

Ghana PD ABJ-YRS  
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# The Enterprise Program

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## TRIP REPORT: GHANA (#4)

July 29 - August 7, 1987

AID/DPE-3034-C-00-5072-00



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ENTERPRISE PROGRAM  
AID/DPE - 3034-C-00-50-72-00  
TRIP REPORT: GHANA (#4)

Team Members:

Bill Chester  
Connie Currier-Jayne  
Mary Ann Abeyta-Behnke (consultant)

Dates in Country:

July 29 - August 7, 1987

Project CTO:

Dawn Liberi

Places Visited:

Accra

**I. EXECUTIVE SUMMARY**

During the Enterprise visit to Accra, the team was successful in accomplishing its purpose of developing a concept for a subproject within the Ghana National Trading Company. Discussions were held with senior management, division managers and with the clinic staff, before the thrust of the design took shape.

The GNTC design model includes clinical/medical services expansion to include family planning examinations, training of the clinic staff, a broad-range information, education and communication program, a discount employee purchase program for contraceptives and a commercial approach for increasing contraceptive sales within the company's retail outlets which will provide financing for the employee service delivery program.

GNTC is currently one of the retailers for the AID funded social marketing program, in which DANAFCO the distributor, wholesales condoms, orals and tablets. DANAFCO has a contract with the Ministry of Finance to market the AID commodities. SOMARC provides technical assistance. The proposed Enterprise subproject would compliment the commercial sales project while augmenting sales for both DANAFCO and the GNTC.

**II. BACKGROUND**

Ms. Gilberte Vansantejan, an Enterprise consultant, visited Ghana in May 1986 in response to a request by Dr. Kirkland of USAID Accra to investigate the possibility of Enterprise providing technical assistance the Ghana Nurse Midwives Association. The consultant found a great potential for the midwives to integrate family planning services into the MCH services they currently offer.

In late May 1986, Saul Helfenbein, consultant to Enterprise, visited Ghana to conduct an assessment of Ghanaian companies where family planning services could be provided to employees and their dependents. He concluded that an intervention strategy consisting of training, education, motivation and the employment of existing resources could catalyze family planning activity in a company-based health and social welfare benefits program.

Dr. James Jeffers, Deputy Director of the Enterprise Program, visited Ghana in late February and early March of 1987 for the purpose of designing a technical assistance component to the training provided by the American College of Nurse Midwives to the Ghana Nurse Midwife Association members. During his visit Dr. Jeffers received an expression of interest for company-based family planning services from the Ghana National Trading Corporation, a publicly owned company employing nearly 4,000 employees. The GNTC was receptive to the idea that family planning services could be provided by their clinic for employees living in Accra, and through the nurse midwives, for those employees living outside of Accra. The midwives are being trained by AID under the Family Health International/ACNM family planning training project.

### III. TRIP OBJECTIVES

1. Explore the feasibility of a possible private, commercial sector subproject with the Ghana National Trading company.
2. Follow-up on previous contacts made with GNTC, and the Ghana Nurse Midwives Association.
3. Draft a proposal for an Enterprise subproject.

### IV. FINDINGS

There is a genuine interest on the part of GNTC management for including a family planning services component to their employees benefit package. To reach such a peak of interest, however, required a considerable amount of repeat visits to their facilities and the design of an intervention strategy that would be quite unique for the Enterprise Program.

The Enterprise team evaluated several factors when they considered the feasibility of a subproject with the GNTC. These are outlined below:

#### Determining Factors:

1. GNTC is the largest company in Ghana. While it is publicly owned, it has always been and continues to be privately operated. They have never used government funds for their daily operations. This year marked their 25th anniversary.
2. The company employs slightly under 3,400 persons and represents an excellent cross-section of various types of industries and work categories. GNTC has nine functional divisions which include:
  - Motors - Mercedes and Fiat agencies
  - Technical - household appliances, electrical and agricultural equipment, typewriters
  - Bottling - two Coca Cola plants (Accra and Kumasi)

Heavy Equipment - tractors, graders, forestry, mining and construction

Metal Works - trailers, water tanks, etc.

Textiles - one plant in Tema

Bakery - largest producer of baked goods in Ghana

General Goods - provisions, hardware, building materials, etc., 17 supermarket/department stores

Pharmaceuticals - two pharmacies and eight chemical sellers in Accra

3. GNTC maintains department stores, pharmacies and/or chemical sellers in all districts of the country.
4. Half of the employees receive medical care from the company's clinic which employs a full-time physician (General Practitioner trained in Scotland), two registered nurse-midwives (trained in London), and two nurse assistants. The clinic sees approximately 50 patients 8:00 a.m. to 12:00 p.m. five days a week. On the premises there is a pharmacy, a laboratory and an X-ray department (emergency services are provided for outsiders). There is a total of 30 persons working at the GNTC medical facility. The types of illnesses most common are malaria, tropical diseases (worms), bronchitis and gastroenteritis, injuries, "diseases of civilization," and anemia.
5. Per agreement with the workers union, the clinic provided medical care to all employees living in Accra (those outside Accra had been seeing private practitioners, but under a new government law initiated last month the workers must utilize the government facilities). The clinic also sees all spouses of GNTC managers. In fact the nurses also provide pregnancy testing to female employees and to the spouses of the male managers. No family planning services are currently being provided.
6. The Public Relations director and Deputy Director are very interested in a Family Planning Program. In fact, they were instrumental in setting-up the appointments with other department heads and with the upper management of the company. They also advised us of the company's strong interest in keeping costs down while making a profit. The strong indication was that the company would find it difficult to budget any additional funding for new employee benefits.

7. DANAFCO, a large independent wholesale pharmaceutical distributor, in cooperation with the SOMARC social marketing program, is currently supplying GNTC with contraceptives (at present only condoms, since orals and tablets will be distributed in the near future). The products are purchased centrally in Accra, then GNTC distributes to their outlets around the country. The SOMARC program is also providing nationwide media advertising for the products being distributed. Their program also includes detailing the products for the pharmacists and providing some printed marketing materials.
8. At the beginning of our discussions with GNTC, they indicated their interest in replacing the current distributors for the AID contraceptives in Ghana. We informed them that DANAFCO already had a contract with the Ministry of Finance to fill that requirement. Our initial intentions were to involve the company with an employee service delivery program, however in consideration of their strong interest in retail marketing, the concept developed is a combination of sales and company based service delivery. This concept is described in more detail later in this report.

Limiting Factors:

1. Per agreement with the labor union GNTC reimburses each employee up to 5,000 cedis (approximately \$30.00 US) for medical care for the employee's family per year. Although this appears to be quite low, Helfenbein's report shows that other firms pay about the same amount. GNTC pays for all medical expenses for the employees outside of Accra and provides services in the greater Accra area.
2. The ratio of women to men employees is low. The latest company statistics show 606 women and 2,736 men for a total of 3,342 employees. Of the total women 28 are in management.
3. It was obvious that if the clinic staff were going to support an Enterprise family planning services project, they would prefer to receive training outside of Ghana and preferably in the United States. Although there appear to be adequate training capabilities in Ghana and exterior training is not being recommended, this attitude among the staff must be considered a factor in the development of support for the proposed program.

The Enterprise team also met with the President of the Ghana Nurse Midwives Association. One possibility considered was that the midwives could provide family planning services to GNTC female employees who could not go to the clinic, or to employee spouses. Mrs. Henrietta Aboagye-Owusu said the midwives would be interested in expanding their client base. She provided the team with a list of the number of registered midwives by region. The total number is 398, 15 of which had gone to Ibadan to receive training in family planning sponsored by JHPIEGO.

## V. CONCLUSIONS AND RECOMMENDATIONS

The team developed an outline for an Enterprise Project with the GNTC and presented the general concept to them with the caveat that the proposal must be approved by the Enterprise Project, AID Washington and USAID Accra. Briefly, the project design encompasses the following ideas:

The complexity of the situation at GNTC requires an innovative solution. The firm is very representative of companies operating in developing countries which often maintain their economic conditions only slightly above the level of corporate survival. This is often caused by their location in under-developed markets, barely capable of supporting their activities, poor national economic conditions, their inability to attract top management candidates, and many other generally unfavorable business conditions. The principle result is that within these firms, employee benefits in general, and specifically health care benefits, are de-emphasised or totally eliminated.

Since this situation is very common to firms operating in developing countries, finding a mechanism to motivate this type of firm to provide additional services to their employees could be a major Enterprise Program success. The key point that must be constantly considered is that the foremost interest of the firm is, and must be, maintaining and improving their profitability.

One standard approach to companies, which would include an analysis of the costs/benefits of initiating a family planning program, was determined to be inappropriate at GNTC. The company expenditures in health care benefits are low, female employees are a small percentage of the staff, thus direct cost/benefits would probably be small, and longer term in nature. This firm has set a much higher priority on short term profitability.

These considerations, and the fact that GNTC is currently involved in the sale of contraceptives and expressed a desire to expand these sales, lead us to consider the possibility of a project that would combine Enterprise goals and GNTC goals. We began to consider the possibility of assisting with the expansion of GNTC contraceptive sales, with the condition that a percentage of the income from these sales would be set aside to cover the company's costs in implementing a company based family planning service delivery program. We also considered how each facet of a company based program could serve a dual purpose in both the internal program and commercial sales. The resulting concept was termed a commercial approach to a company based service delivery program.

### Background of the Commercial Approach

- SOMARC activities are limited to nationwide wholesale of products. Assistance to the retailers include detailing the products to the pharmacists and providing a small quantity of print material. The largest portion of their advertising budget is used for nationwide media messages. SOMARC, AANAFCO, and GNTC all agreed that each would benefit from an increased emphasis on marketing assistance at the retail level.

- Distribution of contraceptives to employees could be accomplished through the sale of products at company market outlets. GNTC agreed to offer an employee discount equal to their mark-up on outside sales. This would encourage employees to use company provided products, which could in-turn provide documentation for user statistics. It was also agreed that end user statistics would be very helpful to GNTC, DANAFCO and SOMARC.
- It was agreed that a system was needed to track the retail sales of contraceptives at GNTC to employees and the public through the company's pharmacies, and chemical sellers. Results of this tracking will be beneficial to all involved parties.
- Subsidy of some marketing costs at the beginning will allow a rapid demand growth needed to develop self-sustainability for the GNTC program. A portion of income to GNTC will be reserved to cover the expenses required to provide family planning services to employees.
- Development of a large nationwide demand will allow a rise in prices to more profitable levels. These retail assistance activities will be carefully coordinated with the SOMARC project managers and DANAFCO personnel to insure that they compliment with, and do not conflict with the SOMARC activities.

#### Overall Design

- Utilize the marketing staffs from the department stores, pharmacies and chemical sellers.
- Design internal literature, signs, handouts, stickers, etc., which can be distributed to customers and employees.
- Develop a publicity campaign about the GNTC employee program and the company's concern for family planning vis-a-vis the country's national policy.
- Develop a point of purchase refund or discount as a means of tracking usage of contraceptives by employees, while also providing an additional incentive to purchase through the company outlets and thus providing another financing source for the employee program.

#### Service Delivery

##### A. In-house

##### 1. Service Points

clinic: IUD insertions, exams, pills, condoms, referrals for other methods.

pharmacies/chemical sellers: pills, tablets , condoms; (Enterprise can train pharmacists to take blood pressures for pill users.)

canteens: condoms

## 2. Fees

Medical and paramedical services could be provided free of charge to all employees and managers' spouses. (this is consistent with company policy)

All contraceptives would be sold at normal commercial rates except for an employee discount equaling all or part of the GNTC mark-up.

## 3. Rationale

Sale of contraceptives is already underway. To encourage sales to employees, they will be allowed to purchase at company outlets at a discount below normal market prices. The mechanism could be a coupon distributed during payroll or at a motivational meeting. The coupon would be redeemable at any of the GNTC pharmacies or chemists at the point of purchase with employee identification. quantity would be limited to personal use requirements. The coupons could provide documentation of use rates for program evaluation.

## 4. Enterprise Assistance

Provide a short term, 1 <sup>1</sup>/<sub>2</sub> - 2 year declining scale subsidy in products or services equal to the amount of the discount. GNTC would be requested to reinvest the money in program development. The subsidy would decline and cease as commercial sales increase throughout the project period.

## B. Commercial Service Delivery (for non-employees)

### 1. Service Points

Same as for employees.

### 2. Fees

All contraceptives would be sold at regular commercial rates. Medical services could be sold at or near cost if contraceptives are purchased at GNTC outlets.

### 3. Rationale

Commercial sales are expected to far exceed employee sales. Discounted exams or services would be used as a marketing tool to encourage purchasers to use GNTC outlets. As sales increase a percentage of profits could be set aside to cover declining

Enterprise subsidies to employee family planning services and to establish a self-sufficient program.

### Training

- A. Medical staff would receive technical training on all methods up to and including IUD insertions. (Training will be coordinated with the Ghana Nurse Midwives Association as much as possible.)
- B. Chemical sellers, who are now scheduled to receive training (on condoms, tablets and orals) through the SOMARC contract, could receive additional training on blood pressure testing and counseling for pill acceptors.
- C. All appropriate staff would be informed on other methods, not being provided by GNTC and locations where these methods can be obtained, e.g., sterilizations are being done at Korle Bu Hospital. Male employee's could be encouraged to send their spouses to trained nurse midwives.

### Information, Education and Communication

In addition to the regular IE&C material and presentation development, discussion groups would be designed with dual utilization possibilities both within the employee program and with the commercial program.

- Literature designed to inform and motivate employee participation in family planning activities, which would be distributed through internal procedures to all company worksites, would also be designed and printed in sufficient quantities for point of sale distribution to commercial acceptors.
- Banners, posters and other announcements could be designed to combine the effect of an employee program with a commercial program with focus at the point of purchase or retail level.
- Lectures, discussion groups and visual presentations offered to employees at worksites, canteens and training centers during work, would also be scheduled after normal working hours. As a GNTC public service these discussions may be opened to the general public.

### Equipment

In addition to blood pressure instruments for the chemical sellers, there would be a few supplies needed by the clinic in order for them to perform examinations and IUD insertions.

## Results

- Employees receive a partially subsidized program as a benefit.
- Costs to the company are small, and they will be mostly covered.
- Development of a large market share provides income to the GNTC.
- IE&C material could be combined with other department store sections, e.g., infant furniture, clothing, maternity, etc.
- Program develops self-sustainability to provide for continuation after termination of Enterprise assistance.
- GNTC may use unique program aspects to develop a major publicity advantage.
- GNTC, GNTC employees, DANAFCO, SOMARC, the Ghana Nurse Midwife Association and USAID mission goals are all benefited by the program.
- GNTC, DANAFCO, SOMARC and USAID/Accra will have the potential of tracking sales below the wholesale level to consumers.

## APPENDIX A: LIST OF PERSONS CONTACTED

### USAID/Accra

Joanna Laryea, Assistant to HPN Officer Dr. Ray Kirkland

### Ghana National Trading Company

David Aninakwah, Executive Chairman  
J.L. Okrah, Deputy Ex. Chairman (Operations)  
O. Lindsay, Chief Legal Advisor  
Eddie Agyemang, Public Relations Director  
Jane Sagoe, Assistant Public Relations Director  
Dr. Samm B.F. Laing, Physician  
Christine Collingwood-Williams, Assistant chief Nurse  
J. Addae, Manager of Bottling  
E.A. Mensah, Chief of Personnel  
Division Personnel Managers:  
Ralph O.K. Gorleku, Department Stores  
E. Osafo-Asiefu, Ghana House  
Benjamin K. Amonoo, Motors/Metal Works  
Stephen Daniels, General Goods  
Joseph K. Sarsah, Bottling (Accra)  
Stella Quaye, Pharmacist, Ghana House

### Ghana Nurse Midwife Association

Mrs. Henrietta Owusu, President  
Mrs. Virgini Tamakloe

### DANAFCO

Yew Berko, Executive Chairman  
Nsiah Aquette, Deputy and Project Coordinator  
Amponsah Kwueku, Sales Manager  
J.Y. Owusu, Research Director

### AID Washington

Carol Dabbs, monitors Columbia University project (during her field visit to Ghana).

### Columbia University

Don Lauro, conducting operations research study with the nurse midwives.

**International Resource Development, Westinghouse**

Anne Cross, Demographic Health Surveys Project  
Ann Blanc, DHS

**The Futures Group**

Linda Naiditch, Research Specialist on SOMARC

**PATH**

Lena Steckel Frumin, Program Officer