Gender Intentional Strategies to Enhance Health Social Enterprises in Africa: A Toolkit

Sarah Harrison, Kevin McKague and Jenipher Musoke

Gender Intentional Strategies to Enhance Health Social Enterprises in Africa:
A Toolkit

Sarah Harrison, Kevin McKague and Jenipher Musoke

August 2020

This work was carried out with the aid of a grant from the Innovating for Maternal and Child Health in Africa initiative – a partnership of Global Affairs Canada (GAC), the Canadian Institutes of Health Research (CIHR), and Canada's International Development Research Centre (IDRC).

Thank you to the project's partners BRAC Uganda, Access Afya, Healthy Entrepreneurs, LifeNet International and Cape Breton University, and to research assistants Jill McPherson, Jodi McDavid, and Elizabeth Opiyo Onyango.

Global Affairs Canada | Affaires mondiales Canada

CIHR IRSC
Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

IDRC | CRDI
International Development Research Centre
Centre de recherches pour le développement international

Table of Contents

List of figures

List of tables

Executive Summary

There has been a resurgence of interest in using community health workers (CHWs) to enhance frontline primary health care given their potential to fill gaps and reach remote communities. In light of this, health social enterprises are experimenting with CHW models that allow for various income-generating opportunities to motivate and incentivize CHWs. However, evidence shows that improving gender equality contributes to the achievement of health outcomes including maternal and child health (MCH). Therefore, gender equality is important for health social enterprises utilizing CHWs in Africa.

This toolkit aims to help health social enterprises in Africa working with CHWs to design gender intentional strategies to improve the achievement of gender equality and health outcomes. Being gender intentional means identifying and addressing gender inequalities, gender-based constraints, and inequitable norms and dynamics, and taking steps to address them. Improving gender intentionality helps health social enterprises achieve their health outcomes, while providing more effective community health services and contributing to greater gender equality. Improving gender intentionality has the added advantage of further empowering CHWs and increasing social benefits for themselves and their families. This toolkit guides users to design gender responsive strategies by identifying and responding to key gender-based constraints that limit the effectiveness of CHWs, particularly female CHWs, or cause unintended consequences.

Important gender norms and dynamics can be found in four key areas: within the social enterprise itself; between the social enterprise and its CHWs; between CHWs and their domestic partner[1]; and between CHWs and their patients. Identifying and addressing gender-based constraints in these four areas has the potential to contribute to improved gender equality, health and business outcomes for all actors by intentionally integrating gender equality through four interrelated pathways:

1. Equitable policies and systems;
2. Gender responsive training, support, and incentives;
3. Appropriate partner engagement; and
4. Gender responsive design and marketing of MCH products and services.

Looking to the first pathway, **equitable policies and systems**, CHWs face several gender-based constraints, including high time burden, risks to their personal safety, and a lack of economic empowerment and leadership opportunities. Health social enterprises can thus strive to have workplace policies that promote gender equality and women's economic empowerment, including support for CHW work-life balance, greater safety considerations, and equal opportunities for formal employment, upward mobility, and the promotion of CHW leadership and voice across the health social enterprise.

When considering the second pathway, **gender responsive training, support, and incentives**, we see that CHWs, particularly female CHWs, often have limited education, literacy, and learning opportunities. They also often lack access to needed equipment and medicines, transportation, and capital, as well as social supports and sufficient financial and non-financial incentives. To address these gender-based constraints, health social enterprises can look to provide training and professional development opportunities, and

the appropriate tools, resources, and supports for CHWs to perform their roles effectively. Health social enterprises can also facilitate access to transportation, financial services, social support and networking opportunities, and ensure that there are adequate financial and non-financial incentives.

The third pathway, **appropriate partner engagement**, is a primary constraint for many CHWs where the partner can be an impediment to the CHW's success. On the other hand, the partner can be a critical (and often invisible) enabler for success. By understanding this important gender-based dynamic, health social enterprises can take strategic actions to encourage partner support for CHWs, such as explicitly defining the partner's role and increasing communication, awareness, and appropriate engagement as a CHW supporter.

The fourth pathway, **gender responsive design and marketing of MCH products and services,** seeks to confront gender-based constraints related to family planning and gender-based violence. Health social enterprises can address these issues by engaging couples, providing confidential spaces for one-on-one counselling, and continually developing and refining innovative products and services to meet the needs of female patients.

With these gender responsive strategies, greater gender intentionality not only increases the health and business outcomes for health social enterprises, but also improves gender equality and the social benefits for CHWs, their families, and their communities.

Sarah Nabunya is a farmer living in Mityana, Luwunga, Uganda, where she has been a CHW for six years and has worked with Healthy Entrepreneurs for the last two years. Sarah is 28 years old and has three children. Sarah became a health worker because she was always interested in health care and helping her community, including attending to sick children and providing health advice.

Section 1. **Overview**

1.1 Introduction

The purpose of this toolkit is to guide **health social enterprises** working with **community health workers** (CHWs) in Africa to design **gender intentional strategies**. The intended users of this toolkit are health social enterprise leaders. It is also highly relevant for non-profit organizations, governments, investors, donors, and other stakeholders engaged in the broader field at the intersection of gender equality, social entrepreneurship, and maternal and child health (MCH) in Africa.

For this toolkit, being gender intentional means identifying and addressing gender inequalities, gender-based constraints, and inequitable norms and dynamics, and taking steps to address them. Improving gender intentionality can not only help health social enterprises in Africa be more effective in achieving their health goals but can contribute to greater gender equality for CHWs, their families and their patients.

This toolkit guides users to identify and respond to key gender equality issues. Since the gender norms, sociocultural context, and business model of each health social enterprise will be unique, the toolkit offers a number of entry points and pathways to improve gender intentionality.

The toolkit has three sections. Section 1 provides a brief overview of the research, community partners, and the CHW model. Section 2 highlights the importance of gender equality as it relates to health social enterprises. It also explores improving gender intentionality through gender integration and gender analysis. Section 3, the final section, introduces a gender integration conceptual framework, which outlines how health social enterprises in Africa can be more gender intentional. Sections 3.1 to 3.4 discuss the four pathways for health social enterprises to be more inclusive and gender intentional across their work. Each section highlights important questions for gender analysis, possible gender equality constraints, and potential gender equality strategies.

1.2 About the research

This toolkit is based on the findings of the Gender Synergy Research Study.[2] The study aimed to understand how being gender intentional can enhance health social enterprises working with CHWs in Africa. This study was the first of its kind to examine gender equality as it relates to health social enterprises working with CHWs in Africa.[3]

The study utilized and adapted leading gender analysis frameworks and tools[4] and applied an in-depth, mixed methods approach. In total, 30 key informant interviews and 21 focus group discussions were conducted between 2016 and 2020 (for a total of 175 individuals: 106 women and 69 men) with four health social enterprises in Uganda and Kenya and other important stakeholders.[5] The study aimed to understand the most pertinent gender-based constraints that these health social enterprises faced in their work with CHWs, particularly female CHWs, and to understand the most gender responsive strategies and opportunities available to them.[6]

A **health social enterprise** is an organization whose primary objective is achieving a social objective, such as improved maternal and child health.

A **community health worker** (CHW) is often a volunteer selected from the community they serve and trained in basic primary health care.

For this toolkit, **gender intentional** means identifying and understanding gender inequalities, gender-based constraints, and inequitable norms and dynamics and taking steps to address them.

1.3 Partner profiles

The study had four partners in Uganda and Kenya: BRAC Uganda, Healthy Entrepreneurs (Uganda), LifeNet International (Uganda) and Access Afya (Kenya).

BRAC Uganda[7] has been active since 2006 with a range of programs spanning microfinance, agriculture, and health. BRAC's health program currently plays an important role in Uganda's health system with over 4,000 CHWs in 68 districts. BRAC's CHWs provide a range of MCH-related health services (e.g., malaria prevention, immunizations, family planning, pregnancy-related care, and health and nutrition education) in addition to selling goods related to primary health care.

Healthy Entrepreneurs[8] is active in four countries (Uganda, Tanzania, Kenya, and Ghana) with 4,000 CHWs living and working in remote and rural areas. Healthy Entrepreneurs' CHWs sell health care products from their own mini-pharmacies and educate their customers on basic health and hygiene issues.

LifeNet International[9] works across East Africa (Uganda, Burundi, Malawi, and DRC), partnering with more than 200 health facilities to significantly improve maternal and neonatal healthcare quality. The LifeNet network currently has more than 2.3 million patient visits annually and has medical and managerial training programs that target CHWs and other frontline healthcare workers.

Access Afya[10] works in Kenya and has developed a social enterprise model for providing access to primary health care in informal settlements in Nairobi. Access Afya's model currently has twelve facilities, including primary healthcare clinics and retail pharmacies that are run by clinical officers and utilize both CHWs and clinical assistants. Access Afya's clinics deliver a range of services including lab testing, immunizations, chronic care, nutrition, family planning, and prenatal and postnatal care.

1.4 A note on community health workers

CHWs are commonly used in resource-constrained and under-served settings, including many communities in Sub-Saharan Africa. CHWs are generally chosen from the communities in which they live in order to help community members access basic primary health care. CHWs receive basic training according to various objectives, but it often includes prenatal and postnatal pregnancy care, promoting healthy behaviours (e.g. hygiene, immunizations, nutrition, family planning, sanitation, clean water), and assessing and treating malaria and diarrhea.

It is estimated that 70 percent of CHWs are female globally.[11] CHWs are often volunteers, although they commonly receive some compensation for their activities such as attending refresher training courses or for additional public health outreach campaigns. CHWs are known by various names in different countries, including village health teams, community health promoters, village health workers, and community health aides.

Teddy has been a health worker for eight years and has worked with Healthy Entrepreneurs for two years. She and her husband, James Gasana, have been married 21 years and they have seven children. They live in the village of Butanga B, in the Parish of Kyankoole in the sub-county of Butenga, Uganda. Teddy is also a catechist and James is a church leader, cattle keeper and farmer.

Before Teddy became a health worker, Teddy and James spent a lot of money on medicines for their children's health. Teddy's training in understanding and treating malaria, diarrhea and pneumonia and her awareness of the importance of hygiene and drinking clean water has saved the family a lot of money. Teddy's children are also learning about how to be healthier and Teddy sees them sometimes sharing their knowledge on health and sanitation with others in the community. Teddy contributes to the family with the money she earns (from the sale of health products) to pay for school fees.

Teddy and James work together. James shared that he welcomed Teddy becoming a health worker. He accepts that she goes to meetings and welcomes her clients into the home. Teddy also helps James with the family farm.

Section 2. **Gender equality & health social enterprises**

2.1 Why gender equality matters for health social enterprises

It is important to understand the difference between sex and gender. Whereas sex refers to the biological or physiological characteristics of a person, **gender** refers to the "roles, behaviours, activities, and attributes that a given society may construct or consider appropriate for the categories of 'men' and 'women'."[12] A heath social enterprise's understanding of gender has important implications for its work in health and with CHWs.

Over the years, there has been an increasing emphasis from the global community on gender equality.[13] **Gender equality** means that "women and men [and people of all genders[14]] enjoy the same status and have equal opportunity to realize their full human rights and potential to contribute to national, political, economic, social and cultural development, and to benefit from the results."[15] Genuine equality is about expanded freedoms and improved quality of life for everyone.[16]

At its root, gender equality is a fundamental human right for everyone,[17] but research shows that gender equality also improves many development efforts[18] by enhancing economic development and productivity[19] and improving the health of populations around the world.[20] Subsequently, gender equality is one of the United Nation's Sustainable Development Goals (SDG). SDG Goal 5 aims to achieve gender equality globally and to empower all women and girls.[21]

In light of these factors, many stakeholders in the international community acknowledge **women's economic empowerment** as a pathway for greater equality.[22, 23] A woman "is economically empowered when she has both the ability to succeed and advance economically and the power to make and act on economic decisions."[24] With this in mind, health social enterprises have the potential to support CHW's overall economic empowerment through their gender equality efforts.

As an example, a study by Acumen examined how integrating gender can help to optimize social enterprise business models to improve both business and social impacts.[25] Acumen's study demonstrated that social enterprises can gain tangible positive business impacts through better integration of women, including increased sales and profitability, and improved social impacts such as enhanced equity.[26] Acumen found that developing equitable systems also had positive business impacts, suggesting an increase in innovation, employee satisfaction, and employee retention on more gender equitable teams.[27]

Gender refers to the "roles, behaviours, activities, and attributes that a given society may construct or consider appropriate for the categories of 'men' and 'women'."

Gender equality means that "women and men [and people of all genders] enjoy the same status and have equal opportunity to realize their full human rights and potential to contribute to national, political, economic, social and cultural development, and to benefit from the results."

Women's Economic Empowerment: "A woman is economically empowered when she has both the ability to succeed and advance economically and the power to make and act on economic decisions."

2.2 Improving gender intentionality through gender integration

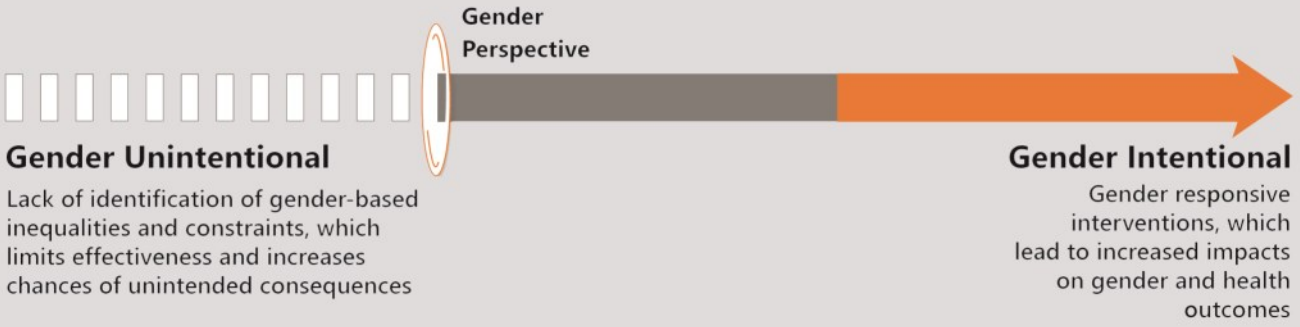
A **gender perspective** takes into account the gender-based differences of women, men and people of all genders when looking at any action, policy or program.

For this toolkit, gender intentional means identifying and understanding gender inequalities, gender-based constraints, and inequitable norms and dynamics and taking steps to address them (Figure 1). When an initiative is unintentional in its efforts (via the lack of identification of gender inequalities and constraints), there is the potential for unanticipated results or negative unanticipated consequences, along with less effective results.[28] To be gender intentional, you need to apply a **gender perspective**, which takes into account the gender-based differences of women, men, and people of all genders when looking at any action, policy or program.[29] A gender perspective equally considers and addresses the needs and interests of everyone.[30]

Gender inequalities are largely well understood at the level of health and especially for MCH. For example, many mothers still face limited negotiation power with partners and restricted autonomy in reproductive matters globally.[32] However, CHWs, particularly female ones, also face numerous gender-based constraints and inequalities that are generally less well understood or recognized within health systems.[33]

An approach for improved gender intentionality is gender integration.[34] **Gender integration** refers to the "strategies applied in program assessment, design, implementation and evaluation to take gender norms into account and to compensate for gender-based inequalities."[35] Thus, gender integration considers the influence of gender across all activities, from the start to the finish of a program or initiative. For health social enterprises in Africa working with CHWs, gender integration involves understanding the influence of gender on CHWs and their work. It is especially important to understand the gender inequalities that CHWs face and take steps to

Figure 1: **Gender Unintentional versus Intentional Efforts for Health Social Enterprises**[31]



Gender integration refers to "strategies applied in program assessment, design, implementation and evaluation to take gender norms into account and to compensate for gender-based inequalities."

address them. Notably, this process of improving gender intentionality for CHWs aims to improve gender equality, but also has effects for overall health and business, along with improved social benefits for CHWs.

2.3 The importance of gender analysis and strategy development

A primary tool for improved gender intentionality is gender analysis. **Gender analysis** is a "systematic methodology for examining the differences in roles and norms for women and men, girls and boys [and people of all genders]; the different levels of power they hold; their differing needs, constraints, and opportunities; and the impact of these differences in their lives."[36] A comprehensive gender analysis forms the underlying understanding of the gender perspective and considers important intersections beyond gender such as race, ethnicity and age.

There are numerous benefits associated with conducting gender analysis including improved gender equality, along with better health and business outcomes. On the other hand, there are risks associated with not conducting a gender analysis. If a health social enterprise does not fully understand and address key gender-based constraints faced by female CHWs, it can face increased risks to personal safety of CHWs or high turnover, for example.

The aim of conducting gender analysis for health social enterprises in Africa is to strengthen an understanding of how gender influences their work. This knowledge aids in the incorporation of gender responsive and context-relevant strategies and interventions designed to address critical gender-based constraints. Gender-based constraints can vary significantly across health social enterprises depending on the country, social context, and business model. Therefore, robust and comprehensive gender analysis is critical to informing appropriate gender equality strategies and actions. A comprehensive gender analysis should culminate in the development of a gender equality strategy or action plan that guides health social enterprises on their gender equality efforts.

Gender analysis is a "systematic methodology for examining the differences in roles and norms for women and men, girls and boys [and people of all genders]; the levels of power they hold; their differing needs, constraints and opportunities; and the impact of these differences in their lives."

2.4 Understanding the Gender Integration Continuum for Health Social Enterprises

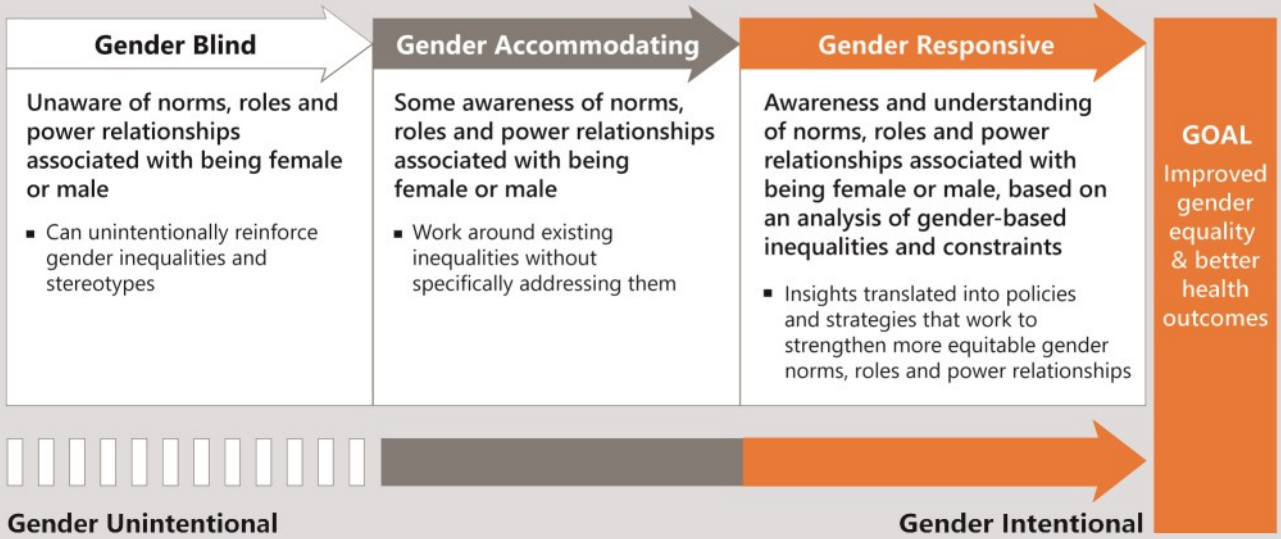
Improved gender intentionality through gender integration and comprehensive gender analysis supports the development of gender-responsive strategies. The **Gender Integration Continuum for Health Social Enterprises** is a useful tool for assessing the level of gender integration and guiding gender equality efforts (Figure 2).

For health social enterprises, a strategy, intervention, or action can be placed on the continuum to assess the degree of gender intentionality from being gender blind (on the left) to gender responsive (on the right). When a health social enterprise is operating **gender blind**, strategies and interventions are unlikely to achieve their full potential and have the possibility to cause harm (even if unintentional) or to be exploitative. Health social enterprises in Africa should aim to ensure that no actions are completely gender blind, and a core principle of "do no harm" at all times should be maintained at a minimum.

Ideally, health social enterprises should strive to move along the continuum of gender intentionality. If an effort is being made, an enterprise can be said to be **gender accommodating**, if they are finding approaches that work around existing gender inequalities, but they are doing so without critically examining (via gender analysis) gender norms related to their work and without explicitly addressing gender imbalances.

The **Gender Integration Continuum for Health Social Enterprises** is a tool for assessing gender integration and guiding gender equality efforts.

Figure 2: **Gender Integration Continuum for Health Social Enterprises**[37]



The ultimate aim of a health social enterprise's gender efforts is to be **gender responsive**. Gender responsive programs seek to understand, respond, and transform gender relations to promote equality and achieve program objectives.[38] Gender responsive approaches use gender analysis to systematically understand and examine the influence of gender roles, norms, and dynamics. These approaches aim to change inequitable norms and dynamics or to strengthen already equitable systems for improved gender equality.[39]

For instance, related to health, gender responsive approaches seek to "change gender norms that restrict women and men's access to health services and realization of good health. They question and challenge the unequal distribution of power, lack of resources, limited opportunities and benefits, and restrictions on human rights."[40] Examples of gender responsive strategies may include supporting changes in gender roles, greater equality in the distribution of goods and services, sharing power at home, and increasing men's engagement in women's health.[41]

It is important to note that considering women is not always the same as considering gender. For example, "focusing on women's health may look at health conditions related to women's reproductive roles but without explicit consideration of gender, it does not examine the unequal social dynamics that contribute to these poor health outcomes."[21] Whereas, a focus on gender, importantly "examines how differences in power relations result in different risks, vulnerabilities, and outcomes in health for men and women. Therefore, gender integrated approaches 'treat women and men's relative social, political, economic, educational, and health status as interrelated, intersectional, interdependent, and changeable.'"[21]

Gender responsive programs seek to understand, respond, and transform gender relations to promote equality and achieve program objectives.

Florence Namantambi is 32 and has been a CHW in Mityana, Kalangalo, Uganda for eight years. She has six children and farms for her livelihood. She has been working with Healthy Entrepreneurs for three years and was selected by her community since she was always helpful and interested in healthcare. Working with Healthy Entrepreneurs, she reports that she can now earn an income and support her family. Florence also says that many people in the community, especially the elderly, benefit from her services.

Section 3. **Gender intentional strategies for health social enterprises**

Keeping the Gender Integration Continuum for Health Social Enterprises (Figure 2) in mind, the following section explores how health social enterprises can integrate gender responsive actions across their work and sphere of influence. When we consider health social enterprises with a gender perspective, there are gender dynamics at play in four key areas:

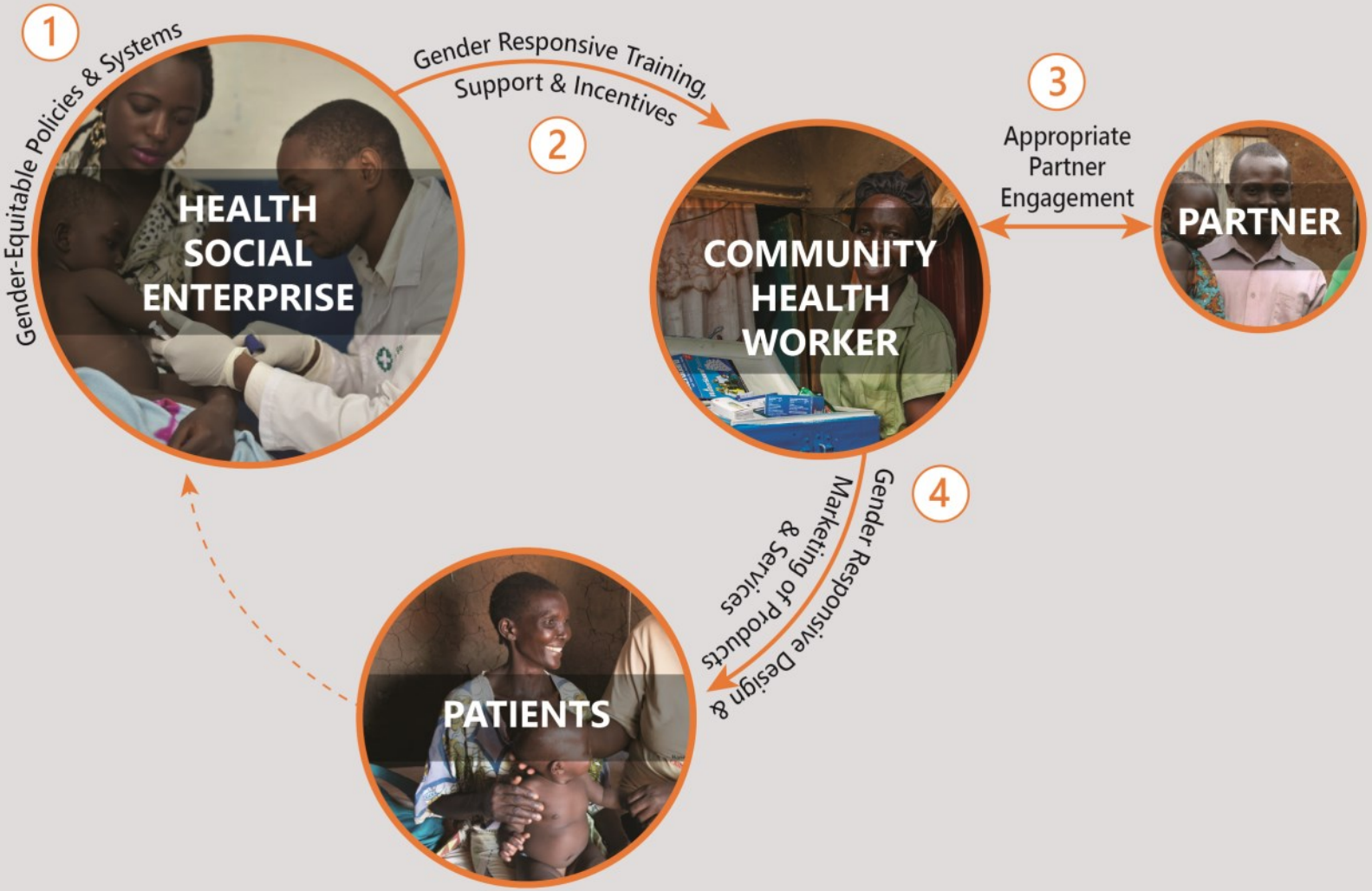
1. Within the social enterprise itself;
2. Between the social enterprise and their CHWs;
3. Between CHWs and their partners; and
4. Between CHWs and their patients.

By recognizing, understanding, and addressing gender-based constraints, norms, and dynamics in these four areas, there may be positive and improved social and business impacts for all actors. With this conceptual framework in mind, health social enterprises can integrate gender intentionally through four interrelated pathways:

1. Equitable policies and systems;
2. Gender responsive training, support, and incentives;
3. Appropriate partner engagement; and
4. Gender responsive design and marketing of MCH products and services.

Figure 3 introduces the Gender Integration Conceptual Framework for Health Social Enterprises, showing the four key areas and their interrelated pathways. For each pathway, the possible gender-based constraints and potential strategies to address them are explored in the following sections.

Figure 3: **Gender Integration Conceptual Framework for Health Social Enterprises**



3.1 Equitable policies and systems

To improve gender intentionality, a health social enterprise can first look at its own policies, procedures, and organizational systems in order to improve both gender and health outcomes. The first step is always to understand how gender influences this pathway. For each pathway, it is critical that the health social enterprise understands the effects of gender and sociocultural norms, dynamics, power relations, and any pertinent gender-based constraints. For health social enterprises, having the right policies, systems, and structures in place to employ and support CHWs, particularly female CHWs, can be an effective strategy for improving gender integration. Equitable policies and systems play an important role in ensuring a CHW's success as an employee or volunteers in addition to improving their lives.

3.1.1 Gender analysis questions

Every health social enterprise will be unique but answers to the following questions can help guide the development of equitable policies and systems, particularly for CHWs. To what extent have formal gender responsive workplace policies been established, including policies that:

- Promote **gender equality and women's economic empowerment**?
- Support CHWs in **balancing work and life**?
- Allow CHWs to **safely perform their roles**?
- Provide equal opportunities for **upward mobility, career advancement, and leadership** in the health social enterprise?
- Promote **CHW representation and voice** across the health social enterprise?

3.1.2 Understanding gender-based constraints and determining gender equality strategies

The following table lists possible gender-based constraints that CHWs, particularly female CHWs, are likely to face and highlights potential gender responsive policies and systems to improve gender integration (Table 1). Given how contextual gender issues are, CHWs within your health social enterprise may face additional or differing issues.

Table 1: **Equitable Policies and Systems**

Constraints	Strategies
High time burden and lack of economic empowerment Female CHWs face many demands on their time and have to balance multiple roles, responsibilities, and income-generating activities. For example, many CHWs are farming and/or running a business such as selling fruit, vegetables, food products or tailoring in addition to their CHW work. Many CHWs work late into the evening (10 pm to midnight) or early in the morning (4 am to 6 am) to facilitate these demands. Some CHWs shared that they work much more than what is expected per week on their community health work. Female CHWs shared that balancing their roles was particularly difficult because the household burden is solely on their shoulders due to gender and sociocultural norms. Since most CHWs are volunteers, the time spent on CHW work and the overall expectations of the position are high relative to the overall financial remuneration that they receive.	**Workplace policies that promote equality and women's economic empowerment** Actions to address the high time burden and a lack of economic empowerment include: • Ensure appropriate remuneration for CHWs time; • Develop opportunities for income generation, such as selling health products; and • Define policies that support CHW work-life balance, including clear job descriptions with number of hours of expected work per week.
Risks to personal safety The work of a CHW often requires women to travel alone and/or at night, especially in the case of labour and delivery or health emergencies. Personal safety was a primary concern raised by many CHWs.	**Workplace policies that promote CHW safety** Actions to promote CHW safety include: • Provide health and safety training; • Encourage support from male partners when they need to accompany female CHWs to attend to a patient at night; and • Partner male and female CHWs to work together, if context appropriate.
Lack of leadership and career advancement opportunities Female CHWs often face limited opportunities to advance their careers and take additional leadership roles due to many reasons including having basic levels of education and limiting or restrictive gender and sociocultural norms. Female CHWs also shared that they have limited or no opportunities to connect with each other or other leaders.	**Opportunities to advance careers** Actions to advance careers include: • Facilitate opportunities for training and capacity building; • Provide clear pathways for career advancement, promotion, and leadership; and • Provide mentoring or coaching opportunities between and among CHWs, with an emphasis on supporting female-to-female connections.

3.2 Gender responsive training, support, and incentives

The second pathway that health social enterprises can explore to enhance both gender equality and health outcomes is gender responsive training, support, and incentives. In order to increase gender intentionality, it is important that all training, support, and incentives are targeted to the specific needs and priorities of both female and male CHWs, otherwise health social enterprises risk less effective implementation and other potential negative side effects, such as discontented CHWs and high turnover.

3.2.1 Gender analysis questions

To identify the most important gender-based constraints that are specific to your context and work, the following questions can be asked as part of a comprehensive gender analysis. To what extent:

- Do all CHWs, particularly female CHWs, have targeted and **gender responsive training and professional development opportunities**?
- Are CHWs, particularly female CHWs, provided with **appropriate tools, resources, and tailored supports** needed to do their job effectively?
- Are **incentives** effective for CHWs, particularly female CHWs?

3.2.2 Understanding gender-based constraints and determining gender equality strategies

Once the gender issues that the CHWs in your context face are well understood, a health social enterprise can consider what strategies or interventions would be most effective in improving gender integration across this pathway. The following tables highlight possible gender-based constraints that CHWs can face and potential gender equality strategies or actions to address them (Tables 2–4). Given how contextual gender-based constraints are, CHWs within your health social enterprise may face additional or differing issues.

Table 2: **Gender Responsive Training**

Constraints	Strategies
Limited education and learning opportunities Generally, CHWs are selected from the community in which they live. Often CHWs, particularly female CHWs, have only basic levels of education, literacy, and training. In addition, CHWs often struggle to deal with difficult or aggressive patients, especially pregnant single mothers. CHWs also often lack skills in business and financial literacy, which limits their economic empowerment and autonomy. When CHWs do not have adequate education or training, they are unable to provide services effectively and further build their knowledge, skills, or confidence. Adequate education and training will enable them to generate more income, advance their careers, and to take on leadership roles.	**Opportunities for gender responsive education** Actions to improve education and learning include: • Provide regular refresher training; • Provide training on topics such as: – Communication skills training and basic literacy, in some cases; – Conflict management and negotiation training; – Business and financial literacy training; and – Empowerment training, including agency, leadership and decision-making training, for instance.

Table 3: **Gender Responsive Supports**

Constraints	Strategies
Lack of access to needed equipment, medicines and supplies CHW's need proper access to equipment, medicines, and supplies to do their job effectively. Proper equipment, medicines, and supplies also assist CHWs in being perceived as legitimate health providers in the eyes of community members.	**Ensure access to needed equipment, medicines, and supplies** Actions to ensure access to needed equipment, medicines, and supplies include: • Manage supply chains to reduce stock-outs; • Consider the importance of t-shirts and other identifiers of a CHW's role and affiliation as symbols of legitimacy by CHWs and community members; • Ensure CHWs have access to needed equipment, such as a bag for carrying medicines, a thermometer, and gloves. In some contexts, gear for the rainy season (i.e. umbrellas, boots, and raincoats) are also important for going door-to-door to visit patients; and • Consider providing greater access to a work mobile phone or tablet for both personal and work use.
Lack of transportation CHWs, especially female CHWs, cited transport as one of their primary challenges. CHW work often requires transportation to home visits, especially if a community is geographically dispersed and patients need to attend a clinic (as when a patient is in labour). Transportation is significantly influenced by gender, as women often have limited mobility and a lack of funds to pay for transport.	**Ensure access to transportation** Actions to increase access to transportation include: • Provide transportation allowances for CHWs; • Facilitate access to context-relevant modes of transportation, such as female-friendly bicycles or motorcycles, where applicable; and • Facilitate effective income-generation opportunities, such as the sale of health products.
Limited access to capital For CHWs who generate some income from selling medicines and other health products, the ability to purchase inventories of medicines is important to be able to both serve the needs of their patients and generate income. CHWs, particularly female CHWs, are usually poor and living in remote and rural areas, facing significant capital constraints compared to men. Moreover, female CHWs also face significant capital constraints compared to men.	**Ensure access to capital and targeted financial services** Actions to facilitate access to capital include: • Support opportunities for CHWs to generate savings; • Support CHWs to have access to loans to purchase medicines or other needed supports; • Pay CHWs a salary or provide greater allowances and financial compensation for attending events, such as refresher training and monthly meetings; and • Facilitate effective income-generation opportunities.

Table 3: **Gender Responsive Supports (continued)**

Constraints	Strategies
Lack of social supports or networks CHWs shared that they often feel isolated in their roles. Despite their important work, CHWs are often situated "outside" of the health social enterprise and health systems with which they work. They expressed having limited opportunity to connect with others, even other CHWs working within the same health social enterprise.	**Ensure access to social supports and networks** Actions to facilitate access to social supports and networks include: • Facilitate and support relationship and network development through interactions among CHWs, including regular meetings and refresher training; and • Provide mentoring or coaching opportunities between and among CHWs, with an emphasis on supporting female-to-female connections.

Table 4: **Gender Responsive Incentives**

Constraints	Strategies
Insufficient financial and non-financial incentives Both financial and non-financial incentives are important to CHWs. For instance, one of the main motivators for CHWs is an interest to help and serve their community. Additionally, CHWs appreciate the status, respect, visibility, and connections or networks that typically come with the role. CHWs value the greater level of health knowledge that they attain through their CHW training and the access to medicines and health products for their families (which CHW partners also highlighted as being very valuable). However, a health social enterprise may be less effective when these incentives are not well understood or in place.	**Ensure sufficient financial incentives** Actions to ensure there are sufficient financial incentives include: • Provide more opportunities for income generation, such as training in business and financial literacy; • Facilitate access to loans and savings; • Ensure access to an adequate basket of medicines and health products to sell; • Provide appropriate remuneration; • Ensure appropriate stipends and compensation for training, refresher training, and monthly meetings; and • Provide discounts on purchasing medicines and health products.
	Ensure sufficient non-financial incentives Actions to ensure there are sufficient non-financial incentives include: • Support the ability of CHWs to help others in the community through good quality training, supervision, and support; • Support CHWs, particularly female CHW's status and respect in the community; • Provide symbols of relevance, importance, and status, such as t-shirts and signs of their affiliation and training; • Provide greater access to a work mobile phone or tablet; and • Provide high-quality and gender responsive training, knowledge, and capacity building.

3.3 Appropriate partner engagement

Incorporating appropriate partner engagement is a pathway that a health social enterprise can explore if they are interested in improving both gender equality and health outcomes. Although there has historically been quite a lot of emphasis on the importance of engaging men and fathers through MCH initiatives, we have found that little to no attention has been paid to the partners of CHWs. The relationship between the CHW and their partner is an essential gender equality dynamic to recognize, understand, and potentially support.

3.3.1 Gender analysis questions

The appropriate partner engagement pathway is highly contextual. In some contexts, the partner plays a very important role in supporting the CHW. In other cases, the partner's involvement may be more limited or may even constrain the CHW. The first step is understanding how the gender and sociocultural norms influence this gender dynamic and the extent to which the partner has a positive or negative influence on the CHW's role and work.

To better understand the influence of a CHW's partner, example gender analysis questions include:

- Does the partner **help the CHW with their work or play an important role** related to the CHW's efforts? Does anyone else help the CHW with their work (e.g., children, mothers, other family members, or other CHWs)?
- Is the partner **supportive or unsupportive** of the CHW's work?
  - If a partner is supportive, what types of support does the partner provide?
  - If a partner is not supportive or not involved, in what ways is the partner unsupportive? Do CHWs face any challenges due to this lack of support?
- Does the partner **face any challenges** related to the CHW's work? Does the partner face any challenges related to their role or the support they provide to CHW?
- What are the best ways to **appropriately support the partner's appropriate engagement and involvement**?
- What are the best ways to engage the partner to be an **active supporter** of the CHW's work?
- What are the best ways to educate or support female CHWs about **partner engagement** so that they can also transmit skills and knowledge to their partners?

3.3.2 Understanding gender-based constraints and determining gender equality strategies

This pathway recognizes that the CHW is never working in isolation. The CHW's partners can be a critical but often invisible enabler of success. Frequently, CHWs are being supported by their partners in various ways, including providing money for transport or purchasing medicines, accompanying the CHW on night visits for safety, and communicating with community members who come to the CHW's home when she is out. Given that many CHWs are volunteers, often in severely impoverished communities, this kind of support can be overlooked.

On the other hand, in contexts where the CHW's partner maintains strong control and decision-making power at the household level and CHWs do not have strong agency, partners can be an important limiting factor over a CHW's involvement or ultimate achievement. In light of this dynamic, a health social enterprise can consider what gender responsive strategies or actions would be most effective in enhancing partner engagement.

The following table highlights possible gender-based constraints related to partner engagement and potential gender equality strategies to support greater gender integration in this area (Table 5).

Table 5: **Appropriate Partner Engagement**

Constraints	Strategies
Critical enabler and constraint for success The partner, particularly in the case of a female CHW with a male partner, can be a primary facilitator, often behind the scenes. The partners of CHWs are a critical entry point in allowing or not allowing and supporting or not supporting a female CHW to be a health worker in the first place. The partners of CHWs provide a range of other important supports, including transport, financial support to buy medicines, accompanying the CHW during nighttime visits, and supporting the household in the CHWs absence. On the other hand, partners can also be a considerable limiting factor to a CHW's success, particularly in contexts where a partner's control is high and the CHW's agency and decision-making power is limited.	**Improved partner engagement** Actions to maximize partner support and minimize partner resistance include: • Explicitly defining the partner's role. Both partners and CHWs themselves shared that it would help partners improve their support if health social enterprises defined, communicated, and recognized the partner's role, along with understanding the importance of the partner's support and involvement; and • Improve partner awareness, education, support, and engagement.

3.4 Gender responsive design and marketing of MCH products and services

Ensuring gender responsive design and marketing of MCH products and services to meet the needs and priorities of female patients is a strategy that health social enterprises can implement if they are interested in improving both gender and health outcomes.

3.4.1 Gender analysis questions

Example gender analysis questions to better understand the needs and priorities of female patients include:

- Does the design of products and services meet the **specific needs and priorities of female patients?**
  - If no, what other strategies or innovations could be employed to better meet the needs and priorities of female patients?
- Are there **unintended consequences** for patients related to family planning services, such as hiding usage of products or services, or increased gender-based violence?
  - If there are unintended negative consequences, what are ways to reduce or mitigate unintended consequences, subsequently reducing and improving family planning service delivery?

3.4.2 Understanding gender-based constraints and determining gender equality strategies

Similar to the other pathways, the first step is understanding key gender constraints related to the design and marketing of MCH products and services. Once these gender equality issues are well understood, a health social enterprise can consider what strategies would be most effective in improving gender integration across this area. The following table highlights possible gender-based constraints that CHWs can face and potential gender equality strategies to employ for greater gender intentionality (Table 6).

Table 6: **Gender Responsive Design and Marketing**

Constraints	Strategies
Family planning Family planning is an important issue for health social enterprises with respect to design and marketing of MCH products and services. Family planning is also highly influenced by gender and sociocultural norms. Patients of CHWs shared that the decisions around family planning (for instance, how many children to have and when) is not theirs to make (or theirs to make alone).	**Segment female patients (and understand their varying needs and priorities)** Actions to ensure gender responsive family planning include: • Segment female patients so as to not consider them as an homogenous group (e.g., the needs of a young, single pregnant mother may be very different from an older, married women with multiple children); and • Understand gender-based constraints and differences, which are likely to impact the types of MCH products, services, and delivery mechanisms that are both required and will be effective.
	Inclusive and holistic family planning education and training Actions to ensure inclusive education and training include: • Educate couples together for more effective family planning counselling where women and men can be educated together (and apart). For example, talking together may be a useful tool because CHWs are powerful influencers; and • Provide counselling to partners (as well as female patients). Additionally, consider male and female CHW pairings so that man-to-man and woman-to-woman discussions and counselling can occur.

Table 6: **Gender Responsive Design and Marketing (continued)**

Constraints	Strategies
Gender-based violence Gender-based violence is an important issue for health social enterprises. It is an issue that impacts both women and men, along with both CHWs and their patients. It is critical that health social enterprises ensure their efforts "do no harm" related to increasing gender-based violence, at a minimum. There are many ways and degrees to which gender-based violence manifests. For example, some female CHWs may be at increased risk as their roles change (both within and outside the household) or as they become more economically empowered. As another example, it was shared that CHWs struggle to provide services when men in the community do not have work as there are higher levels of violence in households. Whatever the situation may be, it is important for health social enterprises to strive to understand how this issue may or may not be impacting their work.	**Inclusive and holistic gender-based violence education and training** Actions to help address the issue of gender-based violence with female patients include: • Engage and educate patients and partners; • Consider male and female CHW pairings in order to support female patients and their partners; and • Ensure CHWs have information for referrals to counselling or other support services and organizations. **Develop innovative products and services aligned to female patient preferences** Actions to develop innovative products and services that are aligned to female patient preferences include: • Provide a private space for counselling (instead of meeting women in their homes where they are surrounded by their partners and families) so that they can freely and safely discuss issues related to gender-based violence (or family planning).

Jamadah has been a health worker for 10 years (with both the government and LifeNet International). He became a health worker because he liked the idea of helping people in his village with health problems and he is happy to serve them.

Jamadah has eight children and has encountered issues with high health costs at the local hospital in Masaka. Becoming a health worker has helped him to reduce the cost of health care through both the knowledge he has gained and his improved access to medicines at home. For example, his training initially taught him about malaria and provided bed nets, so his family does not get malaria. He has educated people in the community to sleep under nets and was also able to treat people with medicines that the government provided.

Another issue in the community has been the lack of pit latrines. Jamadah estimates that 90-100 percent of homes in his community now have pit latrines, so he has seen sanitation improve greatly. Jamadah serves 150 households in his community and shares care with another female health worker (who has also been a health worker for 10 years). They assist and help each other with any problems they encounter. For instance, if they encounter a difficult patient or family, they ask each other for help and often sort out their problems together at refresher meetings.

Conclusion

There has been a resurgence of interest in using CHWs to enhance frontline primary health care given their potential to fill gaps and reach remote communities. In light of this, health social enterprises (as well as governments and non-governmental organizations) are experimenting with CHW models that allow for various income-generating opportunities to motivate and incentivize CHWs. Evidence shows that improving gender equality contributes to the achievement of health outcomes including maternal and child health. Thus, gender equality is important for health social enterprises utilizing CHWs in Africa.

In order to improve both gender equality and health outcomes, it is important that health social enterprises understand the gender-based constraints that CHWs face, especially female CHWs, so that they can provide community health services more effectively. Addressing gender-based constraints has the added benefit of further empowering CHWs, thereby increasing the social benefits for themselves and their families. Based on our research, this toolkit offers guidance for health social enterprises, working with CHWS in Africa, to further enable their CHWs to be more effective and empowered.

This toolkit aims to guide health social enterprises to recognise that their understanding of, and response to, gender equality issues exists along a continuum of gender intentionality. A health social enterprise's actions can range from being gender unintentional to intentional. On the unintentional side, being gender blind means risking negative unintended consequences for both CHWs and the business, reinforcing inequitable gender and sociocultural norms and limiting overall effectiveness. On the intentional side, being gender responsive means systematically understanding norms, roles and power, along with key gender-based constraints (via gender analysis) and working to either change inequalities or inequitable norms or to strengthen existing equitable systems. Being gender responsive means also working to overcome gender-based constraints by employing innovative strategies and solutions for improved gender equality.

In order to progress from gender blind to gender responsive, a health social enterprise can explore gender equality issues through four interrelated pathways:

1. Equitable policies and systems;
2. Gender responsive training, support, and incentives;
3. Appropriate partner engagement; and
4. Gender responsive design and marketing of MCH products and services.

Health social enterprises operate in many different markets with dissimilar economic and social contexts. They also deploy diverse business models to serve different patient and customer needs. However, any health social enterprise can explore the gender analysis questions in this toolkit to determine the specific gender-based constraints and strategies that resonate with their work. It is important to note that different contexts may generate varying gender-based constraints that require distinct gender responsive solutions.

However, based on our research of four health social enterprises in East Africa using CHWs, this toolkit offered possible gender-based constraints that health social enterprises may encounter and outlines potential gender responsive strategies to address them. Our research suggests that the most pressing gender-based constraints for female CHWs are:

- Risks to personal safety;
- Lack of career advancement and leadership opportunities;
- Lack of access to needed equipment, medicines, and transport;
- Lack of access to capital;
- Lack of access to social support and networking opportunities; and
- Insufficient financial and non-financial incentives.

Supporting CHWs requires a coordinated effort among all parts of the healthcare system to design and implement gender responsive strategies.

At the community level, the empowerment of female CHWs facilitates the effective implementation of community health programs. With this in mind, we recommend the following priority strategies:

1. **Promote gender equality and women's economic empowerment** by ensuring appropriate remuneration for CHWs' time. This measure will support CHWs work-life balance and enable them to be more efficient and motivated. Further, it is important to create and support opportunities for income generation, such as selling health products.

2. **Appropriately engage partners of CHWs** by communicating directly to inform and educate them on the role of CHWs and their importance in community health, while also acknowledging and recognizing the opportunities to play a supportive role.

3. **Promote opportunities for leadership and career advancement** by providing CHWs with relevant training in areas such as communication skills, conflict management, business, financial literacy, and leadership. It is also essential to provide specific job descriptions, along with a definite pathway for career advancement, promotion, and leadership. Also, consider providing mentoring or coaching opportunities among CHWs, with an emphasis on supporting female-to- female connections.

4. **Promote CHW safety** by employing innovative measures such as pairing male and female CHWs, if appropriate for the context or recognizing and encouraging support from husbands who often accompany female CHWs to attend to patients at night.

5. **Ensure adequate access to transport, medicines, and a proper supply of health products** as well as needed medical equipment and wet season gear. It is essential to facilitate CHWs' transport needs, particularly for female CHWs, by providing travel allowances or access to bicycles or motorcycles, where appropriate.

6. **Provide sufficient non-financial and financial incentives** by creating opportunities for income generation, facilitating access to loans and savings platforms, and providing appropriate remuneration and monetary compensation for attending events like monthly refresher meetings.

Within the nexus of gender equality, social enterprise and CHWs is the promise that understanding and reducing gender inequalities will better enable CHWs, particularly female CHWs, to provide enhanced care to their communities, while also improving the empowerment of CHWs themselves.

Domiana is married and a mother of two children. She is from Makuru, an informal settlement in Kenya, and started her work as a health worker there. She was very happy to have the opportunity to work as a volunteer because community service is her passion. Initially, Domiana volunteered solely as a government health worker and provided care to people living with HIV and orphaned children. She also educated the community about health and nutrition. Over time, she became a clinic assistant with Afya and in 2015, she was promoted to CHW Coordinator.

As part of her current role, Domiana oversees 800 health workers for eight clinics (100 per clinic). With Access Afya, government health workers are hired to help with sensitizing and marketing the services and products of Access Afya, along with participating in community events or special health-related campaigns.

For the future, Domiana dreams of being a manager. She really enjoys her current work and looks forward to going back to school so she can continue to grow and advance her career.

Endnotes

1. Domestic partner will herein be called partner. For the purpose of this toolkit, a partner may be a husband, wife, or cohabitating partner. In addition, depending on the context and existing gender dynamics and/or the gender and sociocultural norms, another family member (e.g., mother-in-law, sister, or brother) may play an important role, especially when there is no partner or when the context dictates strong family influence.

2. IDRC. (n.d.). How can a gender lens enhance maternal and child health enterprises in Africa? (IMCHA)

3. McKague, K. and Harrison, S. (2019). Gender and health social enterprises in Africa: A research agenda. *International Journal for Equity in Health*. 18:95.

4. The Gender Synergy Research Study's framework is based on a synthesis and adaptation of a number of existing frameworks and tools for conducting gender analysis in health systems including: International Labour Union (ILO). (1998). Unit 1: A conceptual framework for gender analysis and planning. The Harvard Analytical Framework; Jhpiego. (2016). Gender Analysis Toolkit for Health Systems. John Hopkins University Affiliate; Research in Gender and Ethics (RinGs): Building stronger health systems. (2016). How to do gender analysis in health systems research: A guide; and Population Reference Bureau. (2009). A Manual for Integrating Gender into Reproductive Health and HIV Programs. Commitment to Action (2nd Edition).

5. For the focus group discussions, seven were with female CHWs, two with male CHWs, seven with the male partners of female CHWs, and five with patients of CHWs (mixed gender).

6. The study also sought, whenever possible, to understand the impacts of gender on other non-CHW employees, such as clinical assistants, clinical officers, and managers.

7. BRAC Uganda Bank Ltd. (n.d.). We have transformed. We are now BRAC Uganda Bank Ltd. Uganda.

8. Healthy Entrepreneurs. Healthy Entrepreneurs provides basic health care there where no one else will go.

9. LifeNet. (2016). Every year, over 1 million patient visits receive high-quality care at LifeNet partner health facilities.

10. Access Afya. (n.d.). The modern healthcare operating system for emerging economies.

11. Lehmann, U., & Sanders, D. (2007). Community health workers: What do we know about them? The state of evidence on programmes, activities, costs and health outcomes of using community health workers. Geneva, CH: WHO.

12. Interagency Gender Working Group (IGWG). Defining Gender and Related Terms. Training Materials.

13. The World Bank. (2011). World Development Report 2012: Gender Equality and Development. Washington, D.C.

14. Status of Women Canada. (2018). Introduction to GBA+. Sex and gender – Gender diversity. Note: Gender includes women, men, and people of all genders whose "gender identity does not night align with a binary understanding of gender such as man or woman. A gender identity which may include man and woman, androgynous, fluid, multiple, no gender, or a different gender outside of the 'woman-man' spectrum."

15. GAC. (2017). Policy on Gender Equality.

16. Interagency Gender Working Group (IGWG). Defining Gender and Related Terms. Training Materials.

17. United Nations. (2014). Women's Rights are Human Rights. United Nations Human Rights Office of the High Commissioner. New York and Geneva.

18. United Nations Development Programme. (1995). Human Development Report 1995. New York: Oxford UP.

19. World Bank. (2012). World Development Report. Gender Equality and Development.

20. Jhpiego. (2016). Gender Analysis Toolkit for Health Systems. Citing World Bank, 2011.

21. United Nations. (2017). Sustainable Development Goal 5. Sustainable Development. Knowledge Platform.

22. UN Women. (n.d.). Economic Empowerment.

23. United Nations Population Fund (UNFPA). (2005). Frequently asked questions about gender equality.

24. Golla, A. M., Malhotra, A., Nanda, P., Mehra, R., Kes, A., Jacobs, K., & Namy, S. (2011). Understanding and measuring women's economic empowerment. Definition, Framework and Indicators. International Center for Research on Women.

25. Acumen. (2015). Women and Social Enterprises: How Gender Integration Can Boost Entrepreneurial Solutions to Poverty.

26. Ibid.

27. Ibid.

28. Gates, M., (2014). Putting women and girls at the centre of development. Perspective. Bill & Melinda Gates Foundation. SCIENCE. Vol 345. Issue 6202. Page 1273.

29. Adapted from multiple sources: European Institute for Gender Equality (EIGE). (2019). Gender mainstreaming. What is gender mainstreaming? An essential guide to gender mainstreaming (video) and EIGE. (2019). Glossary & Thesaurus. A-Z Index. gender perspective.

30. Status of Women Canada. (2018). Government of Canada's Approach. Gender-Based Analysis Plus. Note: It is important that our gender perspective considers intersectionality. A strong gender perspective goes beyond gender and understands that "groups of people are not homogenous. Our experiences are affected by intersecting parts of our identity, the context we are in and our lived realities…[our gender perspective should] examine(s) how sex and gender intersect with other identities such as: race, ethnicity, religion, age, and mental and physical disability."

31. Adapted from IGWG. (n.d.). Gender Integration Continuum. Training Materials and Gates, M., (2014). Putting women and girls at the centre of development. Perspective. Bill & Melinda Gates Foundation. SCIENCE. Vol 345. Issue 6202. Page 1273.

32. World Health Organization. (2011). WHO Gender Mainstreaming Manual for Health Managers: A practical approach. Annex 7. Handout – Selected issues in conducting gender analysis of maternal health. Department of Gender, Women and Health.

33. A. George. (2008). Nurses, community health workers, and home carers: gendered human resources compensating for skewed health systems. Global Public Health, 3: sup1, 75-89, DOI: 10.1080/17441690801892240.

34. Note: The primary approach for improved gender intentionality across an organization is gender mainstreaming. *Gender mainstreaming* is the "process of incorporating a gender perspective into organizational policies, strategies, and administrative functions, as well as into the institutional culture. This process at the organizational level ideally results in meaningful gender integration." Subsequently, gender integration occurs at the project level of an organization. For health social enterprises, our framework spans both the level of the organization (equitable policies and systems) and the level of projects (gender responsive training, support, and incentives; appropriate partner engagement; and gender responsive design and marketing). Thus, for ease and simplicity, this toolkit will focus on gender integration.

35. Jhpiego. (2019). Gender Analysis Toolkit for Health Systems. Johns Hopkins University Affiliate.

36. Ibid.

37. Adapted from IGWG. (n.d.). Gender Integration Continuum. Training Materials and Gates, M., (2014). Putting women and girls at the centre of development. Perspective. Bill & Melinda Gates Foundation. SCIENCE. Vol 345. Issue 6202. Page 1273.

38. Adapted from IGWG. (n.d.). Gender Integration Continuum. Training Materials.

39. Ibid.

40. Adapted from Jhpiego. (2019). Gender Analysis Toolkit for Health Systems. Johns Hopkins University Affiliate.

41. Jhpiego. (2019). Gender Analysis Toolkit for Health Systems. Johns Hopkins University Affiliate.

Solome Nakachwa is 34 and lives in Mityana, Mwera, Uganda, where she has been a CHW for eight years and has worked with Healthy Entrepreneurs for the last three years. She has four children and has a small farm. Solome became a health worker because she wanted to be a doctor when she was young. She reports that with the income she earns through working with Healthy Entrepreneurs, she has bought a cow, which provides income and has paid for her children's school fees. Solome reports that her community benefits from her services because people don't have to travel to distant health centres for healthcare products, which saves them time and money.