

**Gender Intentional Approaches to Enhance Health Social Enterprises in Africa: A
Qualitative Study of Constraints and Strategies**

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Abstract

Background: Health social enterprises are experimenting with community health worker (CHW) models that allow for various income-generating opportunities to motivate and incentivize CHWs. Although evidence shows that improving gender equality contributes to the achievement of health outcomes, gender-based constraints faced by CHWs working with social enterprises in Africa have not yet been empirically studied. This study is the first of its kind to address this important gap in knowledge.

Methods: We conducted 30 key informant interviews and 21 focus group discussions 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 related key stakeholders and domain experts.

Interview and focus group transcripts were coded according to gender-based constraints and strategies for enhanced performance as well as key sites for intervention.

Results: We found that CHW programs can be more gender responsive. We introduce the *Gender Integration Continuum for Health Social Enterprises* as a tool that can help guide gender equality efforts. Data revealed female CHWs face seven unique gender-based constraints (compared to male CHWs): higher time burden and lack of economic empowerment; 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. Data also revealed four key areas of intervention: the health social enterprise, the CHW, the CHW's partner, and the CHW's patients. In each of the four areas, gender responsive strategies were identified to overcome constraints and contribute to improved gender equality and community health outcomes.

Conclusions: This is the first study of its kind to identify the key gender-based constraints and gender responsive strategies for health social enterprises in Africa using CHWs. Findings can assist organizations working with CHWs in Africa (social enterprises, governments or non-governmental organizations) to develop gender responsive strategies that increase the gender and health outcomes while improving gender equality for CHWs, their families, and their communities.

Keywords: Gender equality, Social enterprise, Community health workers, Africa

Background

Gender Equality

There has been resurgence in interest in using community health workers (CHWs) to enhance frontline primary health care given their potential to fill gaps and reach remote and marginalized communities.¹ In light of this, health social enterprises are experimenting with models that allow for various income-generating opportunities to motivate and incentivize CHWs.² Building on evidence that shows that improving gender equality contributes to the achievement of health outcomes,³ including maternal and child health (MCH),⁴ health social enterprises utilizing CHWs in Africa have begun to consider the benefit of integrating gender equality to enhance CHW economic and personal outcomes.

When discussing gender equality, it is important to clarify 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’.”⁵ The concept of gender equality, then, means that “women and men [and people of all genders⁶] 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.”⁷

Gender inequalities are largely well understood at the level of health and especially for MCH.⁸ For example, many mothers still face limited negotiation power with partners and restricted autonomy in reproductive matters globally.⁹ However, CHWs, particularly female ones, also face numerous gender-based constraints and inequalities that are generally less well understood or recognized within health systems.¹⁰

Gender Equality as Economic Empowerment

At its root, gender equality is a fundamental human right for everyone,¹¹ but research shows that gender equality also improves many development efforts¹² by enhancing economic development and productivity¹³ and improving the health of populations around the world.¹⁴ This research is supported by Sustainable Development Goal 5, which aims to achieve gender equality globally and to empower all women and girls. Research on women's economic empowerment and gender equality, including a study by Acumen, examined how integrating gender can help to optimize social enterprise business models to improve both business and social impacts.¹⁵ 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.¹⁶ Acumen found that developing equitable systems also had positive personal impacts, suggesting an increase in employee satisfaction, retention, and increased innovation on gender equitable teams. However, the Acumen study did not consider the specific approaches of health social enterprises.

While the field of gender equality as an economic and business variable in global development settings is still new, initial data suggests that health social enterprises in Africa would benefit from supporting CHW's overall economic empowerment through gender equality efforts, bringing about positive effects for CHWs themselves and community health outcomes.

Community Health Workers

Community health workers (CHWs) are commonly used in resource-constrained and under-served settings, including many communities in Sub-Saharan Africa.¹⁷ CHWs are generally chosen from the communities in which they live in order to help community members access basic primary health care.¹⁸ They receive basic training according to various objectives, but it

often includes prenatal and postnatal pregnancy care, the promotion of healthy behaviours (e.g., hygiene, immunizations, nutrition, family planning, sanitation, clean water), and the assessment and treatment of malaria and diarrhea.¹⁹

It is estimated that 70% of CHWs globally are female.²⁰ They are often volunteers, although they also commonly receive some compensation for their activities, such as attending refresher training courses or participating in public health outreach campaigns.²¹

The Pathway to Gender Intentional Strategies

Gender Perspective

The first step in an organization's movement toward gender intentional strategies and programs is gaining 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.²² In short, a gender perspective equally considers and addresses the needs and interests of everyone, distinctly and explicitly. Merely shifting one's perspective opens up the possibility of using specific tools to understand and use gathered information on gender equality issues for an organization and its context.

Gender Analysis

A primary tool for gaining a better gender perspective is a 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."²³ A comprehensive gender analysis formalizes the good intentions of having a gender perspective and deepens the underlying understanding of a gender. Effective gender analysis also considers important interrelations and intersections with gender such as race, ethnicity, and age, for

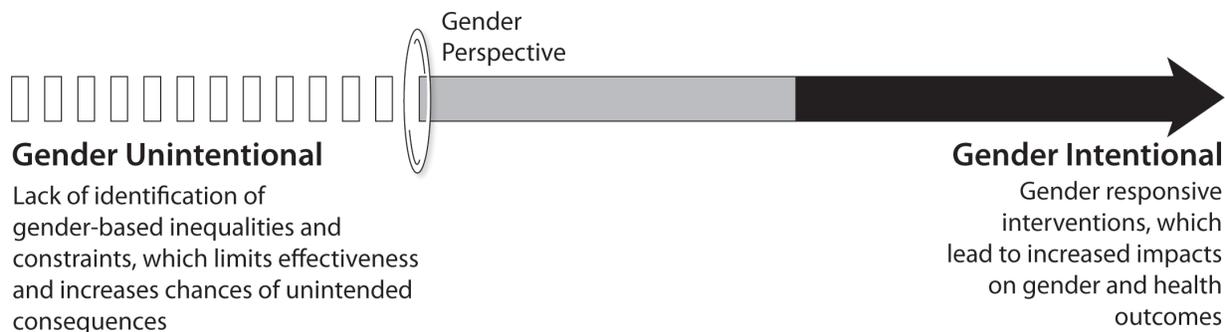
instance. A gender analysis is important because if an organization does not fully understand and address key gender-based constraints, its CHWs can face unintended negative consequences and other issues such as increased risks to personal safety or high turnover.

For health social enterprises working with CHWs in Africa, a gender analysis is essential, as it aids in the integration of gender including the development of gender responsive and context-specific strategies designed to address critical gender-based constraints. It is important to note that gender-based constraints can vary significantly across health social enterprises depending on the country, social context, and business model. Therefore, a robust and comprehensive gender analysis is vital to design appropriate gender equality strategies and interventions. A 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 Intentionality

Gender analysis deepens the understanding of a health social enterprise on the influence of gender across their work, allowing their efforts to be more gender intentional. Gender intentionality means identifying and understanding gender inequalities, gender-based constraints, and inequitable norms and dynamics and taking steps to address them. When an organization or initiative is unintentional in its efforts (via the lack of identification of gender inequalities and constraints), there is the potential for unintended or negative consequences, along with less effective results (Figure 1).

Figure 1: Gender Unintentional versus Intentional Efforts for Health Social Enterprises²⁴

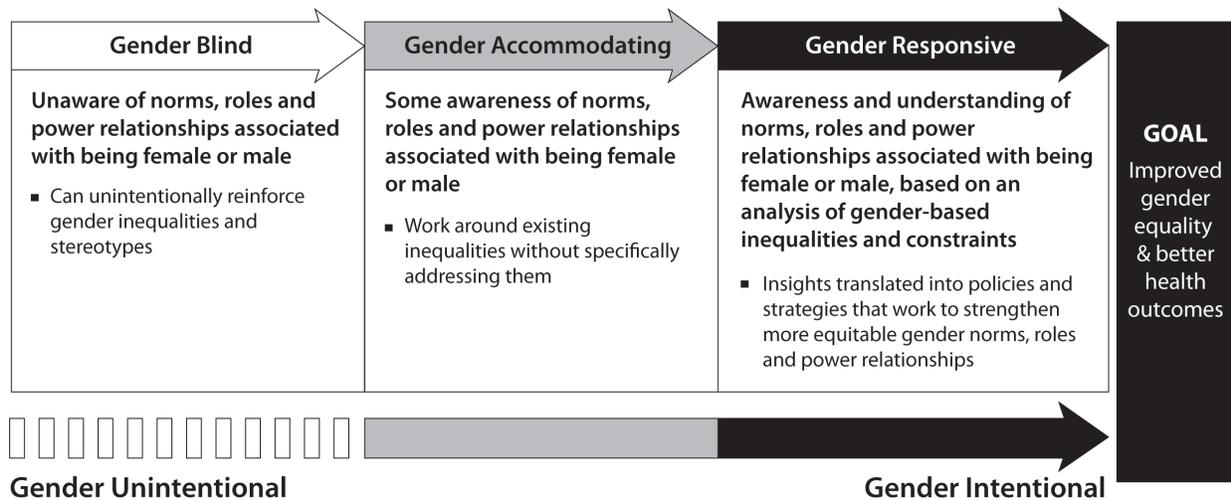


Gender Integration

In order to consider gender intentionality further, the Gender Integration Continuum for Health Social Enterprises is a useful tool (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).¹ 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.

Figure 2: Gender Integration Continuum for Health Social Enterprises²⁵

¹ There are numerous terms for being gender intentional or unintentional. For the purpose of this toolkit, Gender Blind aligns with being Gender Exploitative, Gender Accommodating aligns with being Gender Sensitive, and Gender Responsive aligns with being Gender Transformative.



Ideally, health social enterprises should strive to move along the continuum of gender intentionality. If a health social enterprise is working around existing gender inequalities but they are doing so without critical examination (via gender analysis) of the influence of gender as it relates to their work, then they can be said to be gender accommodating. Being fully gender intentional also involves explicitly addressing gender imbalances.

Becoming Gender Responsive

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.²⁶ 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.²⁷

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.”²⁸ 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.²⁹

It is important to note that working with women is not the same as integrating gender or being gender intentional. For instance, considering women as they relate to maternal health would consider the issues that women face uniquely, such as reproductive rights. Albeit important, being gender intentional goes beyond this consideration and analyzes the influence of gender including sociocultural norms and power relations as they impact maternal health outcomes. Gender responsive approaches understand that women and men may face different gender-based constraints, risks, and health outcomes and that women and men’s health outcomes are interconnected.

Although the importance of understanding gender dynamics and constraints in achieving greater health outcomes and gender equity is increasingly recognized, and the efforts of health social enterprises working with CHWs in Africa is growing significantly, no empirical research has yet been undertaken at the intersection of these two significant trends. This study was designed to address this gap in our knowledge.

Methods

To understand how health social enterprises in Africa can contribute to greater health outcomes and gender equality by addressing gender-based constraints for CHWs, we designed a study to answer the following research question: *What are the key gender-based constraints and strategies for CHWs working with social enterprises in Africa and where are they found?*

To answer this question, we designed a qualitative study that would conduct key informant interviews and focus groups with health social enterprises in Africa using CHWs. Resource constraints allowed us to select four organizations for the study, which were sampled to cover diversity in terms of countries of operation, whether they worked primarily in rural or urban areas, whether CHWs operated primarily door-to-door or were based in a clinic, and whether organizations worked with only women or worked with male and female CHWs (see Table 1). The four organizations selected were BRAC Uganda, Access Afya, Healthy Entrepreneurs, and LifeNet International.

We began by reviewing the research literature³⁰ as well as the leading gender analysis frameworks and tools.³¹ We then conducted 30 key informant interviews and 21 focus group discussions between 2016 and 2020 in Uganda and Kenya (for a total of 175 individuals: 106 women and 69 men). 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). Interviews and focus groups were conducted either directly in English or through a translator in a local language. All qualitative data were recorded, transcribed, and coded in light of the research question.³² In analyzing the data we also stayed open to understanding the impacts of gender on other non-CHW employees, such as clinical assistants, clinical officers, and managers. Data was gathered and analyzed iteratively as the study progressed.

Table 1: Sampled Health Social Enterprises in Africa working with CHWs

	BRAC Uganda	Healthy Entrepreneurs	Access Afya	LifeNet International
Number of CHWs	4,000 in Uganda	4,000	100	100
Countries of Operation	Uganda, Tanzania, Sierra Leone, Liberia, South Sudan	Uganda, Tanzania, Kenya, Ghana	Kenya	Uganda, Democratic Republic of the Congo, Burundi, Malawi
Geographic Coverage	Rural and urban	Rural	Urban slums	Primarily rural
CHW operation model	Door-to-door	Door-to-door	Clinic-based	Clinic-based
Gender	Women only	Women and men	Women and men	Women and men

Results

The Gender Integration Framework for Health Social Enterprises

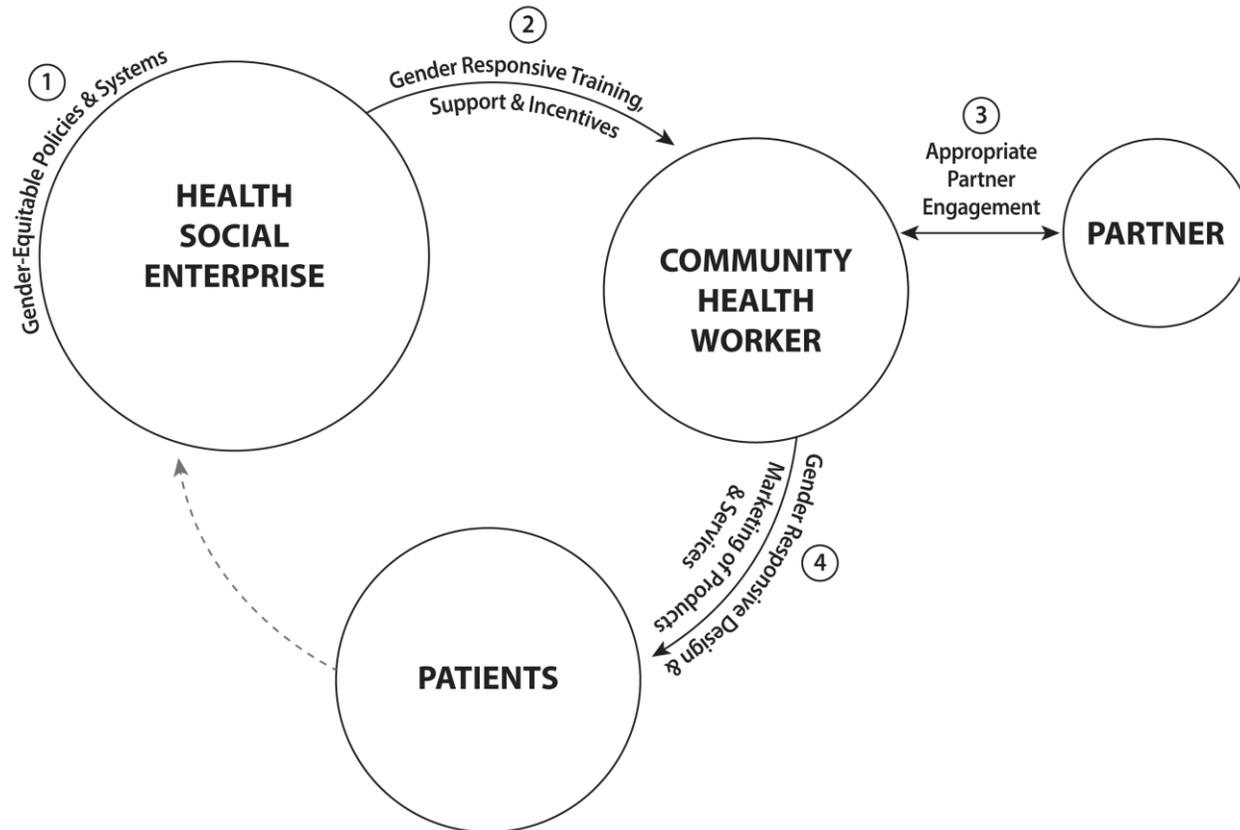
The first findings to emerge from the analysis of the data was the answer to the question *'where are gender-based constraints and strategies found?'* Analysis of the data revealed four significant areas where gender-based constraints and strategies could be found:

1. within the health social enterprise itself
2. between the social enterprise and CHWs
3. between CHWs and their domestic partner³³
4. and between CHWs and their patients

We found that identifying and addressing gender-based constraints in these four key areas offered the greatest potential to contribute to improved gender equality and health outcomes for all actors. The answer to the question, ‘*What are the key gender-based constraints and strategies*’ were found to correspond to these four areas. Our data revealed that greater health outcomes and gender equality could be achieved through four interrelated pathways (corresponding to each of the four areas):

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, the *Gender Integration Framework for Health Social Enterprises*, illustrates these four key areas and their four interrelated pathways.

Figure 1: Gender Integration Framework for Health Social Enterprises

Further data analysis revealed the possible gender-based constraints with each of these four pathways. The specific constraints and their corresponding strategies are described further below. Our research identified seven primary gender-based constraints for female CHWs:

1. High time burden and lack of economic empowerment
2. Risks to personal safety
3. Lack of career advancement and leadership opportunities
4. Lack of access to needed equipment, medicines and transport
5. Lack of access to capital
6. Lack of access to social support and networking opportunities
7. Insufficient financial and non-financial incentives

We mapped the gender-based constraints and strategies on to the four pathways, with the results presented below.

1. Equitable Policies and Systems

An early step in our data gathering and analysis was to understand how gender influences equitable policies and systems in a health social enterprise (part of the first pathway identified). Each organization, in its own way, had an understanding of the effects of gender and sociocultural norms, dynamics, power relations, and gender-based constraints that affected the CHWs they worked with, and various strategies.

Some health social enterprises in our sample worked in various ways to have workplace policies that promoted 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. Other insights were gleaned from expert interviews and the literature. Table 2 lists possible gender-based constraints that CHWs, particularly female CHWs, are likely to face and highlights potential gender responsive organizational policies and systems to improve gender integration.

Table 2: Equitable Policies and Systems: Constraints and Strategies

Equitable Policies and Systems	
Constraints	Strategies

<p style="text-align: center;">High time burden and lack of economic empowerment</p> <p>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. 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) is high relative to the overall financial remuneration that they receive.</p>	<p style="text-align: center;">Workplace policies that promote equality and women’s economic empowerment</p> <p>Actions to address the high time burden and a lack of economic empowerment include:</p> <ul style="list-style-type: none"> ● 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.
<p style="text-align: center;">Risks to personal safety</p> <p>The work of a CHW often requires women to travel alone and/or at night, especially in</p>	<p style="text-align: center;">Workplace policies that promote CHW safety</p> <p>Actions to promote CHW safety include:</p>

<p>the case of labour and delivery or health emergencies. Personal safety was a primary concern raised by many CHWs.</p>	<ul style="list-style-type: none"> ● Training; ● Encouraging 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.
<p style="text-align: center;">Lack of leadership and career advancement opportunities</p> <p>Female CHWs often face limited opportunities to advance their careers and take additional leadership roles due to levels of education and training and restrictive sociocultural norms. Female CHWs also shared that they have limited opportunities to connect with each other or other leaders.</p>	<p style="text-align: center;">Opportunities to advance careers</p> <p>Actions to advance careers include:</p> <ul style="list-style-type: none"> ● 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.

2. Gender Responsive Training, Support, and Incentives

When analyzing data related to the second pathway, gender responsive training, support, and incentives, we found that CHWs, particularly female CHWs, often had limited education, literacy, and learning opportunities. They also often lacked 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, we found that health social enterprises could look to provide training and professional development opportunities, and the appropriate tools, resources, and supports for CHWs to perform their roles effectively. They could also facilitate access to transportation, financial services, social support and networking opportunities, and ensure that there are adequate financial and non-financial incentives.

In order to increase gender intentionality, we found that it was important that all training, support, and incentives be 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.

We found that once the gender issues that the CHWs faced relating to training, support and incentives were understood, a health social enterprise could consider strategies or interventions that would be most effective in improving gender integration across this pathway. Tables 3-5 summarizes the gender-based constraints that CHWs faced relating to training, support and incentives and potential gender equality strategies to address them.

Table 3: Gender Responsive Training: Constraints and Strategies

Gender Responsive Training	
Constraints	Strategies
<p>Limited education and learning opportunities</p> <p>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,</p>	<p>Opportunities for gender responsive education</p> <p>Actions to improve education and learning include:</p> <ul style="list-style-type: none"> ● Regular refresher training;

<p>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.</p>	<ul style="list-style-type: none"> ● 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.
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Table 4: Gender Responsive Support: Constraints and Strategies

Gender Responsive Support	
Constraints	Strategies
<p>Lack of access to needed equipment and medicines</p> <p>Proper access to needed equipment and supplies is needed by CHWs in order to do their job effectively, but proper equipment and medicines also assist CHWs in being perceived as legitimate health providers in the eyes of community members.</p>	<p>Ensure access to needed equipment, medicines, and supplies</p> <p>Actions to ensure access to needed equipment, medicines, and supplies include:</p> <ul style="list-style-type: none"> ● Manage supply chains to reduce stock-outs; ● Consider the importance of t-shirts and other identifiers of a CHW’s role and

	<p>affiliation as symbols of legitimacy by CHWs and community members;</p> <ul style="list-style-type: none"> • 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.
<p style="text-align: center;">Lack of transportation</p> <p>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.</p>	<p style="text-align: center;">Ensure access to transportation</p> <p>Actions to increase access to transportation include:</p> <ul style="list-style-type: none"> • Provide transportation allowances for CHWs; • Facilitate access to context-relevant modes of transportation, such as female-friendly bicycles or motorcycles, where applicable; and

<p style="text-align: center;">Limited access to capital</p> <p>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.</p>	<p style="text-align: center;">Ensure access to capital and targeted financial services</p> <p>Actions to facilitate access to capital include:</p> <ul style="list-style-type: none"> ● Support opportunities for CHWs to save; ● Support CHWs to have access to loans to purchase medicines; ● Pay CHWs a salary or provide greater allowances for attending events, such as refresher trainings; ● Facilitate income-generation opportunities.
<p style="text-align: center;">Lack of social support or networks</p> <p>CHWs shared that they often feel isolated in their roles. Despite their important work, CHWs are often situated “outside” of the health systems they work with. They expressed having limited opportunity to connect with others, even other CHWs working within the same health social enterprise.</p>	<p style="text-align: center;">Ensure access to social supports and networks</p> <p>Actions to facilitate access to social supports and networks include:</p> <ul style="list-style-type: none"> ● Supporting relationship and network development through interactions among CHWs, including regular meetings and refresher training; and ● Providing mentoring or coaching opportunities among CHWs, with an emphasis on supporting female-to-female connections.

Table 5: Gender Responsive Incentives: Constraints and Strategies

Gender Responsive Incentives	
Constraints	Strategies
<p>Insufficient financial and non-financial incentives</p> <p>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 that typically come with the role. CHWs also value the greater level of health knowledge that they attain through their CHW training and access to medicines and health products for their families.</p>	<p>Ensure sufficient financial incentives</p> <p>Actions to ensure there are sufficient financial incentives include:</p> <ul style="list-style-type: none"> ● 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; and ● Ensure appropriate stipends and compensation for training, refresher training, and monthly meetings;
	<p>Ensure sufficient non-financial incentives</p> <p>Actions to ensure there are sufficient non-financial incentives include:</p>

	<ul style="list-style-type: none"> ● Support the ability of CHWs to help others in the community through good quality training, supervision, and support; ● Support CHW, particularly female CHW, status and respect in the community; ● Provide symbols of relevance, importance, and status, such as t-shirts and signs of their training and affiliation; and ● Provide greater access to a work mobile phone or tablet.
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3. Appropriate Partner Engagement

The third pathway, appropriate partner engagement, was found to be an important factor for many CHWs where the partner can be an impediment to or enabler of CHW's success. If an organization understands this important gender-based dynamic, they 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. We found that 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 was paid to the partners of CHWs. The relationship between the CHW and their partner was found to be an essential gender equality dynamic to recognize, understand, and potentially support.

We also found that the CHW's partners can be a critical (but often invisible) enabler of success. Frequently, female CHWs are being supported by their male 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 was often overlooked.

However, 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 ultimate effectiveness. In light of this dynamic, a health social enterprise can consider what gender responsive strategies 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 6).

Table 6: Appropriate Partner Engagement: Constraints and Strategies

Appropriate Partner Engagement	
Constraints	Strategies
<p>Critical enabler and constraint for success</p> <p>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</p>	<p>Improved partner engagement</p> <p>Actions to maximize partner support and minimize partner resistance include:</p> <ul style="list-style-type: none"> • Explicitly defining the partner's role. <p>Partners (and CHWs themselves) shared that it would be helpful for partners to improve their support if health social enterprises would</p>

<p>other important supports, including providing 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 low.</p>	<p>communicate their role to partners and recognize the importance of the partner's support and involvement; and</p> <ul style="list-style-type: none"> ● Improve partner awareness, education, support, and engagement.
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4. Gender Responsive Design and Marketing of MCH Products and Services

In the fourth pathway, gender responsive design and marketing of MCH products and services, an analysis of the data revealed gender-based constraints related to family planning and gender-based violence. The data also revealed strategies that health social enterprises can use to address these issues. These strategies include: engaging couples (rather than individuals), providing confidential spaces for one-on-one counselling, and continually developing and refining innovative products and services to meet the needs of female patients. 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. The following table highlights possible gender-based constraints that CHWs can face and potential gender equality strategies for greater gender intentionality (Table 7).

Table 7: Gender Responsive Design and Marketing: Constraints and Strategies

Gender Response Design and Marketing of MCH Products and Services	
Constraints	Strategies
<p style="text-align: center;">Family planning</p> <p>Family planning is an important issue for health social enterprises with respect to design and marketing of MCH products and services.</p> <p>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).</p>	<p style="text-align: center;">Segment female patients (and understand their varying needs and priorities)</p> <p>Actions to ensure gender responsive family planning include:</p> <ul style="list-style-type: none"> ● It was found to be important for health social enterprises to segment female patients and to not consider them as one homogenous group. It is important to recognize that different women may have varying needs and face different gender-based constraints and issues. For instance, the needs of a young, single pregnant mother may be very different from an older, married women with multiple children; and ● Understanding these gender-based constraints impact the types of MCH products, services, and delivery mechanisms that are both required and will be effective.

	<p>Inclusive and holistic family planning education and training</p> <p>Actions to ensure inclusive and holistic family planning, education and training include:</p> <ul style="list-style-type: none"> ● Educating and counselling couples together ● Provide counselling to partners (as well as female patients). Additionally, some social enterprises used male and female CHW pairings so that man-to-man and woman-to-woman discussions and counselling can occur.
<p>Gender-based violence</p> <p>Gender-based violence was found to be an important issue for CHWs and their patients. 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. CHWs can struggle to provide services when men in the community do</p>	<p>Inclusive and holistic gender-based violence education and training</p> <p>To address the issue of gender-based violence with female patients, health social enterprises can:</p> <ul style="list-style-type: none"> ● Engage and educate patients and partners; ● Consider male and female CHW pairings in order to support female patients and their partners; and

<p>not have work. 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.</p>	<ul style="list-style-type: none"> • Ensure CHWs have information for referrals to counselling or other support services and organizations.
	<p>Develop products and services aligned to female patient preferences</p> <p>A service that is aligned to female patient preferences is:</p> <ul style="list-style-type: none"> • Providing 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).

Discussion

There has been a resurgence in 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. However, evidence shows that improving gender equality contributes to the achievement of health outcomes by CHWs, although this remains under-studied. The current research addresses this gap.

In order to improve both gender equality and health outcomes, we found that 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. We found that addressing gender-based constraints has the added benefit of further empowering CHWs thereby increasing the social benefits for themselves and their families. The findings of this study offer some guidance for health social enterprises working with CHWs in Africa to further enable their CHWs to be more effective and empowered.

A health social enterprise's 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 ongoing gender analysis and responding to gender-based constraints for both women and men as they emerge; it means working to overcome gender-based constraints by employing innovative strategies and solutions for improved gender equality.

Our research found seven primary constraints for female CHWs: high time burden and lack of economic empowerment; 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. Our research also found that a health social enterprise can explore gender equality issues through four interrelated pathways:

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

Specific strategies emerged to help CHWs and health social enterprises be more gender responsive in addressing constraints in each of these four areas. 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 findings and questions in this study to determine the specific gender-based constraints and gender responsive strategies that resonate with their work.

Conclusions

The findings of this study offer practical empirical evidence that can be used by health social enterprises in Africa (as well as governments and NGOs) working with CHWs to design gender intentional strategies. The study identified seven key gender-based constraints and four interrelated pathways to integrate gender across a health social enterprise's work with CHWs. Importantly, a health social enterprise can conduct gender analysis to better understand the influence of gender across their work to improve gender intentionality; moving from being a gender blind organization to a gender responsive one. There is no one tool that can address the many contexts and unique gender situations any health social enterprise must address, but the

findings offer a framework to build a gender responsive organization that supports CHWs by empowering them and increasing social benefits for themselves, their organization, their families, and their communities.

List of abbreviations

CHW Community health worker

MCH Maternal and child health

Declarations

Ethics Approval and Consent to Participate

Ethics approval for this research was granted from the Uganda National Council for Science and Technology (ARC207), the National Commission for Science, Technology and Innovation in Kenya (NACOSTI/P/18/40784/27043) and Cape Breton University's Research Ethics Board (1718-098).

Consent for Publication

Not applicable

Availability of Data and Materials

Data gathered for the study is available from the corresponding author.

Competing Interests

The authors declare that they have no competing interests.

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Authors' Contributions

KM, SH, and JM designed the study and gathered and analyzed data. SH led the data analysis and writing with support from KM and JM. The paper was finalized for publication by KM.

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Authors' Information (Optional)

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