

Investing in Women's Health through Agricultural Supply Chains

Lessons from a Multi-Stakeholder Partnership led by
Twinings Tea and USAID



The Challenge

Globally, women are a driving force in agricultural supply chains, accounting for 43 percent of the agricultural workforce. In low- and middle-income countries, agriculture is the most important source of employment for women (International Labour Office 2016; Bizikova 2020). Despite the contributions that their long hours of physically taxing work makes to global supply chains, many women agricultural workers lack access to the basic health services needed to live healthy, productive lives. Most are lowwage smallholder farmers who are not covered by on-site employer health programs; others work on remote plantations located far from health facilities (Stiehl et al. 2018).



The right to health and well-being, including medical care, is a universal human right. In line with the United Nations Guiding Principles on Business and Human Rights, businesses have a responsibility to avoid contributing to and to mitigate adverse human rights impacts linked to their operations, products, or services (Office of the United Nations High Commissioner for Human Rights 2011). Aside from the moral imperative, businesses have a practical interest in protecting the health of their women workers. Workers who lack regular access to care miss

more work and are less productive. In addition, conscious consumers the world over are increasingly looking beyond the simple environmental impact of products they buy and at how the brands behind those products treat their employees and the communities in which they operate (Wise 2021).

Indeed, workplaces in developing countries can be sources of valuable health services and information for vulnerable women and men workers, especially access to safe, voluntary family planning and reproductive health counseling and services (The Evidence Project n.d.). This brief describes how a global corporation and the United States Agency for International Development (USAID) through the Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project provided women tea workers in Kenya with access to essential health services and products.

The Opportunity: Investing in Women's Health

Investing in the health and well-being of women workers creates value for businesses and the broader communities in which they operate. Research shows that when women access family planning and reproductive health services, it creates a ripple effect for healthier populations, reduced poverty, increased gender equality, improvements in education, and increased economic opportunities (The Deliver for Good 2017). By reducing absenteeism and turnover and improving productivity, investments in workers' sexual and reproductive health also bring an economic return on investment for companies of up to \$4 saved for every \$1 invested (Yaeger 2011). These investments can also strengthen a company's competitive advantage; evidence shows that social performance helps build trust with customers and positively influences brand loyalty (Carrol and Shabana 2010). Large global buyers of agricultural exports have adapted to demands from conscious consumers, making social commitments that extend down their supply chains (Unilever n.d.).

“Women have unique health needs and play a key role in international supply chains and in their families' wellbeing and community development. We believe better access to healthcare for women is therefore crucial to drive change in our supply chain and to help deliver on the SDGs.”

— Celine Gilart,
Global Head of Social Impact,
Twinings

Recognizing this, Twinings Tea has been at the forefront of the movement to promote women's health and empowerment in their supply chains. Since 2015, Twinings has implemented the BSR HERproject's HERhealth program in Kenya, which provides women tea workers with critical health information. In 2019, Twinings committed to reach 100 percent of women in their Kenyan supply chain with reproductive health information and pledged to reach 50,000 women across Kenya and India with access to essential health services and products, including family planning and reproductive health services, by 2023.

The Twinings Model: A Sustainable Strategy for Companies and Communities

Twinings partnered with USAID’s SHOPS Plus project to develop a model to expand access to women’s health services on the tea farms from which Twinings sources, including expanding access to women’s and children’s health products and services. Twinings sought a sustainable programming strategy that would provide continuous access to health care for women. Such a strategy would allow Twinings to potentially replicate it in multiple sites over time in a phased manner, leaving each site running sufficiently self-reliant before expanding to a new site. To achieve this, Twinings and USAID piloted a model with the following key elements.

Our Impact

A continuously operating, enhanced public facility that offers additional services and longer hours to serve the community

6,155 services provided over 11 months, 2,879 to adult women

267 women provided with long-term family planning methods

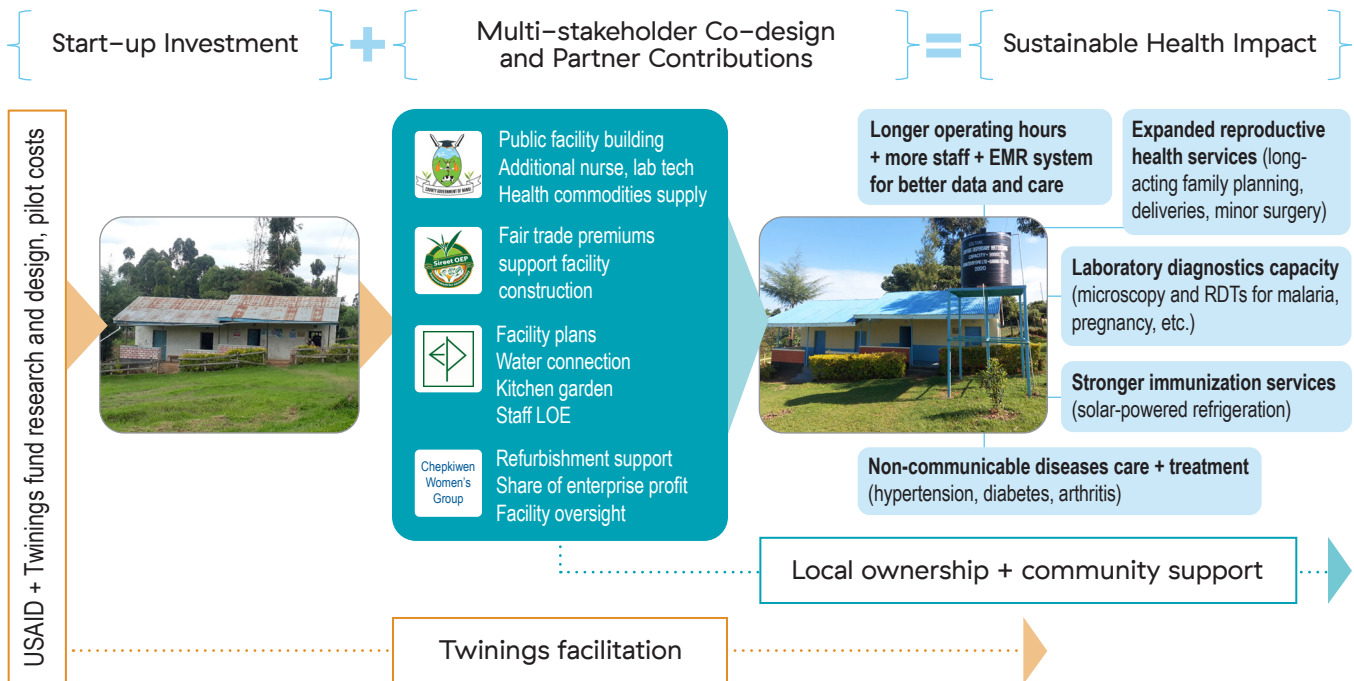
Model created is estimated to deliver over 45,000 services over 5 years

Multi-Stakeholder Co-Design Builds on Existing Infrastructure

Twinings worked with SHOPS Plus to conduct a rapid assessment to understand gaps and opportunities for connecting women tea farmers with health services and products at two suppliers’ tea estates. Discussions with tea producers, local government and local community groups, and smallholder tea farmers revealed that there were many stakeholders invested in promoting women’s health. Among the findings, Twinings learned that women access cash through savings groups, or *chamaas*, that an existing public facility was centrally located but lacked key services that the community needed, and that few women were enrolled in insurance programs they were eligible for through Kenya’s National Hospital Insurance Fund. Twinings reached an agreement to partner

with tea producer Eastern Produce Kenya (EPK), the local Nandi County government, and a local *chamaa*, the Chepkiwen women’s group, to refurbish and strengthen an existing local public health facility that offers convenience for tea workers. Stakeholders recommended working with an existing facility to improve access to services for the entire community, including the women tea workers. Refurbishment and strengthening of the facility set it up to offer laboratory and maternity services. Facilities offering maternity services are able to enroll community members in one of the programs under the national social health insurer (National Hospital Insurance Fund) and the facility can access funds for the maternity cover scheme, called “Linda Mama.” By involving local stakeholders throughout the design process, Twinings was able to leverage local resources and on-the-ground knowledge to support successful execution.

Figure 1. Model Overview Graphic



Note: LOE=level of effort, EMR=electronic medical record, RDT=rapid diagnostic text

Local Ownership Provides for Long-Term Accountability and Sustainability

With an eye toward sustainability, Twinings sought to identify local partners that could own the model after the pilot phase. A local health care delivery partner, Afya Research Africa (ARA), was identified based on its expertise in providing affordable care in rural Kenya, and its innovative, community coownership model. ARA played a critical role in pilot design and implementation, connecting the facility and the Chepkiwen women’s group into its network for long-term support. ARA established a formal financial link between the women’s savings group and ARA’s broader Savings and Credit Cooperative, through an electronic health management information system at the facility. The system provides ARA with real-time updates on service statistics that inform facility performance and alert the facility to potential challenges that it might need support in addressing. Second, the community is connected to the health facility through the local women’s group, which makes decisions about how to spend at the facility the resources that the women raise and participates as a member of the government’s health facility oversight board. The women’s group’s dual financing and oversight role aligns incentives so that the community is invested in the success of the facility, and the facility prioritizes the community’s needs.

Continuous, Light-Touch Impact Monitoring

Through the deployment of ARA’s health management information system, STONE HMIS®, Twinings is able to monitor the facility’s performance and understand the impact of its investments. The system reports health data to ARA in real time and requires limited resources to continuously collect data. This means that Twinings does not need to plan for more burdensome and expensive data collection efforts in order to understand and report out on its impact in the future.

Diversified Multi–Stakeholder Engagement Aids Wide–Based Resource Mobilization

Twinnings kick-started investment in health service provision for women tea workers and recognized the opportunity to work closely with multiple partners in their value chain. Through discussions, it became clear that EPK, Nandi County government, local community groups, and smallholder farmers utilizing services were all willing to contribute resources. This included direct contributions of human resources, medical inputs from the county government, pursuing National Hospital Insurance Fund accreditation for the facility to cover certain women’s care costs, and infrastructure investments by EPK and a local farmer’s cooperative. A key element of the model was to partner with the community through the Chepkiwen women’s group. The group was provided with financial and technical support to grow its financial services enterprise, and in exchange agreed to use 33 percent of profits to support health facility needs that aligned with the community’s priorities. See text box below for details on partner contributions.

Value of Partner Contributions

Community land

Partial construction of health facility

Fair trade premiums from Sireet Outgrowers Empowerment Project Company Ltd.
Farmer Cooperative

Labor (technical and management time) from all partners

Estimated value start-up contributions: \$20,400

Additional nurse and lab technician to staff facility

Publicly provided health care commodities

Share of women’s group profits

Estimated value of ongoing revenue from partners over 5 years: \$24,850 per year

TOTAL VALUE: \$144,650

How To: Best Practices for Brands and Suppliers

Conduct an External Assessment of Your Workers' Health Priorities and Service Delivery Options

Before investing in any program to expand health services along your supply chain, it is important to understand the health needs of the workers in the supply chain, the existing health services available to them, and their day-to-day priorities. Twinings worked with an independent project to conduct a rapid assessment through desktop research, visits to tea producer sites, and qualitative focus group discussions with women farmers and workers. An external organization with health care expertise can ensure that you ask the right questions, facilitate a more comfortable and honest conversation with workers, and explore a broad range of health service delivery options.



Build Tailored Business Cases Required to Garner the Support of Each of Your Key Stakeholders

Agricultural and other industry value chains have become increasingly complex, with increased specialization such that multiple actors are involved in the production and delivery of products to the end consumer. As a result, the benefits of investing in women's health are likely to be spread across multiple stakeholders. In Twinings' case, the women workers for whom Twinings seeks to improve health care are not their direct employees, nor the direct employees of the tea producers they buy from. Consider possible benefits of investing, such as improved productivity, competitive advantage, brand, and stakeholder or risk management (such as access to government-owned land or water), and how these benefits provide value differently to different stakeholders. Based on the analysis, build tailored business cases for your internal and external stakeholders, highlighting areas that are most relevant to them in your pitches.

Co-Design Investments with Partners to Create Buy-In and Develop a Diversified Funding Strategy

Securing buy-in and resources from other partners will strengthen your program's sustainability, but in order to do this, you should engage partners early and provide space for them to co-design investments with you. A natural entry point for engagement is when you first pitch them on the business case; allow plenty of time to ask them for feedback, what their priorities are, and what role they might see for themselves. As your concept evolves, ask them what features or changes they would want to see to secure their participation, what they can contribute as a partner, and what they need to make a decision. Twinings required buy-in from local government and EPK to implement the model with a public facility at the EPK estate, and learned that tea workers themselves were interested and willing to contribute. By involving partners from the start, Twinings adapted to meet different stakeholder needs and, at the same time, pursued a diversified funding model to lower costs. EPK, Nandi County, tea workers through their cooperative, Sireet Outgrowers Empowerment Project Company Ltd., and the Chepkiwen women's group all provided in-kind resources that lowered start-up costs. The long-term funding strategy relies on ongoing resources from: local government to support health facility operations, profit sharing from the Chepkiwen women's group, insurance payments via Kenya's Linda Mama scheme for women, and ongoing management support from EPK.

Tip: Not all health investments need to be fully funded by your corporation or a donor.

Pursuing a diversified funding strategy can increase the base of resource mobilization, maintained over the long term.

Plan for Sustainability by Engaging Local Partners for Service Delivery

Working with local partners whose ongoing business activities are relevant to your planned investment builds a natural path to sustainability beyond a pilot or project end date. For example, Nandi County government is actively involved in the provision of health care and other services to their constituents who go to the local clinic for care, and to ARA-supported health clinics in rural areas and women’s community groups before the pilot program was initiated. Local partners may also already be present in the geography of your program and are often available at an appropriate price for the local market. This can allow for continued contracting of services at the end of a pilot program, if required; for example, Twinings’ local suppliers could contract ARA for continued services, and continue relationships with local government stakeholders.

Allocate Adequate Resources and Time to Set Up and Align Partners for Long-Term Impact

More sustainable solutions will have greater impact than periodic, one-time programs, but are likely to require greater upfront resources and time to set up and align all partners, with corporate investments declining over time.

Short-term or periodic investments in health programs, such as mobile clinics that bring specific health services to workers for one or two days, require a lower upfront investment because they do not provide continuous access to health services and products for women—but their impact for women and companies is limited when compared to an investment in a long-term solution. Twinings sought to invest in a solution that would not require its sustained investment. Designing and launching a program that would last meant higher upfront costs, but also greater impact. Data from the pilot showed that in its first 11 months, Twinings’ innovative, multi-stakeholder model delivered 6,155 services to women tea workers and the local community. The investment is projected to deliver over 45,000 health services over five years and will continue to serve the community into the future with only limited ongoing financial or management support from Twinings.



Four peer health educators, most of them smallholder tea farmers, with the HERhealth program that Twinings funded in Gacharage, Kenya. These women provided feedback to SHOPS Plus in what they valued in terms of health care services.

Photo: Lauren Rosapep

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