

Improving the HealthKeeper Program

Prevention: Better than Cure

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Table of Contents

- Executive Summary..... 3
- MicroBusiness for Health..... 4
- The Challenge..... 4
- General Observations 5
 - Selling Practices..... 6
 - Other HK Comments 6
- Recommendations 7
 - Benefit 1: Earn Income..... 7
 - The Problem..... 7
 - Pricing Structure..... 7
 - Recommendation: Pricing Freedom 8
 - Examples 9
 - Implementation Plan 14
 - Challenges 15
 - Benefit 2: Help to Improve the Health of the Community 15
 - Learning Parties 15
 - Health Groups 16
 - Scholarship Fund..... 16
 - Benefit 3: Participate in Health and Business Training..... 17
 - Additional Training on Selling Practices..... 17
 - Continued Business Training..... 18
 - Benefit 4: Be Part of a Network 19
 - Benefit 5: Become Recognized in the Community 21
- Appendix A: HK Survey..... 22
- Appendix B: Field Notes 25

Executive Summary

As consultants for MBH, we spent several weeks shadowing HealthKeepers (HK) and scrutinizing overall business practices, particularly the microfranchise model. During primary discussions with Daniel Mensah, Executive Director of MBH, and through reading the training materials, we learned about the benefits HKs expect to receive in the role, which include:

- Earn income
- Help to improve the health of the community
- Participate in health and business training
- Be part of a network
- Become recognized in the community

Based on these benefits, we looked for ways MBH could strengthen the relationship with the HKs. With only 6-7% of overhead costs currently being funded from profits, MBH needs to scale up and earn greater profits from each individual HK. Our recommendations for improvements address these issues:

First, we recommend removing the fixed prices on door opener products, maintaining only a price floor and allowing the women more autonomy in setting prices appropriate within their region. If the women have this freedom, they will be able to make a greater profit margin, giving them incentive to sell more products.

Next, for helping to improve the health of the community, we recommend encouraging more learning parties to take place and increasing the training for HKs in these skills. Furthermore, health groups can be formed within the community that act as a point of education and a means to facilitate sales. A scholarship fund can also be created for successful participation in the HK program, acting as an incentive and furthering the social cause of MBH.

An increase in training was also desired by many of the HKs, including a continued focus on business training. In conjunction with this, we recommend revising the pricing sheets and introducing a basic profit calculation sheet.

A more formalized network structure may also help fulfill some expectations for HK benefits. Operating as a savings group, the women can set goals together. In addition, it may be beneficial to offer group incentives for the “best sales group”. This incentive will help the women form a cohesive bond and share ideas for improving and growing their businesses.

Finally, to continue allowing for recognition of HKs, MBH should continue to emphasize the importance of keep items in good condition, including their aprons and provide more “Health Keeper” stickers if needed. This helps maintain the polished, clean look and the brand image.

These recommendations will help MBH continue to make a difference in the communities in which they serve.

MicroBusiness for Health

The goal of the MicroBusiness for Health (MBH), a Freedom From Hunger initiative, is to help people in rural communities throughout Ghana stay healthy by selling affordable health care products and educating people how to use these products. To reach this goal, MBH has created a “business in a basket” microfranchise model that provides women an opportunity to earn supplemental income through the sale of health products. These small businesswomen, HealthKeepers (HKs), act as the final leg of distribution and delivery, from the producers to the end consumers, of the health care products.

The products provided to the HKs by MBH are separated into two categories, “Core” and “Door Opener” products. The core products improve community health by preventing illness and disease. These products include insecticide treated bed nets (ITNs), contraceptives, oral rehydration salts (ORS), iodated salt, water treatment tabs (Aquatab), antiseptic soaps, reading glasses, and sunglasses. Their distribution is the principal reason for the existence of the MBH program. To encourage increased distribution of core products, the HKs earn a small profit on each product sold (approximately 20 percent profit margin). To further encourage core product distribution, door openers products supplement the product mix. In contrast to core products, the door opener products consist of personal care products such as soaps, toothpastes, ointments, Vaseline, lip balm, and bandages. These products do not treat illness or disease, but do improve quality of life. These are higher volume products that provide a significant source of profits for the HKs. The HKs distribute these products door-to-door in their communities helping their communities one household at a time.

The Challenge

The BYU Team – Zac Clarke, Kristan Brooks and Amy Brennan – worked with MBH from April 28 through May 14, 2009 to identify ways to improve the HK system. Upon our arrival at MBH, Daniel Mensah, Director, gave the team background information on the initiative and expressed where he would like our help – improving the HealthKeeper program.

After talking with Daniel Mensah about the program, we identified the following goals for our project:

- Identify ways to improve the HK’s relationship with MBH
- Research ways to make HK groups more effective
- Understand the HK’s response to selling incentives
- Better understand how HKs impact the health of their communities

With this charge, the team created a list of questions to ask individual HKs (Appendix A). We understood that we would have limited time with each HK and that each HK interview would have different focuses based on their individual and community needs. Because of this, the survey became a working tool on topics to discuss with the HKs, not a structured interview. We reviewed this guide with Sally Brew-

Hammond, the Field Support Manager. Sally visits with the HKs every two weeks during supply visits and discusses with them their challenges and suggestions. Based on this conversation we added the following goal to the project:

- Identify HK product handling and customer service practices

Over the course of the project, we shadowed 13 and interviewed 15 HKs, observed Day 3 of the first HK training and traveled to four days of supply visits. Our field notes can be found in Appendix B.

General Observations

Currently MBH is visiting and communicating with the HK every two weeks during supply visits. However, little time has been spent monitoring and evaluating the HKs' selling practices. As a team we shadowed 13 different HKs as they sold their products to members of their communities for approximately two to three hours. While we realize that the HK and their community members may not have acted completely normal due to our presence, we still feel that we were able to get an accurate picture of typical HK selling practices.

Overall we observed that the HKs are satisfied with their job. They see the value in being an HK and everyone mentioned that they like helping their community be healthier and preventing diseases. One HK said, "I know the importance of using the products. They [the community members] are not educated. It takes time to talk to them. But I have been trained, and I can help teach them that prevention is better than cure."

Each of the HKs interviewed said they could see the health of their community improving because of the health products they offer. One HK mentioned that malaria has been a big issue in her community and now that people are using the mosquito nets she does not hear people complaining as much. Another HK talked about how she likes that her community members know they can come to her when they have a health problem. She said, "If they have diarrhea, they can come to me and get the ORS. Coming to me is easier than finding a store or going to a clinic." In addition to the impact the HKs have on their communities' health, we also found that all of the HKs use some of the products personally and these products have made a difference in their health and that of their household and family members.

Each HK's selling practices reflected their individual personalities and status in their communities. They all had a very in-depth knowledge of their communities, its members, and the specific health problems they were facing. These differences varied their selling practices and focuses on products, but from our observations, the HKs are very knowledgeable on the needs and demands of their community and sell based on this knowledge.

These women have a sense of pride in being an HK, in having the additional training and health knowledge, and in being able to help their communities. In addition to this empowerment, their profits, their own health, and the health of their families have improved since becoming an HK. We found the

HKs and their families are regular users of the products, many of which they were unaware of before becoming an HK. They also mentioned that by telling their own testimonial stories it helps them when they are talking to clients and trying to sell products to skeptical community members.

Selling Practices

Each HK typically had a few products that she focused on when selling. These were her best selling products that she knew she could push, and we found that these four or five products were different for each HK. Most HKs would typically go from house-to-house with the products in their basket and say something like, “I have mosquito nets to prevent malaria. I have the Camel soap for your skin. The reading glasses for your eyes. The ORS for diarrhea.” When asked by the client, the HK would talk more about the diseases and the products that would help prevent them, but usually the HK would just go around her basket introducing each product with a short description and then wait to see the client’s reaction. Based on the client’s reaction, question, or comment on price, then the HK would sell more aggressively. The HK also tailored her selling to the clients’ needs. Many of the HKs mentioned that a certain product would sell well with certain community members. For example, “I always sell the Pepsodent to the students. They like it. The farmers work a lot, so I can sell them the ointment for their body aches.”

During the two to three hours we spent with the HKs, they visited anywhere from 15 to 20 houses with about two to eight people each. When we shadowed the HKs, they did not seem to have a regular path, but rather just knew their communities well and started walking until they came across a group of people sitting outside. Community members also recognized the HKs, due to their aprons and baskets, and some would call them over. On average, the HKs said they would go from door-to-door in their communities several times a week for a few hours. This is a second job for almost all of the HKs we shadowed, and there is not enough demand for them to sell every day. While the HKs do not visit everyone in their community every time they sell, or even every month, we feel that everyone in the community has access to the HK. The HKs are typically prominent members in their community, and they all proudly displayed their HK stickers on their homes. Each HK said that people often seek them out and come to their homes to purchase products, sometimes for more sensitive products like condoms, but also for other products when they have a need.

Again there were times where the community members wanted to find out what we were doing with the HK or the HK wanted to introduce us to her friends, so we realize that these visits may not have been absolutely normal.

Other HK Comments

- Some HKs expressed frustration when MBH did not have products, there was a mistake on their invoice order, or when a slight change in the product had been made (e.g., a different flavor of the toothpaste). The HKs consider two weeks to be too long to be without those products.
- Many HKs mentioned that their prices were the same or lower than in the community stores.
- Some HKs expressed concern that their community is too poor for even the low product prices. One HK said, “There is no money. The people need [the products], but they have no money.”

- Some HKs expressed a desire to create a career and have a future as an HK. “In the future, something bigger will come. That is my hope.”
- One HK said that the local hospital has mosquito nets and condoms for free or at a lower price, making it very difficult for her to sell those two products.

Recommendations

During the initial HK training, MBH lists the following benefits of being an HK:

- Earn income
- Help to improve the health of the community
- Participate in health and business training
- Be part of a network
- Become recognized in the community

Through our interactions with 15 HKs, we heard each HK mention these benefits as a reason they participate in the program. Based on our observations and interviews, we recommend the following opportunities for MBH to improve each of these benefits for the HKs.

Benefit 1: Earn Income

The Problem

From our contact with the 15 HKs, one of the greatest obstacles to expansion and sustainability is the lack of profits. All HKs interviewed mentioned their lack of profits as a significant frustration and concern with the program. Interestingly, very few of them mentioned profit potential as their motivating factor for being an HK, but many of them mentioned the lack of profits as a reason that they may consider leaving the program (one HK actually felt as if she was a volunteer and the reason for her work was simply to help others in the community). This alternative view of profits (the view that no profit is a reason to leave the program) and the role of profits for product distribution, lead the research team to believe that profits act as a source of motivation for the HKs and are a critical component to future program sustainability. Furthermore, profits are the MBH identified source of motivation for the HKs to sell more products and to improve the health of their communities. If this motivational factor is not present, and profit is not a foundational source of motivation, then the program is unlikely to be sustainable and meet the goals stated. This is the primary pricing problem.

Pricing Structure

As already mentioned, the product basket provided to the HKs is separated into two categories. This distinction is clearly demarcated in the record keeping performed by the HKs and by MBH. However, the products are priced similarly. MBH sells the products to the HKs at a small markup (to cover distribution costs) and mandates the prices at which the HKs can sell to customers. The mandated price includes a

fixed profit margin of approximately 20 percent that is earned by the HKs. This profit margin is expected to motivate the HKs to sell more and to expand distribution. The range of profit earned per sale of one product ranges from GHC 0.03 for plaster strips to GHC 1.00 for reading glasses. In respect to pricing, the only difference in the pricing strategy between the two categories of products is that HKs are allowed to purchase door opener products on credit at a slightly higher price (an additional one to two percent markup) and core products must be purchased in cash. In all other respects the two categories are priced the same, including profit margins.

The rationale for the fixed pricing strategy is twofold, to ensure that the core products are sold at prices affordable in the local communities, and to create uniformity among HK practices. The first reason is a direct result of the program goal of distributing health care products to rural communities. The second reason for the pricing structure is to eliminate ambiguity in product pricing and to reduce competition among HKs. This is particularly important where HK selling regions overlap.

It is important to remember the role of the door opener products in the microfranchise model. They are included in the product mix in order to increase HK profitability, not to improve community health. Furthermore, increased profits motivate HKs to continue selling regularly and to expand their customer base, which means that the core products are available to more community members, more often.

Recommendation: Pricing Freedom

A primary concern for the MBH program is the motivation of the HKs to distribute the health care products in their communities. The profits earned on each product sold are designed to increase this distribution, but we believe that this intention is falling short of its stated goal. To overcome this shortfall, we recommend that MBH allow the HKs more autonomy in product pricing. Specifically, we recommend a two tiered pricing structure in which MBH continues with the current fixed prices for core products, but only mandates a price floor (similar to the current recommended price) for door opener products. This pricing strategy will directly address the profit-motivation shortfall by increasing the profits of the HKs and encourage greater distribution. The reason that pricing freedom will allow HKs to potentially increase profits is that in many communities the fixed prices are well below the market rate. This means that the HKs are able to easily sell their products, but given the small size of the communities, they are not able to reach the quantities necessary to earn a significant profit. By allowing the HKs to determine their own prices, they will be able to earn increased profits on door opener products that are currently sold below the market price. By mandating a price floor, MBH will ensure that HKs are not competing amongst each other on price to an extent that will undermine their operations.

To restate the problem, the door opener products are failing to meet their stated goal of providing a profit incentive to the HKs. The importance of the door opener products in the product mix is to provide profits to the HKs and an opportunity to discuss the core products, not to improve the health of the communities. For this reason, the quantity of door opener products sold should not be a relevant factor in program evaluation. Instead, the relevant measurement for door opener products is the profit earned by the HK. Using the current fixed prices, to increase profits the HK must sell more products, but the

small profit margin actually discourages this type of behavior. To sell more products the HK must reach more clients, which requires traveling greater distances and visiting more remote villages or areas of the community. When a great deal of effort is required to increase the quantity of sales, the small profit margin is not seen as a sufficient incentive. Using the proposed pricing strategy, the HKs will earn a higher profit margin on each product sold. This greater profit margin on door opener products will encourage the HKs to sell more frequently and to expand their sales region. As the HKs expand their area of sales, they will come in contact with more community members and be able to provide more information about their health improving products and increase the distribution of the core products. Furthermore, as HK profits increase, the entire MBH program will become more sustainable. With greater profits there will be lower levels of HK turnover which will lower administrative costs. As the HKs expand the size of their sales areas, they will increase their sales volume. Increased volume will allow MBH to purchase products at lower prices and reduce their relative overhead costs. This purchase price minimization has been mentioned in past evaluations as an essential feature to increasing program sustainability and reaching overall program profitability.

Finally, the variation in prices among HKs is not believed to be a significant concern. Profit motivation should lead HKs to price at approximately the same level, which will be equal to the current market price. For this reason it is unlikely that there will be significant discrepancies in HK prices within a proximal geographic region.

Examples

To demonstrate the profit motivation potential of using market prices rather than fixed prices we will use two examples from actual HK visits. Over the course of one week, we were able to shadow 13 HKs and observe their selling practices. During several visits we recorded the number of houses visited and the products sold. At each house the customers commented that the products they were purchasing were priced below the market price or the price that they could purchase them in stores. The following data comes from two of these visits.

Visit 1: During a two hour period we (the HK and the researcher) visited 11 households and 7 of them purchased products. The following table summarizes the purchases and the HK's costs, revenues and profits:

Household	Product Purchased	Cost to HK	Sales Price	HK Profit
1	Sivoderin Powder	GHC 0.78	GHC 0.90	GHC 0.12
	Sivoderin Cream	GHC 1.00	GHC 1.20	GHC 0.20
2	Anytime Pads	GHC 0.75	GHC 0.85	GHC 0.10
	Anytime Pads	GHC 0.75	GHC 0.85	GHC 0.10
3	Pepsodent (Standard)	GHC 0.70	GHC 0.80	GHC 0.10
	Robb Ointment	GHC 0.65	GHC 0.80	GHC 0.15
	Anytime Pads	GHC 0.75	GHC 0.85	GHC 0.10
	<i>Lifebuoy Soap</i>	<i>GHC 0.40</i>	<i>GHC 0.45</i>	<i>GHC 0.05</i>
4	Diclolex Gel	GHC 2.00	GHC 2.30	GHC 0.30
5	<i>Iodated Salt (Large)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>
6	<i>Reading Glasses</i>	<i>GHC 4.00</i>	<i>GHC 5.00</i>	<i>GHC 1.00</i>
7	Robb	GHC 0.65	GHC 0.80	GHC 0.15
	Robb	GHC 0.65	GHC 0.80	GHC 0.15
	Camel (Small Bottle)	GHC 2.10	GHC 2.40	GHC 0.30
	Camel (Large Bottle)	GHC 3.60	GHC 4.00	GHC 0.40
	Camel (Large Bottle)	GHC 3.60	GHC 4.00	GHC 0.40
Total		GHC 22.73	GHC 26.40	GHC 3.67

*** Highlighted products are Core Products

Over the course of two hours the HK was able to earn GHC 3.67 (approximately \$2.45). To demonstrate the profit potential using the recommended pricing strategy, the researcher estimated the actual market prices to determine potential profits and revenues. Under this pricing strategy, it is assumed that the HK will sell the door opener products at the prices that she believes will earn her the highest profits. This will be a price that is approximately equal to the market price. This profit estimate is summarized in the following table:

Household	Product Purchased	Cost to HK	New Sales Price	HK Profit	Change in Price	% Change in Profit
1	Sivoderm Powder	GHC 0.78	GHC 1.00	GHC 0.22	GHC 0.10	83%
	Sivoderm Cream	GHC 1.00	GHC 1.40	GHC 0.40	GHC 0.20	100%
2	Anytime Pads	GHC 0.75	GHC 1.00	GHC 0.25	GHC 0.15	150%
	Anytime Pads	GHC 0.75	GHC 1.00	GHC 0.25	GHC 0.15	150%
3	Pepsodent (Standard)	GHC 0.70	GHC 0.90	GHC 0.20	GHC 0.10	100%
	Robb Ointment	GHC 0.65	GHC 0.90	GHC 0.25	GHC 0.10	67%
	Anytime Pads	GHC 0.75	GHC 1.00	GHC 0.25	GHC 0.15	150%
	<i>Lifebuoy Soap</i>	<i>GHC 0.40</i>	<i>GHC 0.45</i>	<i>GHC 0.05</i>	<i>GHC 0.00</i>	<i>0%</i>
4	Diclolex Gel	GHC 2.00	GHC 2.50	GHC 0.50	GHC 0.20	67%
5	<i>Iodated Salt (Large)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>	<i>GHC 0.00</i>	<i>0%</i>
6	<i>Reading Glasses</i>	<i>GHC 4.00</i>	<i>GHC 5.00</i>	<i>GHC 1.00</i>	<i>GHC 0.00</i>	<i>0%</i>
7	Robb	GHC 0.65	GHC 0.90	GHC 0.25	GHC 0.10	67%
	Robb	GHC 0.65	GHC 0.90	GHC 0.25	GHC 0.10	67%
	Camel (Small Bottle)	GHC 2.10	GHC 2.50	GHC 0.40	GHC 0.10	33%
	Camel (Large Bottle)	GHC 3.60	GHC 4.20	GHC 0.60	GHC 0.20	50%
	Camel (Large Bottle)	GHC 3.60	GHC 4.20	GHC 0.60	GHC 0.20	50%
Total		GHC 22.73	GHC 28.25	GHC 5.52	GHC 1.85	50%

*** Highlighted products are Core Products

From this table it can be seen that relatively small increases in prices of door opener products can lead to significant increases in profits for the HK. This is because the current prices are already covering marginal costs, and therefore any increase in price goes directly to the HK's bottom line. By simply increasing prices by GHC 0.10 to GHC 0.20, the HK is able to increase her profits by 50%. This increased profit will significantly increase HK motivation to expand distribution and to sell to more villages in the surrounding areas.

Visit 2: In the second example, the HK was shadowed for three hours. During this time, we visited 22 households and 12 of them purchased products. The following table summarizes the purchases and the HK's costs, revenues and profits:

Household	Product Purchased	Cost to HK	Sales Price	HK Profit
1	Flexy Gel	GHC 1.20	GHC 1.50	GHC 0.30
2	Flexy Gel	GHC 1.20	GHC 1.50	GHC 0.30
	Toothbrush	GHC 0.44	GHC 0.50	GHC 0.06
	Crepe Bandage	GHC 1.30	GHC 1.60	GHC 0.30
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>
3	Cotton Buds	GHC 0.11	GHC 0.15	GHC 0.04
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>
	<i>Iodated Salt (Big)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>
	Shaving Sticks	GHC 0.70	GHC 0.90	GHC 0.20
4	Robb	GHC 0.65	GHC 0.80	GHC 0.15
	Sivoderm (Cream)	GHC 1.00	GHC 1.20	GHC 0.20
	Shaving Sticks	GHC 0.70	GHC 0.90	GHC 0.20
	<i>Lifebuoy</i>	<i>GHC 0.40</i>	<i>GHC 0.45</i>	<i>GHC 0.05</i>
5	Inhaler	GHC 0.38	GHC 0.50	GHC 0.12
6	Sivoderm (Cream)	GHC 1.00	GHC 1.20	GHC 0.20
7	Flexy Gel	GHC 1.20	GHC 1.50	GHC 0.30
8	Cotton Buds	GHC 0.11	GHC 0.15	GHC 0.04
	Shaving Sticks	GHC 0.70	GHC 0.90	GHC 0.20
9	Robb	GHC 0.65	GHC 0.80	GHC 0.15
	Sivoderm (Cream)	GHC 1.00	GHC 1.20	GHC 0.20
10	<i>Germol</i>	<i>GHC 0.52</i>	<i>GHC 0.60</i>	<i>GHC 0.08</i>
11	Cotton Buds	GHC 0.11	GHC 0.15	GHC 0.04
12	<u>Cotton Buds</u>	<u>GHC 0.11</u>	<u>GHC 0.15</u>	<u>GHC 0.04</u>
Total		GHC 20.85	GHC 25.15	GHC 4.30

*** Highlighted cells are Core Products

Over the course of three hours the HK was able to earn GHC 4.3 (approximately \$2.87). To demonstrate the profit potential using the recommended pricing strategy, in this example we used a more

conservative method than in the previous example. We determined the local market price of one product, Flexy Gel, and compared the profit that could have been earned if the HK had used the market price on just that one door opener product. In this demonstrative example, the HK would sell this product at the market price. This profit estimate is summarized in the following table:

Household	Product Purchased	Cost to HK	New Sales Price	HK Profit	Change in Price	% Change in Profit
1	Flexy Gel	GHC 1.20	GHC 2.10	GHC 0.90	GHC 0.60	200%
2	Flexy Gel	GHC 1.20	GHC 2.10	GHC 0.90	GHC 0.60	200%
	Toothbrush	GHC 0.44	GHC 0.50	GHC 0.06	GHC 0.00	0%
	Crepe Bandage	GHC 1.30	GHC 1.60	GHC 0.30	GHC 0.00	0%
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Camel Soap (Big)</i>	<i>GHC 0.82</i>	<i>GHC 0.95</i>	<i>GHC 0.13</i>	<i>GHC 0.00</i>	<i>0%</i>
3	Cotton Buds	GHC 0.11	GHC 0.15	GHC 0.04	GHC 0.00	0%
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Camel Soap (Small)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>	<i>GHC 0.00</i>	<i>0%</i>
	<i>Iodated Salt (Big)</i>	<i>GHC 0.35</i>	<i>GHC 0.40</i>	<i>GHC 0.05</i>	<i>GHC 0.00</i>	<i>0%</i>
	Shaving Sticks	GHC 0.70	GHC 0.90	GHC 0.20	GHC 0.00	0%
4	Robb	GHC 0.65	GHC 0.80	GHC 0.15	GHC 0.00	0%
	Sivoderm (Cream)	GHC 1.00	GHC 1.20	GHC 0.20	GHC 0.00	0%
	Shaving Sticks	GHC 0.70	GHC 0.90	GHC 0.20	GHC 0.00	0%
	<i>Lifebuoy</i>	<i>GHC 0.40</i>	<i>GHC 0.45</i>	<i>GHC 0.05</i>	<i>GHC 0.00</i>	<i>0%</i>
5	Inhaler	GHC 0.38	GHC 0.50	GHC 0.12	GHC 0.00	0%
6	Sivoderm (Cream)	GHC 1.00	GHC 1.20	GHC 0.20	GHC 0.00	0%
7	Flexy Gel	GHC 1.20	GHC 2.10	GHC 0.90	GHC 0.60	200%
8	Cotton Buds	GHC 0.11	GHC 0.15	GHC 0.04	GHC 0.00	0%
	Shaving Sticks	GHC 0.70	GHC 0.90	GHC 0.20	GHC 0.00	0%
9	Robb	GHC 0.65	GHC 0.80	GHC 0.15	GHC 0.00	0%
	Sivoderm (Cream)	GHC 1.00	GHC 1.20	GHC 0.20	GHC 0.00	0%
10	<i>Germol</i>	<i>GHC 0.52</i>	<i>GHC 0.60</i>	<i>GHC 0.08</i>	<i>GHC 0.00</i>	<i>0%</i>
11	Cotton Buds	GHC 0.11	GHC 0.15	GHC 0.04	GHC 0.00	0%
12	<u>Cotton Buds</u>	<u>GHC 0.11</u>	<u>GHC 0.15</u>	<u>GHC 0.04</u>	<u>GHC 0.00</u>	<u>0%</u>
Total		GHC 20.85	GHC 26.95	GHC 6.10	GHC 1.80	42%

*** Highlighted cells are Core Products

As can be seen from the table, increasing the prices of just one product to market level can have a significant impact on HK profits. In this example, this one change increased the HK's profits by 42%, from GHC 4.30 to GHC 6.10.

Economic theory suggests that as prices increase, quantity sold will decrease. In this instance, this common observation will be only partially accurate. The HKs will be motivated to sell at or below the current market level. At this price, a consumer would be ambivalent to purchasing from the HK or from a store, all other factors being equal. But all other factors are not being held equal. The HK is actually providing an extra service by bringing the product directly to the consumer's doorstep and therefore could actually charge a slightly higher price than the market. By keeping the prices close to the market price, and because the HKs bring the product to the consumer, it is unlikely that the volume of sales from current customers will noticeably decrease; and, as already mentioned, overall volume of sales should increase, as the HKs are motivated to sell to a greater number of communities and villages. To reiterate the point, the pricing freedom will *only* apply to door opener products.

Implementation Plan

The implementation of the recommended pricing strategy will require a short training session of current HKs. This could be performed at the biweekly supply drops and the training should expand on the current MBH business training given to the HKs during Day Three of Training One. Many HKs have expressed interest in more training on business practices anyway, and this will be an opportunity for MBH to emphasize the importance of basic, but critical topics. The HKs will need to be taught about price setting (price/quantity tradeoffs), cost of goods sold, and profit margin. With this basic knowledge, the HKs will be prepared to take greater control of their operations and improve their profit earning potential. Most of these topics are already discussed in the training; however, we recommend that it be more robust in order to handle this more complicated business situation.

Furthermore, we recommend that MBH implement this new pricing policy through a pilot program. Depending upon the success of the pilot group, MBH can decide whether or not to continue with the new strategy. MBH could select a geographically isolated group of HKs (geographic isolation will allow MBH to observe results without effecting other sales groups) that have received their training more than one year prior, perform the new training, and then monitor the outcomes. Over the course of several months MBH could evaluate the effectiveness of the new pricing strategy by comparing past years' order quantities for the same months with present order quantities. Comparing these order quantities will not provide direct insights to HK profits, but, if greater quantities of products are being ordered, then it can be assumed that increased profits have encouraged the HKs to scale up their sales efforts. In addition to this sales information, MBH could use a third party researcher to question the HKs about their satisfaction with the HealthKeeper Program and their profits. If satisfaction has improved, even without increased levels of sales, this will at least reduce HK attrition costs.

Challenges

This pricing strategy does have significant challenges, specifically:

- Fear of price negotiation with core products
- More ambiguity in HK practices
- No price protection for HKs (some HKs enjoy fixed prices because it eliminates the challenges of haggling)

Most of these challenges can be overcome through effective training. There is already a separation in core products and door opener products in HK record keeping and training. This separation can be used to emphasize the difference in pricing strategies for the two groups of products. HKs can be taught to sell at or near market prices, eliminating much of the ambiguity in HK practices and reducing the amount of haggling. HKs can still be given a “recommended” pricing sheet and, if they prefer a fixed price system, use these prices in their communities. They could even tell clients that prices are fixed and use that sheet as evidence. The implementation of a price floor will ensure that HKs do not sell at or below cost in negotiations with clients. In summary, these challenges are real, but they can be overcome through effective training on sound business practices and through support from MBH.

Benefit 2: Help to Improve the Health of the Community

Of the 15 HKs interviewed, all of them said that they were an HK in order to improve the health of their communities. This sense of providing a community service is a significant source of overarching motivation for the HKs (although it may not be a daily motivator). MBH can use this motivation to expand on current HK practices and further meet the goal of improving community health. MBH can do this by:

- Providing more training on how to organize and administer a “learning party”
- Encouraging HKs to organize health groups or clubs in their communities
- Creating a scholarship fund for health based training (nursing, midwifery, etc.)

Learning Parties

Many HKs have taken the initiative to have “learning parties” or “group learning” activities in their communities. The most frequently mentioned examples included scheduled eye examinations for teachers at the schools and bed net education programs for churches or women’s groups. In each community there are many venues for group learning and selling, including: churches, schools, hospitals, women’s groups, agricultural groups, etc. These venues provide an audience that is receptive to the information and products provided by the HKs. To build upon this opportunity for increased sales and dissemination of information, MBH should provide a toolkit to HKs that can be used to plan and implement a successful group learning activity. We believe that more HKs (especially those who are less proactive) would perform these group learning activities and perform them more often if they had better information about what steps to follow and about critical partners for a successful outcome. The

HKs could be given a program of topics to cover in their presentation and activities that could be included in the learning party. For example, mothers could be taught about bed nets and ORS in a church supported learning party. The HK could describe the benefits of a bed net, demonstrate how to hang the bed net, describe the benefits of using ORS, and prepare a sample of ORS. This basic toolkit would relieve some of the anxiety that may be currently preventing HKs from performing group learning activities or from performing them on more topics.

All of the HKs interviewed expressed interest in doing “learning parties,” but only some of them seemed to know the next step to actually prepare to have one (one HK held an informal and brief learning party during the shadowing session). One HK said, “My pastor wants me to go to the groups and teach them how to use these products.” However, she has not done this. When she first became an HK she brought the products to church with her and got a positive reaction, but now she just sells door-to-door. She has the support of her pastor, already has product users in the community, and just needs a little help organizing a “learning party.” We found this was very common with the HKs interviewed. They all expressed a desire and recognized the value in teaching and selling to a big group, but few of them were actually doing it.

Health Groups

Health groups provide an audience to receive HK information and a body of advocates for the HK program and distribution of products. The health groups could be formed at the schools (Health Club), in conjunction with current Women’s Groups and church groups, or could be the creation of a new group, such as Mothers Against Malaria. By creating a health group, the HK reinforces the need for community involvement to overcome community health concerns. These groups provide a venue for the HK to pass on their health training and also to sell their products. There is a current incentive to form these groups, because HKs will sell more products. However, MBH could further encourage this behavior by including group formation in the training sessions (this could be in conjunction with the “Learning Parties” training) and by rewarding HKs who have successfully created these groups. The rewards could consist of verbal praise in a group setting, a gift such as those already being used by MBH (i.e. wall clocks), a certificate, etc.

Scholarship Fund

MBH could sponsor the creation of an annual scholarship fund. This fund would be used to support a successful HK interested in expanding her studies in a health related education program for nursing, midwifery, first aid, etc. This scholarship fund would serve two purposes. First, it would help to improve community health by facilitating advanced training in the health field for a community member. Second, it would motivate HKs to sell more products and provide an incentive for successful participation in the program. The scholarship could be funded by MBH, Freedom From Hunger, or private donors. The recipient could commit to working in her home community on completion of her education. This capacity building could have significant implications for the future health of that community and support MBH’s overarching goal of improved community health.

Benefit 3: Participate in Health and Business Training

All the HKs interviewed mentioned that they liked the training sessions and feel like this additional education allows them to better help others. Also, as community members learned they were an HK, people started asking them questions and they were proud to be able to answer them correctly. One HK said, “When we finished [with the initial training], I introduced my area, my people to the products. I taught them how to wash their hands. I taught them lots of things. And then I told them to go out and teach others.”

When we asked the HKs if they would like or need more training they always responded that more training would be good, but they never could mention a specific topic they wanted. The idea seemed to be that more training is always a good thing, but there is not a specific need they have – at least that they recognize. One HK said, “I want to continue training. The more you sell the more you get.”

We recommend MBH add additional training in two areas.

- Specific training on selling practices for difficult products, particularly for contraceptives
- Continued business training, specifically on profits and the MBH recordkeeping forms

Additional Training on Selling Practices

From our visits with HKs, it was obvious that some were better than others at selling certain products. We believe that the discrepancies are a result of varying past experiences, backgrounds, understanding of the products and personality. This is particularly true for difficult to sell products such as condoms. MBH has an opportunity to research best selling practices among HKs, to compile this information, and to disseminate it to the HKs through short training sessions. For example, many HKs were frustrated with condom sales. For these HKs, condoms were not a fast moving product and were an inefficient use of capital. To overcome this perception, the HKs need to be taught different methods of selling contraceptives. They can be provided with different techniques for approaching the subject with different demographics of clientele, as often is the case, the difficult step in the process is simply beginning the conversation. For example, they could approach the subject with married women by asking them how many children they have, how many they want to have, and when do they want to have more. This opens the door for the HK to recommend condom or oral contraceptive purchases. A similar technique can be used for husbands. For secondary school students it is important that they realize that the HK has the product. The HK can simply tell the students that she sells them, and at a low price, and in many instances the students will come to the HK to make a purchase when they are ready. Finally, it has been mentioned by several HKs that they use multiple venues for selling certain products. Some HKs sell their condoms on consignment through the local chemist or give them to male store owners to sell. This sales technique ensures that the community has access to the contraceptives, although it does not provide the HK with the opportunity to educate clients on the product.

Continued Business Training

Currently there are many different forms MBH uses to monitor and track the HKs – supply and payment cards, invoice sheets, return sheets, customer information sheets, and a suggestion form. During our interviews, the HKs expressed concerns about all of the different sheets. They said they understood them, but did not necessarily use all them or see the value in them. We recommend that MBH takes a step back from the different forms and creates a list of things it needs to monitor for the HKs. For example, it is obviously important to track their payment, debt balance, and orders. After MBH has identified what these critical elements are, then they should take a look at the forms. Are there forms that can be eliminated? Are there forms that can be condensed? By really taking a look at the organization’s needs, the time and hassle of collecting information that MBH is not actually using can be saved.

In addition to condensing the current forms, we also recommend creating two new sheets for the HKs:

- An easy to read price list for all products
- A profit calculation sheet

Price Sheet: Almost all of the HKs knew the prices for the products by memory; however, those HKs that did not remember every single price had a difficult time reading the “Recommended Retail Prices” sheet. By condensing the list and adding a dotted line from the product to the price, the HKs will be able to more easily find the correct prices. We also recommend laminating this condensed sheet so the HKs can use it often and easily show it to clients who question prices. The following table provides an example of a Price Sheet (the number of products has been limited five for demonstrative purposes; the actual sheet would need to include all products):

Product	Price
Bed Nets	GHC 3.00
Water Treatment - 10 Tablets	GHC 0.50
Iodated Salt - Small (250mg)	GHC 0.25
Iodated Salt - Large (500mg)	GHC 0.40
ORS	GHC 0.30

Profit Calculation Sheet: During our interviews, all of the HKs told us they understood profits and could give us examples of how a profit is calculated. However, it seemed that none of the HKs really knew how much money they were making by being an HK, leading us to believe that they do not actually

calculate their profits. There was this reoccurring theme that the HKs felt that the “profits are small, small, small” and it discourages them from selling. Furthermore, during the supply visits it was obvious to the researchers that some of the HKs were discouraged by their debt balances being so high, even after a year or more. In order to help the HKs know exactly what their profits are, we recommend creating a sheet that can be easily used to calculate their profits. The sheet would consist of listing each product (in a similar way to the above mentioned price sheet – not every SKU but every product at a unique price), the amount of profit for a sale, and a place for the HK to list out how many items she sold. A simple formula would be given so the HK can easily see that, for example, they sold two Carmel Soaps (Big) for GHC 0.13 profit each, totaling GHC 0.26. This would also encourage the HKs to better track their actual sales. In the end, the hope is that the HKs will be able to see exactly what their profits are and realize 1) that they are making more money than they initially thought and 2) that they will payback the full amount of sales, since they can subtract the correct amount of profit. This will lead to a faster payback period and hopefully encourage the HKs to sell more when they are buying the products at the lower cash price. The following table provides an example of a Profit Calculation Sheet (the number of products has been limited five for demonstrative purposes; the actual sheet would need to include all products):

Product	Profit	Quantity	Total Profit
Bed Nets	GHC 0.50	X	=
Water Treatment - 10 Tablets	GHC 0.10	X	=
Iodated Salt - Small (250mg)	GHC 0.05	X	=
Iodated Salt - Large (500mg)	GHC 0.05	X	=
ORS	GHC 0.08	X	=
TOTAL PROFIT			+

Benefit 4: Be Part of a Network

Many of the HKs interviewed referred to the sense of belonging to a group as something that they enjoyed about the HK program. This sense of network and being part of an organization working towards something that they believe is important are significant benefits for the HKs. To capitalize on this, MBH recently began recommending that each training group of HKs form a HealthKeeper Group. These groups are encouraged to meet every two weeks, in conjunction with the scheduled supply drops. The groups meet to discuss challenges and the gathering provides a social opportunity as well. MBH has

kept a hands-off relationship with these groups and has encouraged them through suggestions and recommendations. We believe that by further cultivating these groups, MBH could improve sales techniques, increase HK satisfaction, incentivize HKs to sell more products, and use groups to perform some of the bureaucratic functions necessary to the program.

Currently, the groups (if they exist at all) have a loose structure consisting of a president, a secretary, and a treasurer. Most groups do not seem to hold formal meetings, do not have set agendas, and do not have a common goal. We have two suggestions for ways that MBH could strengthen these groups, while maintaining a hands-off relationship.

First, MBH could provide incentives for group sales. MBH currently provides incentives for individual “Best Sellers”. MBH could expand this program to have a “Best Sales Group” award that rewards groups for meeting specific sales targets or for outperforming other groups. (However, given the discrepancies in group sizes and selling regions, we recommend using fixed goals for each group.) The reward could be a small party to take place after or during a supply drop, with MBH providing the food, or even a group trip to a tourist destination in the area. These incentives will encourage the group to work together, to improve sales techniques, and to strengthen the relationship between the HKs and extend the sense of belonging.

Second, MBH could strongly recommend a group savings program. Throughout West Africa it is common for groups, especially women’s groups, to form joint savings programs. In these programs, the women have a weekly, biweekly, or monthly meeting where each participant is required to donate a fixed sum to the savings program. Each meeting, one woman receives the total sum of the savings on a rotating basis. The group encourages the participants to save and plan for the future. The money is often used to make large purchases for the family or to pay school fees. We recommend a similar program for the HKs. Currently each HK is required to pay GHC 10 as a membership fee for the HealthKeeper Program. Most HKs cannot afford to pay this in one lump sum and prefer to make small occasional payments to MBH. The HK groups could implement a plan where at each biweekly meeting every HK is required to donate GHC 1 to the savings program. When the savings reach GHC 10, an HK would receive that sum to be used to pay her fees to MBH in full, once again on a rotating basis. This program will encourage strong group relations, reduce the record keeping for MBH (since the women will be paying the full GHC 10 fee in one sum, rather than many small payments), and provide a platform for future savings among the group.

These recommendations will strengthen the group relationships and provide a more formal venue for information sharing. We believe that these recommendations will help the groups reach the goals of increased HK satisfaction, greater sales volume, and reduced MBH involvement in HK activities.

Benefit 5: Become Recognized in the Community

All of the HKs we observed were recognized in the community as an HK and the community members often go directly to their homes or seek them out when they are selling. During our shadowing visits we saw the “HealthKeeper” sticker on the doors of most of the HKs’ homes, with the exceptions of one HK who still had her sticker in her packet and two HKs whose stickers had peeled off their doors because of the humidity. We feel that the visibility of the HKs is very good, and MBH should just continue to make sure the HKs are displaying their HealthKeeper stickers and giving them new stickers when needed. MBH should also ask the HKs after they have been in the program a year or longer about the condition of their basket and apron. All of the baskets and aprons we observed were in acceptable condition, but the older baskets were starting to show some wear and tear.

During our visits we did notice some HK signs on the side of the road leading to the Central Region. Based on the availability and cost of these larger signs, it may be beneficial to find out if one can be installed in every community where there is an HK. This additional signage will help increase the visibility of MBH and of the HK in the community.

Appendix A: HK Survey

Introduction

- University students from USA
- We don't work for MBH
- We are asking everyone the same questions and everything will be confidential
- We want to use the information to improve the health in the communities

Background

1. How many people live in your house?
2. What is your level of education?
3. Do you have another job?
4. How long have you been an HK?

MBH Assessment / Improving Community Health

1. What MBH products do you personally use?
 - a. Does your family also use these products?
 - i. How many (Bed nets)?
2. Which products do you sell the most of?
 - a. Do you have customers that always purchase your products?
 - i. What products do they buy the most?
3. How often do people come to your house to ask about health products?
 - a. How many people?
4. Are there other things you have done to help the community since you have been a HK?
5. Have you conducted any group learning activities (at school or at church)?
 - a. What groups operate in your community?
 - i. What would you like to teach? What should these groups know about?
 - b. Do you plan to do any learning parties in the future?
 - i. If not, how could MBH help you to do one?
6. Tell me some stories about helping your community live healthily.

Effective Groups

1. Do you have a formal HK group (President, Secretary, Treasurer)?
 - a. How often do you meet? How often do you want to meet?
 - b. What do you like about group meetings?
 - c. What would you like to do differently in group meetings (Length, size, etc)?
 - d. What role do you think this group should have?
 - e. How big is your group?
 - i. What is a good size?

Relationship between MBH and HK

1. Show us your invoice sheets, return sheets, customer information sheets, supply and payment card, and suggestion form.
 - a. What do you have to fill out?
 - i. Is it confusing?
 - ii. Do you like them?
 - iii. How do you know if you are making money (i.e. profit)
 1. Do you calculate your profit?
 2. If so, how?
 - b. Tell me about core products v. door opener products
 - i. Which ones do you push to sell?
 - ii. How do you sell your products (do people approach you or vice versa)?
 - c. Tell me about credit v. cash

Supply/Inventory

1. How do you feel about the supply drops?
 - a. Is it too much time?
 - b. Is it helpful?
2. What more would you want to take place at supply meetings?
 - a. What do you like and dislike about the meetings?
3. What is your opinion on the current ordering process?
 - a. Do you text?
 - b. Call?
4. Is your order placement affected by your debt?
 - a. Are you worried about being told you are not able to receive products at the drops?
5. How do you plan for your supply orders? Do you have a check list?
6. What products do you only order when someone asks for it?
7. How do you store your products at your home?
 - a. Based upon observations of products, ask them about their practices.

Trainings

1. What additional training do you want from MBH?
2. With the current training topics, what do you want more of?
 - a. What is your current understanding?
 - b. Would you like to repeat them?
3. Rank the following options:
 - a. Understanding your invoice
 - b. Understanding your profits
 - c. Growing your business
 - d. Selling Techniques

Incentives

1. Why do you sell for health keepers? What motivates you?
2. What incentives do you want?
 - a. Money
 - b. Free product
 - c. Fun products – nail polish, etc.
 - d. Group trips Status awards
 - e. Award ceremony
 - f. Badges for their aprons – with recognition
 - g. Promotions

Areas of Observation

- Product handling (clean, dirty, damaged)
- Customer Relations
- Overall selling process and demeanor
- Other

Questions for Customers:

- What products does the customer regularly purchase?
- How does the customer use the products?
- How have the products improved the customer's health?
- Does the HealthKeeper provide useful information?

Appendix B: Field Notes

HealthKeeper #1: The researcher was able to interview and shadow the HK for two hours. She has been a HealthKeeper for seven to eight months. She works as a HealthKeeper to supplement her income as an Insurance Registrar at a local clinic. Before working at the clinic she was member of the local Government Assembly and was trained by the World Health Organization as a Community Counselor. She lives alone with her teenage son.

She personally uses many of the products, including: Lifebuoy Soap, Camel Antiseptic Solution, Aquatab, an ITN, Sivoderm Powder, and iodated salt. Her son also uses these products. Her best selling products are the Camel Antiseptic Solution and Lifebuoy Soap, but she also sells a lot of iodated salt, Aquatabs, and bed nets. She said that Aquatab purchases, however, are limited to a few customers and that bed nets sell best to pregnant women. She also said that she has a difficult time selling condoms.

Her home is located in the center of town and she says that she regularly has customers come to her house searching for her products. She also has customers who regularly visit her to buy products at the clinic where she works. She has sold products through the local churches, particularly Aquatab, bed nets, and ORS. She has also performed group eye exams for teachers at the school. She estimates that there are 30 churches in her community, 2 schools, and other groups such as a Women's Ministry Group (she is the president of this group), and a Cross-Country Group that works on AIDS awareness campaigns. She would like to teach her community Youth Skills Classes and classes on Income Generators.

She is the president of her HealthKeeper Group, which was formed two weeks ago. The group plans to meet once a month. She enjoys the group meetings as a social event and likes to be involved. She views the group role as disciplinary and social. There are 18 women in the group.

She is not concerned about the forms that she has to fill out for MBH, although she does not track customer sales as recommended by MBH. Her greatest complaint in this area is that MBH does not respond to the suggestions that HKs make. She feels that they are not effective since the forms go, but nothing comes back different and there are no responses.

She says that she calculates her profits regularly, but from the researcher's observations, it is more of a general calculation. She seems to determine how much she sold and estimate how much of her revenue is hers to keep. She does sell products on credit and says that it is necessary to her business.

She is satisfied with the "Supply Drop" meetings, which usually last for 1 to 2 hours, and says that it is not too much time. She prefers to text her supply orders, because calling is too expensive.

She would like to receive more training on Family Planning, First Aid, and possibly business skills.

She says that she would be incentivized by free products (current HK Products), fun products (such as Revlon), social events, and an awards ceremony.

The HK kept her products and herself very clean and neat. She carried her apron with her, but did not wear it. She moved about most areas of town, but only visiting her known customers. She said that if she visited a house several times with no interest in her products, that she quit going to those houses. She was very friendly with her customers, particularly the elderly, and knew them very well.

The following table summarizes the HK's household visits, revenues and profits for the two hour period observed:

Household	Product Sold	Quantity	Revenue	Profit
1	Sivoderm Powder	1	GHC 0.90	GHC 0.12
2	Sivoderm Cream	1	GHC 1.20	GHC 0.20
3	Anytime Pads	2	GHC 1.70	GHC 0.20
4	Pepsodent (Standard)	1	GHC 0.80	GHC 0.10
	Robb Ointment	1	GHC 0.80	GHC 0.15
	Anytime Pads	1	GHC 0.85	GHC 0.10
	Lifebuoy Soap	1	GHC 0.45	GHC 0.05
5	Nothing Purchased	0	GHC 0.00	GHC 0.00
6	Nothing Purchased	0	GHC 0.00	GHC 0.00
7	Diclolex Gel	1	GHC 2.30	GHC 0.30
8	Iodated Salt (Large)	1	GHC 0.40	GHC 0.05
9	Nothing Purchased	0	GHC 0.00	GHC 0.00
10	Reading Glasses	1	GHC 5.00	GHC 1.00
11	Robb	2	GHC 1.60	GHC 0.30
	Camel (Small Bottle)	1	GHC 2.40	GHC 0.30
	Camel (Large Bottle)	2	GHC 8.00	GHC 0.80
Total		16	GHC 26.40	GHC 3.67

HealthKeeper #2: The researcher was able to interview and shadow the HK for three hours. She has been an HK for 5 months and also works as a social worker with Rising Star International. She cares for 42 abandoned children and battered women. She does not receive a salary for this work, but refers to it as her “calling”. She works as an HK to earn money to provide for the women and children in her care. She wants to continue working as an HK because she gains friends and provides products that are not otherwise available in her community such as bed nets.

She does not mind the MBH forms, but does not like having to ask customers their names and record them (she does do this however, and keeps the record in a notebook). She would like to know why MBH wants this information, especially when she is only selling something like Flexy Gel.

She is very good at selling her products. She acts out different pains and product uses for her customers. She is always friendly and very animated. She is very good at communicating with the youth. She made sure that groups of young men and women knew that she was selling contraceptives and that they could come to her to purchase them (although nobody openly purchased them that day). She thoroughly explains products that she thinks a customer might be interested in.

She is very good at writing things down and uses a calculator to show customers their balance and the change that they will receive. However, she has not memorized the prices and has to refer to the “Recommended Price” sheet. She is need of a price sheet that is condensed and easier to read. Also, she and her customers often get confused about the “Recommended Price” sheet and the way that the products are labeled for Cedis and Pesawas.

She believes that the prices set by MBH are almost always below the market prices. She was able to give the researcher examples of comparative prices for products purchased in a store or in the market. Her biggest complaint was that profits are too small.

Customers frequently visit her house to purchase products. They know which days she normally comes to visit and expect to see her. She coordinates her selling schedule around the farmers’ schedules.

The following table summarizes the HK’s household visits, revenues and profits for the two hour period observed:

Household	Product Sold	Quantity	Revenue	Profit
1	Nothing Purchased	0	GHC 0.00	GHC 0.00
2	Nothing Purchased	0	GHC 0.00	GHC 0.00
3	Flexy Gel	1	GHC 1.50	GHC 0.30
4	Flexy Gel	1	GHC 1.50	GHC 0.30
	Toothbrush	1	GHC 0.50	GHC 0.06
	Crepe Bandage	1	GHC 1.60	GHC 0.30
	Camel Soap (Big)	6	GHC 5.70	GHC 0.78
5	Cotton Buds	1	GHC 0.15	GHC 0.04
	Camel Soap (Small)	6	GHC 2.40	GHC 0.30
	Salt (Big)	1	GHC 0.40	GHC 0.05
	Shaving Sticks	1	GHC 0.90	GHC 0.20
6	Robb	1	GHC 0.80	GHC 0.15
	Sivoderm (Cream)	1	GHC 1.20	GHC 0.20
	Shaving Sticks	1	GHC 0.90	GHC 0.20
	Lifebuoy	1	GHC 0.45	GHC 0.05
7	Inhaler	1	GHC 0.50	GHC 0.12
8	Nothing Purchased	0	GHC 0.00	GHC 0.00
9	Nothing Purchased	0	GHC 0.00	GHC 0.00
10	Nothing Purchased	0	GHC 0.00	GHC 0.00
11	Sivoderm (Cream)	1	GHC 1.20	GHC 0.20
12	Flexy Gel	1	GHC 1.50	GHC 0.30
13	Nothing Purchased	0	GHC 0.00	GHC 0.00
14	Nothing Purchased	0	GHC 0.00	GHC 0.00
15	Cotton Buds	1	GHC 0.15	GHC 0.04
	Shaving Sticks	1	GHC 0.90	GHC 0.20
16	Robb	1	GHC 0.80	GHC 0.15
	Sivoderm (Cream)	1	GHC 1.20	GHC 0.20
17	Nothing Purchased	0	GHC 0.00	GHC 0.00
18	Nothing Purchased	0	GHC 0.00	GHC 0.00
19	Nothing Purchased	0	GHC 0.00	GHC 0.00
20	Germol	1	GHC 0.60	GHC 0.08
21	Nothing Purchased	0	GHC 0.00	GHC 0.00
22	Cotton Buds	1	GHC 0.15	GHC 0.04
23	Cotton Buds	1	GHC 0.15	GHC 0.04
Total		33	GHC 25.15	GHC 4.30

HealthKeeper #3: The researcher was able to interview the HK for one hour, but was unable to shadow her. She has been a HealthKeeper for five months. She also works as a “trader”. She enjoys her new role within the community and likes to be viewed as a nurse or doctor. She also likes to help her community and believes that she is having a positive impact.

She says that her prices are lower than in the stores or the market. She likes that she sells affordable products and the low prices mean that people buy more. She even sells products to stores to resell, because her prices are lower than theirs. She complained that her profits are too small and said that this is a common complaint of most HKs. The small profits make it difficult for her to sell and stay in the program. She removes her profits from her revenues when she places an order.

She visits her customers two times a week.

She believes that the interface with MBH is pretty smooth. She did not have any complaints about the supply drop process. She calls in orders because she does not know how to send a text message. She did say that the “Supplies and Payments Record” is too confusing but that the “Inventory” sheet is understandable.

Her training group of HKs use the biweekly supply drops to meet as a group. As a group they discuss: problems in the field, which goods are moving and which aren’t, and how to sell products. They also pay dues or GHC 1 per person, but they would like to increase this amount to GHC 2 per person so that they can help each other more. There are nine HKs in the group and they have an elected President, Vice President, Secretary, and Cashier. However, two the members are teachers and they do not come frequently.

Her best product is Pepsodent Toothpaste. At the schools she sells a lot of Anytime Pads, bandages, and ointments (Flexy Gel, Robb, etc.). Her slowest moving products are condoms and ORS. She says that customers are too shy to buy condoms from her and prefer to buy them in the drugstore. She believes that the current prices are below the market price, often significantly, and at times only moderately. She says that the changes in prices make it more difficult to sell products. She commented that customers frequently come to her house to buy products.

She said that HKs like to try the products themselves. If they like them, then they try to sell them more aggressively. To sell the core products, she says that she has to give the customers a lot of information first and this takes a lot of effort.

She has used her church to disseminate information about her products and to sell more.

HealthKeeper #4: The researcher was able to interview the HK for one hour, but was unable to shadow her. Her English was limited and therefore the length depth of the responses was limited. She has been an HK for five months and also works as a hairdresser. She enjoys being an HK because she likes to help people in the small villages.

Her best selling products are iodated salt and bed nets. She has four customers that she regularly sells to, but also has many others who buy occasionally. It is difficult for her to sell condoms and ORS.

She calls in her orders because she does not know how to send a text message.

HealthKeeper #5: The researcher was able to interview and shadow the HK for two hours. The HK has been a HealthKeeper for one year. She also sells products from her house (table top seller). She likes being an HK because she likes to help her community and she says that it also improves her personal standing in the community. She likes to care for her family and she said that being an HK has allowed her to pay her children's school fees and buy them clothes.

She uses a bed net and so do her family members. There are eight people living in her home. She believes that it has reduced the number of occurrences of malaria in the family.

Her most popular products are Robb, Diclolex, and Pepsodent Toothpaste (which she sells mostly to the students), lip balm, and bed nets (customers believe that the bed nets are a good price). She says that her price for Camel Soap is the same as in town or higher, so not many people buy it. People often come to her house to buy products. She goes to the surrounding villages to sell products every Monday and Wednesday.

She conducts group selling and learning activities at the local "rice grinder". Many farmers regularly come here and have to wait for their rice to be processed. She uses this opportunity to sell products. She has also had her products announced in church, but never sold through the church. She mentioned that there is a Youth Group in her town and a Women's Fellowship group that she is aware of.

Her HK training group meets regularly. They have elected officials but she did not say which ones. As a group they discuss what they do to sell products and share ideas.

She said she likes to sell the reading glasses because they improve the customers' quality of life. The women are able to sew and clean rice without some much difficulty. She said that she has been successful at helping community members overcome bouts of diarrhea and reduced the occurrences of skin rash. She also believes that she saves community members money by selling them bed nets, which are cheaper than mosquito coils and she is preventing new cases of malaria.

She does not calculate her total profits earned, but instead estimates them. She does know how much she earns per product sold. She says that small profits and prices are her biggest problem. She says that some products are sold at prices that are more than in town and she wants these prices lowered. (This phenomenon was accounted for by Sally. Apparently prices are increasing rather regularly given current economic conditions and a weakening Ghanaian currency. Some stores in town buy in bulk and continue selling their products at low prices, even when market prices have increased. However, the HKs are notified of price changes on a biweekly basis. This leads to the described phenomenon where HK prices are higher than store prices because they are more in sync with market changes). Her other greatest

complaint was her level of debt. She does not like to be indebted to MBH, but due to the small profits, she is having trouble paying off her credit.

She texts her orders to MBH on a biweekly basis. She does not believe that supply drops are excessively long. She did mention that there are problems with MBH stocking out of a product and not being able to provide it to her when she orders it. Occasionally she is restricted in her order quantities allowed by MBH due to her debt level, which she does not like. She plans her orders based upon sold well in the previous two weeks. She also uses the MBH provided sheets as a checklist. There are also products that she only orders when they are requested by customers. She does this with many products but it is the norm for Smaggies Diapers.

She would like to receive more training about eye care and skin care. She said that there are a lot of eye problems in her community and she would like to begin selling pimple medication to the students. Also, she said that she would like more training on ORS. She believes that she most needs training in the following areas, the first being the most important and so on: growing her business, selling techniques, understanding her invoice, and understanding her profits.

HealthKeeper #6: The researcher was able to interview and shadow the HK for one hour. She has been an HK for almost one year. There are nine people in her household. She enjoys being an HK because she likes helping people in their homes.

She says that her products sell very well because the prices are lower than the store prices. Her most popular products are ORS, Lifebuoy, ITNs, Sivoderm, Pepsodent Toothpaste, Germol Soap, and Camel Antiseptic Ointment. She says that there are many fishermen in her area and that they like to purchase Camel Soap and Sivoderm. She sells bed nets to teachers and students in the schools. She also said that she sells many bed nets at funerals, especially during the rainy season.

People often come to buy things from her house, but she is also frequently called to the villages to see people and sell them products. She tries to go out regularly to do her rounds, but does not always make it.

She has an HK Group with the women from her training, but she did not say how often they met or what they do.

She believes that the ORS and bed nets are having the greatest positive impact on her community, but that Lifebuoy is also important. She said that the Flexy Gel is improving customers' quality of life by reducing pain. She also believes that Pepsodent Toothpaste and Germol Soap are helping her community but she did not say how.

HealthKeeper #7: The researcher was able to interview and shadow the HK for one hour.

The HK has a significant amount of debt (GHC 300) which means that she is limited in the amount of products she can order. The high debt level is a result of carrying a high level of inventory and selling products to customers on credit.

Her most popular products are Camel Antiseptic Solution and Anytime Pads. She says that prices are good and more customers would buy the products, but they just don't have any money. One customer commented that the prices were too high, but he still bought the products.

She has frequent customers and moves between them quickly in a market area. Most of them purchased from her.

Her biggest problem is profits. She believes that the small profits are keeping her from paying down her debt and makes giving credit risky.

HealthKeeper #8: The researcher was able to interview and shadow the HK for three hours. The HK has been with the HK program for about three months. She works as an HK to supplement her income as a seamstress. She currently lives with her mother, sister's daughter, aunt and two children.

She personally uses many of the products, including: Camel and Germol Antiseptic Soaps, Diclolex Gel, Pepsodent toothpaste and brush, and the Iodated Salt. Everyone in her household also uses these products. She uses a mosquito net, and already had one before she became an HK. Her best selling products are Iodated Salt, Carmel, Germol and Lifebouye Antiseptic Soaps and Pepsodent Toothpaste.

Her home is centrally located in the community and she says she has customers come to her home often to make purchases. She makes trips door-to-door about three times a week, but also brings her basket with her to work where she puts the products on display that are visible to people walking by. There is a chemist shop right across from her store, so she said that does affect her business however she still always brings the basket with her to work. She estimates that she has about 10 or more regular customers.

When she first became an HK, she brought her basket to her church and fellowship meetings. Her pastor was very receptive and would like her to hold a large meeting educating the church members. She has not done it yet. She also said that she would like to go to the other churches in her area, stating that there are about six within walking distance. She also expressed concern that while she would like to meet with all of these groups she doesn't think she has time.

She is the only HK in her community, and she said when she travels to her supply drops she is helped and then leaves. There is little interaction with the rest of the group. She would like to discuss more about all the HKs welfare, how things are going and problems more.

She was very concerned about the small profits. She kept saying, "there is no money in the system" and the "profit is not sufficient." She wouldn't admit to the researcher that she was planning on quitting, but her small profits are a big concern.

She likes the supply drops and seems to have a good understanding of the different reporting forms. She texts her order into the office, but would prefer to call. It's more expensive to call, but she does not know how to text. She has her son do it for her. She will take stock of the products in her basket and

then write out her order and give it to her son. When asked what she would do if her son was not around to text her order, she just put her hands up in the air and said she did not know.

She likes her apron and HK stickers because they identify her as an HK in the area, and she would like more ways to be recognized. She kept her basket and products very clean and organized.

HealthKeeper #9: The researcher was able to interview and shadow the HK for about two hours. She has been an HK for about six months. She works as an HK to supplement her income as a trader selling household products.

She personally uses many of the products, including: Diclalex Gel, Pepsodent toothpaste and brush, Lip Balm and Insecticide Treated Net. She said the mosquito nets are very cheap, and it is a big seller in her community since malaria is a serious problem. Her other best selling products are Robb Ointment, Camel Antiseptic (Liquid) and the Disposable Shaving Sticks.

She lives in a small rural community where she knows everyone, and everyone is aware she is an HK. She said Monday and Wednesdays are the best days for her to sell, and it is important that she isn't in a hurry when she wants to sell because people want to talk a lot. She said it would be very difficult to sell at church or to large groups since her community is so small, but she does announce when she has products in her Sunday fellowship group. She says she just thinks it is important to talk to her friends and keep talking to her friends. People now know she is an HK and come to her house to purchase products. She likes that her community knows that they can come to her house at anytime and get products from her.

She likes her training group. She said they don't meet often, but they should. She'd like to talk more about what the other HKs see, how they talk to their customers and possibly help each other with money.

At times she said she feels like a volunteer, because she said she isn't really earning any money. She likes being a "health volunteer" for her community, but she has hopes for something bigger in the future – either more profits, the ability to open her own store or something else. She doesn't like debt, and tries to get her balance down as much as possible. She sees the products in her basket at her only profit. She did keep saying that there are "better things to come" and remains optimistic about being an HK.

She understands all of the forms and likes the supply drops. She texts her orders to MBH and does not have a problem doing that.

The researcher shadowed the HK on visits with 14 houses. She wore her apron and carried a full basket of products arranged in a nice manner. She interacted with her customers in a friendly manner and went through and explained the different items with each visit.

HealthKeeper #10 & 11: The researcher was able to interview and shadow HK #10 &11 together for about two hours. These HKs do not usually sell together but wanted to today with the researchers present. Both women have been HKs for about one year.

Both HKs personally uses most of their best selling products, including: Anytime Sanitary Pads, Germol Antiseptic Soap, Diclolex Gel, Pepsodent toothpaste and brush and bandages. They both discussed the problem with the Condoms and Secure Oral Contraceptive Pills not selling. They said that community members are very shy about using them, especially because they said the Bible and pastors say not to. However, they said the people know the importance of using them and they always try to push them and discuss the unwanted pregnancies and diseases when they are selling. The HKs are always repeating “Prevention: Better than Cure.” They know they need to take the time to really educate the members of their community, and they like that they are able to do that.

Both HKs said they visit with people everyday about the HK products, whether selling door-to-door or someone coming to their home.

Both women wear their badges and keep their baskets clean and stocked well. Out of all the HK the researcher shadowed, these women pushed their products harder on to customers. They really talked about the diseases and need for prevention. They talked about the Secure with every woman they talked to. The researcher believes that part of this was because their presences as well as the HKs mentioned that the Secure does not move well and they women were trying to sell it to get rid of it.

The HKs said they have had group meetings at their churches talking about the products, specifically about how to wash and use the soap.

The HKs talked about their HK group and the leadership positions they hold. They liked the community of HKs being able to talk about the products together, their likes and dislikes, knowing what products are selling and discussing HKs in need and seeing how they can help. The group seemed very functional, and many of the women seemed to be close friends.

The HKs expressed concern about a product to help with ringworm and heat rash.

HealthKeeper #12: The researcher was able to interview and shadow the HK for three hours. The HK has been an HK for about six months. She is an HK to help her community and supplement her income has a hairdresser. She lives with her grandmother, three aunts, two sons and two daughters.

The HK personally uses many products, including: an Insecticide Treated Net, Iodated Salts, Camel and Germol Antiseptic Soaps and Pepsodent toothpaste and brush. Her family – father and his wife and children, and two brothers and their wives – also live in the community and are regular purchasers of the products. She said she has about six regular customers in addition to her family, plus she has some customers that purchase items to re-sell in their shops. She keeps her basket at her hair salon and displays the up the products outside on a table so everyone walking by can see. She said she sells door-to-door on her way to or from work about four times a week. She said she can easily walk about a mile and still not reach everyone in her community since it is so large, but she tries to see as many people as she can and most people know they can come to her home or salon. She likes that she is able to help “change people” with the affordable products and selling door-to-door is lots easier than going to a store.

The two hardest products for the HK to sell are the ORS and condoms. She said people are too ashamed to buy the condoms. She does give them to the young boys to get them to sell them for her and she said that is working.

The HK said there are about six to 10 churches in her community, and she has tried to introduce her products to all of them. She loves when she is able to get testimonials from community members because that helps her sell to others even more. She said there are not any schools in her community, but every now and then she will travel to a nearby secondary school where the students really like to buy the Anytime Sanitary Pads, Diclolex Gel and bandages.

She likes her HK group and would like to have more interaction with them. But she likes being able to talk about their problems together. They also have a GHC 1 in dues that she would like to see increased to GHC 2. She said this is because the women can afford it and then they would have more money to help each other out when they need it most. They use the dues to have parties, donate to families in need, etc. However there are always problems with the dues because not everyone comes every meeting.

The HK said her profits were very small and estimated that she made about GHC 5 every two weeks. However just during the three hours the researcher shadowed her she made GHC 5, but the HK did keep commenting, "With you I sell. You can't leave."

The HK talked about the Core vs. Door Opener products as, "You have to teach them about the core products, but they come to you for the door products." The HK stressed that education is key, and she discussed each product in her basket and its purpose during each stop.

The HK also discussed that she made more friends as an HK, not just in her HK group but with people in her community as she visited with them. She likes helping her village and community. She wants them to be healthy. She said, "I want to make enough money and to help take care of the poor."

She said the incentives to sell are good. There was a dinner set prize a few months ago that she did not win, but came in second. She was sad she didn't win, but said it was fun to compete with her other HK friends.

The HK wore her apron when she sold and her basket was neat and orderly. She would always talk about the mosquito net first, then the reading glasses and the move on to other products in her basket. She very carefully picked up every type of product in her basket and explained what it was for. The researcher could tell she had a good report with the members of her community and excellent customer service.

HealthKeeper #13: The researcher was able to shadow the HK for about an hour and a half. An HK since December, the HK's products were stored in a less than ideal way. The ORS, which wasn't moving, had been crushed and the basket looked a little worn overall (mainly the sticker was beginning to peel).

However, the HK said she used the products, noting especially the bednets and the soaps. She showed her room with her bednet properly installed and said that her whole family also used the product. She also claimed to understand her profits well but then struggled to explain how she would go about calculating them. Still, she liked being an HK and appreciated the entire process from supply drops to trainings.

The HK conducted a brief learning party while the researcher travelled with her. This was an impromptu gathering of about 20 community members of various ages. During the learning party, she introduced her products and used picture cards to illustrate the risks associated with diarrhea. She even opened up a condom and pulled it out to talk to the community about it (though she admitted that is typically quite difficult). The community seemed receptive and she received positive feedback, though no one purchased any items at the end of her presentation.

HealthKeeper #14: The researcher was able to interview the HK for an hour, but was unable to shadow her. The HK has a large family of four kids, with one on the way. An HK since November, she uses all of the products, including four bednets and she says that she sells all of the products as well (Believable based on the incredibly large order filled for her at the supply drop).

“At least three people everyday come to my house to ask about health products,” she said. Often, she knows the people, however sometimes she did not. It was rare for the HK to conduct group learning activities, even though all sorts of groups operate in her community. In fact, she only had completed one learning party but planned to do more in the future.

The HK liked the supply drops, felt it was helpful and did not take too much time. However, the HK did want to receive more training from MBH, particularly in relation to eye care. The HK said that filling out the invoice sheets was easy but then couldn't really explain how to calculate her profits, though she claimed to be practicing that aspect of her business. When ranking options for further training, the HK wanted to know how to grow her business, understand her profits, and sell more products, in that order.

Motivation was intrinsic—mainly to develop a healthy community but also to help themselves and their family. The money from the profits was used to buy everything from school fees to clothes. In addition, the HK was happy to share ways in which the products had improved customer health, including but not limited to: less diarrhea, getting rid of skin rashes, malaria coming to a slow within the community.

HealthKeeper #15: The researcher spent about an hour shadowing the HK as she went mainly to introduce the researcher to her customers. During this visit, there was no time to conduct a thorough interview with the HK, who instead seemed intent on introducing the researcher to several customers to question them about their practices. The customers expressed similar sentiments amongst each other.

The customers used the Camel soap and the Pepsodent; however they wished that the HK sold some sort of body creams. Overall, they were satisfied with the services they received and liked that the HK travelled to visit them, rather than having to trek out to a remote store.

One comment that stood out was when the researcher asked about how many customers the HK had. “Plenty,” was the response. When pressed for a number, the HK defined plenty as more than twenty, leaving ample room for growth but showing a strong existing customer base. With another job working at the banana farm, it is possible the HK didn’t want to overextend herself or see a need to expand her work in the community.