

PROFIT

Promoting Financial Investments and Transfers
to Involve the Commercial Sector in Family Planning

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UTTAR PRADESH, INDIA

**FINAL EVALUATION REPORT
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by

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**Deloitte Touche
Tohmatsu**

Deloitte Touche Tohmatsu International
in association with:
Boston University Center for International Health

Multinational Strategies, Inc.

Development Associates, Inc.

Family Health International

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The PROFIT (Promoting Financial Investments and Transfers) Project seeks to mobilize the resources of the commercial sector to expand and improve the delivery of family planning services in selected developing countries. The PROFIT Project is a consortium of five firms, led by the international management consulting firm of Deloitte Touche Tohmatsu and including the Boston University Center for International Health, Multinational Strategies, Inc., Development Associates, Inc., and Family Health International.

This report is part of a series of PROFIT Evaluation Reports, which grow out of PROFIT subprojects within the following three strategic areas: innovative investments, private health care providers, and employer-provided services.

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ACRONYMS

FICCI	Federation of Indian Chambers of Commerce and Industry
FP	Family planning
IEC	Information, education, and communications
IFPS	Innovations in Family Planning Services Project
MCH	Maternal and child health
MSW	Mawana Sugar Works
NFHS	National Family Health Survey
NGO	Nongovernmental organization
PROFIT	Promoting Financial Investments and Transfers Project
PSS	Parivar Seva Sanstha
RH	reproductive health
SIFPSA	State Innovations in Family Planning Services Agency
STIL	Supper Tannery India Ltd.
TA	Technical assistance
TFR	Total fertility rate
UP	Uttar Pradesh
UPIEMA	Uttar Pradesh Industrial Estate Manufacturers Associaton
USAID	U.S. Agency for International Development
USAID/G/PHN/POP	U.S. Agency for International Development's Office of Population
WHE	Worker health educators

EXECUTIVE SUMMARY

Since PROFIT began operations in India, it sought to support the objectives of the Innovations in Family Planning Services (IFPS) project, USAID's family planning and reproductive health project operating in the state of Uttar Pradesh (UP). One of PROFIT's goals was to collaborate with, or provide assistance to, the State Innovations in Family Planning Services Agency (SIFPSA) on employer-based programs. SIFPSA is the organization implementing the IFPS project.

In July 1995, USAID/New Delhi and SIFPSA requested that PROFIT hire a family planning specialist, who would focus on coordinating employer-based activities in Kanpur. With the appointment of Dr. Dhananjay Gupta, PROFIT's Family Planning Specialist based in Kanpur, PROFIT expanded its role in support of IFPS. PROFIT played a technical assistance (TA) role, identifying, motivating, and assisting employers to design and implement family planning and reproductive health programs for their employees and local communities. Although PROFIT focused strategically on Kanpur, it also assisted other employer-based programs in UP on an opportunistic basis or when requested to do so.

The scope of PROFIT's participation differed from program to program. In some programs, PROFIT provided only implementation assistance, which included developing and conducting baseline surveys, recruiting personnel, training staff members and volunteers, and establishing appropriate monitoring systems. In other programs, PROFIT identified potential partners, initiated contact with them, and worked closely with them to motivate their involvement in family planning. In these cases, PROFIT assisted the partners in designing the programs, preparing program proposals including program budgets for SIFPSA funding, and finalizing the programs' design with SIFPSA input, as well as in implementing the programs.

PROFIT successfully met the objectives it set. PROFIT played an important part in developing five employer-based programs and provided technical assistance on these five programs as well as on three additional programs, for a total of eight employer-based programs in UP:

- # The Uttar Pradesh Industrial Estate Manufacturers Association (UPIEMA), Kanpur
- # The Super Tannery India Ltd. (STIL), Kanpur
- # Federation of Indian Chambers of Commerce and Industry (FICCI), Kanpur
- # GIANTS, Noida
- # Mawana Sugar Works (MSW), Meerut

- # PHD Family Welfare Foundation, Ghaziabad, Sahibabad, and Modinagar
- # PHD Family Welfare Foundation and Rampur Chamber of Commerce, Rampur
- # Workshop: Role of Private Sector Employers in Family Welfare Programs, Allahabad.

It is difficult to draw conclusions regarding the long-term outcomes resulting of PROFIT's work. Complete information is not available because SIFPSA is the organization providing program funding, and the implementing organizations therefore do not provide regular reports to PROFIT. In addition, these programs have been operational for only 1–14 months, which mean that only limited data are available on service delivery.

Nonetheless, PROFIT has learned several lessons from its experience working with employers:

- # Employers need a long period of education, information, and motivation to make a decision to implement a family planning and integrated health program. To some degree, their hesitation can be overcome through persistent efforts, but patience is required.
- # While working with associations is a good way to reach small and medium-scale employers, these working relationships can be much more complex. Associations generally rely on group decision-making and lack individual accountability.
- # Employers are more willing to participate in smaller programs, which require a lower level of management and financial commitment.
- # It is difficult to motivate employers to take on community-based outreach services, as these activities do not provide immediate benefits to them or their employees.
- # It is important that employers communicate their support of family planning to their employees.
- # Targeting those companies that are already providing health and other social services to their employees may be more successful, because these companies already have demonstrated a commitment to the welfare of their employees.

INTRODUCTION

I.

The PROFIT Project was funded by the U.S. Agency for International Development's Office of Population (USAID/G/PHN/POP). The project was designed to mobilize the resources of the commercial sector to pursue family planning objectives. In India, PROFIT worked with employers to design and implement family planning and reproductive health programs, together with the USAID-funded Innovations in Family Planning Services (IFPS) project. This report describes the status of PROFIT's employer-based activities from September 1995–June 1997.

A. Brief Description of Employer-Based Activities in Uttar Pradesh

Since PROFIT began operations in India, it has sought to develop subprojects that supported the objectives of the IFPS project, USAID's family planning and reproductive health project operating in the state of Uttar Pradesh (UP). One of PROFIT's goals was to collaborate with, or provide assistance to, the State Innovations in Family Planning Services Agency (SIFPSA) on employer-based programs. SIFPSA is the organization implementing the IFPS project.

In July 1995, USAID/New Delhi and SIFPSA requested that PROFIT hire a family planning specialist, who would focus on coordinating employer-based activities in Kanpur. Kanpur is one of the focus districts of the IFPS project and a major industrial center in UP. With the appointment of Dr. Dhananjay Gupta, PROFIT's Family Planning Specialist based in Kanpur, PROFIT expanded its role in support of IFPS. PROFIT played a technical assistance (TA) role, identifying, motivating, and assisting employers in designing and implementing family planning and reproductive health programs for their employees and local communities. The areas of implementation assistance included recruitment and training of staff, collection of baseline information, monitoring, and problem-solving.

PROFIT approached its activities in Kanpur in a systematic way, conducting an assessment of the Kanpur area to identify potential program partners and to develop a strategy for pursuing employer-based activities. PROFIT identified large employers and industrial associations in Kanpur and initiated contact with them to motivate their involvement in family planning. PROFIT assisted potential partners in developing proposals for SIFPSA funding and in implementing the programs.

In addition to the systematic approach of identifying program partners in Kanpur, PROFIT also provided assistance to several programs in other districts. PROFIT's involvement in these programs resulted from direct requests by USAID/New Delhi and SIFPSA or from opportunistic responses to identified needs. As a result of its systematic and directed efforts, PROFIT was involved in a total of eight programs in UP:

- # The Uttar Pradesh Industrial Estate Manufacturers Association (UPIEMA), Kanpur
- # The Super Tannery India Ltd. (STIL), Kanpur
- # Federation of Indian Chambers of Commerce and Industry (FICCI), Kanpur
- # GIANTS, Noida
- # Mawana Sugar Works (MSW), Meerut
- # PHD Family Welfare Foundation, Ghaziabad, Sahibabad, and Modinagar
- # PHD Family Welfare Foundation and Rampur Chamber of Commerce, Rampur
- # Workshop: Role of Private Sector Employers in Family Welfare Programs, Allahabad.

All of these programs integrate various components of family health, including maternal child health (MCH) and reproductive health (RH) services. While the programs center around a service-delivery site, outreach services and community-based motivation activities are important program components. These programs were designed to be sustainable after SIFPSA funding ended and have built-in mechanisms for employer contributions and collecting of client fees. The last activity listed above was a workshop PROFIT organized at the request of USAID/New Delhi to motivate employers in the Allahabad area to initiate family planning programs.

B. PROFIT's Role and Participation

PROFIT provided technical assistance to employer-based programs in four ways:

- # identifying large employers and associations that are potential program partners
- # motivating potential partners to initiate programs
- # assisting interested employers and associations to design programs and prepare proposals for SIFPSA funding
- # assisting employers in program implementation.

The scope of PROFIT's participation differed from program to program. In some programs, PROFIT provided only implementation assistance, which included developing and conducting baseline surveys, recruiting personnel, training staff members and volunteers, and establishing appropriate monitoring systems.

In other programs, PROFIT identified the partners, initiated contact, and worked closely with them to motivate their involvement in family planning. In these cases, PROFIT assisted the partners in designing the programs, preparing program proposals including program budgets for SIFPSA funding, and finalizing the programs' design with SIFPSA input, as well as in implementing the programs. Dr. Gupta provided TA for activities in Kanpur, Rampur, and Allahabad. An independent consultant, Dr. Bulbul Sood, provided TA to projects in Noida, Meerut, Ghaziabad, Sahibabad, and Modinagar.

C. Summary of Baseline Information

Uttar Pradesh is the most populous state of India. According to the 1992–93 National Family Health Survey (NFHS), only 20 percent of married women in UP are using any form of family planning. The total fertility rate (TFR) is 4.8. The NFHS also found that 30 percent of married women have an unmet need for family planning.

There are about 10,800 registered firms of different sizes in UP, with a total workforce of approximately 700,000. Of this workforce, approximately 500,000 are in the private sector. This large workforce and the workers' family members together represent 17 percent of the reproductive-age population of UP.

USAID/New Delhi directed PROFIT to focus on Kanpur because it is located in a focus district of the IFPS project and because it is a large industrial city. According to the Department of Industries, there are 3,500 industrial units in Kanpur. Approximately 250 of these units are "large," employing more than 250 persons. There are only about five or six companies that employ more than 1,000 people. In addition, there are many industrial associations, which may have up to 150 small and medium-sized companies as members. Working through these industrial associations, it is possible to reach over 1,000 workers with a single program.

There are about 25 family planning centers operated by various government agencies throughout the city. Most of the centers lack the resources required to provide high-quality services. There are also several nongovernmental organizations (NGOs) that provide family planning services, but overall, the focus on the employer sector has been limited. When PROFIT began to work in Kanpur, SIFPSA had approved only one employer-based program. SIFPSA and USAID/New Delhi recognized their need for assistance from PROFIT to encourage employer participation in family planning.

D. Evolution of the Subproject

Activities in Kanpur

PROFIT conducted an assessment of employer-based opportunities in Kanpur, which identified 67 large companies and associations as potential program partners. PROFIT contacted 51 of these organizations to solicit their involvement in family planning programs. Ten of those 51 organizations seriously considered programs, reviewing the program details and discussing the concept internally. PROFIT assisted these organizations in explaining the concept to their boards of directors or to their association members. Five organizations were unable or uninterested in developing a program for various reasons. Three organizations were dropped because they did not meet the program's requirements. Ultimately, two proposals were submitted to SIFPSA, which were approved and funded. Additionally, PROFIT was asked to provide assistance to an organization implementing a SIFPSA-funded program.

The Uttar Pradesh Industrial Estate Manufacturers Association (UPIEMA), Kanpur:

PROFIT assisted UPIEMA, an association of 80 small-scale industries, in developing a program to provide comprehensive maternal child health (MCH), reproductive health (RH), and family planning (FP) services to a population of 87,000, including 12,000 industrial workers and their families. SIFPSA approved program funding in March 1996, and the first tranche of funding was disbursed in April 1996. Due to internal management problems within UPIEMA, the program was never implemented. After over a year without any progress, SIFPSA decided to terminate this program.

The Super Tannery India Ltd. (STIL), Kanpur:

PROFIT assisted STIL, in association with 44 other tanneries in the Jajmau neighborhood of Kanpur, designing a MCH, RH, and FP program for a population of 100,000. SIFPSA approved program funding in January 1997 and disbursed funding in April 1997. This program was operational by June 1997, with a fully functional clinic; an organized information, education and communications (IEC) activities; and a group of Worker Health Educators (WHEs). In June and July 1997, the program had 873 clients, all women and children: 262 clients received family planning counseling, and 99 clients received family planning products and services, including 12 referrals for sterilization.

Federation of Indian Chambers of Commerce (FICCI), Kanpur:

At the request of USAID/New Delhi, PROFIT provided technical assistance to FICCI for a Family Health Program covering 40,000 people in and around 10 industrial units. PROFIT provided training to Worker Motivators at the seven industrial units participating in the program. The training included two half-day sessions covering all family planning methods, as well as topics that were raised by the

participants. Training of all the industrial units was completed in April and May 1997. Participant responses and results of pre- and post-training tests were very positive. Participants' mean scores on pre-training tests showed 45 percent knowledge accuracy, which improved to 86 percent in post-training tests.

Activities Outside of Kanpur

PROFIT's activities outside of Kanpur developed less systematically than its work in Kanpur. Because PROFIT was directed to focus only on Kanpur, it did not strategically seek to develop programs outside Kanpur. PROFIT's involvement in the design of two programs resulted from personal contacts made by PROFIT's Country Representative. Its involvement with other programs originated from direct requests by USAID/New Delhi and SIFPSA.

- # **GIANTS, Noida:** PROFIT worked with the POLICY Project to assist GIANTS, an NGO, in developing a program to expand health and family planning services in Noida. This program covers a population of 200,000, with 34,200 eligible couples. PROFIT also provided technical assistance in program implementation, which included staff and volunteer recruitment and training, conducting a baseline survey, developing IEC materials, monitoring, and supervision. The program was approved by SIFPSA in December 1995. PROFIT hired a consultant who began work in June 1996, about the time when the clinic renovations were completed. The consultant visited the clinic nearly weekly and was involved in all aspects of program implementation, acting as an advisor and problem-solver. This program now serves over 4,000 family planning acceptors and has served nearly 18,000 clients to date.
- # **Mawana Sugar Works (MSW), Meerut:** Working through a local NGO, Parivar Seva Sanstha (PSS), PROFIT assisted MSW in designing a MCH and RH program for its employees and provided technical assistance for its implementation. PROFIT approved funding for pre-implementation and baseline assessments in June 1995. Due to differences between MSW and PSS, as well as requests for additional information from USAID/New Delhi, this pre-implementation phase was not completed until October 1996. After many discussions with USAID/New Delhi, PROFIT was given approval to provide assistance for implementation of the program for the period April–September 1997. The program was operational in April 1997 and serves 1,400 industrial workers and their families. The facilities will be extended to farmers and their families living in surrounding villages and may impact up to 45,000 families, in addition to employees of MSW. This program is expected to serve as a model for other sugar processors in UP.

- # **PHD Family Welfare Foundation, Ghaziabad, Sahibabad, and Modinagar:** PROFIT provided overall implementation assistance for an Integrated Family Welfare program implemented through the PHD Family Welfare Foundation. This program covers a population of 175,000 in 35 industrial units, as well as the surrounding communities, and has been operational since April 1996. After nearly a year of operations, USAID/New Delhi requested that PROFIT provide technical assistance, which commenced in March 1997. PROFIT provided overall guidance and monitoring (focusing on training activities), and helped with collection and analysis of baseline information.
- # **PHD Family Welfare Foundation and Rampur Chamber of Commerce, Rampur:** PROFIT assisted the PHD Family Welfare Foundation in motivating the Rampur Chamber of Commerce (RCC) to become a partner in a program covering 150,000 people, with an estimated 25,000 eligible couples. SIFPSA approved program funding in July 1997. PHD and RCC have identified facilities for the main clinic and outreach clinics and have begun to recruit a staff.

Workshop on the Role of Private Sector Employers in Family Welfare Programs, Allahabad: In association with SIFPSA, PROFIT organized a workshop in Allahabad to motivate employers and industrial associations to initiate family planning programs. The workshop participants responded very positively and showed interest in initiating such programs. Prior to the workshop, which was held in August, PROFIT visited Allahabad to meet with potential program partners. In total 23 potential partners were identified in Allahabad. SIFPSA will follow up with these organizations regarding program development.

ACHIEVEMENT OF THE SUBPROJECT'S GOALS

II.

A. Summary of Goals and Data Collection Methods

The major input goals to this subproject were to:

- # identify large employers, industrial associations, and merchant chambers that are potential program partners
- # motivate potential partners to initiate the family planning and health services
- # assist employers in designing family planning and health programs and in preparing proposals for SIFPSA funding of such programs
- # assist employers in the implementation of SIFPSA-funded family planning and health programs.

The short-term goals of this subproject were to:

- # obtain SIFPSA approval of employer-based family planning and health programs
- # provide family planning through private sector employers.

The longer-term goal of this subproject was to:

- # increase the availability of family planning services.

The main data collection methods of the subproject were as follows:

1. Baseline Data
 - # *Potential for Involving Employers in Family Welfare Activities in Uttar Pradesh*, a report prepared by the OPTIONS II Project. This report was based on a survey conducted in 1992 to assess the feasibility of expanding family planning services through employers. The report concluded that employers are geographically concentrated and easy to locate, that most are willing to participate in family planning programs, and that most employees are male which makes it important to include dependents in such programs.
 - # *Assessment Report of Kanpur Industrial Area*, a report prepared by Dr. Gupta for PROFIT, provided data on industrial associations, chambers of commerce, and employers in Kanpur.

2. Follow-Up Data
 - # Weekly progress reports prepared by Dr. Gupta
 - # Trip Reports and Monthly Reports prepared by Mr. Singh
 - # Trip Reports prepared by USAID and SIFPSA officials
 - # Program Proposal documents provided data on program sustainability, cost sharing, and commitment to continue the service after SIFPSA funding
 - # Approval documents provided by SIFPSA
 - # Monthly and Quarterly Reports provided to SIFPSA by the implementing organizations provided service delivery data.

B. Inputs

Table II-1 shows the input goals, indicators, data sources, and results of the subproject.

Table II-1 Input Goals, Indicators, Data Sources, and Results			
Goal/Objective	Measurable Indicator	Source of Information	Status
To identify large employers, industrial associations, and merchant chambers that were potential program partners	<ul style="list-style-type: none"> • Number of potential partners identified • Number of potential partners contacted 	<ul style="list-style-type: none"> • Weekly reports; Kanpur Assessment Report • Weekly/Monthly Reports 	<ul style="list-style-type: none"> • 90 potential program partners identified • 74 potential partners contacted
To motivate the potential partners to initiate family planning and health services for employees and the general population	<ul style="list-style-type: none"> • Number of potential partners contacted • Number of preliminary program proposals prepared for industry 	<ul style="list-style-type: none"> • Weekly Reports • Weekly Reports; program proposals 	<ul style="list-style-type: none"> • 74 potential program partners contacted • 12 proposals prepared
To assist partners in designing family planning and health programs and in preparing final program proposals for SIFPSA funding	<ul style="list-style-type: none"> • Number of proposals submitted to SIFPSA • Partners' satisfaction with assistance 	<ul style="list-style-type: none"> • SIFPSA's reports; Weekly/Monthly Reports • Trip Reports; Employer interviews 	<ul style="list-style-type: none"> • 5 proposals submitted • All partners indicated that their needs were met
To assist employers in implementing SIFPSA-funded family planning and health programs	<ul style="list-style-type: none"> • Number of programs given technical assistance • Partners' satisfaction with assistance 	<ul style="list-style-type: none"> • Weekly/Monthly Reports • Trip Reports; Employer interviews 	<ul style="list-style-type: none"> • TA provided to 7 programs • All partners indicated that their needs were met

PROFIT successfully achieved all of its input goals. It played an important role in the development of five programs, and provided differing levels of technical assistance on a total of seven programs. Overall, PROFIT's assistance was well received, with all the project partners indicating that their needs were met.

C. Short-Term Outcomes

Table II-2 shows the goals, indicators, data sources, and results related to short-term outcomes.

Table II-2 Short-Term Goals, Indicators, Data Sources, and Results			
Goal/Objective	Measurable Indicator	Source of Information	Status
To obtain SIFPSA's approval of employer-based family planning and health programs	<ul style="list-style-type: none"> • Number of program proposals approved by SIFPSA • Inclusion in programs of elements that ensure sustainability (e.g., employer contribution, cost-sharing; commitments to continue service) 	<ul style="list-style-type: none"> • Approved program proposals • Approved program proposals and contract documents 	<ul style="list-style-type: none"> • 5 projects approved • All programs included sustainability elements
To provide family planning through private sector employers	<ul style="list-style-type: none"> • Number of family planning programs in operation • Number of family planning services offered by programs 	<ul style="list-style-type: none"> • Weekly/Monthly Reports • Observation of services 	<ul style="list-style-type: none"> • 5 operational projects (with one project providing services at 3 sites) • FICCI and PHD Project provides counseling, condoms, and pills; MSW and GIANTS offer above services plus IUD; STIL offers above services plus injectables

PROFIT's program development efforts resulted in three operational programs that provide FP services that might not otherwise be available. One of the five programs that PROFIT helped develop was never implemented due to problems within the implementing organization, and another is not yet operational. In addition to providing implementation assistance on the programs PROFIT helped to originate, PROFIT also provided implementation assistance on other programs as directed by USAID/New Delhi and SIFPSA. In total, PROFIT assisted in the implementation of five programs, one of which operates in three locations.

D. Long-Term Outcomes

Table II-3 shows the long-term goals, indicators, data sources, and results.

Table II-3 Long-Term Goals, Indicators, Data Sources, and Results			
Goal/Objective	Measurable Indicator	Source of Information	Status
To increase the availability of FP services	Number of family planning clients	Services reports from the employers	STIL served 99 FP clients in the first month; GIANTS serves 4,000 FP acceptors; other data not yet available

It is difficult to draw conclusions regarding the long-term outcomes of PROFIT's work. Complete information is not available because SIFPSA is the organization providing program funding and implementing organizations therefore do not provide regular reports to PROFIT. In addition, these programs have only been operational for 1–14 months, and only limited service delivery data is available.

CONCLUSIONS AND LESSONS LEARNED

III.

A. Conclusions

Program Implementing Partners

PROFIT found that employers were often hesitant to become involved in family planning. They considered family planning to be the responsibility of government. The process of motivating employers to become involved in family planning was very time-consuming, even for those employers who showed some initial interest. PROFIT was engaged in continual and persistent discussions with employers to encourage their participation.

Within private companies, only the most senior manager, the Chief Executive Officer, could authorize this type of program. Since the CEO was generally very busy and hard to access, a great deal of persistence was required from PROFIT. By the same token, because decision-making was centralized, once he supported the idea, the CEO could easily mobilize resources to ensure efficient implementation.

Working with industrial associations was an economically efficient way to reach a number of small and medium-size companies, but it also presented some problems for PROFIT. Decision-making authority in the association resides with a group of individuals, and the decision-making process is not necessarily based on an analysis of the merits of FP programs but is also influenced by internal political and personal issues. This situation made it difficult for PROFIT to identify and address the group's concerns.

Implementation Process

Employers and industrial associations that initiated family health programs required a great deal of assistance along the way. Managers of these organizations lacked the experience, technical skills, and time to implement these types programs effectively. Although worker motivators and community-based workers were eager, they required training in usage of different family planning methods, counseling methods, and proper recordkeeping.

It was important that management not only approve the program but communicate their full support and encouragement to their employees. Managers can demonstrate their support by direct or indirect ways, such as allowing family planning discussions to be held during work hours or displaying family planning posters prominently.

Program Design

Commercial companies in India were not accustomed to providing integrated family health programs. PROFIT was proposing a new concept and a new level of social responsibility to them. Most who showed an interest wanted to test this concept by starting a small program. SIFPSA, however, had set program parameters that included a target population of 70,000–100,000 and full program financial sustainability within three years. Because larger programs required more time, more managerial inputs, and presented a greater financial burden, some companies were intimidated by the level of commitment required and lost interest.

B. Lessons Learned

- # Employers need a long period of education, information, and motivation to make a decision to implement a family planning and integrated health program. To some degree, their hesitation can be overcome through persistent efforts, but patience is required.
- # While working with associations is a good way to reach small and medium-scale employers, these working relationships can be much more complex. Associations generally rely on group decision-making and lack individual accountability.
- # Employers are more willing to participate in smaller programs, which require a lower level of management and financial commitment.
- # It is difficult to motivate employers to take on community-based outreach services, as these activities do not provide immediate benefits to them or their employees.
- # It is important that employers communicate their support of family planning to their employees.
- # Targeting those companies that are already providing health and other social services to their employees may be more successful, because these companies already have demonstrated a commitment to the welfare of their employees.