

Would Paul Farmer like BanaPads?

An Assessment of Social Enterprise as a Women's Health Intervention

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Abstract

Paul Farmer is one of the world's most well-known physicians working in global health today. He is a strong advocate for increased access to basic healthcare and he champions grassroots, sustainable interventions over short-term clinical services. This paper examines his fundamental philosophical critiques of and proposals for public health interventions. Afterwards, a specific health social enterprise will be evaluated according to Farmer's proposals for interventions. The mission and business model of BanaPads Limited will be explained, along with the cultural context of education about menstruation. The BanaPads mode of intervention will then be assessed to see how well it fulfills Farmer's proposals. This paper then explores the possible areas that Farmer does not explicitly address—actualized women's rights and women's social agency—that are crucial to interventions for women's health. BanaPads offers a counter proposal of social enterprise as an effective women's health intervention and that perhaps the business relationship created by the enterprise is most critical to its success as an intervention.

I. Introduction

Frugal health social enterprise may simply seem like a combination of buzzwords, but it is quickly becoming a respected solution to global health issues. According to Ashoka, “over the past two decades, the citizen sector has discovered what the business sector learned long ago: there is nothing as powerful as a new idea in the hands of a first-class entrepreneur” (Ashoka). Social entrepreneurs are diverse as a group, but they all share a common goal: to achieve a significant social change through innovation. They believe in the triple bottom line, in financial sustainability and in the success of a private solution to a public issue. As the world has continued to struggle to enact positive social change on a large scale, many people are turning to social entrepreneurship to solve the world’s most pressing problems, including the ever-pressing issue of global public health. Even for public health experts like Dr. Paul Farmer, creating a systemic change has been difficult.

Dr. Farmer is a physician and medical anthropologist that has worked in Haiti since 1987, just one year after he graduated from Harvard Medical School. Like many idealistic physicians, he has dedicated his life to bringing quality healthcare to the people who need it most. He believes that everyone, regardless of where they live or how much money they have, should receive the health services that they need. He enacts this through his own practice as well as his nonprofit organization *Partners in Health*. He explains that “we live in a world of medical haves and have-nots, a world in which most of the bottom billion have no modern medical care at all,” (*To Repair the World* 83). Farmer argues that this is an injustice that should not be allowed to happen today in our world of great medical advances. He travels the world speaking to large audiences, raising awareness of these issues as well as recruiting people to work with him in the developing world. His organization, *Partners in Health*, has dozens of clinics in several countries

including Haiti, Rwanda, Mexico and Malawi. At these clinics, they deliver care to the world's poorest, conduct medical research and strengthen the local public health systems.

Paul Farmer is a highly regarded physician and is considered an expert in public health interventions in the developing world. His health clinics have directly served over 2.5 million people worldwide and hundreds of thousands of women during childbirth (Partners in Health). Yet curiously, women's health interventions do not figure prominently in his works. The social enterprise BanaPads Limited fulfills many of the criteria of a successful intervention as laid out by Farmer and goes a step further by addressing other key issues like women's entrepreneurship, women's rights, and the value of peer-to-peer last-mile distribution strategies. Additionally, Paul Farmer's models for public health interventions rely more on literature and best practices, while the BanaPads intervention model relies heavily on personal experience as well as the classic trial and error method. To explore the role of social entrepreneurship in women's health, I will use the ideas of Paul Farmer and the business model of BanaPads Limited as case studies.

First, after explaining public health interventions in general, I will outline Farmer's foundational critiques of global public health interventions, namely that they are confined by the inability to see the big picture, that there is great health delivery inequality, and that in some cases health care is being turned into a commodity. Then I will explain a few of his proposed paradigms for successful interventions, including the development paradigm, human rights paradigm, and the idea of public-goods-for-public-health.

Next, I will describe how the social enterprise case study, BanaPads, delivers social value through its outreach, education and the products. I will then assess BanaPads according to Farmer's criteria for a successful public health intervention and suggest areas for future

development based on that assessment. A description of research methodology can be found in Appendix A.

Then I will conclude with a final assessment of the transformative role of social enterprise in public health interventions. I will discuss the lessons that we can learn from both Paul Farmer and BanaPads and revisit the question of whether Paul Farmer would like BanaPads. I will bring out key ideas from Paul Farmer and BanaPads to explain why Paul Farmer might consider BanaPads a successful health intervention.

It should be noted that the analysis presented in this paper about Dr. Paul Farmer is a condensation and simplification of his ideas on global health. As of 2015, Farmer has authored or coauthored 13 books and has contributed to dozens of research studies in medical anthropology and public health. And while women's health interventions are not the focus of these works, Farmer may have discussed this topic elsewhere or may be more implicit in his work. For the sake of this thesis, I will only discuss three key ideas for his proposals and critiques for public health interventions extracted from three books. I chose these works because, unlike his research studies or textbooks, the ideas presented in them convey the public voice of Paul Farmer. The intended audience is not a specialist group of fellow public health experts, rather it is intended for a globally-minded, informed member of the general public. And although Farmer discusses several important issues in public health, I chose these three specific paradigms to discuss because they seemed to be the most prominent across all his works that I studied. They were not only the key ideas discussed but they also seemed to be the focus.

II. Paul Farmer: Physician, Public Health Expert, Trailblazer

Evidence-Based Public Health

One common type of public health intervention is an evidence-based public health intervention. This is considered the “gold standard” in the field. An evidence-based intervention uses peer-reviewed literature to guide the health program. Advocates of evidence-based public health argue that practitioners should always use the scientific literature when designing and evaluating a health intervention.

One of the most common modes of designing an evidence-based public health intervention is a seven piece framework that describes the process from start to finish (Brownson et al.). First is community assessment, which includes identifying the need of the target audience. Second is quantifying the issue with discrete data that gives insight into the scope of the problem. Third is developing a concise statement of the issue that can be used to formulate specific targets and lay the groundwork for planning the intervention. Fourth is determining what is known throughout scientific literature, both about the problem and previously tested modes of interventions. Fifth is developing and prioritizing program and policy options, which can then be discussed among practitioners and the community. Sixth is developing an action plan and implementing the intervention. The seventh and final step is evaluating the program of policy, after which the cycle can be repeated if the intervention will be used in different contexts or by different people.

Although this style of intervention design seems ideal, it is not always practical, especially in low-resource settings. There may not be a lot of scientific literature on the particular issue and there may not be a capacity for such extensive evaluation. Evidence, then, must come in other forms besides peer-reviewed scientific literature. This is one of Paul Farmer’s key

critiques of public health interventions. In this next section, I will outline some of his critiques as well as his proposals for effective community health programs.

Farmer's Critiques

Inability to See the Big Picture

One key critique that Paul Farmer has made about general public health interventions in the developing world is that oftentimes, people fail to understand the complexity of the problem and don't design or implement a solution that would fit such a complex problem. He notes that people often restrict themselves to carrying out interventions that have been pre-approved by the literature as realistic, sustainable and cost-effective (*To Repair the World* 60). But seemingly unreasonable issues demand unreasonable solutions, not simply the methods that have already been (unsuccessfully) implemented. Farmer describes one hospital that he worked in when he first started working in Haiti. He worked in a low-resource hospital and his partner, a local doctor, told him that he was "tired of working in a shabby hospital" (59). But the doctor never did anything that would change the hospital. His expectations of what could be done in a clinic with few resources were quite low, and he didn't think to raise them. Even when people do try to enact change, they often start with what we call "low-hanging fruit," or obvious and easy solutions to issues. Sometimes this manifests as inaction, or continuing on with what's already been done. But as Farmer states, more difficult problems, like cancer or drug-resistant tuberculosis, can't always be solved with low-hanging fruit (64).

Another thing that limits those working in development is professional specialization. As a general rule, people who have specialized in a certain medical field view each health problem through the lens of their specialty. For example, if someone goes to the doctor with a headache, a

doctor who specializes in infectious diseases may view the headache as a symptom of the flu. If the doctor happens to specialize in sports medicine, he or she may view the headache as a symptom of dehydration. In a similar way, those working in the development field tend to view important public health issues with their own disciplinary lens of economics, sociology, or health. Farmer suggests that this approach to development ignores the fact that many health issues have several determinants including economics, environment and societal factors. He suggests that many people working in development are reluctant to open their eyes to the many determinants of health and would rather stay isolated in their field (83-84). But regardless of whether or not public health interventions are interdisciplinary, Farmer argues that they often do not reach the people who need it most. This leads into his next critique of health interventions: delivery inequality.

Delivery Inequality

Farmer explains that “we live in a world of medical haves and have-nots, a world in which most of the bottom billion have no modern medical care at all,” (83). This disparity is what he calls “delivery inequality.” He illustrates this idea by describing the early preventative actions and treatments for *Mycobacterium tuberculosis*. When the first drugs became available to the public, they were extremely expensive. Only the wealthiest people could afford to buy them and complete the full round of treatment. Tuberculosis therefore became a disease of the poor. Even when the poor had access to tuberculosis drugs, they rarely had enough for a full cycle of treatment, which caused them to develop a drug-resistant strain of the disease. The best public health interventions, Farmer claims, do not reach the poorest people, allowing diseases like tuberculosis to make its own “preferential option for the poor,” (*Pathologies of Power* 147).

This inequality is an example of what Farmer calls “structural violence,” which occurs when social, political and economic forces “drive up the risk of ill health for some while sparing others,” (*Reimagining Global Health* 9). People living in poverty carry a significantly greater burden of disease simply because they are living in poverty and do not receive the same quality of medical care as those who can afford to pay for it. In the developing world, charity medicine is often the “leftovers” of developed nations (*Pathologies of Power* 155). Structural violence is present even in seemingly non-discriminating problems, like natural disasters. Farmer explains that the devastation in Haiti after the earthquake was partially due to years of mediocre construction and non-existent building inspections. Nearly everyone in the capital was affected, but those who suffered the most during this time of crisis were those who lived in slums, whose homes were easily and quickly destroyed by the earthquake. Although everyone suffered in Haiti after the disaster, it was the poor who bore the heaviest burden.

This injustice isn't confined to only the developing world. The United States has had many times of severe structural violence. One example that Farmer speaks about is the AIDS crisis in the 90s. Physicians were noticing that African-Americans were more likely to die of AIDS than any other race. Many people thought this was simply because African-Americans were more likely to contract the virus. But what they found was that African-Americans with HIV/AIDS were more likely to die of pneumonia than others because they were more likely to be uninsured and unable to access the medical care necessary to save their lives. Even in the US, where we have an abundance of technology and research capacity, there is still a huge disparity in health delivery. This is also due in part to what Farmer calls the commodification of health care.

Commodification of Health Care

The force that Farmer calls “commodification of health care,” has a disproportionately adverse effect on our world’s most vulnerable populations (*Pathologies of Power* 152). Many people today are dissatisfied with the results of government interventions in health, so they turn to market forces that they believe can solve some of our greatest problems. The free market can be a very powerful force, and those whom it most benefits believe in its power for positive social change. Speaking to an audience of social entrepreneurs, champions of the powers of the free market in development, Farmer explains that “each of the terms and concepts and tools we’ve developed can be used to deny the destitute access to goods and services that should be rights, not commodities,” (*To Repair the World* 39). Rights have been turned into a product or brand. Patients have been turned into clients or customers. And when those customers cannot afford to pay for the product, they do not receive it.

One issue that has been a subject for contention is the implementation of user fees in health centers. Medical facilities in developing countries have very limited resources and are often overcrowded. In an effort to increase revenue in these places, many countries started to charge patients each time they visited a health clinic. But what they found was that implementing user fees significantly decreases visits to these clinics, both at the primary and secondary levels (*Reimagining Global Health* 89). Despite fewer patients, the hospitals still were unable to increase revenue or cut costs (90). The only observable outcome of user fees was an increase in mortality from preventable causes (90). Transferring our capitalist ideologies to health care in the developing world has “invariably punish[ed] the vulnerable” (*Pathologies of Power* 152).

Summary of Critiques

Technology has advanced so far in the last few decades, and developed nations have increased their collective wealth exponentially. But unfortunately, this abundance and success is not enjoyed by people in the developing world. People that are in a position of power when it comes to public health interventions often fail to see the big picture and do not address all of the key determinants of health in these interventions. When successful and appropriate interventions are devised, they rarely make it to the people who need it most. Disease has made a “preferential option for the poor” and public health interventions can sometimes reinforce that. And along with the success that we attribute to capitalism is a rise in the championing of the free market. Many people believe that the market can solve the world’s most pressing problems, including disease, but this has led to a commodification of health care that has turned rights into privileges. Each of these destructive paradigms has made it terribly difficult for the world’s poorest people to access the health care that they so desperately need. In contrast to each of these critiques, Farmer offers new ways of thinking when it comes to implementing public health interventions.

Farmer’s Proposals

Development Paradigm

To combat development worker’s inability to see the big picture, Farmer suggests starting with incorporating local infrastructure to tackle the problem at its source. He explains that there is this perversion of sustainability, and that if a project is deemed unsustainable, nobody will touch it. For example, many foreign aid projects that involve the donation of money are considered unsustainable, so many people are wary of giving any foreign aid to developing countries. Instead of shying away from aid altogether, Farmer argues that we need to partner

with the public sector, finding uncorrupt “leaders of goodwill” who want to improve the situation of those they govern (*To Repair the World* 43). He believes that economic development cannot occur without the proper investments in the public sector health and education systems, so resisting foreign aid in favor of “sustainable” programs may not be the way to lifting people out of poverty.

To do this, Farmer outlines an “accompaniment” approach to aid reform, emphasizing the investment in the public sector while still appealing champions of sustainable projects. This approach includes favoring the interests that the poor identify as representative of their own interests, funding public institutions to carry out their duties, making job creation a metric of success, working locally, investing with governments to reinforce the civil service and working with governments to give money to the poor (*Reimagining Global Health* 294-296). His main argument is that strengthening government infrastructure is the key to helping people out of poverty traps (273). But at a more basic level, Farmer also advocates for the respect and protection of human rights.

Human Rights Paradigm

To counter the inequality of the delivery of health goods and services, Farmer outlines an approach which explains that health is a fundamental human right and should therefore be protected. What is now a commodity, he argues, is a human right and we need a plan for bringing these goods to those who need them most (*To Repair the World* 141).

The first step in the plan is expanding our western view of human rights. Often when Americans think of human rights, we think of civil rights. The Human Rights Campaign, the largest LGBT rights group in the United States, is focused solely on the civil right to marriage.

Farmer laments that our idea of human rights are currently very civilly and politically focused. We need to include the fundamental rights of those living in poverty, including food, water, education, employment, health and access to care when we think of human rights (41). He argues that once we start to think of the poor when we think of human rights, we may be able to get these issues into the target of our activist efforts. He also argues that these public issues require public services rather than private.

Public Goods for Public Health

A third paradigm he describes counters the commodification of health care. He argues that some things really should not be part of the free market, including goods for public health and education. We need to be able to provide care to the people who need it most, not just the people who can afford to pay for it. In simpler terms, “we need to do everything in our power to make sure the public sector does not shrivel and die,” (40). He emphasizes the importance of the public sector in scaling a new program, even going so far as to say that it is often the only way to scale. It is for this reason that he argues that we need to partner with government to provide basic rights at a transformational scale in order to make any real difference (40).

He also has an extensive list of advantages that public sector health systems have in democracies over private sector health system (*Reimagining Global Health* 201). The first is the issue of rights. Because “governments are the only ones who can confer rights” it makes logical sense to have government provide the right to health care. Another is accountability.

Governments are held accountable by those they govern, whereas businesses are held accountable to stockholders. Governments therefore have more incentive to serve the people the

best way they can. The scope at which the government can operate is also much greater than most private enterprises, and therefore has the potential to have a significantly broader impact.

Summary of Proposals

As an experienced physician, medical anthropologist and public health practitioner, Paul Farmer has seen first-hand what works and what does not work in public health interventions. He believes that in order to implement an effective solution to the world's most important health problems, people must consider more than just the intervention. They need to consider development on a local level, partnering with officials to reduce corruption and reform aid. We also need to see a shift in the way we talk about human rights to include the rights of the poor. And we finally need to take off our rose-colored glasses and understand the free market and its limits. Some things, like health care, need to be a public good and should never be a commodity reserved for those who can afford it. Only once we consider these paradigms, as his organization Partners in Health arguably has, we will be able to enact lasting change.

But something that must be taken into consideration when assessing the relevance of these proposals is the actor of intervention whom he suggests can make this change. Partnering with officials, reforming the way we talk about human rights and expanding what is considered a public good will not be done on an individual level. This change will come from development workers, governments and global health institutions that operate on the scale at which he is describing. As a counter-proposal to these paradigms is the kind of change that occurs at an individual level. Peer to peer solutions can be just as effective as large-scale operations, but their impact might be a bit smaller. As we move to describe BanaPads, I will explain a health

technology enterprise as a public health paradigm, one that is locally-developed, integrated and embedded in communities.

III. Social Enterprise as a Public Health Intervention Model

Frugal Health Technology Social Enterprises

Santa Clara University's Global Social Benefit Institute (GSBI) is one of the leading institutions in social enterprise incubation and research. Since its launch in 2003, GSBI has provided support to over 340 social enterprises through mentorship, business instruction and connection to impact investors. Through the process of working with so many social enterprises, GSBI has been able to classify most health enterprises in one of three categories: health care providers, frugal health technology manufacturers and environmental health enterprises. A health care provider is one that directly delivers health services. A frugal health manufacturer is a company that designs and manufactures medical devices at a low-cost, often to be used in a low-resource setting. Environmental health enterprises offer innovative solutions to environmental health issues like water and sanitation. These enterprises could adopt one of three social enterprise business models: leveraged non-profit, hybrid non-profit, or for-profit social business (Elkington and Hartigan 31). Regardless of business model, health enterprises can play a key role in developing a more just society, because "not only is the health sector an area where the issue of global demographics are likely to cause problems, but it is also one where we are likely to see new business models evolve," (106). There is clearly a space for social enterprise in fixing the world's greatest health issues, but disrupting the current health delivery model will not be easy. This process is currently being tested by a social enterprise in Western Uganda called BanaPads.

BanaPads Limited

In many countries, a woman's menstrual cycle is nothing more than a monthly annoyance. In the United States, most girls and women of menstruating age have no problem purchasing sanitary pads or tampons. Nearly every women's public restroom has trash receptacles where women can dispose of their sanitary materials. And when we experience intense cramps, we can almost always find someone with Advil. In many developing countries, this is not the case. This is how BanaPads was born.

When Richard Bbaale was growing up, he spent a lot of time with his sisters. They were raised by their grandparents in rural Uganda, as the children had been orphaned at a young age. Once his sister hit puberty, he noticed that she started to miss about a week of school per month. After a few years, she eventually stopped going to school altogether. Richard later found out that his sister dropped out of school because the family could not afford the expensive sanitary pads that would have allowed her to attend school during her menstrual cycle.

It is estimated that about 60% of school-aged girls miss 1-3 days of school each month due to menstruation, which adds up to almost an entire month of absences, or 10% of the total number of school days (The Netherlands Development Organization). Oftentimes, girls and women do not have access to proper sanitation facilities at school or at home. This can make changing a sanitary pad extremely uncomfortable and unhygienic. There is a lot of shame and taboo surrounding menstruation, and many girls and women do not receive the support they need from their fathers, husbands and teachers. I found that in one survey I helped to conduct during my fellowship with BanaPads (see Appendix A), the most common thing that women requested from their husbands to support them during menstruation was sanitary pads.

Richard was stirred into action and formed a group through his university that worked to ensure that no more girls like his sister would drop out of school because they didn't have sanitary pads. In 2010, this group officially registered under the name BanaPads. BanaPads is a social enterprise located in Mpigi, Uganda that manufactures and sells low-cost sanitary pads made from banana pseudostem fibers. They hire local women to produce the pads and other local women, whom they call "Champions," to sell them to the girls and women in their neighborhood. By partnering with local NGOs, schools and churches, BanaPads is ensuring that all of the women and girls who need pads have access to them. Their mission is to keep girls from missing school due to menstruation and to provide a livelihood for the women in their community. BanaPads is able to deliver this social value through four main activities: employing local women, selling pads to girls, educating about menstruation and partnering with community organizations (see Figure 1).

Activities	Outputs	Outcomes	Impact
Employ women	Hundreds of Champions	Women can spend money on family	Reduced poverty
Sell pads to girls	Thousands of pads sold	Girls stay in school	More women in Universities
Menstruation education	Dozens of workshops held	Break silence around menstruation	Greater female autonomy
Community Partnerships	Connected with churches & schools	Increased trust for BanaPads	Stronger community

Figure 1. Logic Model Framework for BanaPads Limited.

Employ Local Women

The first way that BanaPads furthers its mission is by employing local women. Many women in the villages where BanaPads operate do not have reliable sources of income. Families traditionally rely on a single income from the husband, but that is often only enough to pay for basic necessities like food and some school fees. BanaPads only employs women to manufacture and sell the pads. Champions receive lengthy job training and are given a business in a bag, complete with training manuals and all the necessary materials to run their business. One of its first Champions, Grace, saved enough money from working with BanaPads that she was able to open her own corner store. Her store is one of the only ones in her village, and is certainly the most successful one. This small amount of income that these women earn is enough to give them a sense of autonomy and the desire to achieve more. This is slowly helping to reduce the significant gender disparity seen in all aspects of Ugandan life. They are also able to spend their wages on their children's health and education, which has the potential to help them out of the poverty trap.

Sell Pads to Girls

Another one of the primary activities of the organization is the distribution of sanitary pads to girls with limited alternative options. As previously mentioned, many girls and women do not have access to affordable sanitary materials and oftentimes simply use old cloth or toilet paper. Some women even resort to wiping the blood off of their legs using dirt from the ground. Unlike most other sanitary pad companies, BanaPads is located and conducts most of its sales in the rural communities where their products are needed most. This strategy helps to facilitate relationship building with their customers and the community. The last-mile distribution of their

pads is truly a hallmark of their business model and allows them to more effectively fulfill their mission of keeping girls in school.

The product itself is also critical for a successful social impact. The BanaPads sanitary pad is made of post-harvest banana pseudostem fibers, which a biodegradable material. This feature is crucial if the pads are to be disposed of in pit latrines, which can fill up fairly quickly. BanaPads is constantly working to improve their product to make it more comfortable for girls and women to wear while still keeping prices below those of the competition. It is far more convenient and hygienic than menstrual cups, reusable pads or other sanitary products that require maintenance. Richard Bbaale is also thinking about expanding their product line to include underwear and pain relieving medication.

Menstruation Education

BanaPads also works towards their goal through education. As previously mentioned, many girls stay home from school while they are on their period, which can cause them to drop out of school entirely. These girls are not receiving the education they need to bring themselves out of the poverty trap their families have been stuck in for generations. BanaPads is filling this need for education about menstruation that has been, for the most part, ignored. Several girls that were interviewed by the Global Social Benefit Fellows explained that they never talked about menstruation with their mothers and didn't really understand what was happening to them each month. Virtually none of the boys that were spoken with reported discussing menstruation with their families.

To break the silence that surrounds menstruation, BanaPads has made menstruation management education an integral part of the Champions' training. All Champions attend a

workshop devoted to understanding what exactly menstruation is, what kind of support they should expect from their parents or husbands, and how to maintain proper menstrual hygiene. BanaPads also conducts these workshops in schools to ensure that all primary and secondary school children understand menstruation and can create a supportive environment.

Community Partnerships

On a community level, BanaPads partners with local schools, churches and other NGOs in an effort to make a change at the systemic level. In each new community they enter, they connect with key leaders to establish their presence in the community but also to encourage menstruation education. Pastors and priests will make short speeches to their congregations about why using sanitary pads is essential to their health and well-being. Teachers can facilitate menstruation education sessions with BanaPads and will have a better understanding of their students' needs during this time. NGOs, such as Peer-Link Uganda, can leverage their existing resources and relationship with the community to help establish BanaPads as a trustworthy group. In every community they work in, BanaPads tries to partner with important leaders to break the silence surrounding menstruation and promote the use of their pads.

BanaPads also has a small health clinic located near their Mpigi headquarters. At this health clinic, women can come in for things like family planning services and postnatal care. They are welcome to come in for questions about menstruation and information about how they can properly manage their cycle. For more serious cases, they refer people to the nearest secondary medical facility but they essentially serve as the first point of contact for people with medical problems in the area. Each of these services aims to improve the health of the people they serve as well as allow girls to stay in school.

Summary of BanaPads

By employing local women, selling affordable pads to girls, education about menstruation and partnering with other local organizations, BanaPads is able to make a significant change in their community. More girls are able to attend secondary school and potentially continue on to university. Several women noted that because of the income they earn from BanaPads, they are able to pay for their children's school fees. People have been able to access the necessary family planning services at the local health clinic. The integrated approach to this public health issue allows them to address some of the upstream factors for health, like economics and education, as well as the health issue itself. This locally developed model has proven effective and can serve as an example for future health interventions.

Going Beyond Farmer's Proposals

Paul Farmer's proposals for a successful public health intervention lay out a clear framework for those who want to make a serious impact. His three paradigms, development, human rights and public goods for public health provide a solid foundation, but are they enough? An analysis of BanaPads and the values of its founder, Richard Bbaale, suggests that perhaps more can be done beyond these three themes. The ideals of women's entrepreneurship, actualized women's rights and peer-to-peer last-mile distribution have moved beyond Farmer's arguments and suggests that social entrepreneurship can be an effective mode of public health delivery (see Figure 2).



Figure 2. Paul Farmer model and BanaPads model

Beyond Development: Women's Entrepreneurship

Development

Many aspects of Farmer's development paradigm are at the core of BanaPads as a social enterprise. BanaPads works on development both on global and local scales. On a more global scale is their collaboration with international development agencies, like the Swedish International Development Agency (SIDA), and private institutions like the Global Social Benefit Institute (GSBI) at Santa Clara University. With the former, BanaPads works closely as part of a grant reporting process to ensure that they are reaching their goals with respect to expansion. Richard Bbaale is in almost constant communication with the agency, which shares a common goal of enhanced health and livelihood for people living in the developing world.

BanaPads also has a strong relationship with private institutions like GBSI at Santa Clara University (see Appendix A). In 2012, Richard traveled to the Silicon Valley to participate in an intensive business accelerator, where industry leaders helped him to refine his business model and shed light on the necessary next steps for expansion. In conjunction with this program, three Santa Clara University students, including myself, traveled to Uganda in the summer of 2014 to

work with Richard during BanaPads scaling process. The fellows completed training manuals that will be customized and used by each new location to train hundreds of new Champions using a standardized process. Together, with SIDA and GSBI, BanaPads is working on a global scale to move development forward in East Africa.

But one of their key activities, at a more basic level of development, is job creation. Job creation is one of the main missions and activities of BanaPads and much of their current work is focused on this. They are in the process of a significant scale-up in operations, and they will be training hundreds of new Champions to manufacture and sell their pads. They only hire local women and work closely with those women to ensure their success. They are also shifting their model to be able to buy all their materials and machines locally to improve the local economy in a broader sense. They are currently working to automate the process of manufacturing the pads, and they hope to find a machine made in-country that will still deliver the same level of quality as imported machines. They want to support local mechanical engineers and be able to consult them when things go wrong with the machines.

Women's Entrepreneurship

The BanaPads mission goes beyond development and advocates for women's empowerment through entrepreneurship. BanaPads provides a livelihood for these women that would otherwise be unavailable or inaccessible to them. Working with BanaPads gives Champions the flexibility to set their own schedule and increase their customer base as needed. Many Champions that were spoken with by the Santa Clara students expressed their gratitude towards the company and that the money they earned by selling pads helped them pay for their children's school fees. Being a Champion allows these mothers to not only emotionally support their family, but also financially support their family.

Another benefit reported by Champions is a greater sense of autonomy from working with BanaPads. Before becoming a Champion, many women were unemployed and dependent on their husband's income to support them. But now they can go out into their community and make their own money. Granted, many women still hand this money over to their husbands. But they also said that their husbands gave them more freedom to use the money how they saw fit, including paying for school fees and nutritious food for the family. This feeling of having control over one's own life is critical to emotional health and can greatly impact a person's well-being.

This regained sense of independence allows Champions to be good role models for their daughters. These girls now are seeing in their own home an example of a woman who has taken charge of her life and has a greater purpose than being a subservient wife. Champions are encouraging their daughters to remain in school and aim for careers, potentially as entrepreneurs like their mothers. This women's entrepreneurship movement goes a step further than development and makes an active effort to include the rest of the population in the working sector by shifting gender and social norms.

Beyond Human Rights: Women's Rights

Human Rights

As a social enterprise, BanaPads is fundamentally human rights focused and emphasizes many of the same things that Farmer does in his human rights paradigm for public health interventions. Since its inception, Richard has focused on improving both health delivery and economic development for those who are often left out of the economy. Like Farmer, Richard strives toward equal delivery of health care or, in the case of BanaPads, equal delivery of health products. Many of the women in the villages that he works in do not have access to sanitary

materials and resort to using old cloth or cotton. BanaPads would like to not only ensure that all women have access to sanitary pads, but that those sanitary pads are of the highest quality possible at their affordable price. As Farmer mentioned, oftentimes the world's poorest people receive the "leftovers" of Western medicine (*Pathologies of Power* 155). But Richard is working tirelessly to design a sanitary pad that is as comfortable as other pads on the market to ensure that his customers are receiving the best quality product.

BanaPads also actively fights for the economic rights of their customers and Champions. First, they are strong advocates for the right to education. Richard started BanaPads because he saw his sister drop out of school due to missed days from menstruation. He was shocked by this situation and determined to prevent this from happening to other girls in his community. BanaPads focuses on keeping girls in school through the sale of their sanitary pads and they even sponsor a few girls by paying their school fees. BanaPads also believes in the right to health. They frequently go to schools to distribute deworming pills and administer free HIV tests. Their initial goal was to improve the health of the women they served. They also advocate the right to employment. Many women did not have jobs before becoming employed with BanaPads. Several of the women who were spoken with by SCU Global Social Benefit Fellows explained how grateful they were that their husbands allowed them to work for BanaPads (see Appendix A). On a daily basis, BanaPads promotes the idea to the community that everyone has a right to earn their own wages and that they can and should be active participants in the world economy.

Women's Rights

But beyond the basic advocacy of human rights, BanaPads serves as a model for the support of actualized and economically viable women's rights. BanaPads supports the rights of women in several ways, one of which is through empowerment or agency. As previously

mentioned, they encourage girls to continue attending school, assist in job creation for women and have very strong education and menstruation management programs. But at a more fundamental level, what BanaPads is really doing is making it the responsibility of women to be in charge of their menstrual cycles and, ultimately in charge of their own destinies. By giving women the option to purchase affordable sanitary pads and generate their own income to pay for those pads, BanaPads is giving back control to each woman. She is the one who can decide to go to work or school. She is the one who can purchase the pads from her neighbor. She is now the master of her own fate, which is an incredibly powerful gift.

BanaPads also provides services that promote sexual and reproductive health rights. Their health clinic in Mpigi offers family planning services, which allows women to control the timing of births, reduce chance of contracting an STI or HIV and determine family size. Again, this gives women back the power over their own bodies and their family as a whole. Research shows that women have the most control over how money is spent on the household (Firth Murray). When they can decide to have fewer children, they will have more money to spend on each child and have an easier time paying for their school fees and, if they are girls, for their sanitary pads.

Beyond Public Sector: Peer-to-Peer Last-Mile Distribution

Public-Goods-for-Public-Health

Because BanaPads is a for-profit social enterprise, their activities do not align with Farmer's public goods for public health paradigm of interventions. Farmer laments that patients are being turned into clients and customers rather than served as patients (*To Repair the World* 40). But in the case of BanaPads, their customers are actually customers, not patients. They are paying for a health product, not a health service. In their health clinic, the people are treated as

patients because they are in fact patients. But when they purchase sanitary pads, they are patrons of the business and should be treated as such. In addition, the poor sanitation resulting from the lack of sanitary materials is not the most detrimental outcome of this need--it's missed days of school and work. The real public health issues are all the downstream effects of remaining in a poverty trap because a girl stopped going to school. Richard's model shows that the sale of the product itself is both effective and necessary for the success of the intervention.

Peer-to-Peer Last-Mile Distribution

Part of the value of this solution is the transaction itself. The fact that these women can earn their own income and save money to spend on sanitary pads is a great source of power for them. If they were simply given the pads as a part of a health clinic visit, they would not be given the same opportunity to exercise their human agency. This is a woman-focused solution addressing a female-specific issue, and the business relationship fostered by this solution is critical to its success. The Champions benefit by being able to practice their business skills with their neighbors. Their community benefits by seeing successful women earning a living.

In addition, most health clinics do not provide menstruation management products, and very few provide the same level of education that BanaPads does. The interaction between the Champion and her customers provides an ideal setting for one-on-one menstruation management education that a public solution would not. Oftentimes, the focus of the health care provider is to get the patient through the clinic as quickly as possible. Health clinics are frequently very crowded, and doctors are forced to sacrifice quality of care in order to see all of the people waiting. The value exchange in this situation is much clearer than in a clinical setting. Through their grassroots, bottom-up approach, BanaPads is able to achieve their objective of increased menstruation education while the customer is benefitting from quality care. The BanaPads peer-

to-peer last-mile distribution of health goods is a unique model that allows for healthcare delivery normally forgotten by health clinics.

Future Development

BanaPads is a growing enterprise and has plans for great scaling efforts. Within the next few years, BanaPads will be operating in multiple East African countries including Uganda, Tanzania and Burundi. They have garnered the support of several international agencies. And most recently Richard Bbaale was awarded the Outstanding Social Entrepreneur Award from the African Leadership Network, which was accompanied by a \$50,000 grant that will be used to partially fund their scaling efforts. There are several areas of the BanaPads model that Richard would love to develop if given more financial support, including a collaboration to improve infrastructure, encouraging active participation of men, expanding health services and developing relationships with customers.

Improve Infrastructure

The livelihood development that BanaPads is doing on a local level is incredibly important, but in order to make a change at a systemic level, it may help to have more collaboration with the Ugandan government. For example, one issue for school-aged girls while they are menstruating is improper sanitation facilities. Often, boys and girls latrines are not clearly separated and latrines do not always have properly working doors with locks. Additionally, there is nowhere for women to dispose of their sanitary pads in the latrine. To improve development in terms of infrastructure, BanaPads could focus more time on policy

reform and ensuring that girls continue to go to school while they are on their period by creating a safe environment that is more understanding of these issues.

Active Inclusion of Men

If BanaPads is to make a lasting impact in their community, men must also be included in these conversations about women's agency. Most often, the only involvement that the husbands of Champions have in their work is the initial permission they give their wives to work for BanaPads. In the best situations, the husbands provide emotional support to their wives and encourage them to work for their own personal development rather than solely for financial reasons. BanaPads might consider providing workshops or seminars for the husbands of the Champions to facilitate a discussion on women's rights and empowerment. These discussions may be the spark needed to ignite a significant social change in the female experience in Uganda.

Expansion of Health Services

If given enough funding, BanaPads might also consider expanding health services to all of their locations, even if that simply means partnering with an existing health center and providing them with the necessary materials for family planning and menstrual hygiene. I found in my time working with BanaPads that many of the women and girls we talked to refrained from doing most activities while on their period because of intense cramps. With enough support, BanaPads might consider offering pain medication like Panadol to their customers as an add on to their purchase. Also, while working in a secondary school, most of the questions we received from the students were not about menstruation but about sex and sexual health. Although Uganda is strongly Christian and advocates abstinence-only, the reality is that many

teenagers are sexually active and need to understand safe sex practices. Perhaps BanaPads could develop a sexual education program in schools that would also include menstruation education in the context of sexual health. This would not require a significant financial investment and could potentially have a profound impact on the community.

Enhance Customer Relationships

As Farmer said, patients are being turned into customers. And although the girls and women who purchase pads from BanaPads aren't patients and they are in fact customers, I would argue that they might be called something else. It can be a bit of a terminological dilemma when referring to the beneficiaries of BanaPads as "customers." It reduces them to someone who is simply purchasing a product and removes them from the BanaPads community. It might be helpful to call them something that is more empowering, similar to how the saleswomen are referred to as Champions. In my sales manual, I encouraged the Champions to call their customers "clients," but this may not be quite the right word either. Perhaps calling them something like "advocates" would give them more power and keep them an active part of the solution rather than a source of revenue.

IV. Conclusion

Social enterprise can play an incredibly transformative role in global health. Economists Banerjee and Duflo remark that "a technological or institutional innovation may allow a market to develop where it was missing," but that in some cases, "governments should step in to support the market to provide the necessary conditions, or failing that, consider providing the services themselves" (270). By studying both Paul Farmer and BanaPads, it has become clear that

interventions that completely rely on government implementation are ineffective, but solutions that do not involve the government at all are difficult to implement on a large scale. In order to enact long-lasting change, there needs to be collaboration between private and public sectors.

To return to the original question: would Paul Farmer like BanaPads? As advocated by Paul Farmer, BanaPads is working towards community development by partnering with international development agencies and local schools. They also are focused on human rights by improving both health delivery equality and economic opportunity in the community. But one of Farmer's key criticisms of public health interventions through the free market is the commodification of health care. In this sense, Paul Farmer might question the BanaPads model in addressing this health issue.

But the success of BanaPads and Richard Bbaale indicates that perhaps Paul Farmer and the greater public health world could learn something about public health interventions in low-resource settings from the social enterprise. For one, the BanaPads model suggests the public-goods-for-public-health paradigm does not apply to every health intervention. The transaction itself is a key, constructive part of the intervention, and women's agency would be lost if the pads were distributed for free. BanaPads also serves as a counter to the highly praised evidence-based public health model that relies on peer-reviewed scientific literature. Although extensive research is useful for identifying best practices and potential challenges, it is clearly not necessary for implementing a successful intervention. Valuable evidence can come in other forms, like personal experience and the success of others. Perhaps Richard Bbaale would question the Paul Farmer model more than Paul Farmer would question the BanaPads model. Richard Bbaale has shown that sometimes all it takes is the courage to venture on a new path, the courage to fail, and the courage to try again to make a lasting impact in the world.

Appendix A. Methodology

A few years after Richard Bbaale founded BanaPads, he knew he was ready to take his business to the next level but he also knew that he would need some help. In 2012, Richard made the 24 hour plane journey from Kampala, Uganda to San Francisco, California where he participated in a business accelerator program offered by the Global Social Benefit Institute (GSBI) at Santa Clara University's Miller Center for Social Entrepreneurship, one of the world's leading accelerator programs for social entrepreneurs. There, he was paired with a mentor who helped him expand his business model, refine his revenue streams and perfect his pitch to investors. This program helped him tremendously in solidifying his plans to scale and refined his natural ability to connect with investors. As an alum of the program, he was eligible to host SCU students as a part of a nine-month long fellowship in action research. He was so pleased with his experience with GSBI that when he was contacted in January of 2014 to see if he was willing to host fellows, he eagerly agreed.

In June of 2014, I traveled to Mpigi, Uganda where I completed an action research fellowship with BanaPads. Before my departure, I detailed several pages of detailed plans for the methods I would use for my research. But upon my arrival, it became apparent that these plans were far too rigid for the environment that I would be calling home for the next two months. Scheduling formal interviews with people proved incredibly challenging and I decided that it would be much more effective to be prepared to interview people when the occasion presented itself. I was also confronted with new goals for the project, so I needed to revise my plan to meet those goals. My new plan had to be much more flexible to accommodate the flexible nature of my schedule. To complete my research for the project and for this thesis, I conducted several

semi-structured interviews, informal interviews and interactions, as well as took ethnographic field notes as described in the literature (Emerson).

First, I conducted seven semi-structured interviews with BanaPads Champions and customers. I wanted to talk to them to understand the best practices of sales and to be able to explain to potential customers why current users purchase BanaPads. Over the course of three days, I walked through the village with Jeremiah Kimbugwe, one of the employees of BanaPads, who led me to the homes of Champions and customers that he wanted me to talk to. I asked the Champions questions like “How did you start selling BanaPads in your community?” or “How have you been creative in conducting your business?” The answers to these questions often prompted further questions, which gave me a better idea of the Champion’s sales history. I would ask customers questions like “What is your experience with BanaPads?” and “How has BanaPads affected your life?” These open-ended questions would allow the customers to speak freely about their experiences with BanaPads and could share what they thought was most important. Several translated quotes from these interviews were used in the sales training manual as testimonials of how to be a successful Champion. To view these manuals and the final Action Research Findings, visit globalsocialbenefit.institute/education.html and click on the BanaPads portfolio.

Second, and perhaps most important for my research, were all of the informal interviews and interactions that I had with Richard Bbaale, the founder of BanaPads, as well as employees Jeremiah Kimbugwe and Poppy Bowes. Their insights were incredibly useful when we were visiting a new place, unsure about a situation, or simply spending time at the headquarters. One of my most memorable interactions like these was at a corner store in Western Uganda. We were sitting outside drinking sodas, and the man who owned the corner store said something to

Jeremiah in Luganda. Jeremiah chuckled, and we asked what the man had said to him. He explained that the man had made a joke about the girls in his village getting pregnant at an early age. Then Jeremiah told us about how most girls are more worried about getting pregnant than contracting HIV/AIDS. This was because when you have a child, you need to financially support it for the rest of its life. But when you have AIDS, you have access to free antiretrovirals in Uganda and the financial burden is significantly less. This was not something I had ever heard of or read in my research prior to departure, and was one of many anecdotes that I bring up in my research and conversations that I have with people.

I also made extensive use of my ethnographic field notes. I carried a small journal and a pen nearly everywhere I went, and would jot down important things that people said or things that I noticed while observing. I would often take notes during the menstruation management workshops, which I then used to refine the menstruation management workshop manual that I helped customize. I also took notes while the Champions were conducting surveys in their villages about the menstrual health situation in their community. I would share these notes at meetings in the office, and they would be used to improve the next workshop. I also have used these notes to remind myself of the environment that I was in over the summer, which sometimes helps me remember events or stories that were not documented.

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