TWININGS SELF REPORTING QUESTIONNAIRE 2020



EWEC Secretariat, PMNCH, FP2020 self-reporting questionnaire to assess progress on implementation of commitments to the Global Strategy on Women's, Children's and Adolescents' Health.

COMMITMENT PROGRESS SUMMARY NARRATIVE

Twinings continues its efforts to reach 40,000 women by 2020, and is also committed to advocating for workplace women's health and empowerment through the tea sector in Kenya. The programme has already shown returns. Health knowledge on key topics such as family planning, HIV, Hepatitis B, and pregnancy health have improved significantly. Twinings has also continued to see improved health behaviour with an increase in the use of health facilities following trainings; improved worker relations with management, with workers feeling more comfortable discussing issues with their managers; and reductions in absenteeism, leading to improved productivity in the workplace. With regards to our commitment, we have made significant progress, and as of today, directly reached 34,393 women in our supply chain in Kenya with HERhealth programme. This is slightly below our commitment to reach 40,000, due to the current Covid-19 situation and the travel restrictions in place in Kenya. At the same time, we work to integrate this knowledge within existing systems, to build scale and sustainability. Since the Commitment, we have made connection with the UN Foundation and SHOPS Plus, to strengthen and deepen our approach to women's health in Kenya.

THEMATIC COMMITMENT PROGRESS

Reduce global maternal mortality to less than 70 deaths per 100,00 live births
Proportion of women aged 15-49 who received 4 or more antenatal care visits

End epidemics of HIV, TB, malaria, neglected tropical diseases and other communicable diseases

Reduce by 1/3 premature mortality from non-communicable diseases and promote mental health and well-being

Proportion of women aged 30-49 who report they were screened for cervical cancer

Ensure universal access to Sexual and Reproductive Health and Rights (SRHR)

Percentage of women of reproductive age (15-49) who have their need for family planning satisfied with modern methods, Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care, Proportion of men and women aged 15-24 with basic knowledge about sexual and reproductive health services and rights

Geographic Coverage. Check all the geographical levels that you implement your commitment-related activities in?

Country

Linkage to National Health Strategies. Are commitment-related objectives and/or targets aligned with the national health strategy of the country or countries in which activities take place in?

Yes

EVERY WOMAN EVERY CHILD FOCUS AREAS

Early Childhood Development

Not Applicable

Adolescent and Young Adult Health and Well-being

Not Applicable

Sexual and Reproductive Health and Rights

Applicable

Current Status: Ongoing

Activities Implemented:

Women in the communities we source from are able to name a family planning method increased from 30 to 100 percent; women's knowledge of mother to child transmission of HIV increased from 10 percent to 60 percent; and women able to name three or more pregnancy risk factors increased from 11 percent to 86 percent. Twinings also continues to see improved health behaviour with an increase in the use of health facilities following trainings.

Community Engagement: Yes Individual Potential: Yes Service Delivery Included: Yes

Women (aged 25-49)

Quality, Equity and Dignity in Services

Applicable

Current Status: Ongoing

Activities Implemented:

ABT (Shops Plus) project which works to refurbish health facilities. Data TBC, currently in the initial stages.

Health System Resilience: Yes Service Delivery Included: Yes

Women (aged 25-49)

Empowerment of Women, Girls and Communities

Applicable

Current Status: Ongoing

Activities Implemented:

We are empowering women through health education.

Community Engagement: Yes Individual Potential: Yes Service Delivery Included: No

Humanitarian and Fragile Settings

Not Applicable

Please indicate your projected or anticipated change (if any) in financial commitments from 2019 to 2020.

No change in financial commitments

Please explain the reasons for your answer and if and how COVID-19 influenced the projected change (or no change) in financial commitments. If possible, describe the estimated impact the projected change (or no change) might have on women, children and adolescents (maximum200words)

We are working in partnership with SHOPS + to develop a strategy that enables Twinings to sustainably expand access to women's and children's health products and services for women in their supply chain in Kenya

At the same time, regarding the delivery of additional HERhealth project, due to the current Covid-19 situation and the on-going travel restrictions in Kenya, we may not be in a position to conduct additional training by end of 2020.

Please indicate your projected or anticipated changes (if any) in non-financial (in-kind) commitments from 2019 to 2020.

No change in non-financial commitments

Please explain the reasons for your answer and if and how COVID-19 influenced the projected change (or no change) in non-financial commitments. If possible, describe the estimated impact the projected change (or no change) might have on women, children and adolescents (maximum200words)

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Success Factors. What factors contributed most to the successful completion of your commitment? In your response, describe successful factors as it relates to completing your commitment's original or updated objectives/targets.

The partnership with BSR has been a great success. BSR and the implementing partners on the ground have enabled a really thorough programme, engaging with thousands of women and creating a sustainable approach to knowledge sharing. The presence of the contact person and the clinician on the farm made the training more meaningful to the peer health educators as they made any

planned arrangements and communication easy. There was active participation by the peer health educators, and this created good environment learning and they felt free to air their views comfortably.

Once producers have committed to the programme, they have been very supportive in allowing workers time to participate in the programme.

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