

August 5, 2021  
Nutrition Policy Dialogue Report

# Strengthening Workplace Policies for Exclusive Breastfeeding: A Shared Responsibility

## MODERATOR



**DARA AJALA-DAMISA**  
Programme Manager, Nigeria  
Health Watch



**DR HAJARA NIIMA KERA**  
Director of Public Health, Kano  
State Ministry of Health



**NEMAT HAJEEBHOY**  
Chief of Section, Nutrition, UNICEF

## PANELISTS



## WELCOME REMARKS

**VIVIANNE IHEKWEAZU**  
Managing Director, Nigeria  
Health Watch



## PRESENTATION

**KEMISOLA AGBAOYE**  
Senior Programme Manager,  
Nigeria Health Watch



**DR CHITO NDUKA NELSON**  
Director of Nutrition social development department, Federal  
Ministry of Finance, Budget, and National Planning

## BACKGROUND

**B**reastfeeding is one of the most effective ways to ensure a child's health and survival. It is therefore of utmost importance that children are breastfed well before they are weaned. The Labour Act provides every pregnant employee with 3 months leave which include six weeks leave before the delivery date and another six weeks after delivery. The United Nations International Children's Emergency Fund also prescribed six months.

According to the World Health Organisation (WHO), nearly two out of three infants in the world are not exclusively breastfed for the recommended six months, a rate that has not improved in at

least two decades. Some private establishments are not complying with either the Labor act or the UNICEF prescription. Some of these organisations have laid down rules that are prohibiting some women from getting pregnant when they want. Not complying with these rules may lead to penalties such as automatic termination, demotion or deductions from salaries etc.

Nigeria Health Watch organised this webinar to start a conversation around this to enable women to have a conducive environment in their workplace. The conversation is meant to bring people from all sectors together because it is a shared responsibility.



The poster for the 2021 Nutrition Policy Dialogue features a colorful, patterned border. At the top left is the Nigeria Health Watch logo with the tagline 'Informed community, intelligence and insights on the Nigerian health sector'. Next to it is an illustration of a person in traditional attire. The main title is '2021 NUTRITION POLICY DIALOGUE' in bold black letters, followed by the subtitle 'Strengthening Workplace Policies for Exclusive Breastfeeding: A Shared Responsibility' in pink. The date and time are listed as '5th August 2021' and '2-3 PM WAT'. Below this, there are four circular portraits of the participants. The first is Dara Ajala-Damisa, the Moderator, with her name and title below. The next three are the Panelists: Dr. Hajara Niima Kera, Nemat Hajeebhoy, and Mrs. Chito Nduka Nelson, each with their names and titles below. The word 'MODERATOR' is written in yellow below the first portrait, and 'PANELISTS' is written in yellow below the other three.

**NIGERIA HEALTH WATCH**  
Informed community, intelligence and insights on the Nigerian health sector

**2021 NUTRITION POLICY DIALOGUE**  
**Strengthening Workplace Policies for Exclusive Breastfeeding: A Shared Responsibility**

**5th August 2021 2-3 PM WAT**

**Dara Ajala-Damisa**  
Programme Manager  
Nigeria Health Watch  
**MODERATOR**

**Dr. Hajara Niima Kera**  
Director of Public Health,  
Kaduna State Ministry of Health

**Nemat Hajeebhoy**  
Chief of Section, Nutrition,  
United Nations Children's Fund (UNICEF)

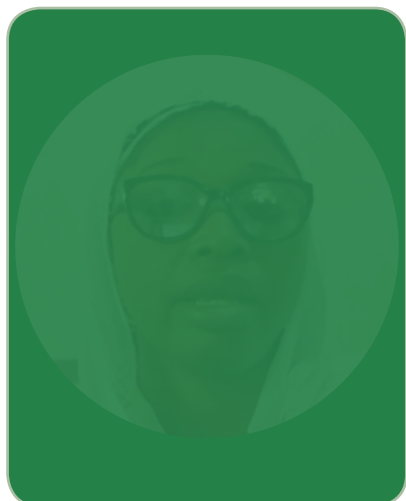
**Mrs. Chito Nduka Nelson**  
Director of Nutrition, Social Development  
Department, Federal Ministry of Finance,  
Budget and National Planning  
**PANELISTS**

## PANELLIST'S PROFILE



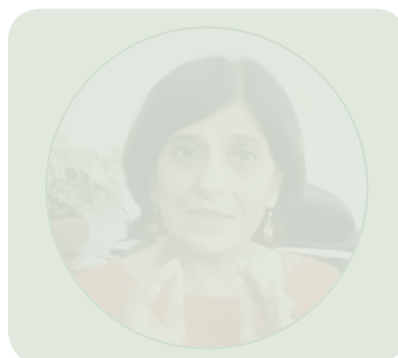
### DR HAJARA NIIMA KERA

Dr Hajara Niima Kera is the Director of Public Health, Kaduna State Ministry of Health. She has worked as the program manager at Clinton Health Access Initiative, Inc between 2018 and 2020 and Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Technical Officer at Future Assured, Aisha Buhari Foundation and as a Technical Advisor at Save the Children UK. She had her Master of Public Health at Ahmadu Bello University and her MBBS at Bayero University, Kano.



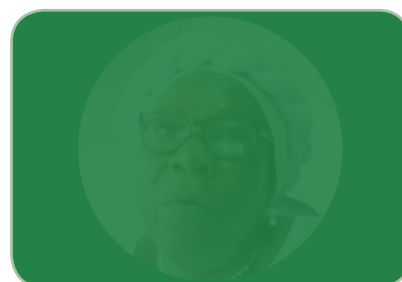
### NEMAT HAJEEBHOY

Nemat Hajeebhoy is the Senior Manager and technical expert with over 25 years of experience in shaping strategy, investments and implementing programs at scale. She is the Chief of Section, Nutrition at UNICEF Nigeria. She has expertise in maternal, infant & young child nutrition and global thought leader in nutrition with numerous publications in peer review journals. She also has Cross-sectoral experience of programs in social protection, water sanitation and hygiene, post-disaster rehabilitation, business and food sectors across Asia (South East and South), Africa (East and West) and North America.



### NDUKA CHITO NELSON

Nduka Chito Nelson is the Head of, Food & Nutrition Division at the Ministry of Finance, Budget, and National Planning since March 2019. She was the former head of human resources for health at National Primary Healthcare Development Agency (NPHCDA) between 1992 and 2019 where she gained 24 years' experience in primary health care providing technical support to primary health care system development, population, reproductive health, and nutrition. She gained her Master of Public Health at the University of Ibadan and Master of Business Administration (M.B.A.) at the University of Calabar. She had her Bachelor of Science (BSc) Nutrition and dietetics degree at the University of Nigeria



## AGENDA

### WELCOME REMARKS

**By Vivianne Ihekweazu**  
*Managing Director,  
Nigeria Health Watch*

### PRESENTATION

**By Kemisola Agbaoye,**  
*Senior Programme  
Manager, Nigeria  
Health Watch*

### PANEL SESSION

#### Speakers:

**Dr Niima Kera**  
*Director, Public Health,  
Kaduna State Ministry  
of Health*

**Mrs Chito Nduka  
Nelson**  
*Director, Nutrition,  
Federal Ministry of  
Finance, Budget, and  
National Planning*

**Nemat Hajeebhoy**  
*Chief of Section,  
Nutrition, UNICEF*

### Q&A DISCUSSION

#### Moderator:

**Dara Ajala-Damisa,**  
*Programme Manager,  
Nigeria Health Watch.*

### VIVIANNE IHEKWEAZU

*Managing Director, Nigeria Health Watch*



Nigeria Health Watch each year looks to convene key stakeholders and speakers in the health space to discuss the most pertinent health issues that challenge us. For World Breastfeeding Week, as an organization, we decided to join in this advocacy to support the need for exclusive breastfeeding. The focus was on the important role the workplace plays in pushing advocating for a strengthened policy so that women can exclusively breastfeed. The theme this year, Strengthening Workplace Policies for Exclusive Breastfeeding: A Shared Responsibility is very apt meaning there is an important need to protect breastfeeding.

In 2019 we spoke about empowering parents, empowering breastfeeding. This spoke to supporting family-friendly policies to enable women to continue to exclusively breastfeed when they have their children.

In 2020, the theme was supporting breastfeeding for a healthier planet, and this was done to ask the

government to protect and promote women's access to scaled growth counselling. Crossing our minds back to 2020, the outbreak changed the way we lived our lives and breastfeeding wasn't left out. So, many mothers were left unsure and there was a lot of uncertainties as to what will be the implications be in breastfeeding.

Breastfeeding improves the health survival and wellbeing of infants, children, and especially mothers. It has significant health benefits and is the best start any infant can receive as they start their lives. Breastfeeding is also a very important investment for saving lives and improving the health and socio-economic development of countries and the nation. The economic benefit of breastfeeding; cost savings women benefit from when they breastfeed as supposed to other options for feeding their children such as breast milk substitutes which have been one of the key competitors that have caused women not to breastfeed their child. As we all are looking to rebuild our lives, rebuild back economies, breastfeeding is also important and needed to help us build back better systems and lead us to get back to normal after the Covid crisis, we hope ends. We need to ensure consistent messaging and proper regulations and referral systems so women can have access to the right information when they are bringing up their children especially for new mothers who may be anxious initially after their first child.

Strengthening workplace policies plays a very important role in supporting the continuation of exclusive breastfeeding once women have gone through the first months of having a baby. Workplaces should play a very critical role in supporting breastfeeding practices. Protective measures are needed now more than ever to ensure protecting breastfeeding women in the workplace.

## WELCOME REMARKS



**KEMISOLA AGBAOYE**

Senior Programme Manager, Nigeria Health Watch



**B**reastfeeding has many benefits to the infants to the mother and countries as a whole. For infants, breastfeeding reduces the risk of infections like pneumonia, diarrhoea, obesity later in life, reduces the risk of heart diseases. For mothers, it reduces the risk of breast cancer, ovarian cancer and heart disease. In some countries, inadequate breastfeeding causes the global community as much as 1.1 million dollars annually and when we come down to Nigeria, we find that we are not doing so well with exclusive breastfeeding. In 2017, 24% rate of our mothers exclusively breastfeed their children, this is very low compared to the World Health Assembly target of 50% by 2025. Inadequate breastfeeding causes, 104,000 preventable childhood deaths, over 10 million cases of diarrhoea and pneumonia in children, \$4 billion in household costs (from the purchase of breastmilk substitutes) and \$22 million in the healthcare system and treatment costs for both

mother and child.

Exclusive Breastfeeding plays an important tool in reducing how much the country spends on childhood illnesses and mothers as well. The objectives are:

1. To inform people about the importance of protecting breastfeeding.
2. Anchor breastfeeding support as a vital public health responsibility.
3. Engage with individuals and organisations for greater impact.
4. Galvanise action on protecting breastfeeding to improve public health.

The workplace plays a critical role in supporting breastfeeding practices. According to the International Labour Organisation (ILO), lack of support at the workplace is one of the major reasons why women stop breastfeeding before the recommended time. Women tend to stay longer at their jobs if they can breastfeed at work – skill retention is good for business.

**Section 54 of the Nigeria Labour Act lays stipulations:**

- 12 weeks of maternity leave; 6 weeks before and 6 weeks after delivery.
- Pay of not less than 50% of her previous wages during this time.
- Half an hour breaks twice daily for breastfeeding.

The first objective of the National Policy on Infant and Young Child Feeding in Nigeria published in 2010 is “to protect, promote and support exclusive breastfeeding in the first six months of life”. There is no enabling law to back up this policy in employer-employee relations. Given the obvious benefits of breastfeeding, there is a clear need to strengthen workplace policies for Exclusive breastfeeding (EBF) both in public and private organisations and to ensure that these policies become consistent across all sectors.

According to the Nigerian Labour Act, women are entitled to three months of maternity leave which falls short of the six months recommended period for exclusive breastfeeding and largely only applies to public sector workers.

**\$1.1m**

**COST OF INADEQUATE  
BREASTFEEDING TO THE  
GLOBAL COMMUNITY  
IN SOME COUNTRIES  
ANNUALLY**



## QUESTIONS AND ANSWERS

### PANEL SESSION

➔ In 2019, the governor of Kaduna state announced there is a new policy for 6 months maternity leave and in 2020 that policy started implementation. What has been the level of progress in implementing this novel policy?

**DR HAJARA NIIMA KERA**

DIRECTOR OF PUBLIC  
HEALTH, KANO STATE  
MINISTRY OF HEALTH



#### Kano State institutionalising better Breastfeeding Policy

Following the pronouncement by His Excellency, June 12, 2019, the government began implementation by issuing a circular and with continuous communication with all MDAs and by the head of the state civil commission in Kaduna state. This was to ensure strict compliance with the new 6 months maternity leave that was foreign to us all. To continue to support the process we have continuous stakeholder engagement, and we are at this point looking at taking it a step further through institutionalising an executive bill. The ministry of justice is currently reviewing in readiness and preparation for its presentation at the state house of assembly. So, once this passes through we expect to have and provide full legal backing prior to sustaining this excellent fit our able government has brought to us. Now at the state ministry of health, our job is to continue to provide necessary technical support to enable policy, direction, to sustain effective implementation in the state and continue to provide any guidance to our MDAs as to how to make sure this continues to be a reality.

"Ministry of Justice is providing guidance about it, and we mean for every organisation in the state to follow it. When the ministry is done, we will know how it will look like".

➔ In 2017, Nigeria Health Watch conducted a program titled Feed a Naija Pikin which sort to understand the document, the work of the CMAC and CMAM intervention. What level of progress have you been able to achieve in this regard and what level of multistakeholder synergy exists among the various players?

**DR CHITO NDUKA NELSON**

DIRECTOR OF NUTRITION SOCIAL  
DEVELOPMENT DEPARTMENT,  
FEDERAL MINISTRY OF FINANCE,  
BUDGET, AND NATIONAL PLANNING



#### National Policy on Food and Nutrition

We have a national policy on food and nutrition that provides an overarching framework for nutrition and in the policy, the issues around the first 1000 days of the child which includes issues around exclusive breastfeeding, and the strategies were well elucidated. To ensure that this aspect of the policy is implemented the national multi-sectoral plan of action that was jointly developed by the multiple stakeholders under the platform of the national policy for food and nutrition have tried to address the issues around Maternal, Infant and Child Nutrition especially that of children under 1-year exclusive breastfeeding at the first 1000 days. We have the national policy on food and nutrition, and we have the national multisectoral plan of action on food and nutrition that has been validated and is a 5-year program. We are going forward to ensure that all the cost component of the national multisectoral plan of action is all integrated into the national medium-term national development plan 2021-2025 that is presently been developed to ensure that we have enough funds for the implementation of these programs.

We have a very strong synergy, a strong platform called the national committee on food and nutrition chaired by the permanent secretary, and the National Council on Nutrition chaired by the vice president and at these levels, we have well-developed terms of reference that is being followed strictly. With these, we have very strong synergy and have been providing support, sharing experiences, learning, and supporting each other.

➔ **UNICEF has long proposed that maternity leave should be extended from 3 months to 6 months in Nigeria. What are some of the challenges and opportunities that you have encountered while advocating for this policy change?**

**NEMAT HAJEEBHOY**  
CHIEF OF SECTION,  
NUTRITION, UNICEF



### Barriers to Exclusive breastfeeding and benefits of Exclusive Breastfeeding to the mother and workplaces

It is important that mothers exclusive breastfeed for 6 months and continue up until 24 months. We need to support mothers and continue to tell them about the importance of exclusive breastfeeding.

The other issue to remind everyone on is that we are not just talking of leave for 6 months we are talking of paid leave which is an entitlement to enable a woman to play a biological role as well as an economic role. Women are a very important part of the labour force, we make up 45% in Nigeria of the labour force.

There is a belief amongst those who work that if we take leave then we are jeopardizing the careers of women and women will not be able to advance. I like to remind people that most women work 30-35 years of their lives, so taking 2 years of leave if you have let 2 or 4 children isn't a barrier - Although studies in Nigeria done by Alive and Thrive show that 75% of women interviewed said they would like to have 6 months paid maternity leave.

The second barrier **comes from policymakers** who hesitate and feel that it will affect employment by the rate of women in the workforce. Research has proved this wrong rather we see the reverse.

The third barrier is **from the private sector**, it is beneficial for employers to support this too by making provisions for breastfeeding mothers. Private organisations should support because women will do better after 6 months of exclusively breastfeeding their children, they will also have more loyalty toward the organisation, and there will be reduced absenteeism, they will be more energised when they return to work. Most private organisations do not want to pay someone on leave this will affect their productivity and loyalty in the long run.

**DARA AJALA-DAMISA - MODERATOR**  
PROGRAMME MANAGER, NIGERIA  
HEALTH WATCH



As a first-time mum, juggling motherhood and work was challenging but the full term paid maternity leave at Nigeria Health Watch as well as the flexible work schedule developed afterwards greatly eased the transition process. She opined that without these effective workplace policies, exclusive breastfeeding would have been next to impossible.

➔ **For organisations who are struggling in Kaduna State, there is a perception that an equitable breastfeeding policy could harm the organization's bottom line. How have you been able to support public organisations that these policies will strengthen their growth?**

**DR HAJARA NIIMA KERA**  
DIRECTOR OF PUBLIC HEALTH, KANO  
STATE MINISTRY OF HEALTH



In Kaduna State, we have extended from 3-6 months paid leave. We have been able to advocate for the establishment of creches at organisations. Women are at peace, more relaxed and more productive knowing their baby is nearby they now have a place where the women can go and breastfeed their child. We are pushing for other organisations to have this set up for mothers too. Maybe just a room. We are establishing a robust sensitization, so the message gets across as positive feedback is also important. Also, we are advocating for MDAs and organisations to do likewise. We are working with our health promoters to advocate for various organisations so they know it will not be a loss to the bottom line. MDAs that have led on this are Human services, Budget and planning, primary health care board and education.

## QUESTIONS AND ANSWERS

**DARA AJALA-DAMISA**  
PROGRAMME MANAGER,  
NIGERIA HEALTH WATCH



Health promotion is critical to constantly put in the face of people why what are those benefits they can gain because of setting up strong workplace policies that support breastfeeding.

➔ **You have the national eye view of some of the impact of policies at the national level. How will the existence of the policies that support exclusive breastfeeding enable greater participation of women in the workforce?**

**DR CHITO NDUKA NELSON**

DIRECTOR OF NUTRITION  
SOCIAL DEVELOPMENT  
DEPARTMENT, FEDERAL  
MINISTRY OF FINANCE,  
BUDGET, AND NATIONAL  
PLANNING



Implementing the policies have been challenging. The issues boil down on employers providing a conducive environment for lactating mothers to be able to nurse their baby while at work and having supervisors that will have that understanding that what this woman is doing is not a waste of time, but she is contributing to the society, her family and the nation. This will make the woman very productive.

➔ **This year's theme focuses on the health and wellbeing of women and children. How would exclusive breastfeeding support the transition to a very critical component which is complementary feeding and in long run the wellbeing of the child?**

**NEMAT HAJEEBHOY**  
CHIEF OF SECTION, NUTRITION,  
UNICEF



### Benefits of Exclusive Breastfeeding to the Child

The recommendation is 6 months exclusive breastfeeding and nothing else and then continued breastfeeding up to 24 months. These are cut-offs that have been done after careful research and evidence build-up. Breastmilk is the only food the child needs for the first 6 months but it's an extremely essential food the child needs for up to 24 -36 months. The reason is that when a child is born, the child digestive system and neurology system is not fully developed and there are live ingredients in breastmilk that helps the child to complete its neural and gap development. This is what helps to create greater immunity. In addition, breastfeeding beyond 6 months which is transitioning to semi-solid mashed food we still need to remember that breastmilk still provides 60-70% of the child's nutrient needs for the early age of 6-9 months and continues to provide about 40% nutrients that the child needs. It is not a sudden weaning but a gradual weaning process that is critical for brain development, gap development and lifelong immunity.

➔ **Aside from maternity leave, what other workplace policies are there to support exclusive breastfeeding in the workplace?**

**DR HAJARA NIIMA KERA**

DIRECTOR OF PUBLIC HEALTH,  
KANO STATE MINISTRY OF HEALTH



The policy that we have is pretty much inclusive of most of what a woman will need, the support she requires to provide exclusive breastfeeding for her baby over the span of 6 months. It is a paid leave, and we are working towards ensuring that there



is a place for her to even lactate her child or keep her child in the workplace. Aside from that, perhaps some of the things we do will have to be around the Nutrition activities we have embedded in Kaduna state policy on food and nutrition. So, we are looking across not just the health sector wherever we can leverage and push the idea of exclusive breastfeeding. We need those tiny adjustments in our workplaces to accommodate our mothers and future leaders. I am called the Breastfeeding police in my family. It's a shared responsibility so we all have to be involved and we should advocate as much as possible. There is something everyone can do to promote exclusive breastfeeding.

### NEMAT HAJEEBHOY

CHIEF OF SECTION, NUTRITION,  
UNICEF



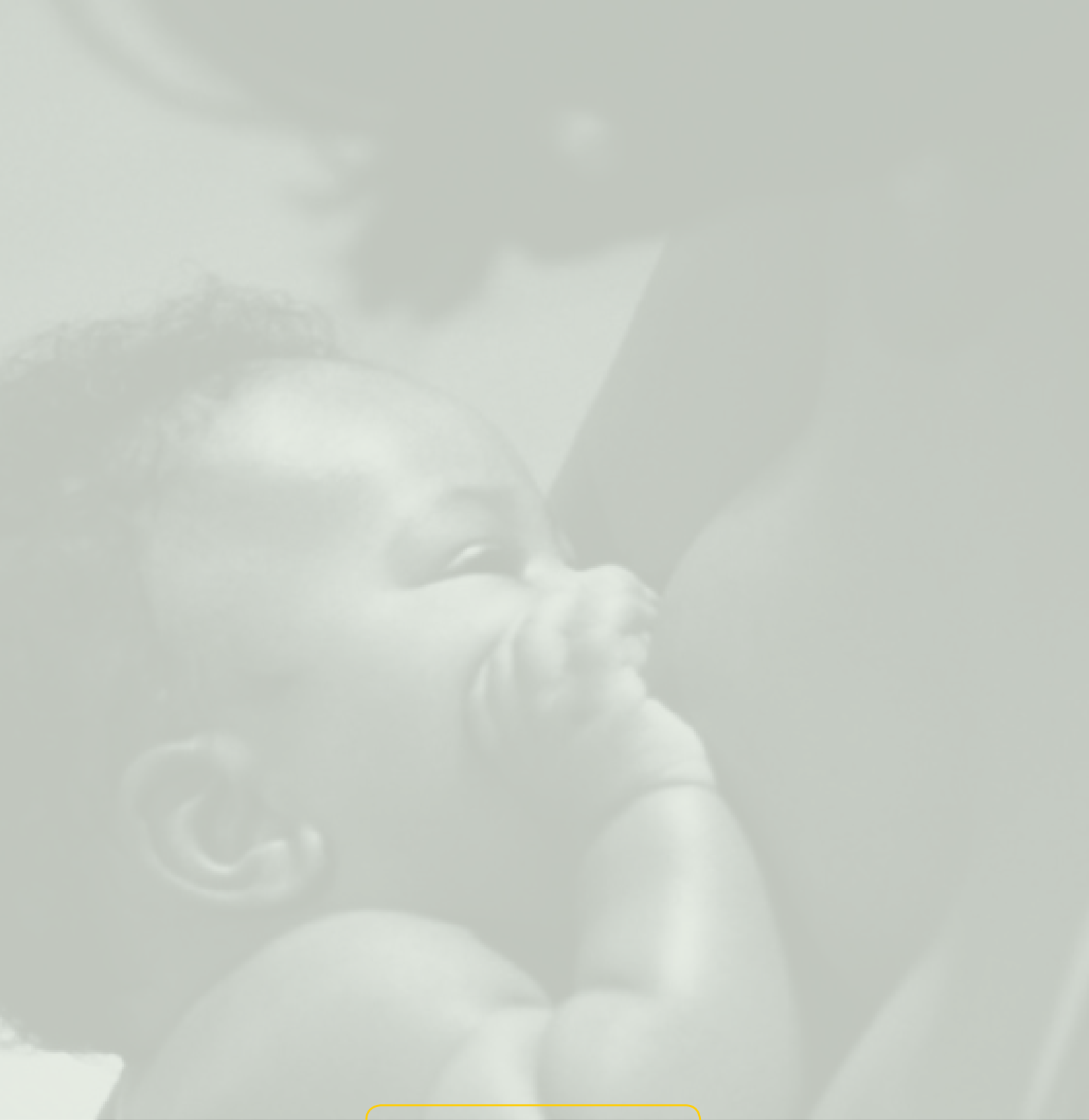
We need flexibility, we need to make breastfeeding the new normal. In Nigeria 1 out of 3 children is exposed to exclusive breastfeeding. COVID has helped show that work from home is very possible. We need to encourage people to allocate a bit of space for women to do breastfeeding like 10 square meters in our offices. Finally, with a quote from a former executive director of UNICEF, Dr James Grant "The promotion of breastfeeding must not be seen as an excuse to exclude women from the labour force. The burdens should no longer fall on women to choose between breastfeeding and work, the burdens are on the society to facilitate breastfeeding and indeed childcare".

### KEY OUTCOMES

- We need flexibility, we need to make breastfeeding the new normal
- Companies and organisations should provide creches or rooms for women to go to when they want to breastfeed and also keep their children during work hours so that they can be comfortable at work
- Breastmilk is the best milk for the baby we should act as change agents and advocates. We should ensure full implementation of policy and guidelines at all levels especially the state level.
- It's a shared responsibility so we all have to be involved and we should advocate as much as possible. There is something everyone can do to promote exclusive breastfeeding.



**WE STILL NEED TO REMEMBER THAT BREASTMILK STILL PROVIDES 60–70% OF THE CHILD'S NUTRIENT NEEDS FOR THE EARLY AGE OF 6–9 MONTHS AND CONTINUES TO PROVIDE ABOUT 40% NUTRIENTS THAT THE CHILD NEEDS.**



**NIGERIA  
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