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REF: C/210

22 October 2026

Circular No. 13 of 2026

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PUBLIC SERVICE POLICY ON BREASTFEEDING MEMBERS

1. Background

1.1 The Commission has been receiving various requests from MDAs seeking guidance on conditions applicable to breastfeeding members who wish to travel with their child/children and baby minder while on official duty.

1.2 After careful consideration, the Commission approved the introduction of a policy allowing breastfeeding members to travel with their babies and be accompanied by a baby minder during approved Government business within Zimbabwe.

1.3 This policy eliminates workplace discrimination against breastfeeding members and ensures equal opportunity for participation in official business trips.

1.4 The Ministry shall be responsible for the provision of transport and proved expenses (meals and accommodation) for the accompanying baby minder. These costs must be incorporated in the Ministry's annual budget.

2.0 Eligibility and Procedures

2.1 A member must submit a written application to the Head of Ministry requesting to be accompanied by their baby and baby minder before travel.

2.2 The Head of Ministry shall assess eligibility based on the following conditions:

(a) The member is travelling on official duty away from the workstation and qualifies for travel and subsistence benefits.

(b) The member is breastfeeding a child up to a maximum of two (2) years of age. Special consideration may be granted in line with the Ministry of Health and Child Care's Infant and Young Child Feeding Policy.

(c) The member must attach maternity leave records or the baby's birth certificate, and a copy of the baby minder's National I.D.

(d) The member's absence shall not exceed one month unless justified and approved by the Head of Ministry.

(e) The baby minder must be an adult (18 years and above) to prevent exploitation of children.

(f) The Government shall not be held liable for any injury, illness, loss or other incident that may befall the baby or the baby minder during the official travel. The breastfeeding member and the accompanying baby

minder shall sign an indemnity form acknowledging full responsibility for the care and safety of the child and indemnifying Government against any claims, damages or liabilities arising therefrom **(copy attached)**.

2.3 The Head of Ministry shall retain all records for audit purposes, including documentation confirming that appropriate accommodation arrangements have been made for the breastfeeding member, the child, and the baby minder.

3.0 **Scope of Application**

This policy applies to **domestic travel only**.

4.0 **Interpretation**

The Public Service Commission shall be the sole authority for interpretation of this circular.

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MRS. S. ZEMBE
SECRETARY
PUBLIC SERVICE COMMISSION

Cc: Chairman, Public Service Commission
Head, Human Capital Development and Management
Head, Pay and Benefits Development and Management
Head, Support Services
General Manager, Rewards and Benefits Development and Management
Manager, Non-Monetary Benefits
Section float

GOVERNMENT OF ZIMBABWE

MINISTRY OF.....

INDEMNITY FORM

I **(breastfeeding member)** ..... I.D Number..... being the mother to.....and **(baby minder)** ..... of number .....

having been granted permission to travel as a passenger in a vehicle operated by the Ministry of .....for ....., from the ..... to ..... at ....., **HEREBY UNDERTAKE AND AGREE** that neither I the breastfeeding member, the baby minder, nor our respective heirs, successors, assigns or dependants shall at any time hereafter make any claim of any nature whatsoever against the **Government of Zimbabwe** or any **State employee** or agent in respect of any loss of or damage to property, or any loss, injury or damage of any nature whatsoever arising which the breastfeeding member, baby minder or child may sustain while travelling as passengers, while on or in the vehicle/vessel, or while embarking or disembarking from the said vehicle/vessel. We further indemnify the Government of Zimbabwe against all such claims howsoever arising, irrespective of whether such injury, death, loss or damage is caused or occasioned by any act, negligence, neglect or default of the **Government of Zimbabwe or any State employee or agent**.

Signature of **Breastfeeding member** ..... Date.....

Signature of **Baby Minder**.....Date.....

Witness.....Date.....

Recommended by **Transport Officer**.....Date.....

Recommended by **Head** of Department .....Date.....

Recommended by: **Head of Agency**.....Date.....

Approved by **Secretary** .....Date.....

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