

Empowering Women in Kenya's Tea Sector: Adapting HERproject to the Smallholder Farm Context

Working Paper

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About this Report

This working paper captures the findings of a scoping study designed to explore ways to apply the current BSR HERproject workplace-based women's empowerment program to the context of smallholder farms in Kenya's tea sector. It presents BSR's proposed approach for expanding and adapting HERproject to meet the unique needs of smallholder farmers, and establishes a set of implementation principles for companies interested in applying HERproject or similar training programs with smallholder farmers in their supply chains.

The findings are based on research conducted in two tea cooperatives near Kericho, Kenya, including a survey of 350 female smallholders, six focus group discussions with male and female smallholders, and nine semi-structured interviews with Finlays management, local health providers, and cooperative and community leaders.

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ABOUT BSR

BSR is a global nonprofit organization that works with its network of more than 250 member companies to build a just and sustainable world. From its offices in Asia, Europe, and North America, BSR develops sustainable business strategies and solutions through consulting, research, and cross-sector collaboration. Visit www.bsr.org for more information about BSR's more than 20 years of leadership in sustainability.

ABOUT HERPROJECT

HERproject is a global public-private partnership to empower low-income women workers along global supply chains. Recognized as a leading innovation for women's health by the UN Every Woman, Every Child initiative, HERproject drives impact for women and business via workplace-based interventions on health (HERhealth) and financial inclusion (HERfinance). Operating in 14 countries with 45 international companies, 250 factories and farms, 20 civil society partners, and multiple health-care providers, HERproject has improved the well-being, confidence, and economic potential of more than 310,000 women,

and contributed to better health behavior and outcomes as well as financial inclusion for their family and community members.

Contents

- 1 Introduction**
 - Project Objectives
 - Why focus on smallholder farmers?

- 2 Context**
 - Kenyan Tea Sector
 - Cooperatives Structure

- 3 Methodology**
 - Implementation Principles
 - Research Approach

- 4 Findings and BSR Approach**
 - Program Reach
 - Curriculum Content
 - Intervention Setting
 - Local Support
 - Incentives for Participants

- 5 Next Steps**

- 6 Conclusion**

Introduction

Smallholder farmers play an increasingly important role in global supply chains. This particularly is the case for agricultural commodities such as coffee, cocoa, tea, bananas, and sugar. Supporting productivity and sustainable livelihoods for smallholder farmers who make up an estimated 90 percent of the world's farmers¹ will be essential to meeting our growing demands for food and sustainable and inclusive economic growth.

For companies, there is an equally compelling case to engage smallholder farmers, the majority of whom are in the developing world. With little land left for farming in mature markets, many companies that rely on agriculture see engaging smallholder farmers as essential to securing a stable source of supply. Therefore, improving productivity and the standard of living of smallholder farmers is both a business imperative and opportunity.

Project Objectives

BSR's HERproject delivers programs on health and financial inclusion, leveraging the workplace—everything from factories and farms in global supply chains—as an intervention point. The program is designed specifically to target low-income women who face numerous barriers to improving their well-being and standard of living. While the program traditionally has been applied to large-scale manufacturing and commercial farm contexts, this scoping study marks the expansion of HERproject to a new setting with smallholder farmer cooperatives.

The research that powered this report sought to determine whether and how HERproject's methodology from factory and commercial farm settings could be adapted to meet the specific priorities, organizational structure, and health needs of smallholder farmers. Our findings suggest that the HERproject model is relevant and feasible in a smallholder farmer setting—with some adaptations.

This working paper outlines our research findings and how we adapted the implementation of HERproject with smallholder farmers in a pilot project in Kenya beginning January 2015. It presents a framework with a set of five principles for adapting HERproject. The principles outlined herein can be used by companies to develop programs for smallholder farmers. Our findings and the framework are based on our experiences implementing workplace programs and the field research conducted as part of this scoping study.

HERproject pilot implementation with smallholder tea farmers is part of **UKaid's Trade in Global Value Chains Initiative (TGVCI)**, which supports private-sector initiatives to promote social upgrading in global supply chains. The pilot is also supported by the **Dutch Ministry of Foreign Affairs**.

¹ FAO, "The State of Food and Agriculture," 2014, FAO, <http://www.fao.org/3/a-i4040e.pdf>.

The **Co-operative Group** and **Finlays** are corporate partners for the program, supporting the implementation of the pilot in Kericho, Kenya. The two tea cooperatives participating in the project are suppliers to the Co-operative Group and Finlays. The **National Organization of Peer Educators (NOPE)**, a Kenyan NGO with expertise on health and peer education, will implement the program in Kericho.

Why focus on smallholder farmers?

The decision for HERproject to expand the program to reach smallholder farmers is a recognition of the important role that these farmers play in global supply chains.

Smallholder farmers are crucial actors in global agriculture, representing 500 million farm holdings in the developing world and supporting the livelihoods of nearly 2 billion people.² While definitions of smallholder farmers differ, the term often is applied to family farmers on two or fewer hectares of land. It also applies to people who earn their livelihoods primarily from farming activities. Smallholders feed up to 80 percent of the total population in Asia and sub-Saharan Africa.³

As global demand for food grows in the coming years, global companies increasingly are looking to smallholders as a sourcing option for their supply of agricultural commodities. Smallholders already dominate production in sectors such as cocoa and coffee—farmers on less than five hectares of land produce more than 90 percent of the world's cocoa.⁴ Smallholders also play an important role in tea, bananas, and sugar, particularly in Africa.⁵

Sourcing from smallholder farmers presents both risks and opportunities for companies. Smallholders often use traditional cultivation methods, which can be less productive or detrimental to the environment. There is also a risk of side-selling, during which smallholder farmers divert some of their production to other buyers instead of maintaining exclusively fixed relationships. Smallholders also can add value to supply chains where certain quality or sustainability attributes are priorities. In labor-intensive supply chains such as horticulture and higher-quality grade and niche markets for fair trade, organic, or boutique markets, smallholder farmers can compete with larger suppliers.⁶

Despite the critical role smallholders play in agriculture production, many face significant challenges to enjoying full inclusion in the economy and achieving adequate standards of living. Smallholder production in many developing

² FAO, "High Level Panel of Experts on Food Security and Nutrition, Investing in Smallholder Farmers for Food Security," FAO, 2013, p. 28,

http://www.fao.org/fileadmin/user_upload/hlpe/hlpe_documents/HLPE_Reports/HLPE-Report-6_Investing_in_smallholder_agriculture.pdf.

FAO. "Smallholders and Family Farmers: Sustainability Pathways.: FAO. 2012.

[http://www.fao.org/fileadmin/templates/nr/sustainability_pathways/docs/Factsheet SMALLHOLDER S.pdf](http://www.fao.org/fileadmin/templates/nr/sustainability_pathways/docs/Factsheet_SMALLHOLDER_S.pdf)

⁴ UNCTAD, *Cocoa Study: Industry Structures and Competition*, UNCTAD, 2008, p.16, http://unctad.org/en/Docs/ditcom20081_en.pdf; World Cocoa Foundation, *Committed to Cocoa Growing Communities*, World Cocoa Foundation, 2012, pp.6-7, [http:// worldcocoafoundation.org/wp-content/ files_mf/2012wcfbrochure.pdf](http://worldcocoafoundation.org/wp-content/files_mf/2012wcfbrochure.pdf).

⁵ Fairtrade, "Powering up Smallholder Farmers to Make Food Fair," Fairtrade, 2013

<http://www.fairtrade.net/single-view+M549f154b502.html>.

⁶ IFC, *Working with Smallholders: A Handbook for Firms Building Sustainable Supply Chains*, IFC, 2013,

http://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/ifc+sustainability/learning+and+adapting/knowledge+products/publications/handbook_working+with+smallholders.

countries remains at subsistence level. This particularly is true for women who comprise about 43 percent of the agricultural labor force in developing countries. In some parts of Africa, women are estimated to spend upward of 60-80 percent of their time devoted to agricultural activities.⁷

While smallholder farming conditions and structures vary significantly across and even within regions and commodities, smallholder farmers—particularly women—are vulnerable to poverty, low levels of education, natural resource constraints, impacts of climate change, and poor market conditions. In some countries, women face widespread restrictions in access to basic resources for production including land, productivity-enhancing inputs like fertilizer, technical assistance, credit, and more.⁸ As our research confirmed, many smallholders also face significant challenges in meeting personal health, nutrition, and other basic needs. These challenges affect smallholders directly, but also translate to risks for companies and their supply chain management overall.

More companies, particularly in the food and beverage sectors, recognize the opportunity for strengthening smallholder farmer agriculture practices, as well as the need for addressing the social and environmental challenges facing smallholder farmers. Programs such as Unilever’s “Livelihoods for Smallholder Farmers,” or the Ethical Tea Partnership’s work with IDH, the Sustainable Trade Initiative on smallholders, point to a greater focus by companies in deepening their engagement with smallholder farmers.⁹

As companies extend and amplify their efforts to source from smallholder farmers, there is a need to focus on improving the well-being of smallholder farmers themselves, and an emphasis to address key social and environmental challenges they face. These steps are critical to building an inclusive economy, whereby all individuals are able to participate in and benefit from economic activity.

Figure 1: A HERproject training at a fruit, vegetable, and flower farm in Kenya



⁷ FAO, “The State of Food and Agriculture 2010-2011: Women in Agriculture: Closing the Gender Gap in Development,” FAO, 2011.

⁸ CARE, “Increasing the Productivity and Empowerment of Women Smallholder Farmers,” CARE, October 2013, <http://www.care.org/sites/default/files/documents/pathways-global-baseline-report-2013.pdf>.

⁹ Unilever, “Livelihoods for Smallholders,” Unilever, <http://www.unilever.com/sustainable-living-2014/enhancing-livelihoods/inclusive-business/livelihoods-for-smallholder-farmers/>; Ethical Tea Partners, “Supporting Smallholder Tea Farmers,” Ethical Tea Partners, <http://www.ethicalteapartnership.org/resources/publications/>.

Context

The section provides context for the pilot program and scoping study by describing the tea sector in Kenya, and the structure of the two cooperatives at which HERproject activities take place.

Smallholder farmers are critical actors in the Kenyan tea value chain, producing 60 percent of the nation's total tea crop and supplying international brands and auction houses reaching a global market.

The Kenyan Tea Sector

Kenya is the third-largest producer of tea worldwide (following China and India, respectively), and it has the highest productivity globally.¹⁰ Smallholder farmers are critical actors in the Kenyan tea value chain, producing 60 percent of the nation's total tea crop and supplying international brands and auction houses that reach a global market. In 2010, smallholders produced 225 million kilograms of tea, and the volume is growing every year.¹¹ Roughly 560,000 smallholder tea farmers earn their livelihoods from tea production, and the Kenya Tea Development Agency reports that a total of 3 million Kenyans are indirectly employed through the sector.¹²

Despite the critical roles smallholder farmers play in the Kenyan economy, they face growing vulnerabilities and limited economic mobility that prevent them from benefitting fully from their contributions to the Kenyan tea industry. The rising cost of food and of agricultural inputs and the low price of tea on the global market¹³ make it difficult for some smallholders to cover their families' basic needs. According to Jane Nyambura, a consultant on the tea sector, because tea farmers use most of their land for tea production, they have little room left to grow food crops for traditional subsistence farming. During an interview in June 2014, Nyambura said this renders smallholders particularly vulnerable to price shocks and food insecurity.

Further, landholdings increasingly have become a challenge as smallholders' plots are subdivided with each transfer to the next generation, resulting in lower yields and income.

Chepcheb and Kapkap cooperatives

The scoping study and pilot of HERproject in the smallholder tea sector are taking place in two cooperatives near Kericho, Kenya. Sammy Kirui, general manager of corporate affairs at Finlays, said during a meeting in May 2014 that the Chepcheb and Kapkap cooperatives were established in 2009 in order to secure the tea supply for Finlays and the Co-operative Group, and to improve the level and reliability of incomes for smallholder farmers. The Fintea Growers Union includes three other smallholder cooperatives also supplying to Finlays and the Co-operative Group.

Prior to 2009, smallholders had sold to middlemen, and tea prices and supply were inconsistent for both the processors (in this case, Finlays) and the smallholders. Today, each cooperative has a management office with a manager and cooperative board with a chairman. Finlays growers' managers work closely

¹⁰ Tea Board Kenya, "TBK June News," Tea Board Kenya, 2013. <http://www.teaboard.or.ke/news/2013/28.06.2013.html>.

¹¹ Tea Board of Kenya, *Annual Report 2010/2011*, Tea Board of Kenya, http://www.teaboard.or.ke/opencms/export/sites/tbk/about/reports/TEA_BOARD_MAG_FINAL_BIT_MAP.pdf.

¹² Kenya Tea Development Agency, <http://www.ktdateas.com/>

¹³ Ibid.

with the cooperative board and management on daily operations related to tea, as well as on achieving certification and diversifying crops at the cooperatives.

Box 1: Structure of Chepcheb and Kapkap Cooperatives

Both cooperatives are organized into smaller units of catchments and tea-buying centers. Chepcheb has two growing catchments while Kapkap has three. The tea-buying centers are managed by each cooperative to gather tea yields on a daily basis. The tea then is taken to Finlays for processing. Chepcheb has 16 buying centers to serve 2,000 members; Kapkap has 27 buying centers to serve 3,400. Each tea-buying center employs clerks to support the weighing and recording of tea yields. Cooperative members are assigned to a tea-buying center in their area, and members in both Chepcheb and Kapkap report that the majority of members travel 15-30 minutes to a nearby buying center.

Cooperative members also are closely integrated into the local communities where their farms are located. Tea-growing is the primary activity in the area and the main way for local families to earn livelihoods. The two cooperatives are situated in two separate districts, with Chepcheb Cooperative in the Chebngang District and Kapkap Cooperative in the Bomet Bureti District. Residents in the two districts are either smallholders or they work on nearby tea estates. Each district has an elected district chief, who is closely involved in the cooperatives and also represents a key leader within the community. The district chiefs are involved in all major development projects, such as irrigation and more.

Methodology

This scoping study was designed to develop an effective implementation approach for HERproject with smallholder farmers. The research methodology used in the study was based on a framework that included five implementation principles. This section provides an overview of our research methodology and questions we asked along the way.

Implementation Principles

To design an effective implementation approach for tea smallholder farmers, BSR drew on experience we have had implementing HERproject in factories and farms since 2007, and specifically in Kenyan fruit, vegetable, and flower farms since 2012.

BSR began by **mapping key principles** to the HERproject workplace intervention approach. These principles are implemented in factory and farm settings for HERhealth and HERfinance programs. They serve as **key questions** we sought to answer when determining **how to adapt the HERproject model** to the smallholder setting.

- » **Program reach.** HERproject programs reach the entire workforce through Training-of-Trainers (ToTs) and peer educators. Peer educators are selected according to criteria including strong communication skills, respect and influence among peers, and workplace tenure. Peer educators meet with the implementing partner once per month to receive one to three hours of training. After this training, peer educators pass on information to their peers through formal and informal outreach sessions.

For implementation with smallholder farmers, BSR explored whether all cooperative members should participate in the program, and whether there was precedent to suggest that peer education would be effective.

- » **Curriculum content.** In a traditional HERproject program, BSR determines key topics for training by surveying 10 percent of the working population on health or financial inclusion needs. For HERhealth, these topics include nutrition; personal hygiene; general, reproductive, and maternal and child health; sexually transmitted infections and HIV/AIDS; insect- and waterborne diseases; ergonomics; harassment in the workplace; and family planning. For HERfinance, these topics include financial planning, budgeting, savings, interest, and how to talk about finances with your family.

For implementation with smallholder farmers, BSR needed to determine whether it would be possible logistically to conduct a similar survey in a smallholder setting, given the geographic spread of farmers and holdings and determine if the curriculum content is relevant to farmers' needs.

- » **Intervention setting.** HERproject implementing partners work with workplace management—including Human Resources, nurses, clinical officers, and employee social services—to respond to women's unique needs in the workplace. For HERhealth, this often involves working with factory nurses or clinical officers to increase the capacity of the on-site health clinic to provide women's health counseling and referrals. For HERfinance, this involves working with Human Resources to make sure that workers understand benefits and promoting the transition from cash-based payroll to direct deposit and encouraging incentive pay benefits, such as pensions or matched savings.

Each HERproject program also seeks to leverage the workplace as an access- and demand-generation point to increase availability and uptake of critical products and services for women. For HERhealth, this may include contraceptives (hormonal and condoms), nutritional supplements, pre/post-natal care, sanitary napkins, infectious and noncommunicable disease testing and treatment, and child-care services. HERfinance links workers to relevant financial products and services related to savings, remittances, and insurance—resources women can access in the workplace and at home in their communities.

For implementation with smallholder farmers, BSR aimed to identify which settings would be convenient and accessible to participants in each of the trainings. We also considered how to support existing health services and access to those services.

- » **Local support.** HERproject programs seek to involve management in the factory and the farm from the beginning of the program through a series of engagements to explain and win buy-in from senior management and middle managers. Nurses, compliance and welfare officers, and HR officers typically are involved in the daily implementation of the program. Senior management and line supervisors provide important support for the program, as well.

For implementation with smallholder farmers, BSR needed to determine whether a comparable structure is in place to support program implementation, trouble shoot problems, and maintain communication flows.

- » **Incentives for participation.** Incentives for worker participation in traditional HERproject implementation are linked to increased knowledge, improved outcomes for individuals and families, and opportunities for leadership. HERproject programs typically take place during the work day and on work time. In some cases, management offers additional incentives such as prizes or recognition to the most effective peer educators. Incentives for factory or farm management are linked to relationships in supply chain management. Brands often sponsor implementation of the program and support the program, which creates leverage for attention to the program at the management level that cascades down to line supervisors and workers.

For implementation with smallholder farmers, BSR tested the willingness of farmers and cooperative management to participate in training and investigated modes of incentives from previous programs in order to understand expectations these actors would have.

Figure 5 Summary of implementation principles and application to the HERproject traditional methodology

Implementation Principles	HERproject Traditional Methodology	Research Questions for Smallholder Adaptation
Program reach	ToTs provide trainings to peer educators, who in turn conduct outreach sessions with fellow workers.	Will peer education be an appropriate method to reach the target population for the program?
Curriculum content	Training topics are selected based on results from a baseline needs assessment and tailored to the local	What baseline assessment methodology is feasible in the smallholder setting and will that

	context.	methodology provide necessary relevant information?
Intervention setting	Peer education trainings in the factory or farm, combined with workplace upgrades and links for access.	Where will trainings be located and how will the programs link to current services already available?
Local support	Factory and farm management structures are incorporated into program implementation.	What are the roles of cooperative management and community structures in implementation of the program?
Incentives for participants	Workers participate during the course of a typical work day.	To what extent are smallholder farmers willing to participate in the program? With which incentives?

Research Approach

Joan Nyaki (NOPE), Jane Nyambura (BSR consultant), and Lauren Shields (BSR) carried out the study in Chepcheb and Kapkap cooperatives near Kericho. In total, more than 400 smallholders, their representatives, and health care providers, participated in the study over eight days in June and July 2014.

Figure 2 below details the **methodology used to answer our research questions** relevant to adapting HERproject to the smallholder setting.

Box 2: Scoping Study Methodology

The following tools were used for the scoping study:

- » Five semi-structured Key Informant Interviews with cooperative managers, Finlays representatives, and community leaders to gather information on the structure of the tea cooperatives and the community to inform intervention plans.
- » Four semi-structured Key Informant Interviews with government clinic or Finlays health clinic healthcare providers to gather information on community health needs.
- » Four focus group discussions with smallholder farmers and cooperative leaders to collect data on daily routines, health priorities, and expectations for training to inform intervention points.
- » Two surveys using one-on-one interviews reaching a total of 350 (comprising 7 percent) female smallholders in the two cooperatives to clarify farmer attitudes toward women’s empowerment, relationships with the cooperative, and gaining information on health knowledge related to the following health topics: general health, access to health services, menstrual hygiene, nutrition, maternal health, family planning, HIV/AIDS and STIs, chronic non-communicable diseases, and ergonomics.
- » Two focus group discussions facilitated with smallholder male farmers focused on men’s perspectives on gender equality and priority health areas.

This working paper should be considered in light of **limitations** to our research methodology. First, the working paper draws initial conclusions based on evidence gathered in two specific tea cooperatives in Kenya. Although the characteristics of the sample may share similarities with smallholder farmers in other settings, we must be cautious in drawing conclusions that the case for Kericho farmers will be common to other settings. For example, the cooperatives

Findings and BSR Approach

Using the implementation principles outlined above, BSR developed a new approach for HERhealth intervention for smallholder farmers based on findings from the scoping study. This section highlights key findings, and how those findings will guide our approach in the program pilot.

Program Reach

The program aims to reach smallholder farmers who are members of the two cooperatives, with a particular focus on women. The research sought to understand how to reach smallholders with training information effectively.

A Focus on Women

Given HERproject's mandate as a women's empowerment program, and the disproportionate health burden carried by women, the intervention will pay particular attention to the participation of women.

The scoping study revealed that while women do not make up the majority of cooperative members, they play an important role in tea production. This offers important insight into how to reach our target audience. Cooperative managers explained that while men comprise the majority of cooperative members, women are present and closely involved in farming. In some cases, husbands will serve as the cooperative members, but wives manage duties such as harvesting and delivering tea yields to the tea-buying center.

Based on this finding, targeting the women who are involved in tea production but are not members of the cooperative will be an aspect of the intervention approach.

Peer Education

Identifying an appropriate training and outreach methodology is crucial to ensuring the program reaches the target populations. Interviews with Finlays and cooperative managers revealed that there is precedent for a model similar to the peer education approach in traditional HERproject implementation.

Farmer field schools are well established in the Kericho cooperatives to provide training for cooperative members on good agricultural practices. Lead farmers, who are paid by the cooperatives, travel to community areas to provide these trainings and also conduct audits. Cooperative management have found the farmer field school method to be effective in spreading information to farmers.

This finding suggests that there is a precedent for a peer education model, which has been tested and considered successful.

Application to HERproject

The feedback from cooperatives and farmers revealed that targeting women is important as women are active in tea production. Responses also indicated that a peer education model is viable given previous interventions through farmer field schools. This indicates that the current HERproject model using peer education has a high likelihood of success in the smallholder setting. Under our model, peer educators will be selected by geographical location to attract more women to trainings and reduce time required to attend the trainings.

Curriculum Content

BSR conducted key informant interviews, surveys, and focus group discussions to determine the focus of curriculum content for the intervention. The combination of methods was used to gain a better understanding of the actual health issues facing women, including incidence of disease and illness at the cooperative, as well as smallholders' knowledge, behavior, and perceptions related to health.

Findings from the Health Survey

Figure 6 details some of the findings related to key health indicators assessed during the study. These areas included general health, access to health services, menstrual hygiene, nutrition, maternal health, family planning, HIV/AIDS and STIs, chronic non-communicable diseases, and ergonomics. The table below does not show all results, but does outline select indicators for each health area.

Figure 6: Key indicators of health knowledge, behavior, and access based on the survey with women

	Chepcheb	Kapkap
General Health		
Percentage of respondents who believe their health is good.	58.9%	64.1%
Number of days that respondents report to have not worked in the past six months due to their health.	3.6 days	4.0 days
Access to Health Services		
Percentage of respondents who believe the available clinic health services are good.	75.0%	76.1%
Percentage of women that have used the nearby clinic in the past six months for sexual reproductive health and rights services.	28.1%	25.5%
Menstrual Hygiene		
Percentage of women who report painful menstruation.	28.6%	35.3%
Nutrition		
Percentage of respondents who skip meals at least weekly.	36.9%	39.2%
Maternal Health		
Percentage of respondents who cannot name more than one risk factor that would prompt them to see a doctor while pregnant.	58.9%	56.5%
Percentage of respondents who believe a pregnant woman should deliver her baby at home rather than in a hospital.	49.5%	56.9%
Family Planning		
Percentage of respondents who cannot name more than one family planning method.	69.1%	67.8%
HIV/AIDS and STIs		
Percentage of respondents who believe HIV can be treated.	9.8%	9.6%

Chronic Non-Communicable Diseases		
Percentage of respondents who have heard of breast cancer.	89.3%	75.4%
Percentage of respondents who know how to do a breast self-examination.	40.0%	28.7%
Ergonomics		
Percentage of respondents who report to have back pain.	39.9%	53.3%

The findings in Figure 6 underscore gaps in health knowledge and the ability of smallholder women to make informed choices about health behavior—problems that need to be addressed in the trainings. High incidence of painful menstruation suggests that women do not have information about basic menstrual hygiene management. Low understanding of the risk factors associated with pregnancy indicates that women are unable to determine when it is important to seek medical attention, which could lead to complications for the mother or the fetus. The misconception that HIV cannot be treated is of particular note given the Kenyan government’s information campaigns on HIV/AIDS and Antiretroviral Therapy, which is available for free at government hospitals.

Findings from Nurse Interview

An interview with the Nurse in Charge at the local Chebngang Health Center supports many of the findings from the smallholder survey.

The nurse highlighted malnutrition, jiggers, backache, and family planning as the most common health issues at the clinic. Respondents reported skipping meals, which is often a consequence of farmers’ inability to pay for food consistently and can lead to malnutrition. Jiggers is a parasite that is virtually unheard-of in urban areas, but remains a challenge in rural areas and is related to hygiene. The nurse described family planning as being rarely practiced, given the value placed on children in the community.

The nurse’s view was that families have several children and are unable to provide sufficient food, leading to a cycle of inadequate spacing between children and malnutrition in children and adults. Insights from the local nurse provided additional insights into the topics for curriculum content, particularly the importance of nutrition, ergonomics, and family planning.

Application to HERproject

The surveys and interviews allowed the team to identify relevant health topics to be covered during the HERproject intervention in Kericho. The topics represent the most pressing health needs covered by HERhealth’s curriculum within the two cooperatives. Based on these findings, the team has selected the following HERhealth modules to be incorporated into trainings:

- » Nutrition
- » Maternal Health
- » Family Planning
- » HIV/AIDS and STIs
- » Chronic Non-Communicable Diseases
- » Ergonomics

Other topics that were considered but ultimately were not selected for the first round of training include personal hygiene, malaria, managing menstruation, and waterborne disease.

“If there’s a message we need to pass along, we use buying centers.” –Interview with local chief

Intervention Setting

The intervention setting with smallholder farmers will be markedly different from traditional HERproject implementation, during which trainings take place in the workplace. Because smallholder farmers are embedded in local communities, the intervention this time around must take into account these structures.

Tea-Buying Centers

Interviews with smallholder farmers, cooperative management, and local leaders made clear that tea-buying centers are touchstone locations for the daily lives of smallholders and offer great potential to facilitate information dissemination. The tea-buying centers are located within walking distance of the farmers assigned to each center, and delivering tea is a daily activity for the farmers. As women manage many of the daily tasks related to tea production and harvesting, delivering tea to buying centers often is a duty for women. This data informed our thinking about the intervention setting—we want to stage interventions at a location that smallholders visit frequently.

Community leaders and cooperative management advocated for the tea-buying centers as an intervention point; during a meeting on June 24, 2014, Joseph Chborgei, senior chief of Chepcheb, said, “If there’s a message we need to pass along, we use buying centers.” For example, the district chief has posted notices of upcoming meetings within the tea-buying center and calls on tea-buying center employees to communicate about upcoming events. The HERproject approach should build on information channels already in use, which strengthens the case for tea-buying centers as an intervention setting.

Local Health Services

Findings from our research revealed that the local health clinic provides the majority of health services in the area, which informs how HERproject will work with local clinics. Interviews with nurses at the local clinic provided insights into health services available, which include basic preventive and curative facilities, a birthing center, and 24-hour emergency care. The clinic represents the major health service in the area, and smallholder farmers and their families make up the majority of patients seen. The nurse reported the clinic sees up to 80 patients per day. Over the course of consultations, clinicians provide a number of products including basic medicines and family planning products. The clinic also refers patients to other facilities for treatment of more serious cases.

Nurses voiced interest in participating in HERhealth trainings, which they perceived as complementing their current health promotion efforts. Given the central role of local government clinics in providing health products and services for smallholder farmers, HERhealth will explore ways to ensure that nurses are partners in the project, with an aim to gain their support, strengthen their authority to carry out work, and ensure consistent health messaging.

Application to HERproject

Our research highlighted the importance of tea-buying centers as a part of smallholder farmers’ routines and the role of local clinics in providing health services in the area. This indicates that tea-buying centers are a promising location for disseminating information, and that health messages must be aligned with local clinics. HERproject will use tea-buying centers as venues for disseminating health information. Further, HERproject will include nurse participation throughout the implementation of the program, including having nurses be part of in each training session and play roles with message

dissemination. These efforts are intended to develop a constructive partnership with local nurses, strengthen their roles in respective communities, foster common messages, and build on current local health structures.

Local Support

The active participation of factory or farm management, including top management, Human Resources, nurses, compliance officers, and line supervisors, has been important to building internal ownership and ensuring successful implementation for HERproject in our factory and farm programs. In the smallholder farmer setting, the cooperatives provide some structure, only without the same level of management oversight. Smallholder farm holdings are embedded in local communities, and community groups and leaders hold influence and should be considered in the implementation plan.

Cooperative Management

BSR's research revealed that cooperatives have structures in place to support implementation of HERproject. Interviewees explained that both cooperatives in question with this study have cooperative managers and cooperative boards. In each case, the cooperative manager supports the board, communicates about projects, coordinates meetings, and supports committees within the cooperative. In addition to the staff within the cooperatives, Finlays management works closely with smallholder farmers and cooperatives on all matters of production and processing of tea. According to interviews, Finlays outgrower managers are regularly in contact with cooperative managers and members. The Finlays managers also travel between production areas most days to oversee operations and offer support. This means that cooperative and Finlays management are influential actors in the Kericho economy, and we should work closely with them during HERproject implementation

Local Communities

The findings suggest that tea smallholders and the tea cooperatives in Kericho are deeply embedded in the villages and districts where they are located. As Chborgei explained, "Tea is the only activity in this location, and each and every family has a member in a tea cooperative."

Beyond local leaders, other actors are key influencers in the area. Key informant interviews identified influential groups in the community such as district chiefs, schools, and church groups. District chiefs and their deputies are elected representatives. They work on a variety of community projects and communicate regularly with the district's citizens through *barazas* (community meetings). Schools and church groups also were considered to be important players in the local community. Interviewees explained that most local residents spend weekends at church. Given the strong influence of community leaders and groups for smallholder farmers, the community will need to be mobilized in HERproject implementation.

Application to HERproject

These findings underscore the importance of securing cooperative management and community support. The program will use the following approach to engage cooperative management and community structures actively:

- » Involve local leaders, particularly elected district chiefs, in identifying volunteer peer educators to build support for the peer educators and their role in the project.
- » Coordinate an additional health training session for HERproject champions comprising community leaders such as the chiefs, Finlays managers, church members and leaders, local nurses, cooperative management,

“The health topics that will help us are those with lessons to take home; for example, how to clean the toilet, which is very important to prevent disease.”—Interview with cooperative board member

- and tea-buying center employees to help build local ownership and increase health awareness and knowledge.
- » Organize logistics through cooperative managers who are responsible for communicating about the project, coordinating trainings, securing training venues, selecting peer educators, and troubleshooting logistical problems.
- » Provide trainings to tea-buying center clerks to make sure they are informed about the program and embrace accountability for scheduled outreach sessions.
- » Engage with local healthcare providers at government clinics to secure their participation in HERproject trainings, incorporate their knowledge of local health issues, and to align on health messages.
- » Spread health messages through peer educators in community forums such as the twice-monthly *baraza* meeting or church gatherings.
- » Provide notices of upcoming trainings to the district compound as well as tea-buying centers at least a week in advance.
- » Organize peer educator teams to share responsibilities of message dissemination at tea-buying centers and community functions.
- » Use mobile technology such as smartphone apps to coordinate within dissemination teams.
- » Plan a graduation ceremony and public event with local businesses at the end of the program to recognize peer educators and award prizes to the most effective dissemination teams.
- » Organize periodic meetings with community leaders to discuss outcomes of the project and receive feedback.

Incentives for Participants

In the smallholder cooperative setting, where there is less structured management and fewer direct incentives for participation in the program, HERproject needed to consider ways to attract and retain participation of farmers.

Coordinators in the Cooperative

Our research pointed to the important role that cooperative employees play in daily interactions with smallholder farmers, particularly how these employees possess the potential to influence smallholder farmers. In interviews, cooperative managers explained their responsibilities in communicating regularly regarding trainings, events, and cooperative updates to farmers. In addition, quality assessors and clerks at tea-buying centers emerged as important actors. These employees are present at all tea-buying centers for both cooperatives, and are responsible for weighing tea. Both cooperative managers, as well as all tea-buying center employees, report to cooperative boards and work closely with Finlays' outgrowers management.

The implications of these findings for HERproject application are related to mobilizing employees to provide support for program implementation.

Smallholder Farmer Participation

Our findings suggest that smallholders found HERhealth relevant to their needs. As one cooperative board member explained during an interview in June 2014, “The health topics that will help us are those with lessons to take home; for example, how to clean the toilet, which is very important to prevent disease.” Enthusiasm for education with relevance for everyday living was echoed in the focus group discussions.

However, discussions with smallholder suggested that additional incentives would facilitate commitment and participation in the program, especially for peer educators. Peer education trainings were scheduled to take place at community centers, rather than tea buying centers, in order to train a larger group at one time. While this organization was necessary for the NGO implementing partner to reach the peer educator cohort efficiently, it also required peer educators to travel farther than other smallholder farmers who receive information directly at the tea-buying center. As cooperative and Finlays managers described in interviews, smallholder farmers are time-constrained and off-site peer educator trainings would take away from other tea production activities. In addition, farmers are geographically dispersed and might request support to reach the peer education training location. This finding raises the issue of how HERproject should provide adequate incentives that allow peer educators to participate in the program.

Application to HERproject

Important factors that surfaced in our focus groups related to incentives include cooperative employees' influence and barriers to peer educator participation, including time and distance. We are addressing these issues by equipping cooperative employees with information and assigning roles to monitor implementation of the program. For peer educators' incentives to travel greater distances for the trainings, we are considering a transport subsidy to facilitate involvement in trainings.

Next Steps

This scoping study reinforced the importance of considering the key needs and unique context of smallholder farmers in the expansion of the HERproject model to smallholder farms in Kenya. In particular, the study highlighted two important considerations that have been incorporated into the model.

First, our findings emphasized the importance of identifying an intervention setting that **builds on existing cooperative and health structures**. The program’s use of tea-buying centers, combined with linkages to local health services, represents an important change in our methodology.

Second, in a smallholder farmer setting, local support through **community networks** deserves special attention. Our approach spotlights the need to engage with community leaders, influencers, and church groups to involve them as active champions in the program.

In response to the research findings, we have adapted the implementation approach for the pilot phase, using a number of long-standing principles as a guide. The table below summarizes how these adaptations differ from the traditional approach.

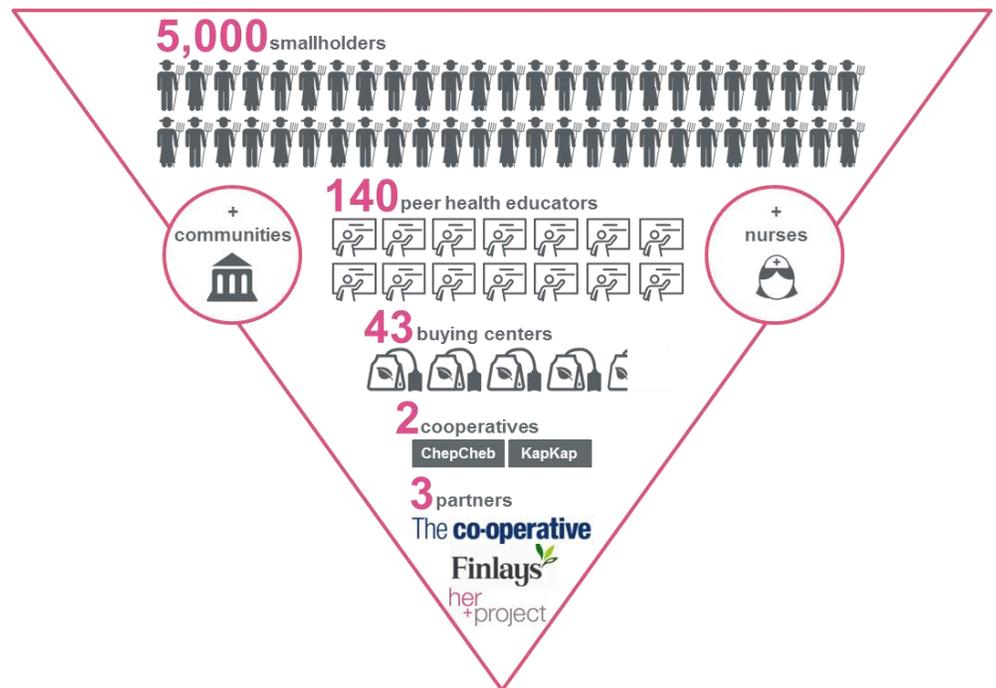
Figure 7: Summary of implementation principles and application to the HERproject smallholder approach

Implementation Principles	HERproject Traditional Approach	HERproject Smallholder Approach
Program reach	ToTs provide trainings to peer educators, who in turn conduct outreach sessions with fellow workers.	Trainings target smallholder farmer cooperative members, particularly women, and use peer educators grouped in teams at team buying centers.
Curriculum content	Training topics are selected based on results from a baseline needs assessment and tailored to the local context.	No change
Intervention setting	Peer education trainings in the factory or farm, combined with workplace upgrades and links for access.	ToT trainings take place in a central community center, and peer educator outreach is organized at tea-buying centers to facilitate access for farmers.
Local support	Factory and farm management structures are incorporated into program implementation.	Cooperative management plays a role in coordination, and community outreach is a central component of the program. Outreach includes recruiting HERproject community champions, consulting with community leaders, and incorporating peer educators into

<p>Incentives for participants</p>	<p>Workers participate during the course of a typical work day.</p>	<p>community events. Cooperative management has accountability through supply chain relationships, and smallholder tea farmers have incentives to participate, including improved knowledge and outcomes and compensation through a subsidy.</p>
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Figure 8 shows the proposed model for implementation in Chepcheb and Kapkap cooperatives combining a peer educator approach in tea-buying centers with community engagement. This model depends on the participation of cooperative management, peer educators, and community champions to deliver health programs to smallholders in Kericho. The graphic underscores the importance of buy-in from multiple actors and full involvement to ensure the program’s success.

Figure 8: Implementation model to reach 5000 smallholder farmers in Kericho, Kenya



Conditions for Success

As of the publication of this working paper, the pilot is still in its initial stages, and we anticipate further iterations to our methodology.

There are a number of factors that could influence the achievement of the pilot-project objectives. Some challenges may include:

- » Difficulty ensuring that peer educators consistently attend trainings, given the additional time and travel required for them.

Response: Program coordinators will work closely with cooperative management and community champions to maintain momentum around the program, and seek ways to recognize peer educators' efforts.

- » A challenge to address more sensitive topics such as family planning and sexually transmitted diseases, given the community's more traditional orientation and shyness around these topics.

Response: Representatives from NOPE will engage peer educators to understand how to best approach sensitive topics.

- » Difficulty monitoring outputs of the program and the number of smallholders reached, particularly as they are scattered over a number of buying centers.

Response: Cooperative management and NOPE will work together to gather accurate data on outreach and to encourage participation of the maximum number of smallholders.

The challenges for the pilot program will inform current implementation, and contribute to our thinking about how to engage smallholder farmers more effectively in the future.

Conclusion

This working paper captures the findings of a scoping study designed to explore how to apply the current HERproject model to the context of smallholder farms in Kenya's tea sector. It presents BSR's proposed approach for expanding and adapting HERproject to meet the needs of smallholder farmers and establishes a set of implementation principles for companies interested in applying HERproject or similar training programs with smallholder farmers in their supply chains.

Our findings suggest that it is possible to implement HERproject in a smallholder setting effectively, with certain adaptations. Using our implementation principles as a guide for analysis, this working paper suggests adaptations in the areas of **program reach, curriculum content, intervention setting, local support, and incentives for participation.**

The analysis surfaced two primary adaptations for HERproject with smallholders in Kenya: 1) the need to build on existing cooperative and health structures, and 2) the necessity of engaging community networks. These findings provide crucial inputs for program design for HERproject to meet smallholder needs.

With these adaptations, HERhealth trainings have the potential to improve the lives of smallholder farmers; we already have observed major results through programs with manufacturing and commercial farm workers in other parts of the world. HERhealth participants in these other settings have demonstrated increased awareness on crucial health issues such as nutrition or family planning. This improved knowledge has prompted individuals and their families to change health behaviors, use more health products, and frequent local clinics. Finally, it has promoted dialogue and increased confidence of participants. These outcomes have translated to impacts on participant health, empowerment, and efficacy at work and at home.

In Kenya, beyond improving the health and empowerment of individual smallholders, the program has the potential to contribute to overall productivity of smallholders, strengthen community structures, and support local economic development.

For companies working with smallholder farmers, programs to strengthen smallholder farmer agricultural practices and address social and environmental challenges will become imperative to supply chain strategies. The HERproject example suggests there are compelling opportunities for companies to leverage programs with smallholder farmers to strengthen ties with local communities, foster economic development, and support an inclusive economy.

Following the publication of this working paper, BSR will continue implementing the pilot program in two cooperatives in Kericho. The pilot will capture additional evidence of impacts on health, empowerment, and productivity to inform future iterations of our programming. We will incorporate data from the pilot into future work with smallholders to strengthen the program down the road. Meanwhile, we will share experiences and seek new partners to implement HERproject in other smallholder settings—both in Kenya and in the region. Given the increasing importance of smallholder farmers in global supply chains, and the clear case for companies to enhance smallholder capacity, we seek to position HERproject as a key player in implementing health and empowerment programs with smallholder farmers.