

AGRICULTURE SERIES

Enhancing the nutrition programme
of your agricultural workforce



BREAST FEEDING SUPPORT

A practical guide for agricultural organisations
to create breastfeeding-friendly environment
for agricultural workers

**WORKFORCE
NUTRITION ALLIANCE**

**Breastfeeding is not
a one-woman job.**

Version

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1

Introduction

BEFORE YOU START

BACKGROUND

Introduction

A practical tool

This guidebook is a practical tool designed to support organisations that work with or support smallholder farmers especially those operating in agricultural settings where traditional workplace structures may not exist.

This guidebook is not intended for direct use by farmers, but for those overseeing, designing, coordinating, or managing the activities that support smallholder farmers nutrition and wellbeing efforts across the agricultural supply chain.

Who we are

The Workforce Nutrition Alliance was launched by the Consumer Goods Forum (CGF) and the Global Alliance for Improved Nutrition (GAIN) in October 2019. Since our launch in 2019, the Workforce Nutrition Alliance has supported programmes reaching over 4 million farmers and workers. We aim to reach 10 million by 2030.

We encourage organisations (e.g., supply chain actors, cooperatives, buyers, and implementing partners) that are committed to improving nutrition for smallholder farmers and workers to enrol in one of our implementation support programmes. These programmes offer tailored guidance, tools, and technical support to help you design, scale, and monitor effective workforce nutrition initiatives across the four pillars.

This guidebook is one in a series of four produced by the Workforce Nutrition Alliance, which complements the Smallholder [Farmer Scorecard](#) by offering actionable guidance to strengthen programme areas such as breastfeeding support, access to healthy food, nutrition education, and health checks. All four guides are publicly available on our [website](#) with the aim of helping supply chain actors and smallholder farmers to enhance their nutrition programmes.



Definition of ‘workforce nutrition programme’

Workforce nutrition programme is a term we use to describe a set of actions that aim to improve nutrition and wellbeing in diverse work environments. These programmes can be implemented in formal work settings (e.g., factories, offices) or agricultural settings (e.g., tea plantations, coffee farms, vegetable fields).

FIRST TASTE

Before you start



Who is this guidebook for?

Imagine a female smallholder farmer working in a rural community. She works long hours on the farm, often far from home, and may have little time or support to provide care to her infant or young child. She may carry her infant with her on the farm or that may be too difficult, and she may leave him or her at home in the care of an older sibling or relative. She may know that breastfeeding is best for her child but may struggle to find time and space to do so. Without family and community support, maintaining breastfeeding can be challenging, even when mothers want to continue. These barriers can affect both the health of the child and the wellbeing of the mother.

This guidebook is designed to support organisations working with smallholder farmers to implement simple, effective breastfeeding support initiatives. Whether you're starting a new programme or strengthening existing activities, this guidebook provides clear, actionable guidance to improve care for breastfeeding women in agricultural communities, by enabling mothers to continue breastfeeding while balancing farm work.



What is covered in this guidebook?

This guidebook provides low-cost strategies to support breastfeeding mothers, both during agricultural work and at home. It outlines practical ways to raise awareness about the importance of breastfeeding and suggests simple ideas to accommodate breastfeeding during daily life, particularly in low-resource settings. The guide is structured to help implementers take action, even with limited resources, and adapt solutions to the realities of farming households.



Why is this guidebook important?

Breastfeeding provides optimal nutrition for babies. Not breastfeeding can negatively affect the health and well-being of mothers and children. For farming families, where mothers often return to work shortly after childbirth, supporting breastfeeding is essential for child survival, maternal well-being, and stronger communities. By creating an enabling environment for breastfeeding, we contribute to the nutrition targets of the United Nations Sustainable Development Goals (SDGs) on nutrition, health, decent work, and gender equality, and protect the health of future generations. Find out more about this topic in this [factsheet](#) developed by the World Health Organisation (WHO).



Recommended breastfeeding practices

Breastfeeding also called nursing, is the process of feeding a mother's breastmilk to her baby, either directly from the breast or by expressing or pumping the milk from the breast and feeding it to the baby. The World Health Organisation (WHO) recommends initiating breastfeeding within the first hour after birth, feeding exclusively on breastmilk for the first six months, and continuing alongside complementary foods for at least two years.

Artificial feeding with formula milk has been shown to put children at higher risk of infection and other diseases, as well as limiting child growth and development. It is therefore not recommended over breastfeeding. However, in some cases breastfeeding might not be possible due to individual reasons. This guidebook's References section includes resources for formula-feeding in a safe way.



Definition of 'breastfeeding support'

Breastfeeding support includes programmes which raise awareness on the importance of breastfeeding and related best practices for women and their families. Importantly they support women the time to breastfeed adequately and as recommended. These programmes may also include the provision of facilities that enable women to breastfeed, such as the allocation of spaces and the possibility of having preferential treatment in accessing various offered services.

2

Evidence of impact

TURNING INSIGHTS INTO PRACTICE

BUSINESS CASE

The evidence of impact

Evidence shows that supporting nutrition and health among agricultural workforces contributes to more resilient communities and stable food systems. In contrast, poor maternal and child health can result in lost labour, reduced productivity, and increased healthcare costs for households.

Breastfeeding support in agricultural settings should be seen not only as a maternal and child health intervention, but as a strategy to enhance productivity, reduce economic strain, and promote community wellbeing. When mothers receive adequate support to breastfeed, children are more likely to grow up healthy, families face fewer health-related expenses, and women can continue contributing to agricultural activities without compromising their child's nutrition and development. Here's how breastfeeding support helps farming households, organisations, and communities:

The benefits of workforce breastfeeding support



The evidence of impact

Supporting breastfeeding in agricultural settings offers wide-reaching benefits not only for maternal and child health, but also for the resilience of farming communities and food systems at large. A growing body of global evidence shows that breastfeeding serves as a foundational pillar of food security, enhances maternal well-being, and helps protect the next generation from malnutrition and illness.

Breastfeeding is increasingly recognised as a critical “first-food” system that supports both short- and long-term food security. By providing safe and nutritious nourishment from birth, breastfeeding helps buffer infants from food insecurity and market shocks—especially in rural and agricultural settings where access to diverse foods may be limited^{1,2}. A recent review of infant feeding practices in food-insecure households found that exclusive breastfeeding can significantly protect infants from early-life malnutrition. In contexts where agricultural incomes are seasonal or precarious, breastfeeding reduces reliance on external food sources and ensures a stable nutritional foundation. In turn, healthy and well-nourished children are better able to grow, learn, and eventually contribute to the productivity and

resilience of farming households over time³. These impacts extend to women as well. Breastfeeding has been associated with improved maternal health outcomes, including reduced risks of certain cancers, better postpartum recovery, and longer-term health stability - all of which contribute to a woman's ability to participate in food production and caregiving roles. In turn, this supports both the family economy and the sustainability of agricultural labour forces⁴. Importantly, breastfeeding-friendly environments such as community-based support and shared caregiving, can improve women's ability to breastfeed while staying active in agricultural work. Where implemented, such supportive systems have led to increased breastfeeding duration, higher maternal workforce retention, and stronger rural economies⁴.

Breastfeeding also safeguards the next generation by laying the foundation for lifelong health. Children who are breastfed have lower risks of diarrheal disease, respiratory infections, and chronic illnesses later in life. According to the World Health Organization, optimal breastfeeding could prevent over 823,000 child deaths each year globally⁵. In agricultural communities where access to healthcare may be limited, these protective effects are especially important for intergenerational wellbeing.



Health benefits of breastfeeding

Breastfeeding provides significant health benefits to women and their children. It eases the return to work at the farm.

Benefits for mothers

Improved postpartum recovery

Exclusive breastfeeding delays menstruation, helping restore iron levels and reduce anaemia.

Reduced cancer risk

Breastfeeding lowers the risk of premenopausal breast and ovarian cancers.

Strengthened bonding

Breastfeeding encourages emotional connection and supports mental wellbeing.

Benefits for children

Improved survival rate

Breastfeeding can prevent up to 13% of all deaths in children under five in the developing world.

Disease protection

Breastmilk contains antibodies that protect infants from illnesses like diarrhoea, pneumonia, allergies, and ear infections.

Supports development

Breastmilk contains essential fatty acids for brain development not found in formula or animal milk.

Long-term health

Breastfed children are less likely to be overweight, obese, or suffer from chronic diseases later in life.

Enhanced cognitive outcomes

Exclusive breastfeeding is linked to improved performance on intelligence tests.

Promotes bonding

Strengthens emotional and psychosocial development through close mother-child interaction.

Good practice

CASE 1

Community support model on breastfeeding in rural areas⁶



Country

Vietnam



Sector

Farming communities



Case

Alive & Thrive implemented a large-scale breastfeeding support initiative across 267 remote villages in nine provinces of Vietnam. The programme established 801 community-based Infant and Young Child Feeding (IYCF) groups, targeting three groups: For pregnant women, mothers of infants (0–6 months), caregivers of toddlers (6–23 months), and their families. Each group was led by trained village health workers and members of the Women’s Union, who served as local facilitators.

These facilitators, trained by district health staff, organised monthly meetings for pregnant women and mothers, and bi-monthly sessions for family members. Using locally adapted flipcharts, cooking demonstrations, and interactive discussions in regional dialects, they delivered practical messages on breastfeeding - covering topics such as early initiation of breastfeeding and the introduction of complementary foods after six months as well as maternal nutrition during and after pregnancy. By the end of the programme, more than 33,000 women and mothers of children (0–23 months) approximately 60% of the eligible population had been reached through over 166,000 support interactions. A total of 1,513 facilitators were trained to lead the groups.

Compared to neighbouring villages without support, participating communities showed notable improvements: more mothers initiated breastfeeding at birth, exclusive breastfeeding rates increased, and bottle-feeding rates decreased. The initiative shows that peer-led, community-based support, when integrated into existing health and agricultural systems, can effectively improve breastfeeding practices, even in remote farming areas.

3

Assess the needs

PREPARING YOUR PROGRAMME

FIRST STEPS

Start with a needs assessment

Before beginning your breastfeeding support programme, it is important to understand the needs and realities of women smallholder farmers, existing cultural practices, and the available resources. This helps ensure the programme is practical, respectful, and designed to address real challenges faced by farming mothers. A simple needs assessment will help prioritise action.

Start by exploring these key questions

- *What information do we need to know before designing the programme?*
- *What is the objective or changes we want to achieve?*
- *Who in the community or supply chain can help gather and share this information?*
- *How will the information be used?*



Practical guidance

Sample key assessment areas

Table 01

What to assess	Objective	Who to involve	How to collect information
What proportion of the women farmers you work with are currently pregnant or breastfeeding?*	Estimate potential reach of breastfeeding support.	<ul style="list-style-type: none">• Local cooperative leaders• Field facilitators• Consultants (hired by organisation)• Community health workers	<ul style="list-style-type: none">• Community health worker records (antenatal and birth registers)• Local fertility estimation rates*
What are the current breastfeeding practices among the female farmers you support, and how long do they typically breastfeed?	To understand the needs of breast-feeding mothers and identify where to best support.	<ul style="list-style-type: none">• Breastfeeding mothers• Female farmers	<ul style="list-style-type: none">• Short interviews• Surveys
What challenges do breastfeeding mothers face while working in the fields, such as time constraints, distance from their infants, cultural stigma, or lack of privacy?	Identify key barriers to sustained breastfeeding and design realistic solutions.	<ul style="list-style-type: none">• Breastfeeding mothers• Female farmers	<ul style="list-style-type: none">• Group discussions• Interviews• Feedback boxes
What are the dietary habits of pregnant and breastfeeding women in the communities you work with?	Identify potential nutrition gaps that may affect breastfeeding quality and maternal health.	<ul style="list-style-type: none">• Pregnant or lactating women• Community health workers• Women's group	<ul style="list-style-type: none">• Short interviews• Focus group discussions

**Consider using local fertility rates to estimate the percentage of women who may be pregnant or breastfeeding at any given time. This will help provide a more realistic estimate of the programme's potential reach.*

What to assess	Objective	Who to involve	How to collect information
What social norms or attitudes exist around breastfeeding in public or during work?	Understand the need for community sensitisation or support networks.	<ul style="list-style-type: none"> • Women • Men • Elders • Health promoters • Community members 	<ul style="list-style-type: none"> • Informal interviews
What formal, informal or family-based support exists for childcare or breastfeeding?	Explore existing community strengths that can be built on.	<ul style="list-style-type: none"> • Female farmers • Mother-in-laws • Husbands • Health volunteers 	<ul style="list-style-type: none"> • Group dialogues • Story-sharing sessions
Are there any policies or practices (formal or informal) that affect when/how women return to farm work post-birth?	Identify opportunities for flexibility, rest, or staged return to farm activities.	<ul style="list-style-type: none"> • Community leaders • Women's groups • Local coordinators 	<ul style="list-style-type: none"> • Focus groups • Key informant interviews
What breastfeeding initiatives and materials are available within your community, including at local health posts or facilities?	Explore potential for collaboration and reduce duplication of efforts.	<ul style="list-style-type: none"> • Community health workers • Breastfeeding mothers • Female farmers 	<ul style="list-style-type: none"> • Short interviews • Observation • At health posts



Using the assessment results

✓ Develop locally appropriate solutions

Use findings to set realistic goals and activities around the challenges identified. For example peer support or flexible farm roles.

✓ Strengthen awareness and respect for breastfeeding as part of community health

Share findings with farmer groups, community leaders, health extension workers, and households to increase awareness of breastfeeding needs.

✓ Promote shared responsibility

Encouraging fathers or elders to support breastfeeding.

✓ Set clear priorities

Focus on simple, visible actions first, while laying the groundwork for longer-term solutions.

✓ Monitor and adapt over time

Use this assessment as a starting point to track progress. Collect feedback from mothers regularly to adjust support, strengthen local engagement, and measure improvements.



4

Building your programme

SUPPORTING MOTHERS

GET GOING

Three steps to supporting mothers in the workplace

The needs assessment helped identify key groups requiring support, the cultural and logistical factors influencing breastfeeding practices, and the existing informal structures that may be leveraged. These insights provide the essential foundation for informed and context-specific action.

This section helps implementers translate needs assessment findings into a practical, field-ready support plan. This process should ensure that proposed interventions are respectful of local norms, responsive to the lived realities of farming communities, and feasible within informal agricultural settings.



Plan

Using your needs assessment data, lay the groundwork by developing a clear, context-specific plan.

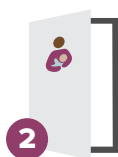
This includes answering the core questions: *What are you trying to achieve? Why is support needed? Who are you trying to reach or impact? How, where, and when, activities will take place? With whom will support be delivered?*

Clearly define your goal(s). State what the programme aims to achieve, based on identified needs.

Make clear priorities to decide what actions are most urgent and feasible, especially within limited resources

Identify which groups the programme will support

Map potential collaborators who can deliver support and build connections



Set up systems

Set up the systems needed to deliver breastfeeding support effectively. This includes defining responsibilities, organising key support practices, and making them part of daily routines.

Establish core support practices
draw up your programme

Integrate support into existing structures

Assign clear roles and responsibilities



Share knowledge

Promote awareness and build a shared culture of breastfeeding support across the community.

This includes providing clear, culturally relevant information and engaging families, leaders, and community members to shift norms and encourage shared responsibility.

Develop key breastfeeding messages and materials, where possible use existing resources developed by health centres or trusted breastfeeding programmes (see annex for some organisations implementing breastfeeding programmes in informal settings)

Use simple, accessible formats and communication channels

Engage families, leaders, and peers in awareness efforts

ELEMENTS OF CHANGE

Key successes and challenges



Key elements for success

To support breastfeeding mothers in agricultural settings consider these key elements into your programme:

- ✓ **Sensitise and share knowledge**
Facilitate the implementation of regular community education sessions using local languages, storytelling, or visuals.
- ✓ **Prioritise**
Allow preferential treatment for pregnant and breastfeeding women.
- ✓ **Leverage**
Leverage existing community structures to increase reach and keep costs low — for example, piggyback on government health outreach days.
- ✓ **Designate**
Assign community focal persons (community health worker, cooperative leader and women group leader paid by organisation) to coordinate breastfeeding support activities.
- ✓ **Commit**
Public organisational commitment reinforces breastfeeding as a shared responsibility.
- ✓ **Monitor**
Monitor and support the programme.



Key challenges to address

Organisations must usually address several of the challenges below to properly support breastfeeding mothers in agricultural settings:

- ✓ **Limited time and competing labour demands**
Why? Mothers often return to the farm shortly after childbirth, with little time for rest or breastfeeding. Breastfeeding promotion must include strategies that involve the family and reduce the mother's physical burden during the early months.
- ✓ **Misinformation and cultural beliefs**
Why? Misinformation (e.g., “colostrum—the first milk produced after birth—is dirty”) or pressure to supplement early can undermine breastfeeding. Ongoing, culturally sensitive education targeting not just mothers but also men and elders is essential.
- ✓ **Infrastructure**
Why? Unlike formal workplaces, farms and other agricultural settings may not have breastfeeding rooms or rest facilities. Focus on increasing knowledge on breastfeeding and use informal solutions.
- ✓ **Links to health services**
Why? Mothers may lack access to skilled support for latching problems, low milk supply, or infant illness. Partnerships with community health workers or referrals to government health programs must be built into support efforts.
- ✓ **Funding or staff time**
Why? In informal or resource-limited settings, support activities can be deprioritised. Support must be low-cost, integrated into routine tasks, and championed by existing community structures (cooperatives, women's groups, community health workers).
- ✓ **Monitoring progress**
Why? It is essential to monitor the implementation of breastfeeding programmes. This includes the collection of employees' feedback and identifying barriers in the programme and solutions to address them.



5

Simple solutions for breastfeeding support

PUTTING YOUR PLAN INTO ACTION

CLEAR DIRECTION

Develop a plan

Before developing your programme, take time to clarify the problem, define objectives, and identify key actors and resources. In agricultural settings where formal policies may not exist, a well-thought-out community-based plan is especially important for ensuring relevance, local ownership, and sustainability.



Define your goal(s)

Strong goals should follow the SMART criteria. Specific, Measurable, Achievable, Relevant, and Time-bound.

Problem

Start with the “what”. What is the main problem or need you’re trying to address? For example, limited breastfeeding practices may be due to long farm hours, lack of family support, or misinformation.

Goal

Now, define your goal. What does success look like in your context? For instance, more women breastfeeding for six months after childbirth, or greater involvement of men and elders in supporting mothers.



Check your goals

- Is the goal focused on a single area of change, such as awareness, access, or continuation?
- Can you track it through basic data or community feedback?
- Is it realistic with the time, resources, and local capacity available?
- Does the goal reflect the actual needs of farming mothers, based on your needs assessment?
- Is there a timeframe for completion?



Make clear priorities

You may identify several opportunities for action, but with limited resources, it’s important to focus on what is most feasible.



Identify the target group

Clarifying your target group helps tailor messaging and support activities to those most in need and those best placed to help. Use community maps, lists, or community health worker insights to guide targeting and outreach.

- *Pregnant and breastfeeding women in farming households*
- *Male family members or caregivers who influence maternal decisions*
- *Cooperative leaders or market actors who manage day-to-day agricultural operations*
- *Traditional Birth Attendants (TBAs), or peer mothers who can provide informal support*
- *Specific farming clusters, cooperatives, or buying centers*

Practical tip:

Use existing community networks like women's groups, community health workers, and farmer cooperatives to help identify pregnant and breastfeeding women. Ask these groups during regular meetings or collection days to voluntarily share this information, and create a simple, non-sensitive list to guide support efforts. Check in regularly to keep your list updated and ensure support remains relevant.



Engage potential collaborators

Breastfeeding support works best when built on existing community systems and implemented through collaboration. During the planning phase, identify who is already active, what's already being done, and where your efforts can add value. Start by reviewing your stakeholder list from the needs assessment.

Key collaborators

- Community health workers for education, referrals, and follow-up
- Women's groups or Village Savings and Loans Associations (VSLA) for peer support and awareness
- Cooperative leaders to implement queue priority or flexible produce delivery
- Traditional birth attendants to reinforce messages from pregnancy through postpartum
- Youth groups or volunteers to assist with transport or identify women needing support
- Faith-based and traditional leaders to reinforce messages for wider community, particularly men

Align with existing efforts

- Build on maternal health, nutrition, or savings group initiatives already in place
- Fill service gaps (postpartum support or male involvement)
- Share resources, like health educator visits, community health worker networks, or transport logistics

Build strong relationships

- Host informal community roundtables or meetings
- Share your goal and listen. Learn what's already been done, what worked, and where momentum exists
- Identify shared priorities and agree on roles, responsibilities, and communication methods

RELIABLE STRUCTURE

Set up systems

Turn your plan into action by creating simple, internal and community-based systems that deliver support consistently. This includes putting practical arrangements in place, assigning roles, ensuring there is clarity, structure, and visibility around how support will be delivered.



Establish core support practices

Use the planning outcomes to decide the support measures that will be offered, how they'll be implemented, and what community norms need to shift to make them effective. Examples of low-cost, high-impact practices:

Queue priority

Allow pregnant and breastfeeding women to skip queues at buying centers and aggregation points. Use signs, cooperative announcements, or volunteer oversight to ensure its respected.

Proxy produce delivery

Permit women to send a trusted family member or neighbour to deliver goods and services on their behalf during the early postpartum period.

Verbal notification systems

In areas with low literacy, use cooperative announcements or community health workers visits to inform women of available support.



Share the adaptations

Make breastfeeding-friendly support practices visible and accepted

- Announce these adaptations at cooperative meetings, market days, or community events, so farmers know what support exists.
- Encourage leaders to make verbal or public commitments. Such as: *"In our cooperative, pregnant and breastfeeding women receive priority."*
- Include these practices in informal community bylaws or buyer-supplier agreements where possible, even as a brief statement of intent.



Assign clear roles and responsibilities

Breastfeeding support only works when everyone knows who is doing what. Define key roles in a simple, verbal or written format and make sure each role is supported and understood.

Suggested roles

Table 03

Role	Responsibility	Who could be responsible?
Focal person	Point of contact for coordination and problem-solving.	Cooperative leaders or women's group representatives.
Practical support coordinator	Organise queue priority, proxy deliveries, or volunteer logistics.	Youth leaders or cooperative assistants.
Community mobiliser	Lead sensitisation and reinforcement of social norms.	Traditional birth attendants, community health workers, or faith leaders.

Practical tip:

Host a “Breastfeeding Support Kick-off” meeting, where all focal persons and volunteers are introduced, roles explained, and public commitment made. This boosts visibility and accountability.



Keep systems simple and flexible

These systems should be informal but consistent. Use visual tools (signs, badges, role cards) where literacy is low, and make sure everyone in the community knows what's in place and how it works.

- Use posters with illustrations to show support practices such as you can send someone to deliver for you.
- Provide focal persons with small visual cue cards to remind them of their roles.
- You can rotate responsibilities periodically to avoid burnout.



Training

Train community influencers and frontline actors on how to support, communicate, and normalise breastfeeding in their communities.

- Provide basic orientation to cooperative leaders, group facilitators, and youth volunteers on key breastfeeding messages.
- Where possible, conduct short, practical training for community health workers and women's group leaders on sensitisation sessions and addressing myths.

EMPOWERED COMMUNITY

Share knowledge

For breastfeeding support to be effective and sustainable, it must be widely understood, accepted, and reinforced within the broader community. In many agricultural settings, women face challenges such as limited access to health information, prevailing misconceptions, and a lack of social support. Sharing knowledge plays a critical role in addressing these barriers by enabling informed decision-making, fostering family and peer engagement, and embedding breastfeeding as a valued community practice.



Develop key breastfeeding messages

Collaborate with relevant stakeholders including community health workers and traditional birth attendants to develop community-based breastfeeding education materials. Start with a core set of messages that are relevant to your context and can be adapted for different audiences. Tailor messages to local languages and cultural norms. Keep them short, practical, and repeatable. The core focus should be on:

- Early initiation, within one hour of birth
- Exclusive breastfeeding for the first 6 months
- Continued breastfeeding alongside other foods up to 2 years
- Maternal nutrition and rest
- Dispelling local myths



Use accessible formats and communication channels

Choose communication methods that fit your audience's literacy level, social routines, and preferred communication channels. Effective formats includes:

- Posters and flipcharts with illustrations (ideal for cooperative centers, collection points, clinics).
- Radio jingles or announcements aired during market hours or on local stations.
- Storytelling, skits, or community drama at events, religious gatherings, or harvest celebrations.
- Peer-led talks during women's group meetings or savings circles.
- Short talks at routine cooperative meetings or input distributions.
- Videos or visual messages shared via app groups, especially through existing communication channels of farmer or cooperatives.



Repeat and reinforce

One-time awareness is not enough. The more people hear and see your messages, the more they will become part of the community norm. Build repetition into your communication strategy.

Practical tip:

Use real-life stories from local mothers or peer champions to make messages relatable.



Practical guidance

Checklist of topics to cover in educational or training sessions.

Audience	Topics	Table 04
Pregnant and breastfeeding women	<ul style="list-style-type: none">• Benefits of breastfeeding• Early initiation and exclusive breastfeeding• How to continue breastfeeding while working on the farm• Myths and facts about breastmilk• Importance of family and cooperative support• Maternal nutrition and rest	
Family members Fathers, grandmothers, older siblings.	<ul style="list-style-type: none">• Benefits of breastfeeding• How to support breastfeeding mothers• Sharing household chores and caregiving tasks• Encouraging mothers to rest and eat well• Role of men and elders in decision-making	
Community health workers, cooperative leaders, women's group members	<ul style="list-style-type: none">• Breastfeeding basics and common challenges• Organising and leading community awareness sessions• Encouraging preferential treatment at markets and buying centres• Identifying and referring mothers who need support• Reinforcing supportive messages at routine gatherings	



6

Monitoring and learning

MONITOR YOUR PROGRESS

TRACKING CHANGE

What to do with the data?

Monitoring helps organisations understand whether breastfeeding support efforts are reaching the right people and making a difference. Regular monitoring ensures that the programme remains responsive, effective, and inclusive, even in informal and resource-constrained settings. Basic community-based monitoring tools, like logbooks, and simple checklists, can be effective when used consistently.



Questions to guide your monitoring process

What do you want to know?

1. Are pregnant and breastfeeding women receiving support?
 2. Are breastfeeding messages being shared widely?
 3. Is community awareness growing?
-

How will you gather and measure the information?

1. Will you use a physical register, monthly community health worker reports, or cooperative meeting notes?
-

Who will collect the information?

1. Can community health workers, cooperative leaders, or focal persons help track reach and report back?
-

What does success look like?

1. Are women using the support offered, such as fast-track queues and transport help?
 2. Are families more aware of breastfeeding practices?
 3. Are more women continuing to breastfeed?
-

What will you do with the results?

1. Will you adjust your awareness strategies, train more champions, or introduce more frequent community dialogues?
-

Monitoring area	What to track?	Simple indicators	Data collection methods
Reach and participation Quarterly	How many women are being reached and supported through the initiative.	<ul style="list-style-type: none"> Percentages of pregnant and breastfeeding women identified in the farming group. Number of community meetings, market days, or events where messages were shared. Number of women who received support such as queue priority, proxy delivery, transport help. 	<ul style="list-style-type: none"> Meeting records or logs. Community health worker or cooperative reports. Informal focal person tallies.
Continuity of breastfeeding Every 6 months	Whether and how long mothers continue breastfeeding after returning to agricultural work	<ul style="list-style-type: none"> Percentages of mothers reporting continued breastfeeding after resuming farming. Number of mothers reporting exclusive breastfeeding for 6 months. Anecdotal stories of breastfeeding support. 	<ul style="list-style-type: none"> Community health worker interviews. Peer mother or women's group interviews. Case studies or testimonial collection.
Community awareness and engagement Every 6 months or bi-annually	Whether families and community members are aware of breastfeeding practices and support measures	<ul style="list-style-type: none"> Number of men, elders, or youth involved in awareness activities. Community health worker or volunteer reports on family support trends. Feedback from mothers on household support or workload. 	<ul style="list-style-type: none"> Community health worker group reports. Community discussions or focus groups. Short verbal surveys during meetings.



Practical tools and tips

Simple ways to track and improve breastfeeding support.

Simple tools you can use

- Community breastfeeding register.
- Monthly logbook kept by a cooperative leader, community health worker, or women's group.
- Feedback circles using smiley/sad face cards to assess satisfaction.
- Quarterly check-ins during group meetings to review support activities.

Tips for success

- Keep it simple: Focus on tracking what matters most. Do not try to track everything.
- Match your community's literacy level and communication style.
- Share results with the group, celebrate success, adapt where needed.
- Encourage women to speak openly about what support has helped and where gaps remain.



What to do with the data?

- Share updates
- Map progress
- Assess needed support
- Success stories in reports, social media, or donor updates
- Scale and reach

Key elements of breastfeeding support in agricultural settings

Table 06

Area	Indicator	★★★	★★★	★★★
Support practices	Type of breastfeeding support provided	One core practice introduced (e.g., queue priority)	At least two practical support measures in place (e.g., proxy delivery and transport help)	Multiple support measures embedded in cooperative/market routines and clearly communicated
Identification	Identifying pregnant or breastfeeding women	Community health worker, or focal persons identify women informally	List maintained and updated at least quarterly	System in place for regular updates and cross-checked by community health workers, cooperatives, or women's groups
Access and availability	Women's access to support	Verbal confirmation of eligibility at community events or meetings	Women self-identify and access through known focal persons or cooperative announcements	Support system is publicly visible (e.g., signage/posters), and consistently applied
Family and community involvement	Inclusion of household members and peers	Some family members involved in education or support	Fathers, elders, or youth occasionally participate in sessions	Shared responsibility promoted regularly; family support actions tracked or acknowledged
Education and awareness	Awareness of breastfeeding benefits and practices	Occasional talks or materials shared during community meetings	Regular sensitisation through group talks, flipcharts, or local media	Multi-channel approach including community health worker talks, storytelling, peer-led sessions, and radio/market drama
Use of community structures	Leveraging existing local systems	Support aligned with women's groups or community health workers	Integrated into cooperative routines and market gatherings	Consistently reinforced through multiple local platforms (cooperatives, VSLAs, community health workers, traditional birth attendants, etc.)
Monitoring	Tracking participation and impact	Informal feedback shared occasionally	Verbal check-ins or simple lists used to track reach and participation	Indicators regularly tracked; feedback integrated into cooperative or community health worker planning



7

References

TOOLS TO LEARN MORE

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Additional resources

WHO

[Guideline on improving breastfeeding practices](#)

CDC

[Guideline on preparing infant formula for bottle feeding safely](#)

Annex

This guidebook is designed for informal and low-resource farming contexts where dedicated breastfeeding rooms and formal workplace policies are not always realistic. Still, it is important to consider the needs of mothers who may bring their infants to the farm. In these situations, simple, low-cost strategies can offer mothers comfort, privacy, and rest to enable them continue breastfeeding.

Why this matters?

Infants need frequent and direct breastfeeding, especially in the first six months. When mothers and infants are not separated for long periods, this not only improves child health outcomes but also supports maternal wellbeing.

Some suggested practices for agricultural settings

1. Shaded rest areas

Designate or adapt a shaded area close to the farm (e.g., under a tree or near a shed) where mothers can sit comfortably and breastfeed. You may use simple materials like mats or tarpaulins to create a semi-private/private area. Where possible, supply a mat or chair for rest and privacy. These areas should be informal, low-cost, and created with input from the women who will use them.

2. Community-backed maternity rest periods

Encourage postpartum rest before mothers return to farm work. This can involve family or cooperative members temporarily covering work duties. For instance, in South Asian traditions, mothers are encouraged to rest for 40 days after delivery to focus on breastfeeding and recovery - this can be adapted informally in other settings. Work with community leaders, elders, and women's groups to agree on, and implement rest periods.

3. Peer-assisted rotations

Women's groups or cooperatives can create informal support systems where members rotate caregiving duties for infants nearby while others work. This ensures that mothers remain close enough for direct feeding.

4. Family-accompanied caregiving

Where possible, family members such as grandmothers or older siblings may accompany mothers to the farm to help with childcare, giving mothers space to work while still ensuring their babies are nearby for breastfeeding.

Practical feeding solutions in agricultural settings

Hygienic expression and storage of breastmilk is often not feasible in informal farm settings due to a lack of clean water, refrigeration, and sterile containers. Direct feeding is therefore the most practical and safest approach. In better-resourced agricultural environments — such as tea estates, large coffee farms, or agribusiness operations with formal structures — more formal infrastructure and workplace policies may be feasible. In such contexts, we recommend consulting our [Breastfeeding Support Guidebook](#) focused on workplace settings, which offers detailed guidance on designing dedicated lactation rooms, workplace breaks and support policies and paid maternity leave or benefits.



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