breastfeeding.

Recognizing that over half (52%) of women return to work within 3 months after delivery and face challenges hindering successful breastfeeding, the ministry has developed guidelines for securing a breastfeeding friendly environment at workplace. The goodwill from private sector in supporting breastfeeding is evident with at least 40 private companies having established lactation rooms in 2018 through an initiative dubbed "Better business practices for children" and a few extending paid maternity leave to 6 months. Evidence shows that availability of lactation rooms and provision of breaks to enable nursing employee express breast milk increased the rate of breastfeeding at six months by 25% (Dabritz HA et al, 2009).

The "Implementation framework for securing a breastfeeding friendly environment at workplace, 2018-2022" identifies six focus areas and strategies need to protect, promote and support breastfeeding at the workplace in line with the provisions in the Health Act, 2017.

A handwritten signature in black ink, appearing to read 'Patrick Amoth'.

Dr. Patrick Amoth

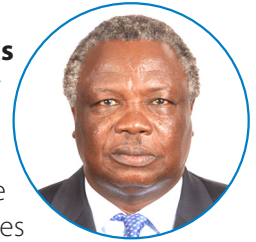
AG. DIRECTOR GENERAL FOR HEALTH

STATEMENTS OF COMMITMENT

The following are statements made by key stakeholders in support of breastfeeding at the workplace.

Mr Francis Atwoli, Secretary General Central Organization of Trade Unions

– Kenya (COTU – K) “Breastfeeding is unequalled way of providing ideal food for the health growth and development of infants without putting strain on household budgets. It is a perfect example of zero waste hence a winning goal. There is need to mobilize public awareness, increase advocacy and redress priorities in the ILO convention 183 of 2000 on maternity protection. The Health Act, 2017 requires support for breastfeeding women at work, establishment of lactation stations within workplace and provision of flexi working hours for breastfeeding women thus promoting the health and welfare of female breastfeeding workers. COTU – K is committed towards ensuring breastfeeding is protected, promoted and supported. Working women in both informal and formal sectors need **time, space and support** to balance their roles. Increased advocacy on social protection, gender equity and equality will build worker’s capacity on work place health support systems.”



Mr. Albert Njeru, Executive Board Member, COTU – Kenya and General Secretary, Kenya Union of Domestic, Hotels, Educational Institutions & Hospital workers (KUDHEIHA)

“Breastfeeding is not only a mother’s responsibility; it requires support from governments, health care systems, families, communities, employers and workplaces. There is need to leverage all sectors of society to make breastfeeding successful for mothers and babies. Breastfeeding and work must be understood as a matter of rights and gender equality. Women should be able to combine breastfeeding and paid work without discrimination or disadvantage. We must work together to ensure that women in the formal and informal sectors have the parental social protection that they need through creating breastfeeding friendly environment.”



Ms. Carole Kariuki, Chief Executive Officer, Kenya Private Sector Alliance (KEPSA)

“As the Apex body for the Private Sector in Kenya with over 500,000 members through Companies and Business Membership Organizations, KEPSA recognizes the value accrued from supporting breastfeeding female employees. It is in this regard that we advocate and lobby for breastfeeding friendly work place environment through the Better Business Practices for Children Initiative to ensure that children get a good start in life. Mothers who are supported to combine work and breastfeeding are more productive because of decreased absenteeism and less worry about their children”.



Ms. Gloria Ndekei, OGW, KEPSA Foundation Trustee and Better Business Practices for Children (BBPC) Project Advisor

“Give women enough child care support, and they will think freely, they will innovate and participate more effectively in business. They will become better and more reliable workers. Better Business practices for children is essential for improving young women participation in Economic Development.”



Ms. Jacqueline Mugo, Chief Executive Officer, Federation of Kenya’s Employers

“Balancing work and family life, including breastfeeding, is necessary for women’s rights. A strong, healthy and vibrant workforce for a better society. The Federation is taking up the call to support female employees in being able to breastfeed while at work. Many of the 2500 members in the federation are keen on providing an enabling environment for breastfeeding mothers.”



ACKNOWLEDGMENTS



The National Implementation Framework for securing a breastfeeding friendly environment at workplace, 2018-2022 was developed through a consultative process. Much appreciation goes to the breastfeeding friendly workplace taskforce members drawn from the Ministry of Health (Nutrition and Dietetics Unit); Community Health Unit; Quality Assurance and Standards Unit; National AIDS and STI Coordination Program (NASCO); Kenyatta National

Hospital (KNH); Ministry of East Africa Community, Labour and Social Protection; United Nation Children's Fund (UNICEF); World Health Organization (WHO); Action Against Hunger (ACF); Agakhan Foundation; World Vision Kenya (WVK); Feed the Children; International Medical Corps (IMC); Nutrition International (NI); Kenya Private Sector Alliance (KEPSA); Federation of Kenya Employers (FKE); Central Organization of Trade Unions- Kenya (COTU-K); African Population and Health Research Centre (APHRC); Jomo Kenyatta University of Agriculture and Technology (JKUAT); University of Nairobi (UON); Kenyatta University (KU) and Nutrition Association of Kenya (NAK).

Thanks to the past Maternal Infant and Young Child Nutrition (MIYCN) Programme Managers Betty Samburu and Joyce Atinda who coordinated the development of the first draft and Carol Kathiari for coordinating the review of the draft and completion of the development process. We are greatly indebted to Laura Kiige, UNICEF MIYCN specialist for her technical guidance. We acknowledge KEPSA and APHRC for research studies that have contributed to informing this guideline.

We take special recognition of Ms. Gloria Ndekei, KEPSA Foundation Trustee and Technical Advisor for Better Business Practices for Children (BBPC) Project and Dr. Manu Chandaria, KEPSA Foundation trustee for championing this initiative in the Private Sector.

Finally, our sincere gratitude to UNICEF Kenya country office and Nutrition International for providing financial support to cover the costs for convening the technical consultation workshops and printing of the framework.



Veronica Kirogo

HEAD, DIVISION OF NUTRITION AND DIETETICS

ACRONYMS AND ABBREVIATIONS

ACF	Action Contre La Faime Action Against Hunger
ACSM	Advocacy Communication and Social Mobilization
APHRC	African Population and Health Research Centre
BFCI	Baby Friendly Community Initiative
BMS	Breast Milk Substitutes
CHMT	County Health Management Team
CNTF	County Nutrition Technical Forum
EBF	Exclusive Breastfeeding
EBM	Expressed Breast Milk
FKE	Federation of Kenya Employers
GOK	Government of Kenya
IEC	Information Education and Communication
ILO	International Labour Organization
IYCF	Infant and Young Child Feeding
KDHS	Kenya Demographic Health Survey
KEPSA	Kenya Private Sector Alliance
KNBS	Kenya National Bureau of Statistics
MIYCN	Maternal Infant and Young Child Nutrition
MOH	Ministry of Health
MoU	Memorandum of Understanding
NAK	Nutrition Association of Kenya
NASCOP	National AIDS and STI Control Programme
NACOSTI	National Commission for Science, Technology & Innovation
NI	Nutrition International
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

DEFINITION OF TERMS

Better Business Practises for Children. This is an initiative targeting the Private Sector aimed at supporting working mothers in both formal and informal sectors through creating a breastfeeding friendly workplace environment to enable mother to combine work and breastfeeding.

Breastfeeding friendly workplace support environment. Creating an environment that is conducive for mothers to breastfeed while at work in terms of ensuring there is a workplace policy with provision of time, space and support for the working mother.

Breastfeeding. Consumption of breast milk by an infant either directly from the breast or expressed.

Breastmilk Substitutes. Any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose as per World Health Assembly Resolution 54.2.

Complementary feeding. Giving other foods in addition to breast milk after the first 6 months of life when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed along with breastmilk. These other foods are called complementary foods. The target age range for complementary feeding is 6 to 23 months of age.

Crèche. A place where babies and young children are cared for during the working day.

Employee. A person employed for wages or a salary and includes an apprentice and indentured learner.

Employer. Any person, public body, firm, corporation or company who or which has entered into a contract of service to employ any individual and includes the agent, foreman, manager or factor of such person, public body, firm, corporation or company

Exclusive breastfeeding. Giving a baby only breastmilk either directly from the breast or expressed and no other liquids or solids, not even water for the first 6 months of life. Drops or syrups consisting of vitamins, mineral supplements or medicines are permitted as prescribed by health care worker.

Expressing milk. The act of extracting human milk from the breast by hand or by pump into a container.

Flexible working arrangement. The change of an employer's terms and conditions of employment that provides ease in assisting the employee's responsibilities of breastfeeding the baby.

Lactation Stations. Private, clean, sanitary and well ventilated rooms or areas in the workplace where nursing mothers can wash up, breastfeed or express their milk and hygienically preserve it.

Mixed feeding. Giving breast milk plus other foods or drinks, including ready to use therapeutic foods before the age of 6 months.

Workplace. Work premises, whether private enterprises or government agencies, including their subdivision.

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1.0 INTRODUCTION

1.1 Breastfeeding: A Smart Investment

Breastfeeding provides children with the healthiest start to life. It is critical for child health, nutrition, growth and development and thus child survival. In 2002, the World Health Organization (WHO)/United Nations Children's Fund (UNICEF) recommended optimal infant and young child feeding as: Initiation of breast feeding within the first hour of birth; promotion, protection, and support for exclusive breastfeeding for the first six months of life; timely introduction of adequate, appropriate and safe complementary feeding while continuing to breastfeed for two years or beyond; optimal maternal nutrition, social and community support (WHO & UNICEF, 2003)

Research indicates that breast milk provides all the energy, nutrients, vitamins and minerals that the infant needs for growth and development for the first 6 months of life and no other foods or liquids are needed (WHO, 2002). Breastmilk carries antibodies from the mother that help combat disease, which breastmilk substitutes do not contain. In addition, breastmilk contains digestive enzymes which breastmilk substitutes do not contain and therefore the infant easily digests and efficiently uses the breastmilk (Hansen, 2016; McFadden et al., 2016). From the age of six months up to two years or beyond, breast milk is no longer sufficient by itself, but it continues to be an important source of energy, high quality nutrients and anti-infective factors. It continues to provide up to half or more of a

child's nutritional needs during the second half of the first year, and up to one-third during the second year of life (MOH, 2013; WHO, 2006).

Therefore, exclusive breastfeeding for the first six months of life can have the single largest impact on child survival of all preventive interventions with the potential to prevent 12-13% of all under-5 deaths in the developing world or 1.4 million lives. When breastfeeding is combined with optimal complementary feeding a greater number of lives upto 19% can be averted (Lancet, 2008). In the 2016 lancet child survival series, improving breastfeeding would annually save 823,000 under-fives deaths globally (Hansen, 2016). Early initiation of breastfeeding (within first hour and first day after birth) has been found to reduce overall neonatal mortality by 22% and 16% respectively (Bhutta ZA, Das JK, Rizvi A, et al, 2013). It is worth noting that breastfeeding also prevents adult chronic diseases (Rollins et al., 2016).

Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia and helps for a quicker recovery during illness. The breastmilk women produce in the first few days after birth known as colostrum is very important for the infant as it is rich in antibodies and white cells to protect against infections. It also helps prevent jaundice, has growth factors which help the intestine to mature and is rich in Vitamin A which improves immunity for the child. Figure 1 shows the relative risk of not breastfeeding for infection and mortality compared to exclusive breastfeeding from 0-5 months.

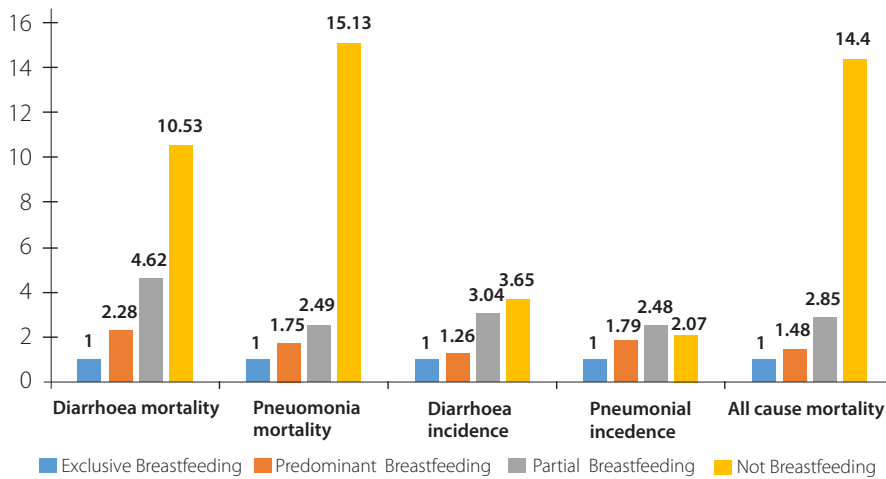


Figure 1: Relative risk of not breastfeeding for infections and mortality compared to exclusive breastfeeding from 0-6 months

Breastfed children have at least 14 times greater chance of survival in the early months than non-breastfed children (Lancet, 2008). In the first 6 months of life, non-breastfed infants were more than 14 times likely to die from all causes, 10 times more from diarrhoea and 15 times more from acute respiratory infection (Lancet, 2008). During the first six months, the rates of infections are lower for exclusively breastfed than for partially breastfed infants.

Breastfeeding promotes sensory and cognitive development, intelligence quotient by 3 points hence improving educational outcomes, productivity and income. This would lead to economic gains of USD 302 billions per year (Horta, Mola, & Victora, 2015; Victora et al., 2016). The estimated percentage loss in gross national income due to cognitive deficits associated with infant feeding practices is approximately 0.04 percent (Hansen, 2016). This translates to about USD 49 million loss to the Kenya economy. Indeed, breastfeeding can help achieve many of the 17 Sustainable Development Goals (SDGs) such as poverty reduction, hunger, health, education, gender quality and sustainable consumption (Lancet, 2016).

Further, breastfeeding contributes to the health and well-being of mothers; it helps to space children, reduces the risk of ovarian cancer and could avert 20,000 cases of breast cancer per year globally. It increases family and national resources and may prevent against future chronic diseases such as diabetes and obesity (Rollins et al., 2016; Victora et al., 2016).

0.04

The estimated percentage loss in gross national income due to cognitive deficits associated with infant feeding practices an equivalent of about **US\$ 49 million loss to the Kenya economy**

Source: Lancet, 2016

Despite all the benefits of breastfeeding, many children are not fed according to the recommendations. Many mothers, who initiate breastfeeding satisfactorily, often start complementary feeds too early prior to 6 months of age or stop breastfeeding within a few weeks of delivery. Globally, only 53% of children are initiated on breastfeeding within the first hour of birth while only 41% are exclusively breastfed in the first six months and the median duration of breastfeeding is 18 months. In developing countries, only 36% are exclusively breastfed while an estimated 34 million children are not exclusively breastfed (Victora et al., 2016). Significant progress is possible as demonstrated by a number of countries, especially in Africa including Kenya.

1.2 Infant and Young Child Nutrition Situation in Kenya

Kenya has made significant gains in improving breastfeeding practices over the years. Figure 2 shows the status of Infant and Young Child Nutrition (IYCN) situation in Kenya.

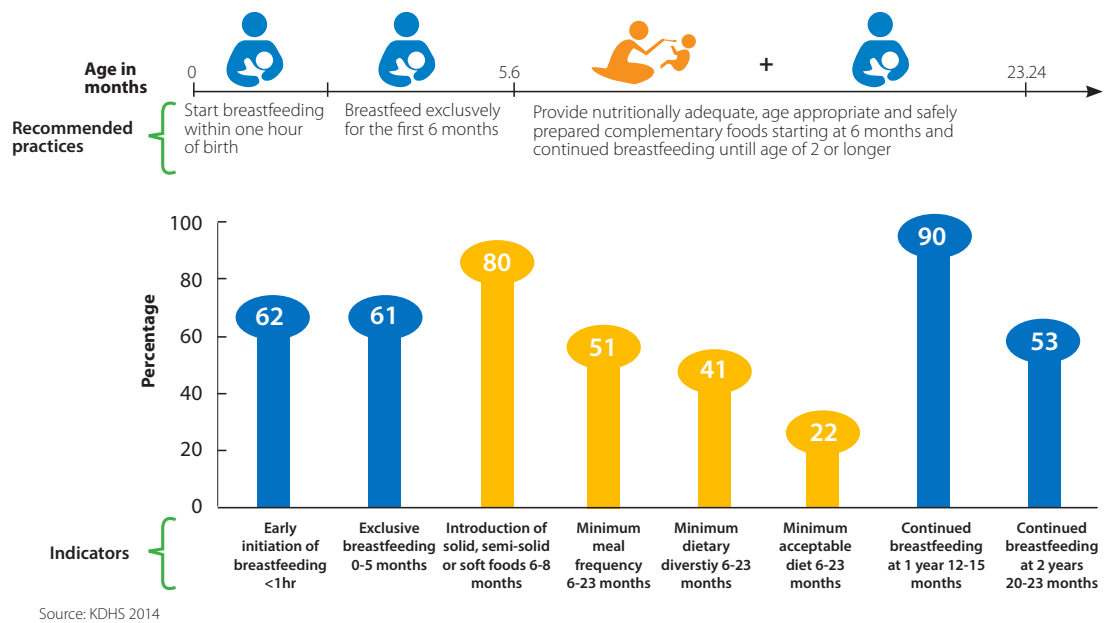


Figure 2: Infant and young child situation in Kenya

The proportion of children exclusively breastfed for the first 6 months of life markedly increased from 32 % in 2008 to 61% in 2014 (KDHS). However, 4 out of 10 children are still not exclusively breastfed limiting their growth and development to full potential. In addition, complementary feeding in Kenya remains sub-optimal with complementary diets for young children limited in quality and quantity and not meeting the nutrient requirements of a growing child. More than 80 % of children aged 6-8 months are fed solid or semisolid foods in addition to being breastfed, as recommended. Only 22 % of children aged 6-23 months consume acceptable diets to meet their nutritional needs (Kenya National Bureau of Statistics (KNBS); ORC Macro, 2014).

One of the biggest challenge working female employees face is combining work and breastfeeding. Whereas during the first six months it is recommended that mothers exclusively breastfeed their infants without giving any other liquids or food including water, a sudden reduction in the frequency of feeds due to return to work can lower milk production. An insufficient milk supply is frequently reported by mothers as a reason to stop breastfeeding especially when going back to work. Therefore it is very important that working conditions enable the continuation of frequent breastfeeding or milk expression in order to maintain sufficient milk production to cover the baby's needs.



98 of 185 countries in the world meet International Labour Organization's 14 weeks of paid maternity leave minimal standard and only 42 meet or exceed the recommendation of 18 weeks leave



UNICEF/UNI201820/Schermbrucker

1.3 Global perspective on workplace support for breastfeeding

Protecting breastfeeding rights of women has been emphasized in the global strategy for infant and young child feeding (UNICEF/MOH, 2003). It is recommended that countries enact legislation protecting the breastfeeding rights of working women; ensuring health care systems and other relevant sectors protect, promote and support exclusive breastfeeding and continued breast feeding for up to two years or beyond while providing women with support they require to achieve this goal in the family, community and workplace (WHO & UNICEF, 2003).

The International Labour Organisation (ILO) on maternity protection convention 2000 No. 183 and 191 recommends at least 14 weeks (98 days) of paid maternity leave, one or two breaks

daily or a reduction in work hours in order for women to breastfeed their children and where practicable, provision of facilities for nursing under adequate hygienic conditions at or near the workplace.

Despite all the recommendations protecting the breastfeeding rights of working women, most working mothers lack adequate time and support such as space and facilities for breastfeeding at the workplace. The ILO estimates that close to 60% of working women worldwide especially those in lower income groups are not legally entitled to paid maternity leave, 80% of these are in Africa and Asia (Ziraba et al., 2011). Although nearly all countries have maternity protection legislation, only 98 of 185 countries meet ILO 14 weeks of paid maternity leave minimal standard and only 42 meet or exceed the recommendation of 18 weeks leave (Dabritz HA, Hinton BG, 2009). The large informal work sectors further compound these inadequacies. Consequently,

hundreds of millions of working women have no or inadequate maternity protection, the overwhelming majority of whom live in Africa. Mothers need knowledge, time, support and an

enabling environment to be able to optimally breastfeed and provide optimal care and stimulation for her child.

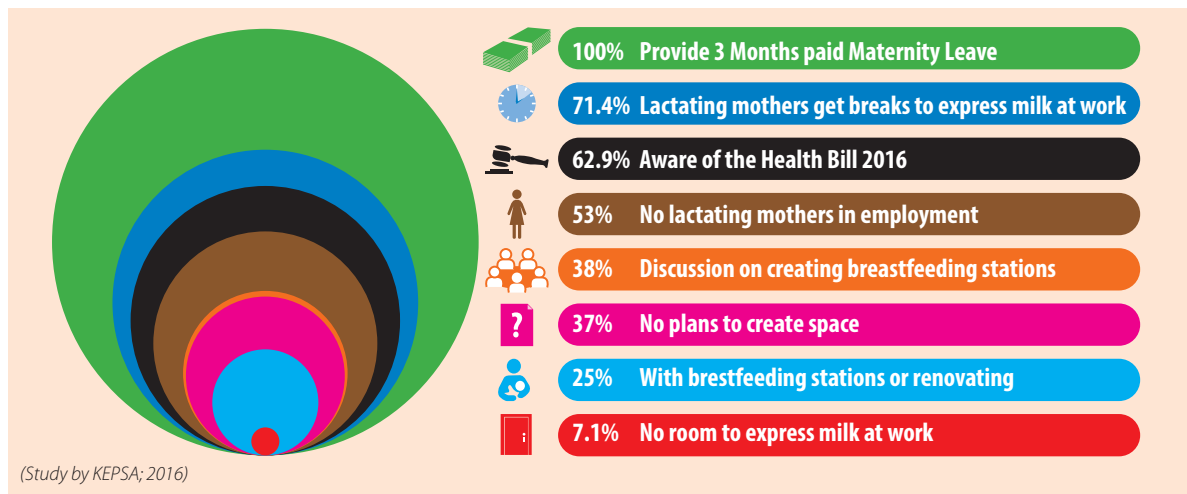


Figure 3: Status of workplace support implementation among 66 private companies in Nairobi

1.4 Status of workplace support in Kenya

In Kenya, majority (52%) of working women resume work within three months after birth, mostly forced by the need to earn income and the fear of losing employment yet the work places are not conducive to continued breastfeeding (Kimani-murage et al., 2010). Figure 3 shows results of the status of workplace support implementation in 66 private companies in Nairobi conducted by KEPSA in 2016.

The companies interviewed were aware of and practiced the recommended maternity leave period. Thirty three (33.3%) of the companies indicated that they had expressing/ breastfeeding space for lactating mothers and the spaces had various equipment. The levels of awareness of the importance of providing the spaces and the statutory regulations in the ILO convention no 183 of 2000 and the Health Act, 2017 which incorporates clauses on work place support for breastfeeding women were low (25%). This calls for an action by the government and other actors to ensure that working mothers receive knowledge, time, support and an enabling environment to be able to optimally breastfeed and provide optimal care and stimulation for her child.

The Government of Kenya is committed to improving infant and young children feeding

practices. The President's assent of the Health Act, 2017 which incorporates clauses on workplace support for breastfeeding demonstrates the government's commitment to protect and promote well-being of Kenyans and ensure achievement of sustainable development as envisioned in Vision 2030. However, there is limited prioritization and financial investments on implementation of protective legislation and capacity strengthening to enable both public and private institutions to create breastfeeding friendly environment for breastfeeding working mothers. This implementation framework for securing a breastfeeding friendly environment will guide on putting systems in place to implement the Health Act, 2017 through system strengthening to enable institutions both public and private to support working mothers to breastfeed. This will be achieved through; galvanising multi-dimensional support from all sectors to enable women combine work and breastfeeding; promote actions by employers to support breastfeeding at workplace; informing all employees about Kenya maternity protection entitlements; raise awareness of the need to strengthen and implement legislation related to breastfeeding at workplace and maternity protection and engagement of target groups such as with trade unions, workers rights organisations, women's groups and youth groups, to protect the breastfeeding rights of women in the workplace.

1.5 Legislation protecting the breastfeeding rights of working women in Kenya

The government of Kenya recognises that breastfeeding is vital part of sustainable development. In line with the global recommendations for protecting breastfeeding rights of working women, Kenya has put in place policies and legislation for providing requisite support to enable women combine work and breastfeeding. They include:

1. The Employment Act, 2007

The Kenya Employment Act, 2007 section 29 which states that a female employee is entitled to three months maternity leave with full pay and flexibility for short breaks to express breast milk.

2. The Health Act, 2017

71. (1) All employers shall in the workplace establish lactation stations which shall be adequately provided with necessary equipment and facilities including hand washing equipment, refrigerates or appropriate cooling facilities, electrical outlets for breast pumps, a small table, comfortable seats the standard of which shall be defined by the Ministry responsible for matters relating to health.

- (2) The lactation station shall not be located in the rest rooms.
 - (3) All employers shall take strict measures to prevent any direct or indirect form of promotion, marketing and or selling of infant formula and or breast substitutes within the lactation stations.
- 72.1) An employer shall grant all nursing employees break intervals in addition to the regular times off for meals to breastfeed or express milk.
- (2) The time intervals referred to in sub section (1) shall include the time it takes an employee to get to and from the lactation station and shall be counted as compensable hours worked provided that such intervals shall not be more than a total of one hour for every eight hour working period.

Expected benefits of workplace support to the employer and employee

The reduction of barriers for working mothers to breastfeed by providing lactation stations and nursing breaks are low-cost interventions that can reduce absenteeism and improve workforce performance, commitment, and retention. New evidence showed that lactation rooms and breaks to express breastmilk increased breastfeeding at six months by 25% (Dabritz HA, Hinton BG, 2009). Table 1 summarizes the expected benefits of workplace support for breastfeeding to the employer and employees.

Table 1: Expected benefits of workplace support for breastfeeding

Benefits to the Employer	Benefits to the Employee
Improved retention of skills and experience.	Improved job security of female employees.
Reduced recruitment costs.	Improved performance with increased gaining of skills and experience.
Loyalty of employees.	Improved productivity hence satisfaction and self-esteem.
Increased productivity, satisfaction and resilience of the employee.	Improved health of the child including growth and development.
Added recruitment incentives for employer.	Added recruitment incentives for women.
Improved employer image.	Increased spacing between pregnancies.
Lower employers' health and insurance costs.	Better stress management.
Reduced absenteeism due to improved child and maternal health.	Decreased risk of diabetes, breast and ovarian cancer.

2.0 THE IMPLEMENTATION FRAMEWORK

2.1 Development of the framework

This framework provides the roadmap for realizing the goals of baby friendly workplaces. It has been developed through a participatory

and consultative process with participation from Government, partner organizations and different employment sectors.

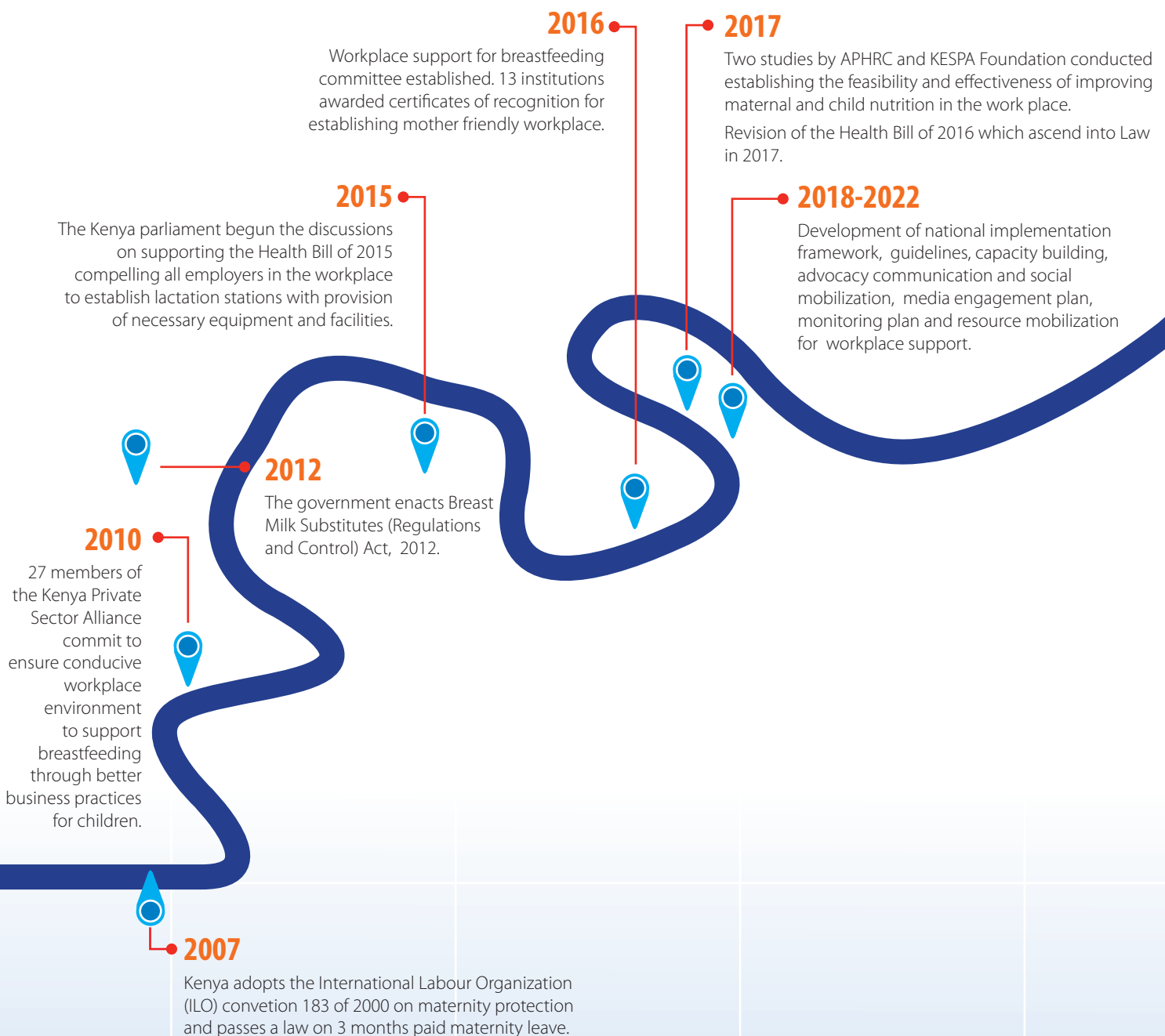


Figure 4: The Road map towards workplace support for breast feeding in Kenya

2.2 Vision and Mission

Vision

A nation where all mothers working in the formal and informal sectors are supported to carry out optimal infant feeding practices at the workplace to ensure a healthy nation and a more productive female workforce

Mission

To provide a comprehensive framework at workplace for support of mothers to exclusively breastfeed their babies for the first six months of life and to continue breastfeeding for upto two years and beyond while giving timely, appropriate, adequate and safe complementary foods to reduce childhood morbidity and mortality

Overall Goal

To improve the health, nutrition status and human capital of the nation

2.3 Guiding principles

The development and implementation of framework will be guided by the following principles;

- Child rights
- Rights and fundamental freedoms
- Equality
- Equity
- Non-discrimination
- Human dignity
- Partnerships
- Evidence based programming

2.4 Purpose of the Implementation Framework

This framework is to provide national roadmap for coordinated implementation and monitoring of interventions to support breastfeeding in the public and private sectors.

2.5 Overview of the Framework

This framework identifies six focus areas that will provide guidance for protecting, promoting and supporting breastfeeding at the workplace within the provisions of the law (Health Act, 2017) as shown in figure 4. The focus areas are:

Focus area 1: Leadership, Governance and Coordination

Focus area 2: Advocacy, Communication and Social Mobilization

Focus area 3: Strengthening capacity to support breastfeeding at workplace

Focus area 4: Establishment of lactation stations

Focus area 5: Resource Mobilization

Focus area 6: Monitoring and Evaluation

The broad objective for each focus area is as below;

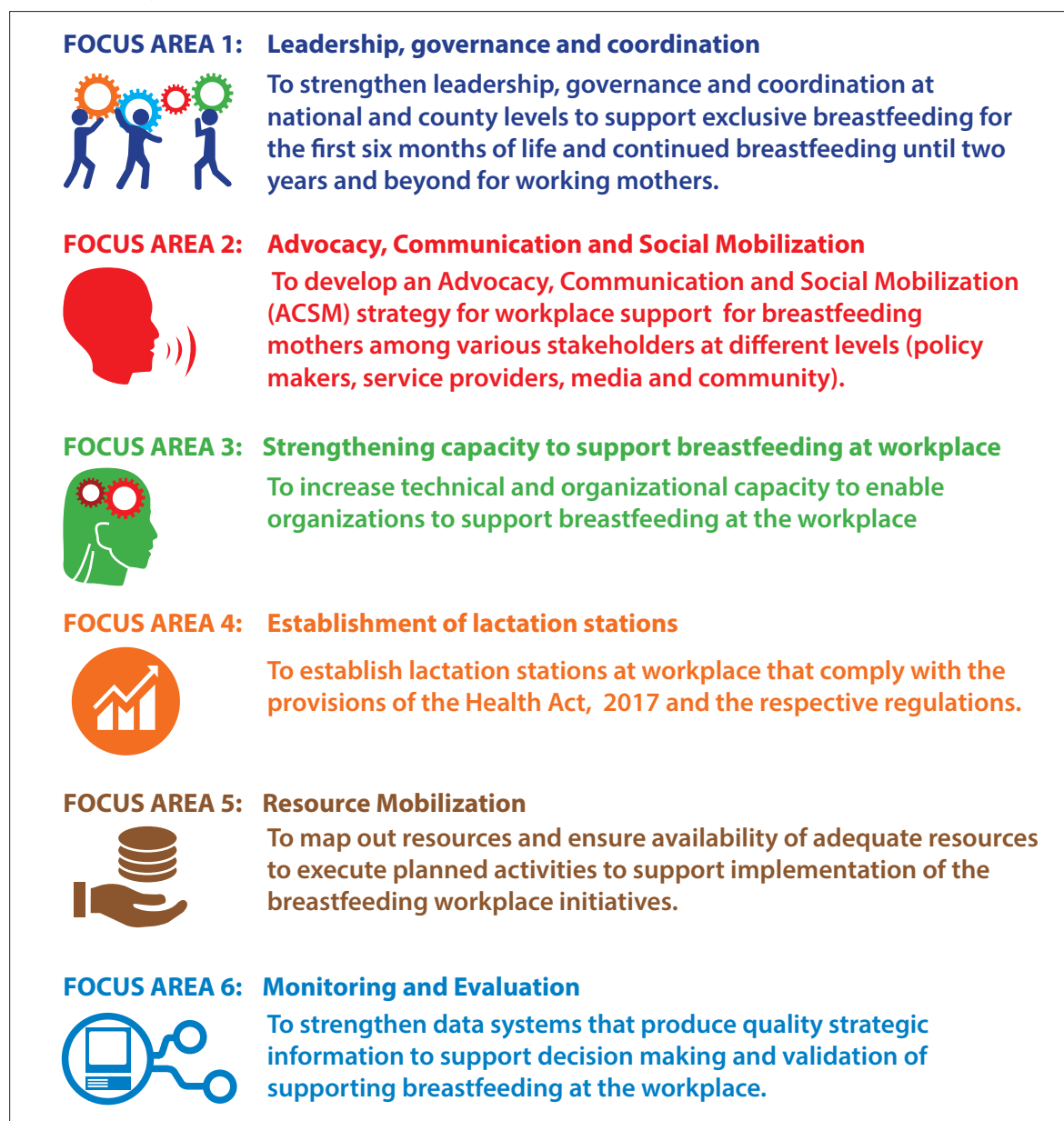


Figure 5: Implementation framework focus areas

2.6 Focus Area 1: Leadership, Governance and Coordination

Objective

To strengthen leadership, governance and coordination at national and county levels to support mothers combine work and exclusive breastfeeding for the first six months of life, continued breastfeeding until two years and beyond alongside adequate, appropriate and safe complementary feeding.

Context

Kenya Health Act, 2017 requires all employers to establish lactation stations in the workplace and provide breaks for breastfeeding employees to enable them sustain breastfeeding as well as maintain their productivity. To operationalise the Health Act, 2017, the Ministry of Health will develop regulations that will provide guidance on how the Act will be applied including a committee that will be responsible for its implementation. The provisions of the law for breastfeeding support at workplace will be done both at the national and county level

using the existing health structures and those that will be defined in the Health Act regulations. In addition, the umbrella organisations for employers, businesses, and employees such as FKE, KEPSA and COTU will be actively involved in the implementation of this framework.

Implementation strategies

1. Develop and disseminate policies, regulations and guidelines supporting breastfeeding at the workplace

Activities

- i. Develop regulations for provisions of the Health Act, 2017 related to breastfeeding support at workplace
 - ii. Sensitize senior management and top political leadership on breastfeeding at workplace
2. Strengthen coordination of interventions on breastfeeding at workplace

Activities

- i. Map technical working groups /sector boards/trade union with potential to promote breastfeeding at workplace
- ii. Sensitize members of technical working groups/sector boards/trade unions on breastfeeding at workplace legislation
- iii. Develop, design, print and disseminate implementation framework and guidelines for breastfeeding support at workplace in consultation with representatives of informal and formal sectors
- iv. Hold regular meetings for breastfeeding at workplace taskforce.

2.7 Focus Area 2: Advocacy, Communication and Social Mobilization (ACSM)

Objective

To develop an Advocacy, Communication and Social Mobilization (ACSM) strategy for workplace support for breastfeeding mothers among various stakeholders at different levels (policy makers, service providers, media and community).

Context

Advocacy focuses on influencing policymakers, funders and decision-making bodies through a variety of channels; conferences, summits and symposia, celebrity champions, intergovernmental consultative meetings, Civil Society Organizations, media, parliamentary debates, Public Private Partnership forums, service provider engagements, community dialogue days and mother to mother support group meetings. Lack of an enabling environment for breastfeeding mothers at workplace and limited knowledge and practices on workplace support for breastfeeding mothers underscores the need to create awareness on the benefits of exclusive breastfeeding and establish lactation stations within organizations. This ACSM will leverage on the national and county government as well as private public partnership on workplace support for breastfeeding mothers with the overall goal of improving health, nutrition and human capital through partnerships.

This ACSM will leverage on the national and county government as well as private public partnership on workplace support for breastfeeding mothers with the overall goal of improving health, nutrition and human capital through partnerships.

Implementation strategies

1. Conduct high level advocacy in both formal and informal sectors to position breastfeeding agenda at workplace

Activity

- i. Hold high level advocacy meetings with key stakeholders to promote breastfeeding at workplace
2. Increase visibility of workplace support for breastfeeding mothers within public, private and the media

Activities

- i. Sensitize media journalists /editors on breastfeeding at workplace
- ii. Establish media network for journalists who promote breastfeeding at workplace
- iii. Develop an award programme for champions who promote breastfeeding at workplace.

- iv. Recognize and award champions who promote breastfeeding at workplace
 - v. Develop, design, Print advocacy package for breastfeeding at workplace for various target groups
 - vi. Disseminate the advocacy pack and undertake advocacy workshop for breastfeeding at workplace for various target groups
3. Advocate for increased public and private sector commitment to support breastfeeding at workplace.

Activity

- i. Sensitize institution management on workplace support for breastfeeding mothers.

2.8 Focus area 3: Strengthening capacity to support breastfeeding at workplace

Objective:

To increase technical and organizational capacity of organisations to support breastfeeding at the workplace.

Context

To successfully support breastfeeding mothers at the workplaces, system wide, technical and organisational capacities are necessary. A national MIYCN policy is in existence and it defines guidance for supporting maternal infant and young child nutrition and operationalizes support activities for breastfeeding at workplace. This policy is supported by accompanying laws which include Breast Milk Substitute regulation and control Act, 2012 and the Health Act, 2017. Therefore it is important for stakeholders to understand and implement policies, regulations and guidelines that support breastfeeding at the workplace.

Technical capacity for the various managers and supervisors is required for better understanding of the benefits of supporting working mothers to breastfeed. Working mothers also need to be supported in terms of getting adequate

knowledge and skills to breastfeed and effectively utilize the lactation stations.

Implementation strategies

1. Strengthen organisations capacity to support breastfeeding at the workplace

Activities

- i. Develop a training package for sensitizing employers and employees on optimal IYCN practices highlighting breastfeeding support at workplace in both formal and informal sectors
 - ii. Upload materials on workplace support for breastfeeding onto nutrition website
2. Create demand for breastfeeding support at workplace.

Activities

- i. Establish breastfeeding friendly public places at the community level including churches, markets etc.
- ii. Conduct community dialogues to promote breastfeeding support at the community level
- iii. Sensitize key community leaders on breastfeeding support at workplace support.
- iv. Sensitize key community members on breastfeeding support at workplace

2.9 Focus Area 4: Establishment of lactation stations at workplace

Objective

To establish lactation stations at workplace that comply with the provision of the Health Act, 2017 and the respective regulations.

Context

Women in both informal and formal employment, urban and rural settings face breastfeeding challenges which include; the transition of going back to work after the end of maternity leave; being forced to wake up early in the morning to express breast milk to leave behind for the baby; lack of space at work place

to express breast milk during the day and having to do this in odd places including in store rooms, toilets, inside private offices and the parking lot. In addition, they face the challenge of storing expressed breastmilk due to lack of designated facilities at the workplace and objections to using the fridge used for general storage by colleagues.

Recognising these challenges and the unparalleled benefits of breastmilk, the recently enacted Health Act, 2017 require all employers to provide lactation station in the workplace that are adequately provided with necessary equipment and facilities including handwashing equipment, appropriate cooling facilities, electrical outlets for breast pumps, a small table and comfortable seats. In addition, the Health Act requires employers to take strict measures to prevent any direct or indirect form of promotion or selling of breastmilk substitute in lactation rooms and grants employees at least one hour, per eight hours, for breastfeeding.

Implementation strategies

1. Mapping of stakeholders in public and private sector for supporting breastfeeding at workplace

Activities

- i. Develop and update a mapping matrix for stakeholders supporting breastfeeding at workplace
 - ii. Map the various lactation station models in use by different organization
 - iii. Identify champions within public and private sector to promote breastfeeding at workplace agenda
2. Support establishment of lactation station in organizations for supporting mothers breastfeed at workplace.

Activities

- i. Develop a policy guide on the minimum requirements for lactation station
- ii. Disseminate the policy guideline on the minimum requirements for lactation station

2.10 Focus Area 5: Resource Mobilization

Objective

To ensure availability of adequate resources to execute planned activities to support implementation of the breastfeeding workplace support activities within the framework.

Context

The environment within which resources are mobilized is increasingly competitive given the rise of numerous development actors coupled with a scarcity of resources. Resource Mobilization as a fundamental component of any project or programme delivery and impact involves continues dialogue and engagement with resource partners to build relationships and trust. Partners will be engaged to contribute to the implementation of workplace support at both national and county levels, address different issues and serve different purposes. Partners and donors include governments and international organizations, as well as non-traditional entities, including but not limited to, civil society organizations, foundations, international financial institutions, academia, media, private sector entities and/or individuals, which collaborate with the Ministry of Health in fulfilling its mandate, in reaching the objectives of the partnership and in implementing the work place programmes.

Implementation strategies

1. Engaging the Private Sector and International Organizations to raise funds for support and scale-up of workplace support program

Activities

- i. Advocate for clear budget allocations within public and private sectors to support breastfeeding mothers at workplace
 - ii. Develop and communicate costed action plans
2. Strengthened support and accountability for breastfeeding support at workplace by public and private sectors.

Activity

- i. Hold sensitization meetings with national and county forum coordinators to plan for integration of workplace support for breastfeeding agenda
- ii. Hold national and county forums with integrated agenda on workplace support

2.11 Focus area 6: Monitoring and Evaluation

Objective

To strengthen data systems that produce quality strategic information to support decision making and validation of supporting breastfeeding at the workplace.

Context

Monitoring and Evaluation are critical management tools used to track implementation and measure the effectiveness of workplace support programmes. Currently, monitoring systems do not provide data for supporting breastfeeding at workplaces. Therefore, no strategic information can be used to measure progress towards achievements of a babyfriendly workplace environment. Monitoring is therefore a continuous assessment aimed at providing all stakeholders with early detailed information on the progress or delay in achievement of results. Realization of programme objectives will be realized by regular collection of information

and tracking of achievements by assessing implementation of activities based on work plans. Evaluation is a systematic and objective examination concerning the relevance, effectiveness, efficiency and impact of activities in the light of specified objectives (UNICEF, 2003).

Implementation Strategies

1. Set up systems to monitor support for breastfeeding at workplace for validation and accountability

Activities

- i. Develop a monitoring tool/checklist for measuring progress of implementation of breastfeeding at workplace framework
 - ii. Conduct annual assessment to determine progress of the implementation of the breastfeeding at workplace initiatives
2. Strengthen research to inform programming of breastfeeding at the workplace.

Activities

- i. Conduct research on breastfeeding at the workplace within public and private sectors
- ii. Publish research findings on workplace support for breastfeeding
- iii. Disseminate research information on breastfeeding at the workplace to different audiences
- iv. Document case studies of workplace support best practice at all levels

Table 2: Implementation Matrix

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors	
								National	County
Focus area 1: Leadership, Governance and Coordination									
Strategy 1.1: Develop and disseminate policies, regulations and guidelines supporting breastfeeding at the workplace									
Develop regulations for provisions of the Health Act 2017 related to breastfeeding support at workplace	1 regulation	1,200,000		1,200,000				National assembly health committee Breastfeeding at workplace taskforce	CHMT and CNTF
Sensitize senior management and top political leadership on breastfeeding at workplace legislation	20 sessions	2,400,000	480,000	480,000	480,000	480,000	480,000	Breastfeeding at workplace taskforce KEPSA/FKE/COTU	CHMT Technical Committee for Health-County Governments
Strategy 1.2: Strengthen coordination of interventions on breastfeeding at workplace									
Map technical working groups /sector boards/ trade union with potential to promote breastfeeding at workplace	5 technical group/Trade unions/sector boards	0	0	0	0	0	0	MOH and other stakeholders including KEPSA/FKE/COTU/	County Department of Health and other stakeholders

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors	
								National	County
Sensitize members of technical working groups/sector boards/trade unions on breastfeeding at workplace legislation	20 technical group/Trade unions/sector boards sensitized	1,200,000	240,000	240,000	240,000	240,000	240,000	MOH and other stakeholders including KEPSA/FKE/COTU/	County Department of Health and other stakeholders
Develop, design, print and disseminate implementation framework and guidelines for breastfeeding support at workplace in consultation with representatives of informal and formal sectors	1	3,500,000	3,500,000	0	0	0	0	MOH and other stakeholders	County Department of Health and other stakeholders
Hold regular meetings for breastfeeding at workplace taskforce	20 meetings	200,000	40,000	40,000	40,000	40,000	40,000	MOH and other stakeholders	County Department of Health and other stakeholders
Subtotal		8,500,000	4,260,000	1,960,000	760,000	760,000	760,000		

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors	
								National	County
Focus areas 2: Advocacy, Communication and Social Mobilization (ACSM)									
Strategy 2.1: Conduct high level advocacy in both formal and informal sectors to position breastfeeding agenda at workplace									
Hold high level advocacy meetings with key stakeholders to promote breastfeeding at workplace	18 meetings	2,880,000	320,000	640,000	640,000	640,000	640,000	MOH and other stakeholders	County Department of Health and other stakeholders
Strategy 2.2 Increase visibility of workplace support for breastfeeding mothers within formal and informal sectors, media									
Sensitize media journalists / editors on breastfeeding at workplace	10 meetings	2,000,000	400,000	400,000	400,000	400,000	400,000	MOH and other stakeholders Media	County Department of Health and other stakeholders
Establish media network for journalists who promote breastfeeding at workplace	200 journalists	0	0	0	0	0	0	MOH and other stakeholders Media	County Department of Health and other stakeholders

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors	
								National	County
Develop an award programme for champions who promote breastfeeding at workplace.	4	0	0	0	0	0	0	MOH and other stakeholders	County Department of Health and other stakeholders
Recognize and award champions who promote breastfeeding at workplace	40	2,700,000	0	675,000	675,000	675,000	675,000	MOH and other stakeholders	County Department of Health and other stakeholders
Develop, design, Print advocacy package for breastfeeding at workplace for various target groups	1 communication package	1,500,000	1,500,000	0	0	0	0	MOH and other stakeholders	County Department of Health and other stakeholders
Disseminate the advocacy pack and undertake advocacy workshop for breastfeeding at workplace for various target groups	48 workshops (1 national, one in each of 47 counties)	48,000,000	9,600,000	9,600,000	9,600,000	9,600,000	9,600,000	MOH	MOH

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors	
								National	County
Strategic 2.3 Advocate for increased public and private sector commitment to support breastfeeding at workplace.									
Sensitize institution management on workplace support for breastfeeding mothers	50 institutions	400,000	80,000	80,000	80,000	80,000	80,000	MOH and other stakeholders	County Department of Health and other stakeholders
Sub Total		57,480,000	11,900,000	11,395,000	11,395,000	11,395,000	11,395,000		
Focus area 3: Strengthening capacity to support breastfeeding at workplace									
Strategy 3.1 Strengthen organisations capacity to support breastfeeding at the workplace									
Develop a training package for sensitizing employers and employees on optimal IYCN practices highlighting breastfeeding support at workplace in both formal and informal sectors	I training package	1,280,000	0	1,280,000	0	0	0	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors	
								National	County
Upload materials on workplace support for breastfeeding onto nutrition website	20	4	4	4	4	4	4	National MOH	
Strategy 3.2: Create demand for breastfeeding support at workplace									
Establish breastfeeding friendly public places at the community level including churches, markets etc.	288 breastfeeding spaces	11,580,000	60,000	2,880,000	2,880,000	2,880,000	2,880,000	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
Conduct community dialogues to promote breastfeeding support at the community level	44 community dialogues	3,850,000	0	2,200,000	550,000	550,000	550,000	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
Sensitize key community leaders on breastfeeding support at workplace support.	44 sensitization meeting	4,400,000	0	1,100,000	1,100,000	1,100,000	1,100,000	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors	
								National	County
Sensitize key community members on breastfeeding support at workplace	44 sensitization	8,800,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
Sub-Total		29,910,000	60,000	9,660,000	6,730,000	6,730,000	6,730,000		
Focus area 4: Establishment of lactation stations at workplace									
Strategy 4.1: Map stakeholders in public and private sector for breastfeeding support at workplace									
Develop and update a mapping matrix for stakeholders supporting breastfeeding at workplace	100 stakeholders	800,000	0	400,000	0	400,000	0	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
Map the various lactation station models in use by different organization	1 Mapping matrix	3,000,000	1,000,000	0	1,000,000	-	1,000,000	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors	
								National	County
Identify champions within public and private sector to promote breastfeeding at workplace agenda	100 champions	0	0	0	0	0	0	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
Strategy 4.2: Support establishment of lactation station in organizations for supporting mothers breastfeed at workplace									
Develop and disseminate a policy guide on the minimum requirements for lactation station	1 policy guidelines	1,920,000	1,920,000	-	-	-	-	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
Sub total		5,320,000	2,920,000		1,400,000		1,000,000		

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors		
								National	County	
Focus Area 5: Resource Mobilization										
Strategy 5.1: Organizations to raise funds for support and scale-up breastfeeding at workplace										
Advocate for clear budget allocations within public and private sectors to support breastfeeding mothers at workplace	240 advocacy workshops for budget allocation	120,000,000	24,000,000	24,000,000	24,000,000	24,000,000	24,000,000	24,000,000	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
Develop and communicate costed action plans	5 action plans	100,000	20,000	20,000	20,000	20,000	20,000	20,000	MOH	CHMT
Strategy 5.2: Strengthen support and accountability for breastfeeding support at workplace by public and private sectors.										
Hold sensitization meetings with national and county forum coordinators to plan for integration of workplace support for breastfeeding agenda	20 sensitization workshops	2,900,000	2,900,000	0	0	0	0	0	MOH and other stakeholders	County department of health

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors	
								National	County
Hold national and county forums with integrated agenda on workplace support	960 national and county fora	57,600,000	11,520,000	11,520,000	11,520,000	11,520,000	11,520,000		
Sub-total		181,500,000	35,620,000	35,720,000	35,720,000	35,720,000	35,720,000		
Focus area 6: Monitoring and Evaluation									
Strategy 6.1: Set up systems to monitor support for breastfeeding at workplace for validation and accountability									
Develop a monitoring tool/checklist for measuring progress of implementation of breastfeeding at workplace framework	One monitoring tool	0	0	0	0	0	0	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
Conduct annual assessment to determine progress of the implementation of the breastfeeding at workplace initiatives	5 national assessments	8,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders

Activities	Target	Total Budget	Y1	Y2	Y3	Y4	Y5	Actors	
								National	County
Strategy 6.2: Strengthen operations research to inform programming of breastfeeding at the workplace									
Conduct research on breastfeeding at the workplace within public and private sectors	5 research	300,000,000	60,000,000	60,000,000	60,000,000	60,000,000	60,000,000	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
National									
County									
Disseminate research information on breastfeeding at the workplace to different audiences	5 dissemination outputs	2,000,000	400,000	400,000	400,000	400,000	400,000	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
Document case studies of work place support best practice at all levels	12 best practices case studies	2,500,000	500,000	500,000	500,000	500,000	500,000	MOH and other stakeholders KEPSA	County Department of Health and other stakeholders
Sub-Total		312,500,000	62,900,000	62,900,000	62,900,000	62,900,000	62,900,000		
Total		595,210,000	120,660,000	121,635,000	118,905,000	117,505,000	118,505,000		

3.0 MONITORING AND EVALUATION PLAN

Monitoring and evaluation (M&E) is crucial to the timely and effective implementation of the framework for securing a breastfeeding friendly environment at workplace. A clear M&E framework should provide:

- The ability to track relevant policy, behaviour and programme change to assess the effectiveness and progress of the implementation of activities for securing a breastfeeding friendly environment at workplace.
- The sectors (formal and informal) with the opportunity to learn and adapt strategies to best reach the results under each focus area.

Monitoring and evaluation should take place at each level from the focus areas right down to the activities undertaken, in order to inform ongoing decisions and assess the effectiveness of each relevant stakeholders action. At the activity level, different stakeholders carrying out specific interventions guided by this implementation will ensure tailored M&E indicators and processes are in place. However, at the overall strategy level, the working group will be responsible for the monitoring and evaluation of the strategy's key objective and results.

The M&E plan below focuses on the monitoring of the key expected results under this implementation framework in achieving the overall impact of the sectors Interventions.

Table 3: Monitoring and Evaluation Plan

Output	Activities	Output indicator	Baseline	Target	Data source	Frequency of data collection
Focus area 1: Leadership, Governance and Coordination						
Strategy 1.1: Develop and disseminate policies, regulations and guidelines supporting breastfeeding at the workplace.						
Regulations for breastfeeding at workplace developed and passed into law	Develop regulations for provisions of the Health Act, 2017 related to breastfeeding support at workplace	Availability of regulations for breastfeeding at workplace developed and passed into law	0	1	Program reports, Kenya Law reforms website	Quarterly
Senior management and top political leaders sensitized on breastfeeding at workplace legislation	Sensitize senior management and top political leadership on breastfeeding at workplace legislation	Number of sensitization sessions on breastfeeding at workplace held	0	20	Program reports	Monthly
Strategy 1.2: Strengthen coordination of interventions on breastfeeding at workplace						
Mapping of technical working groups/sector boards/ trade unions	Map technical working groups / sector boards/trade union with potential to promote breastfeeding at workplace	Number of technical work groups/sector boards/ trade unions with potential to promote breastfeeding at workplace	0	5	Mapping matrix	Bi-annually
Breastfeeding at workplace agenda integrated into existing technical working groups	Sensitize members of technical working groups/sector boards/ trade unions on breastfeeding at workplace legislation	Number of technical of working groups/sector boards/ trade unions sensitized on breastfeeding at workplace legislation	0	20	Reports	Monthly
Implementation framework for breastfeeding support at workplace developed	Develop,design, print implementation framework and guidelines for breastfeeding support at workplace in consultation with representatives of formal and informal sector	Availability of an Implementation framework for breastfeeding supporting at workplace	0	2	Implementation framework, workplace guideline	Once

Output	Activities	Output indicator	Baseline	Target	Data source	Frequency of data collection
	Disseminate implementation framework and guidelines for breastfeeding support at workplace in consultation with representatives of formal and informal sector	No of meetings held for dissemination of guidelines and Implementation framework for breastfeeding supporting at workplace	0	100	Program reports	Quarterly
Breastfeeding at workplace taskforce meet quarterly	Hold quarterly meetings for the breastfeeding at workplace taskforce at national level	Number of quarterly meetings held at national level by task force on breastfeeding at workplace	2	20	Minutes and reports	Quarterly
	Integrate breastfeeding at workplace agenda into the existing coordination platforms at county level	Number of coordination meetings with breastfeeding at workplace included in the agenda	0	48	Minutes, program reports	Monthly
Focus areas 2: Advocacy, Communication and Social Mobilization (ACSM)						
Strategy 2.1: Conduct high level advocacy in both formal and informal sectors to position breastfeeding agenda at workplace						
Meetings held with key stakeholders on breastfeeding support at workplace	Hold high level advocacy meetings with key stakeholders to promote breastfeeding at workplace	Number of high level advocacy meetings held with key stakeholders on breastfeeding support at workplace	2	18	Minutes, program reports	Quarterly
Strategy 2.2: Increase visibility of workplace support for breastfeeding mothers within formal and informal sectors, media reports.						
Media journalists sensitized on breastfeeding at workplace legislation	Sensitize media journalists /editors on breastfeeding at workplace	Number of media journalists/ editors sensitized on workplace support for breastfeeding mothers	0	10	Program reports	Bi- annually
Journalist and editors within established media network reporting on breastfeeding support at workplace	Establish media network for journalists who promote breastfeeding at workplace	Number of journalists and editors within the established media network reporting on workplace support	0	200	Database Media report	Quarterly

Output	Activities	Output indicator	Baseline	Target	Data source	Frequency of data collection
An award program for breastfeeding at workplace champions developed	Develop an award programme for champions who promote breastfeeding at workplace.	Availability of an award programme for champions promoting breastfeeding at workplace	0	5	Program reports	Once
Champions for breastfeeding at workplace recognized and awarded	Recognize and award champions who promote breastfeeding at workplace	Number of breastfeeding champions at workplace recognized and awarded	0	40	Program reports	Annually
Communication package for breastfeeding at workplace developed	Develop, design and disseminate communication and advocacy package for breastfeeding at workplace for various target groups	Availability of communication package for breastfeeding at workplace	0	1	Media reports, Program reports	Quarterly
Advocacy package for breastfeeding at workplace developed		Availability of advocacy package for breastfeeding at workplace	0	1	program reports	Quarterly
Strategy 2.3: Advocate for increased public and private sector commitment to support breastfeeding at workplace.						
Institution's managers are sensitized on breastfeeding at workplace	Sensitize institution management on workplace support for breastfeeding mothers	Number of institutions whose management has been sensitized on breastfeeding at workplace	0	50		Quarterly

Output	Activities	Output indicator	Baseline	Target	Data source	Frequency of data collection
Focus area 3: Strengthening capacity to support breastfeeding at workplace						
Strategy 3.1: Strengthen organisations capacity to support breastfeeding at the at the workplace						
Training package for supporting breastfeeding at workplace developed	Develop a training package for sensitizing employers and employees on optimal IYCN practices highlighting breastfeeding support at workplace in both formal and informal sectors	Availability of training package for breastfeeding at workplace	-	1	Training Report	Once
Information material on workplace support for breastfeeding uploaded onto nutrition website	Upload information materials for workplace support on the nutrition website'	Number of information materials/reports on breastfeeding at workplace uploaded	0	20	Program reports	Quarterly
Strategy 3.2: Create demand for breastfeeding support at workplace						
Breastfeeding friendly public places established in community	Establish breastfeeding friendly public places at the community level including churches, markets etc	Availability of breastfeeding friendly public places established in the community	0	288	Program supervision report	Quarterly
Community dialogues on breastfeeding support at the community level held	Conduct community dialogues to promote breastfeeding support at the community level	Number of community dialogues held on breastfeeding support at the community level	0	44	Reports	Quarterly
Community leaders sensitized on breastfeeding at workplace	Sensitize key community leaders on breastfeeding support at workplace support.	Number of sensitization sessions held for community leaders on breastfeeding support at workplace	0	44	Training/pogram reports	Quarterly
Community members sensitized on breastfeeding support at workplace	Sensitize community members on breastfeeding support at workplace	Number of sensitization sessions held for community members on breastfeeding support at workplace	0	44	Program reports	Quarterly

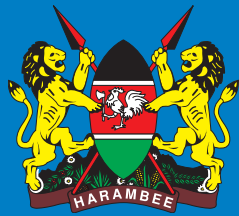
Output	Activities	Output indicator	Baseline	Target	Data source	Frequency of data collection
Focus area 4: Establishment lactation stations						
Strategy 4.1: Map stakeholders in public and private sector for breastfeeding support at workplace						
Matrix of stakeholder supporting breastfeeding at workplace	Develop and update a mapping matrix for stakeholders supporting breastfeeding at workplace	Availability of updated matrix of stakeholders supporting breastfeeding at workplace	0	1	Mapping Matrix/ Programm reports	Bi-annually
Models of lactation stations being used by stakeholders mapped	Map the various lactation station models in use by different organization	Availability of matrix/mapping of various models of lactation stations used by stakeholders	0	1	Mapping matrix/ Program reports	Bi-annually
Stakeholders sensitized on breastfeeding at workplace	Sensitize mapped stakeholders on workplace support for breastfeeding mothers on guidelines and policies.	Number of sensitization sessions for stakeholders on breastfeeding at workplace	0	6	Training/ Program reports	Bi-annually
Breastfeeding at workplace champions identified	Identify champions within public and private sector to promote breastfeeding at workplace agenda	Number of breastfeeding at workplace champions identified	12	50	Program reports	Bi-annually
Strategy 4.2: Support establishment of lactation station in organizations for supporting mothers breastfeed at workplace						
Policy guide for establishment of lactation station developed and disseminated	Develop and disseminate a policy guide on the minimum requirements for lactation station	Availability of policy guide on the minimum requirements for lactation station	0	1	Program reports	Annually
	Disseminate the policy guideline on the minimum requirements for lactation station	Number of dissemination sessions undertaken	0	48	Training reports	Monthly

Output	Activities	Output indicator	Baseline	Target	Data source	Frequency of data collection
Focus area 5: Resource Mobilization						
Strategy 5.1: Organizations to raise funds for support and scale-up breastfeeding at workplace						
Mapping of stakeholders with resources to support breastfeeding at workplace undertaken.	Map stakeholders with resources to support breastfeeding at workplace	Availability of a mapping matrix for stakeholder with resources to support implementation breastfeeding at workplace	2	5	Mapping matrix	Bi-annually
Public and private organisations allocate resources to support breastfeeding at workplace	Advocate for clear budget allocations within public and private sectors to support breastfeeding mothers at workplace	Number of public and private organisations implementing breastfeeding at workplace	50	250	Monitoring reports	Quarterly
Costed action plans developed	Develop costed action plans	Availability of costed action plan developed	0	5	Annual work	Annually
Strategy 5.2: Strengthen support and accountability for breastfeeding support at workplace by public and private sectors plans						
National and County Forum Coordinators sensitized on integration of workplace support for breastfeeding agenda	Hold sensitization meetings with national and county forum coordinators to plan for integration of workplace support for breastfeeding agenda	Number of national and county forum coordinators sensitized on integration of workplace support for breastfeeding agenda in the existing Fora	0	200	Reports	Once
Workplace support for breastfeeding agenda integrated into existing national and county fora	Hold meetings with the existing National and County forums on integrated agenda for workplace support	Number of national and county forums with integrated agenda on breastfeeding at workplace	0	48	Reports	Quarterly

Output	Activities	Output indicator	Baseline	Target	Data source	Frequency of data collection
Focus area 6: Monitoring and Evaluation						
Strategy 6.1: Set up systems to monitor support for breastfeeding at workplace for validation and accountability						
Standardized monitoring tool/ checklist for monitoring implementation progress of breastfeeding at workplace developed	Develop a monitoring tool/ checklist for measuring progress of implementation of breastfeeding at workplace framework	Availability of monitoring tools/ checklist developed to measure progress of implementing breastfeeding at workplace framework	0	1	Monitoring tool	Annually
Annual assessment of the implementation progress for breastfeeding at workplace conducted	Conduct annual assessment to determine progress of the implementation of the breastfeeding at workplace framework	Number of assessments, on workplace support for breastfeeding mothers conducted	0	5	Monitoring tool Assessment Report/ Committee report	Annually
Strategy 6.2: Strengthen operations research to inform programming of breastfeeding at the workplace						
Operational research on breastfeeding at workplaces is conducted.	Conduct operational research on breastfeeding at the workplace within public and private sectors	Number of operational research conducted on breastfeeding at workplaces	1	5	Research report	Annually
Research findings on workplace published and disseminated	Publish research findings on workplace support for breastfeeding	Number of published scientific papers, reports, and policy briefs from research findings	0	5	Published papers, Reports, Policy briefs	Annually
Dissemination workshops held	Disseminate research information on breastfeeding at the workplace to different audiences	Number of dissemination workshops held	0	5	Workshop Reports	Annually
Case studies on best practices on workplace support identified	Document case studies of workplace support best practice at all levels	Number of case studies on best practices for breastfeeding at workplace documented	12	10	Reports	Bi- Annually

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