

A.I.D. EVALUATION SUMMARY - PART I

PD-ABP-033

12/12/89

- 1. BEFORE FILING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS.
- 2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE.

IDENTIFICATION DATA

<p>A. Reporting A.I.D. Unit: Mission or AID/W Office (ESA _____) <u>S&amp;T/POP/PDD</u></p>	<p>B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input checked="" type="checkbox"/> Skipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY <u>89</u> Q <u>2</u></p>	<p>C. Evaluation Timing Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/></p>
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D. Activity or Activities Evaluated (List the following in connection for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report.)

Project No.	Project /Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (\$00)	Amount Obligated to Date (\$00)
936-303.01	Technical information Population for the private sector (TIPPS)	8/85	8/90	5,530	5,422

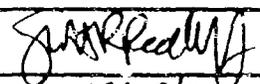
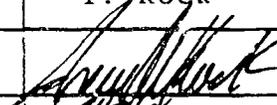
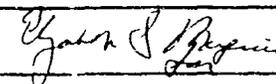
ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director	Name of Officer Responsible for Action	Date Action to be Completed
<p>1. Documentation of TIPPS experience should receive a high level of attention, whereas the conference should be accorded a lower priority, particularly the Africa conference</p> <p style="text-align: center;">Action(s) Required</p>	S. Radloff	continuing
<p>2. AID should continue to foster collaboration between the TIPPS and Enterprise projects.</p>	SS Radloff	continuing

(Attach extra sheet if necessary)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

G. Approvals of Evaluation Summary And Action Decisions:				
	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Name (Typed)	S. Radloff		I. Koek	D. Gillespie
Signature				
Date	12/12/89		3/3/90	



# A.I.D. EVALUATION SUMMARY - PART II

## SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)

Address the following items:

- Purpose of evaluation and methodology used
- Purpose of activity(ies) evaluated
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office:

S&T/POP/PDD

Date This Summary Prepared:

Dec. 11, 1989

Title And Date Of Full Evaluation Report:

Midterm Evaluation of the Technical  
information on Population for the

Private Sector (TIPPS) Project.

SEE ATTACHED

**ATTACHMENTS**

**K. Attachments** (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

Midterm Evaluation of the Technical Information on Population for the Private Sector (TIPPS) Project.

**COMMENTS**

**L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report.**

## Purpose of evaluation and methodology used.

The purpose of this midterm evaluation was to determine whether TIPPS is properly designed to develop and expand private-sector investment in family planning; whether TIPPS is technically, financially, and logistically well managed; and whether TIPPS now needs any revision of its design, implementation, or budget. Recommendations from this evaluation will be used to develop the scope of work for the follow-on project.

Prior to the evaluation, a questionnaire was developed by ST/POP and Poptech and sent to the USAID missions requesting their opinions about the TIPPS project. The evaluation began on March 6, 1989. The team met with A.I.D. to review the scope of work and reporting requirements for the evaluation. In collaboration with A.I.D., the team developed a second questionnaire which was sent to 10 organizations that had signed subproject contracts with TIPPS. The questionnaires consisted of five open-ended questions addressing subproject conceptualization, design and implementation. Two team members then traveled to Peru where they met with host government, USAID, and private sector business representatives. After the field visit, the team completed gathering information from the contractor, John Short and Associates (JSA) and USAID. The team briefed A.I.D. April 7, 1989 and submitted a draft of the evaluation to on June 2, 1989.

## Purpose of Activities Evaluated

The purpose of the TIPPS project, as stated in the contract, was "to increase the allocation of private sector resources to family planning by promoting an understanding of the benefits of birth spacing in private health and commercial systems." The approach of the project was to stimulate businesses to invest their own funds in family planning services.

The project was designed to follow a relatively simple yet effective approach that included several clear-cut steps.

- 1) Country assessments were planned to evaluate the for-profit private sector, develop country strategies, identify opportunities, and set up a mutually agreed upon work plan.
- 2) Business analyses were to be conducted by TIPPS staff which would measure the costs and the financial and health benefits of family planning to selected companies.
- 3) Presentations of the results of these studies to management would follow, along with an action plan to initiate or expand family planning services.

4) Follow-up support was to be provided to interested companies to help identify sources of family planning services. Follow-up assistance was to be arranged by other CAs or obtained from local family planning services delivery organizations.

5) Dissemination of the results of the individual company studies to other business leaders, the final step, was to take place through the use of workshops organized by TIPPS.

### Findings and conclusions

TIPPS objectives were well defined; efforts were focused on project objectives; staff had a well-articulated strategy for each subproject activity; and they were flexible in the strategy and activities of the project.

TIPPS management was uneven, and over three and a half years the project has had three directors.

An important element in the success of the staff has been their ability to work as professionals with all levels of for-profit management. They have adopted a clear, business-like style. They have also demonstrated their ability and willingness to work with governments and P; the skills working with each group are very different. <sup>Private Sector</sup>

TIPPS was effective in stimulating the interest of company managers.

TIPPS' design of surveys that expanded the narrow TIPPS focus to include interests of particular companies bought goodwill from participating companies; their tailoring seminars and workshops for different elements of company management improved the effectiveness of the messages; and their willingness to serve as brokers to assist companies establish and finance effective family planning programs all ensured the success of the project.

TIPPS has shown that some companies are willing to finance and deliver family planning services to their employees when can be convinced of the financial and/or health benefits of the service.

### Principal Recommendations

1. Documentation of TIPPS experience should receive a high level of attention, whereas the conference should be accorded lower priority, particularly the Africa conference.

a) Preparation of Reports. These in-depth monographs should be published either in journal articles or bound form and should document lessons learned under the TIPPS project.

b) Conferences. Since this activity is planned so close to the end of the project, it cannot be demand-oriented, although if effective it will necessarily generate interest and requests for follow-on activity.

2. Although more collaboration between the TIPPS and Enterprise project has resulted since December 1988 when TIPPS replaced its project director, A.I.D. should continue to foster this collaboration.

### Lessons Learned

The TIPPS project has demonstrated that an A.I.D.-supported intervention can convince a range of corporations to add family planning services as a benefit and to agree to absorb the full cost of providing services to employees.

Demand for TIPPS services has greatly exceeded the resources available, but the size of the potential market for private sector collaboration is not known. This point needs additional attention.

Company executives are often as impressed by the health implication of providing family planning service benefits as they are by the financial arguments.

The success of the TIPPS model has been, and will to some extent continue to be, dependent upon external factors such as the existence of favorable macroeconomic conditions, the existence of organizations that meet the demand generated for family planning services, and over the long term, the institutionalization within company benefit programs.

There is a spectrum of companies, from those that can cover the full cost of an additional benefit to those that will need some degree of subsidy to provide family planning. Although those needing some modest seed money were not an original target of project activities, inclusion of a small sample of such companies was a legitimate extension of the TIPPS approach.

OK

The cost benefit model, the basis of the business analysis, is technically sound and has proven to be a very effective tool in convincing CEOs to institute family planning services.

Surveys are an integral and essential part of the model, and, independently, have persuaded CEOs and benefits managers of the advantages of providing family planning service. The desire to scale back the scope and cost of these should be explored, but there will be a loss of accuracy with changes.

Success in working with for-profit business requires distinctive business-like style that mirrors the operating style and procedures of private business. The ability of staff to be flexible and to make rapid on-site decisions is critical to effective working relations and project success. This point is relevant to A.I.D., and is crucial to the success of the project.

Considerably more involvement of project staff than expected was needed both to enlist middle level corporate management in project activities and to identify organizations that could provide family planning services to company employees. Considerable efforts in the areas of presentation, brokering, and follow-up -- more than originally contemplated -- are essential to getting programs in place and implemented by corporations.

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1981 66434

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**MIDTERM EVALUATION OF THE  
TECHNICAL INFORMATION ON  
POPULATION FOR THE  
PRIVATE SECTOR (TIPPS) PROJECT**

by

**Maureen Lewis  
Matthew Friedman  
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**Fieldwork  
March 6 - 24, 1989**

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# Table of Contents

Table of Contents	i
Glossary	v
Project Identification Data	vii
Executive Summary	ix
1. Project Background: A.I.D. Project Design and Conceptualization	1
1.1 Project Overview and History	1
1.2 A.I.D.'s Design and Conceptualization of TIPPS	2
1.2.1 Project Purpose and Strategy	2
1.2.2 Project Assumptions	2
1.2.3 Planned Activities	3
1.3 Contract Modifications	4
1.4 Proposed Relationship with Other Office of Population Projects	5
2. Assessment of Project Components and Performance	7
2.1 Overall Strategy	7
2.2 Meeting Deliverables	7
2.3 Country Selection and Country Assessments	8
2.3.1 Country Selection	8
2.3.2 Country Assessment	9
2.4 Company Selection	9
2.4.1 Initial Company Selection Criteria	9
2.4.2 In-Country Company Selection	10
2.5 Subproject Implementation	12
2.5.1 Overview	12
2.5.2 Cost Benefit Model	12
2.5.3 Surveys	13
2.6 Presentations	14
2.6.1 Overview	14
2.6.2 Senior Level Management	15
2.6.3 Middle Management Level	16
2.7 Facilitating Implementation	16
2.8 Dissemination Activities	17
3. Issues	19
3.1 Introduction	19
3.2 Private Sector Family Planning Delivery of Services	19

3.2.1	Progress Toward Providing Services	19
3.2.2	Cost Issues	19
3.2.3	Shifting Costs From the Public Sector	21
3.3	Quality of Services	23
3.4	Segmenting the Private Sector Market	24
3.4.1	The Nature of the Market	24
3.4.2	The Size and Shape of the Market	24
3.5	Effect of Macroeconomic and Other Public Sector Constraints	25
4.	Contractor Management and Administration	27
4.1	Overview of Management Issues	27
4.2	Project Management	27
4.2.1	Project Directors	27
4.2.2	Subcontract Arrangements and Selection	27
4.3	Staffing	28
4.3.1	Staffing Configuration	28
4.3.2	Staff Technical Capabilities	29
4.4	Operational Procedures and Subproject Evaluation	30
4.4.1	Operational Procedures	30
4.4.2	Subproject Evaluation	30
4.5	Institutional Relations	31
4.5.1	Relationship with A.I.D.	31
4.5.2	Relationships with USAID Missions	31
4.5.3	Collaboration with Other Projects and Cooperating Agencies	32
4.6	Administrative Deliverables	32
4.6.1	Reports	32
4.6.2	Yearly Workplans	33
4.7	Financial Management	33
4.7.1	Expenditures to Date	33
4.7.2	Accounting System	34
5.	Lessons Learned	35
6.	Recommendations for the Remaining 17 Months	37
6.1	TIPPS Plans for Final Phase of Project	37
6.2	Assessment of TIPPS Final Phase Plans	37

6.2.1	Overview	37
6.2.2	Documenting Project Experiences	37
6.2.3	Conferences	38
6.2.4	Collaboration between TIPPS and Enterprise	38
6.2.5	Management	38
6.3	Recommendations for the Final Seventeen Months	38
7.	Recommendations for a Future Project	41
7.1	Introduction	41
7.2	The Project Mission	41
7.3	Project Objectives	41
7.4	Project Management	42
7.5	Project Implementation	42
7.5.1	Country Selection	42
7.5.2	Country Assessment	43
7.5.3	Company Selection	43
7.5.4	Business Analyses	43
7.5.5	Presentations	44
7.5.6	Supply of Services	44

### List of Tables

Table 1	Summary of Original TIPPS Activities	4
Table 2	Comparison of Expected and Actual Deliverables under the TIPPS Project	8
Table 3	Summary of TIPPS Subprojects	11
Table 4	Dissemination Results of TIPPS Presentations	18
Table 5	Characteristics of Family Planning Programs Resulting from TIPPS Subcontracts	20
Table 6	TIPPS and Company Sector Contributions to Subprojects	22
Table 7	TIPPS Organizational Chart	28
Table 8	TIPPS Budget and Expenditures as of February 1989	33

### List of Appendices

Appendix A	Scope of Work and Evaluation Methodology
Appendix B	List of Persons Contacted
Appendix C	Materials Used for the Evaluation
Appendix D	Mission Responses Related to TIPPS

## Glossary

A.I.D.	Agency for International Development
APHA	American Public Health Association
APROPO	Apoyo Programas de Poblacion
CA	Cooperating Agency
CEO	Chief Executive Officer
CIMAS	Commercial & Industrial Medical Aid Society
CRS	Contraceptive retail sales
CSM	Contraceptive social marketing
CTO	Cognizant Technical Officer
FPIA	Family Planning International Assistance
IEC	Information, education and communication
ILO	International Labor Organization
IMF	International Monetary Fund
INANDEP	Instituto Andina de Estudios en Poblacion y Desarrollo
INPPARES	Peruvian Institute of Responsible Parenthood
IPPF	International Planned Parenthood Federation
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JSA	John Short and Associates, Inc.
KAP	Knowledge, attitudes, and practices
LDC	Less developed country
Medic SA	Medic South America
MEXFAM	Fundacion Mexicana Para La Planeacion Familia, A.C.
NGO	Non-governmental organization
Profamilia	Family Planning Association of Dominican Republic
PVO	Private voluntary organization

SOMARC            Social Marketing for Change (project)  
TIPPS             Technical Information on Population for the Private Sector (project)  
UNILAC            University of Lagos, Lagos, Nigeria  
URC                University Research Corporation, Inc.

## Project Identification Data

1. **Scope:** 10 Countries
2. **Project Title:** Technical Information on Population for the Private Sector (TIPPS)
3. **Project Number:** 936-3035.01
4. **Contract/Grant Number:** DSPE-3035-C-00-5047-00
5. **Critical Project Dates:**  
Grant Agreement: August 29, 1985  
Project Assistance Completion Date: August 29, 1990
6. **Project Funding (\$ millions):**  
A.I.D. Central Funding: \$5,537,797
7. **Mode of Implementation:**  
A.I.D. Central: Contract agreement between Office of Population, Policy Division and the Cooperating Agency (John Short and Associates, Inc.)
8. **Contractor/Grantee:**  
John Short and Associates, Inc.  
P.O. Box 1305  
Columbia, MD 21044
9. **Subcontractors:**  
University Research Corporation, Inc.
10. **AID/W Project Manager:**  
Scott Radloff  
ST/POP/PDD  
A.I.D., Washington, D.C. 20523
11. **Previous Evaluations/Reviews:**
  - a. A.I.D./JSA management review was carried out to cover the period September 1, 1985 to August 30, 1986.
  - b. A.I.D./JSA management review was carried out to cover the period from September 1, 1986 to August 30, 1987.

## Executive Summary

The TIPPS project was well designed by A.I.D., effectively managed by A.I.D., and implemented with competence, imagination and hard work by the contractor, John Short and Associates and its major subcontractor, University Research Corporation.

The project was experimental in nature, and focused on stimulating the interest and financial involvement of for-profit firms in family planning delivery. The components of the project are the following: country and firm selection, KAP surveys and surveys of potential demand for family planning services among employees and dependents, estimation of company costs, business analysis of the costs and benefits of family planning provision, presentation of results to company executive officers and middle management, and follow-up activities to broker arrangements for companies that decide to offer family planning, and coordinating and training existing PVO groups. The technical elements of the project -- surveys, cost benefit analysis and presentations -- were on the whole excellent. Service delivery is now coming on line, and early indications are that service quality is high.

TIPPS objectives were well defined; efforts were focused on project objectives; staff had a well-articulated strategy for each subproject activity; and they were flexible in the strategy and activities of the project. The A.I.D. CTO was involved and informed, and remained with the project for the first three and a half years. His continued involvement and active role contributed to the project's focused approach and to meeting A.I.D. objectives. Strong, continuous CTO involvement is highly desirable for experimental projects.

TIPPS management was uneven, and over three and a half years the project has had three directors. Despite shifting leadership, the quality of TIPPS staff has remained consistently high. This is due to careful recruitment and close senior staff oversight of junior members of each country team. The technical skills of the project staff are largely business administration and subspecialties of the field, with some survey and research expertise.

An important element in the success of the staff has been their ability to work as professionals with all levels of for-profit management. They have adopted a clear, business-like style. They have also demonstrated their ability and willingness to work with governments and PVOs; the skills for working with each group are very different. The lack of family planning expertise has not been a problem in the project to date. All staff are familiar with the major family planning issues and know when to obtain further assistance in the area. This expertise may become more necessary as the service delivery component comes to the fore. The project required demographic, economic and research expertise, which was obtained periodically, but is probably needed more consistently in project operation.

TIPPS was effective in stimulating the interest of company managers. Indeed, the project was unable to meet the full extent of the demand. Over the course of the project, TIPPS learned how to identify and approach individual companies quickly and coordinate organizations to enlist their support and/or involvement in the project objectives.

TIPPS' design of surveys that expanded the narrow TIPPS focus to include interests of particular companies bought goodwill from participating companies; their tailoring seminars and workshops for different elements of company management improved the effectiveness of the messages; and their willingness to serve as brokers to assist companies establish and finance effective family planning programs all ensured the success of the project. Together these kinds of adjustments indicate their understanding of the experimental nature of the project, reflect flexibility and willingness to learn and adjust as circumstances dictated, and contributed to the effectiveness of the project.

TIPPS has shown that some companies are willing to finance and deliver family planning services to their employees when they can be convinced of the financial and/or health benefit of the service. Companies have, however, needed significant assistance in implementing programs. There are some companies that cannot afford to finance the full cost of the service due to the nature or relative profitability of the firm. These companies may need some short-term assistance from donors or some arrangement whereby costs are shared with users or other providers. TIPPS has been very innovative in the financing arrangements they have designed and brokered.

The next 17 months should be focused on consolidating the subprojects and brokering effective, high quality service delivery. In addition, it is most important to write up a wide range of lessons learned from TIPPS. The planned Africa conference should probably be postponed until the new project.

# 1. Project Background: A.I.D. Project Design and Conceptualization

## 1.1 Project Overview and History

The Technical Information on Population for the Private Sector (TIPPS) project represents one of three projects that comprise the Agency for International Development's (A.I.D.) Office of Population's private sector portfolio. This five-year project, funded in the amount of \$5,537,797, got under way in August 1985 with the issuance of the contract award to John Short and Associates (JSA). This evaluation covers the first three and one-half years of the project life; 17 months remain until its completion (see appendices for additional details on evaluation).

The TIPPS project was developed at a time that A.I.D. was becoming increasingly aware of the necessity to reach beyond its traditional partners in family planning service delivery - the public sector and private voluntary agencies -- to meet the growing need for services worldwide. In A.I.D.'s view, the private sector offered new skills and channels for delivery that could help alleviate some of the pressure on public sector programs caused by rapidly rising demand and financial limitations of governments and donors.

Although A.I.D. had begun working with the private commercial sector during the early 1970s,<sup>1</sup> in the mid-1980s it began to increase its efforts. In the spring of 1984, the Office of Population explored the feasibility of setting up a project that would stimulate the for-profit private sector to provide family planning services without continuing donor assistance.

To help develop this idea, a working group was formed entitled "Working Group on Alternative Health Care Systems and Family Planning Service Delivery." The group consisted of Office of Population program managers, together with representatives from the Regional Bureaus, the World Bank, and A.I.D.'s Cooperating Agencies (CA). After nearly six months of discussions, presentations, and literature reviews, the group concluded that, given the right incentives, some private sector companies would pay for and/or offer family planning services to their employees. The group also concluded that the addition of private sector resources would be essential if rising demand for contraceptive services was to be met in the future.

On the basis of this six-month period of deliberation and planning, the Office of Population designed the TIPPS project, whose prime objective was to stimulate private businesses to offer family planning services and products with only minimal initial assistance from A.I.D. At about the same time, the Office of Population developed another private sector project: the Enterprise project, and renewed the Social Marketing for Change (SOMARC) project. Both of these are in the Family Planning Services Division.

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<sup>1</sup> In the early 1970s, A.I.D. initiated the Contraceptive Retail Sales (CRS) and, subsequently, the Contraceptive Social Marketing (CSM) programs. A.I.D. has also provided support for private sector information, education and communication (IEC) activities on an ad hoc basis and has on occasion sought family planning acceptors via for-profit firms and PVOs. Specific examples include the John Snow Inc./Family Planning Private Sector Project (Kenya), and other small scale initiatives developed under the auspices of agencies such as Family Planning International Assistance (FPIA) and The Pathfinder Fund.

## **1.2 A.I.D.'s Design and Conceptualization of TIPPS**

### **1.2.1 Project Purpose and Strategy**

The purpose of this project, as stated in the contract, was "to increase the allocation of private sector resources to family planning by promoting an understanding of the benefits of birth spacing in private health and commercial systems." As an adjunct to this purpose, the approach was to be to stimulate businesses to invest their own funds in family planning services.

According to the contract, "because the market-based private sector is by nature self-financed, this project was expected to result in private sector policies to establish family planning programs which require little if any additional assistance from donors. Family planning services were to be offered through health delivery systems which did not already offer them. In addition, this project was to result in governmental policy incentives to private health providers for family planning."

### **1.2.2 Project Assumptions**

The development of the TIPPS project was based on a number of key assumptions including the following:

- 1) Reduced fertility can improve employee health and therefore, reduced fertility will also lower overall health costs to companies and employee families;
- 2) LDC companies will invest in family planning if offering services is in their own and their employees' best interest;
- 3) Companies will be capable of developing and implementing family planning activities with little technical support;
- 4) Companies that decide to offer family planning services may be copied by other businesses seeking the same benefits;
- 5) Employees of these companies may adopt attitudes toward family planning that could spread to other parts of society; and
- 6) Expanding private sector resources will reduce the pressure on public sector resources and permit better targeting of funds for those who most need public services.

Project experience has substantiated three of these assumptions: The business analyses carried out have shown how companies can reduce their health costs if employees' fertility rates fall; companies can be motivated to initiate and pay for family planning services without donor subsidies; and successful experiences of one company have been used to stimulate other companies to develop similar programs.

Two of the assumptions remain to be determined: whether employees in companies providing services will transfer their positive attitudes about family planning beyond the immediate workplace; and whether the expansion of private sector resources will reduce pressure on public sector resources -- the latter is uncertain as the project is not far enough along to conclude very much. In Zimbabwe, however, the heavy reliance on public services among employees of participating companies, suggests that public services can be relieved. In Mexico, an agreement between social security and a private company to share costs will reduce the government's costs and add a stimulant to a subsector of potential users.

### 1.2.3 Planned Activities

A major reason for TIPPS success is that the project was well designed and conceptualized from the beginning. Implementation was guided by a well conceived project paper and contract, which laid out a plan of action that has served as a framework for the contractor's project approach and activities.

The project was designed to follow a relatively simple yet effective approach that included several clear-cut steps.

- 1) Country assessments were planned to evaluate the for-profit private sector, develop country strategies, identify opportunities, and set up a mutually agreed-upon work plan.
- 2) Business analyses were to be conducted by TIPPS staff, which would measure the costs, and the financial and health benefits of family planning to selected companies.
- 3) Presentations of the results of these studies to management would follow, along with an action plan to initiate or expand family planning services.
- 4) Follow-up support was to be provided to interested companies to help identify sources of family planning services. Follow-up assistance was to be arranged by other CAs or obtained from local family planning services delivery organizations (private voluntary organizations [PVO]).
- 5) Dissemination of the results of the individual company studies to other business leaders, the final step, was to take place through the use of workshops organized by TIPPS. This was seen as one of the most important aspects of the project.

To implement these activities, the contractual agreement between A.I.D. and JSA indicated that 410 total person-months of direct labor would be provided. Below is a more detailed summary of the project deliverables as stipulated in the contract.

- Ten country assessments were to be carried out during the life of the contract, on the basis of which subprojects would be established in 10 countries.
- A minimum of 20 Business Analysis Subprojects were specified in the contract.
- Ten one-week Country Workshops were to be carried out, in which results of the business analyses were to be discussed with the leadership of other appropriate for-profit private sector groups.
- A total of 15 Study Tours for private sector leaders and 12 Management Fellowships for key service delivery personnel were scheduled.
- Two regional Conferences were scheduled to present the results of the regional subprojects to private sector and donor community leaders.
- A total of 3.3 years of Technical Assistance for Follow-on Activities was planned. This was designed to link each company that had agreed to provide family planning services to appropriate resources. The resources were to be obtained from the marketplace or selectively from donors if they did not involve recurrent costs.

Table 1 provides a summary of the proposed workplan for these activities over the life of the project:

**Table 1**  
**Summary of Original TIPPS Activities**

Activity	PY1	PY2	PY3	PY4	PY5
Country Assessments	3	4	3	-	-
Business Analysis					
Project Development	5	6	5	4	-
Technical Assistance*	X**	X	X	X	X
Evaluation	4	6	6	4	
Study Tours/Fellowships	4	7	7	5	4
Conferences	-	1	-	1	-
Country Workshops	1	2	2	3	2
Technical Assistance*	X	X	X	X	X

\* *Technical assistance in conjunction with the business analysis was anticipated to involve assistance to host country staff who were collecting data. Technical assistance as a separate activity was the use of consultants to broker arrangements between companies and service providers.*

\*\* "X" indicates an ongoing activity

### 1.3 Contract Modifications

Although the project design was straight forward, with implementation to be carried out on the basis of clearly defined steps, the experimental nature of the project made mid-course corrections desirable and expected. In fact, although implementation adhered to the basic approach described above, several contract modifications were made based on experiences in the field. These modifications, agreed to by A.I.D. and the TIPPS staff, were as follows:

- 1) Country workshops were reduced in time, and participation expanded from 10 to 50-60 participants. This change arose because, during the spring of 1987, it became clear that one-week workshops for business leaders were not feasible. The new shortened but expanded format was based on a model developed in Peru which involved a two-stage dissemination approach: extended lunch presentations for CEOs followed by a 2-3 day workshop for medical and other key middle management personnel.
- 2) Resources originally intended for study tours and fellowships were redirected to other tasks, in particular business analysis subprojects and technical assistance for follow-on activities for developing family planning service delivery. This change reflected the realization in late 1987 that there was more demand for family planning services than there were providers available to meet this demand and that therefore setting up family planning services would require extensive technical assistance and brokering by project staff.

- 3) Business analysis presentations were expanded to include additional information about the health benefits of family planning. Experience demonstrated that company managers were interested in knowing more about the potential health benefits of family planning for their employees and dependents.
- 4) Resources and activities were focused on five instead of ten countries: Peru, Honduras, Mexico, Zaire, and Zimbabwe. TIPPS proposed this change to ensure that all of the demand created within these countries would be met in an effective and timely manner.

These changes enabled the project to reflect the realities of working with the private sector in the field and ultimately contributed to its success. They also reflected both TIPPS' and A.I.D.'s flexibility in managing this experimental effort.

#### **1.4 Proposed Relationship with Other Office of Population Projects**

From the beginning, it was understood that the TIPPS and Enterprise projects should work closely together to develop private sector activities in the field. TIPPS was initially viewed by A.I.D. as having its primary focus on demand creation. It was to function as a complement to the Enterprise Program, which would provide direct technical assistance to companies once they were convinced of the net benefits of the investment.

A.I.D. did not, however, sufficiently plan for, nor did it facilitate collaboration between these projects. Although some collaborative efforts did take place, from the beginning the relationship between TIPPS and Enterprise appears to have been strained. A variety of factors contributed to this situation, including overlapping scopes of work, differences in the approach used for reaching companies (Enterprise provided subsidies whereas TIPPS attempted to convince companies to invest their own funds), and corporate competition. These issues served to hamper efforts at collaboration.

In June 1987, A.I.D. instructed the two projects to begin discussions aimed at finding ways to work together. After several months of negotiations, project principals jointly recommended the following division of labor:

- TIPPS would take the lead in five countries and Enterprise would take the lead in sixteen countries. If TIPPS was the lead in a particular country, Enterprise could not initiate activities in this country without the agreement of TIPPS. In the remaining countries not specified, either project could respond to requests for assistance or initiate activities as long as they first notified the other project.
- In the countries in which the two projects were currently working together, efforts were to be made to continue working in a complementary and collaborative fashion.

A.I.D. management accepted these recommendations and decided that TIPPS should operate parallel to the Enterprise program rather than as a complement.

While reducing the causes of friction, this solution did not address how the two projects might genuinely overlap and work together. It is likely that had A.I.D. taken a more active role as mediator, it might have found ways to facilitate collaboration between these two natural competitors. As it was, TIPPS and Enterprise have never really carried out the intended plan.

**Recommendation for Remainder of Project**

Although more collaboration between the TIPPS and Enterprise projects has resulted since December 1988 when TIPPS replaced its project director, A.I.D. should continue to foster this collaboration.

## **2. Assessment of Project Components and Performance**

### **2.1 Overall Strategy**

The TIPPS project was highly innovative in concept. It had no significant previous experience in the field to guide it and was thus obliged to chart new territory. The general outline of activities had been provided, but many details remained to be supplied. At each step of the way, a unique blend of intellectual and business skills was required. These steps are not necessarily discrete; there is an element of overlap. Success at each stage has been essential to allow progress to the next one.

The stages of development of the project are:

- 1) Analyzing critical issues and market opportunities with regard to both countries and companies;
- 2) Developing operational tools, especially the cost benefit analysis and survey methodologies, but also networks of contacts;
- 3) Selling the concept and "engaging the involvement of companies" "to obtain their commitment" to pick up costs;
- 4) Facilitating implementation, by enlisting PVOs as service providers and linking PVOs and companies;
- 5) Using successful project experience as leverage to enlist the involvement of additional companies.

### **2.2 Meeting Deliverables**

The project has accurately identified its critical tasks at each stage of development and met the challenges presented with creativity and discipline.

Staff have directed their energies primarily toward implementing business analysis subprojects, and the project has more than met the requirement, with 20 such activities. Because of the unexpected level of effort required to broker arrangements between companies and family planning providers, it has also already exceeded the amount of technical assistance anticipated. Overall, the project has done an excellent job in meeting the deliverables set forth in the contract (see Table 2.) The non-implementation of fellowships and the reduced number of study tours undertaken is the result of contract modifications (see section 1.3).

At the time of the evaluation, TIPPS was moving into its final phase of activity.

Table 2

Comparison of Expected and Actual Deliverables under the TIPPS Project

Deliverable	Proposed	Actual
Country Assessments	10	8 Full Assessments 3 Mini-Assessments
Business Analysis Subprojects	20	13 BA Analyses Completed 7 BA Analyses Ongoing 3 BA Analyses Yet to Begin 17 Presentations of Results (Storyboards)
Other		3 Non-Analysis Subprojects
Country Workshops	10	4 National Workshops Completed 6 Luncheon Workshops Completed
Study Tours	15	3 Study Tours
Fellowships	12	0 Fellowships (See Contract Amendment)
Conferences	2	0 Conferences Completed 1 Planned for Central America 1 Planned for Africa
Technical Assistance for Follow-on	40 person months	44 person months

## 2.3 Country Selection and Country Assessments

### 2.3.1 Country Selection

The country selection process took place primarily in the United States. TIPPS based country selection on practical considerations such as a country's potential for private sector action on family planning, e.g., the existence of companies with large numbers of employees who receive health benefits. It also looked at the government's position on family planning, the priority of the country for A.I.D. assistance, other criteria from A.I.D./Washington, and reactions from USAID missions.

## 2.3.2 Country Assessment

Following preliminary country selection, TIPPS undertook country assessments to prepare for program implementation in the targeted countries. In all, TIPPS undertook 11 country assessments, on the basis of which three countries were ruled out (Ecuador, Swaziland and Thailand) while the decision was made to proceed in 11 others (see Table 3, page 11).

The assessments covered the following:

- Broad geographic and social background information;
- General economic considerations;
- General information on family planning practices and needs, as well as contraceptive prevalence; and
- A general assessment of project opportunities.

Like the country selection process, the country assessment work was carried out largely in Washington. Information sources were limited to standard national and international data. Although the assessments addressed appropriate issues and generally speaking were well done, they did not provide adequate detail on the structure of the for-profit business community in each country. Information that would have permitted this mapping or segmentation of the private sector is not typically available from academic or other public resources. Had it had access to such data, the project would have had information on the balance between different types of industries such as mining, agriculture and manufacturing, the sizes of enterprises and the medium-term investment/growth strategies of the for-profit sector. This would have helped in the selection of targets of opportunity and in ensuring a balance in program initiatives across the spectrum of the for-profit sector. To carry out such analysis, however, would have required going beyond generic data sources and purchasing data from for-profit investment or market intelligence companies, or visiting a number of countries on a somewhat random basis.

No adverse consequences are immediately obvious as a result of this omission. Furthermore, it is understandable that the project may have bypassed this level of analysis as a result of pressure to initiate projects combined with human and financial resource constraints, and A.I.D. priorities that, while consistent with Agency-work objectives, were sometimes contrary to sound business decision making. Nonetheless, the resulting assessments, while useful, did not serve as a hard-edged planning tool designed to target specific interventions in a country or to gain an overall balance of project activity across the 10 countries.

An issue that was overlooked in country selection was the climate for private investment and the political orientation of the government. Socialist-leaning governments such as Peru and Zimbabwe, both countries that remained among the five final countries of concentration, have turned out to be quite difficult to work in (see Section 3.5 for a full discussion of the economic repercussions of the political climate).

## 2.4 Company Selection

### 2.4.1 Initial Company Selection Criteria

TIPPS established a comprehensive set of criteria on which to base selection of companies with which to develop subprojects. These helped guide the project in making sound programming choices. Specifically, they include:

1. The existence of significant employee health benefits, the costs of which might be lowered by the introduction of family planning services;
2. A positive interest in preventive health and family planning;
3. A good-sized work force (or membership in the case of insurance schedules) with the potential to yield increased contraceptive prevalence and cost transfer gains;
4. A reputation for integrity and social responsibility; and
5. A leadership position in an industry or community with the potential for the program to act as a role model for the involvement of other companies.

In addition, the project aimed for an overall portfolio that included a broad spectrum of businesses ranging from agriculture and manufacturing, to banking and insurance providers (see Table 3, next page).

These generalized company selection criteria have provided a solid foundation for development of the project. The project can also be credited for having applied them consistently.

#### **2.4.2 In-Country Company Selection**

TIPPS did a thorough job in preparing for initial visits to selected countries. Contacts were sought; individuals familiar with the country and the private sector in particular were interviewed; and a preliminary plan was decided upon before departure. These efforts allowed maximum use of a limited budget and time.

A similar set of tasks, albeit more comprehensive, was undertaken when TIPPS entered its host countries. Guided by its initial company selection criteria, TIPPS staff moved quickly to seek company subprojects.

The first task, typically, consisted of constructing a generalized map of the private sector from information gathered from private sector contacts in country. Where possible, contacts from the USAID missions or others connected with public sector work were identified. In addition, subproject leaders approached private sector associations such as the Chamber of Commerce or other coordinating bodies of private industry to discuss the general issue and identify potential sources of interest among the membership, and more broadly within the society.

This approach worked very well in some countries. In Peru, for example, in the course of the initial three-week visit, the staff identified the Chamber of Commerce and the National Employers Association as key contacts, as well as a small independent organization of companies concerned specifically with providing family planning (APROPO). In addition, contact was made with 15 private companies in industries as diverse as mining, manufacturing, banking and utilities.

Overall, in Peru, the project identified some 40 companies and made visits to nearly half of these. Preliminary meetings, generally with company executive officers (CEOs) but sometimes with other key executives, typically began with a general discussion of the quality of health care provided to employees, emphasizing preventive health and, eventually, family planning.

Table 3

Summary of TIPPS Subprojects

Country/Region	Subproject Title	Activities
Africa	ILO	Case Study Publication
Bolivia	Social Security	Survey, Business Analysis
Brazil	Promedica	Survey, Business Analysis
Haiti		Pending
Honduras	Lovable MISA Alimentos Informal Sector	Survey, Business Analysis, TA Survey, Business Analysis, TA Survey Feasibility Study, Business Analysis
India	TATA Iron and Steel	Retrospective Cost-benefit Analysis
Indonesia	Jaya Abadi Sinar Ancol Teluk Mas Obor Mas Jaya P.T. Delta	Survey, Business Analysis Survey, Business Analysis Survey, Business Analysis Survey, Business Analysis Survey, Business Analysis
Mexico	Gigante CIBA-GEIGY Chrysler	Survey, Business Analysis Survey, Business Analysis Survey, Business Analysis (to begin)
Nigeria	GOCON Lever Brothers	Survey, Business Analysis Survey
Peru	Milpo Mining FP/CS Electrolima Peruvian Social Security Private Sector Service -MedicSA APROPO	Survey, Business Analysis, TA Survey, Business Analysis Survey, Business Analysis, TA TA, Service Delivery TA, Service Delivery
Zaire	Banque Commerciale, Zairoie PLZ Utex Africa	Survey, Business Analysis Survey, Business Analysis Survey, Business Analysis, TA
Zimbabwe	CIMAS	Survey, Business Analysis

These meetings set the stage for more concrete activities for interested companies and led eventually to development of four subprojects. The two principal subprojects -- with Milpo Mining and Medic S.A./Vitalicia Insurance Company -- are sound and together meet all the initial selection criteria set by the project. They are a well-balanced pair of demonstration projects with considerable replication potential, both within the country and more generally in other LDCs. The project has also developed subprojects with a parastatal in Peru, Electrolima. In the process of exploration and subproject development, the TIPPS staff have developed a well-informed map of the private sector in Peru.

In Zaire, TIPPS worked through National Enterprises of Zaire. In other countries, however, associations of private companies were insufficient or unavailable. In these instances, TIPPS used the direct approach. For example, in Zimbabwe the team leaders approached CEOs directly without benefit of introduction or referral.

TIPPS has done a good job of company selection within its focus countries. The staff's analytic and networking skills have been outstanding. Their choices across the project as a whole have, with the project's limited resources, provided maximum potential for learning what works while creating the opportunity to achieve some real gains in service delivery.

## **2.5 Subproject Implementation**

### **2.5.1 Overview**

Subproject implementation, as described in the contract, was to begin with business analyses, that is, cost benefit analyses that were designed to demonstrate the costs and benefits of efforts to lower fertility among employees and dependents. The estimates of prevalence and change in contraceptive usage were based on information derived from surveys of knowledge, attitudes and practices (KAP). The cost of services already delivered were obtained by analyzing company records and reconstructing costs. Almost invariably, both cost benefit analyses and KAP surveys have been conducted (see Table 3, above).

To set these activities in motion, TIPPS staff dealt directly with the company CEO; together, they discussed the steps needed to undertake a business analysis, the content of surveys and other details that had a direct bearing on decision making within the firm. As the process evolved, TIPPS staff worked with benefits directors, medical directors and others concerned with implementation. This level of contact has enabled the project to fill in details and to plan for the surveys and other data collection activities related to the business analysis.

### **2.5.2 Cost Benefit Model**

The cost benefit model was the means for conducting the business analysis called for in the contract and was originally perceived as the basic tool of the TIPPS project. The model was seen by A.I.D. as the key element in convincing for-profit entities of the financial advantages of investing in family planning services for its employees.

While the project began this effort in an inappropriate manner with inadequate and inappropriate expertise, changes after the first year refocused the process of model development toward Peru where University Research Corporation (URC) staff were developing a cost benefit model to apply there. Model development benefited greatly from an existing demographic model for Mexico that was adapted to the projects' needs, enhanced by input from economists with strong expertise in economic-demographic modeling. The final product is an excellent model for achieving the goals of the TIPPS project.

The model brings together a rich set of data and clarifies relationships among various investments, controlling for behavior and technology. Together these features offer a model that has multiple uses and can help not only to convince but to plan and track progress. The presentation of the business analysis is also an event that can capture attention and stimulate interest. It is a valuable element of the project.

The strengths of the model lie in its realistic measure of the real world, its technical soundness, its flexibility, and its adaptability to varying circumstances. For example, once the data for the model are acquired, the model can simulate alternative outcomes. If, for example, a company wants to know what it will cost or what the demographic impact will be of a shift of methods among employees, or what will happen if the company covered the costs of contraceptives for both existing and potential new users, the model can provide an accurate picture of the effects.

The cost section of the model considers fixed and recurrent costs separately, offering decision makers the flexibility of adjusting either. Similarly, the demographic or benefits portion has built-in likely user response by deriving demand based on abortion rates, expected fertility, and clinical effectiveness of all offered contraceptives. This latter point is key, and both separates this model from all other demographic modelling efforts, and has extended and improved on early, more rigid models that assumed zero fertility once family planning services were offered. The revision represents an important strength of the model.

The potential ability to avert abortions has particularly interested companies. In Zimbabwe and Mexico, it was estimated that over 1,000 abortions in the selected companies could be averted through expanded use of family planning.

The only drawback of the model is its data requirements. The data typically are not readily available. Indeed, the project has had to collect expenditure data from company files, often having to measure costs from these records; the necessary fertility data are obtained from employee KAP surveys. While an excellent tool for insuring accuracy, applicability and flexibility, the model required time and resources to collect the needed data.

The model has been presented to local PVO groups in Mexico, Peru and Indonesia for them to use in promotion. TIPPS has been willing to share the technology and the model to train local groups to apply and use the model for marketing purposes.

The model is a valuable tool, and has played an important role in the development of the project; however, it is not clear that the model must be applied to all companies in each country. Some experimentation is warranted in determining whether, say, a model for a mining company can be applied in other mining companies in other countries, and if one or two company models will suffice to convince other senior managers to consider offering family planning to their employees. Nonetheless, the model is extremely useful, and TIPPS has developed an excellent tool that can be applied in any setting.

### 2.5.3 Surveys

Surveys of knowledge, attitudes, and practices, enhanced in most cases by related TIPPS questions regarding abortion, have been a resounding success of TIPPS subprojects. These surveys have told companies so much about health behavior and the attitudes and perceptions of their employees or clients that survey results alone have convinced some company managers to act. For example, the Peruvian polyclinic, MEDICSA, was astounded by the average number of abortions (2.4), low use of modern contraceptive methods (27 percent) and a large percentage who wanted no more children (over 80 percent) among its middle and upper-middle class patients, and determined that family planning offered a potentially profitable sideline to its gynecological and

obstetric services. Similarly, Milpo Mining Company, one of the leading private Peruvian mining companies, realized after the survey that the age composition of its employees had changed dramatically in recent years and that, combined with reported shifts in family planning decision making (i.e., that couples rather than husbands made decisions regarding family size), made family planning a key preventive health service that would improve maternal and infant health as well as reduce costs. It was the survey, however, that made management pause initially and demonstrated that current company services were out of date in terms of maternal health needs and couples' family planning decision making.

The surveys applied in Peru, Zimbabwe and Nigeria are very similar, and reflect the cross-subproject sharing of experience and technical expertise that is a common thread of the project. The survey instruments were well designed, clearly built on other experiences in the field, and were sufficiently comprehensive to include all pertinent questions.

In a number of cases other components were added to the survey at the request of the company under analysis. For example, in Peru at Milpo Mining Company, a child survival module was added, and in Zimbabwe an AIDS module was included. Both are well done. The addition of other components may have added complexity and delayed analysis of the survey output; however, the expansion beyond family planning reflects the ability of project staff to raise issues of latent concern and convince senior management of the importance of company family planning and health policy. Moreover, it built goodwill and a collaborative spirit between the companies and the TIPPS staff.

The Honduras and Mexico surveys do not appear to be built on the earlier experiences and are less satisfactory. The Honduras survey attempted to measure willingness to pay. TIPPS failed to use any outside expertise; the resulting instrument and the data are inappropriate. The Honduras survey was not well conceptualized and input from experienced researchers in this area could have assisted in the design. Building on the sound survey instruments from Peru, Zimbabwe and Nigeria could have assisted this process at least for the core questionnaire. Moreover the workforce is too small in some Honduran cases to insure business analysis or a survey.

The surveys are the basis for the business analysis. Their drawback is the time involved in designing, fielding, and cleaning the information from the survey, and in analyzing the subsequent data. A good and thorough effort requires sufficient time to ensure a quality product. TIPPS has spent the time and has been criticized by A.I.D. for delays. These surveys are not seat-of-the-pants estimates, they represent careful, professional effort. This level of effort is essential if the model is to be useful and if potentially costly decisions are to be demonstrated by the manipulation of the data; however, there are time and quality tradeoffs that need to be considered in every setting.

In addition to informing management generally and providing the data for the business analysis, the surveys provide a basic measure of potential demand for contraceptives, which should be the key determinant in the financing or provision of family planning services. Measuring demand is an important part of decisions to invest and TIPPS has done an admirable job in measuring and assisting companies to assess user demand for family planning.

## **2.6            Presentations**

### **2.6.1        Overview**

The original idea had been that formal presentations of the results of the business analysis would be geared only to CEOs and other top management. It was anticipated that top

management in turn would transfer the concept to mid-level management, and provide direction for implementation of plans to provide family planning service.

Over time, the TIPPS team found that its staff would need to increase its involvement in these presentations to middle level management and that the presentations themselves would need to be intensified. The aim was to ensure the involvement of such middle-level management as the heads of a company's operational units (e.g., the Milpo Mining Company's mining camp supervisors) and managers concerned with benefits and health. These personnel need to be convinced of the benefit of and/or demand for family planning provision if they are to implement a program effectively.

Thus, TIPPS now makes its corporate presentations at two levels: to top management and to middle operational managers. Meeting both tiers is valuable and important. The support and commitment of top management are essential if a sensitive and important element of company policy such as benefits is to be altered. Operational management is equally important because these individuals are the implementors of corporate policy and are often responsible for defining the way corporate policy is carried out.

TIPPS presentations are tailored for each level. The format for CEOs reflects both that their time is scarce and that only highlights and key points are relevant for their decisions. The mid-level presentations take into account that operational managers need more detail, as well as assistance in formulating effective responses to senior management decisions.

## **2.6.2 Senior Level Management**

To convince senior management to invest in family planning service delivery for its employees, TIPPS communicates its message in a forceful and convincing manner, and ensures that its presentation is appropriate for corporate leaders.

These presentations are typically made to CEOs and other senior managers, but, in the case of CIMAS in Zimbabwe, have also included the board of the organization. They always take place at the company headquarters. Using clear, well-designed computer-generated graphics based on solid analysis and careful information gathering, presenters have been able to make a compelling case of the net benefits of adding family planning for employees, clients or patients.

The presentation takes approximately 30 minutes, is in color, and utilizes a computer linked to a projector (approximately 50 slides were presented in the case of CIMAS). The great value of the computer is that the presenter can vary assumptions of acceptors by method, age or other characteristics, as well as the kind, and therefore, cost of different services. These simulations allow the audience to see how shifts in employee behavior or investment would affect costs and health.

Characteristically a presentation will do the following:

- Introduce TIPPS;
- Explain the methodology;
- Outline company employee demographic characteristics, fertility/reproductive behavior, family planning knowledge, attitudes and practices; reproductive health and other elements included at the request of the company executive officer;

- Present the costs and benefits and the implications of various scenarios for the company; and
- Offer a concluding summary.

**Conclusion.** The content, organization and illustration of the TIPPS' corporate presentation are excellent. They are highly professional and totally appropriate to a senior for-profit sector audience. The capacity to respond interactively to audience questions about varying assumptions and inputs are particularly praiseworthy. In addition, the tone and style of the presentations seem to be pitched just right. The demeanor of the presenters and type of language they use obviously helps gain the confidence of their audience. Finally, the acid test of the presentation is that they have been able to help convince audiences and move them towards implementation.

### **2.6.3 Middle Management Level**

TIPPS presentations to middle management, although they may include the formal presentation made at the CEO and board level, also deal with a variety of policy implementation questions. Presenters draw heavily on the survey material and also discuss specific needs in well-presented business analysis documents. Presentations at this level appear to have been effective in winning the support of middle managers. Potentially, they also represent a vital element in an institutionalization strategy.

Important as these presentations are, TIPPS staff have been able to respond to only a small number of requests for presentations to company middle managers responsible for implementing family planning programs. This is a matter of concern because the TIPPS team does this work well and the effectiveness of the presentation may be a decisive factor both for rapid implementation and long-term institutionalization of the program. Essentially, resources have been inadequate to meet demand and opportunities for expanded activity has been foregone.

### **2.7 Facilitating Implementation**

In most cases, TIPPS did not offer nor did companies request financial assistance from the project for the provision of family planning services.

A major and unarticulated assumption of the project was that, once the senior management of a company was convinced of the case for providing family planning services, implementation of such a program would follow shortly. Early in subproject development, however, it became apparent that although managers were willing to finance and introduce or revise existing family planning delivery systems, they did not know how to go about doing so.

Some technical assistance had been built into the project to enable project staff to carry out this activity, but the level of "brokering" ultimately undertaken by TIPPS was not at all anticipated. As originally conceptualized, the Enterprise project was to have taken on the task of enlisting service providers (see Section 1.5), since TIPPS was a policy and not an implementation project.

Under these circumstances, it fell to TIPPS to broker arrangements, explaining options and alternative methods for delivery to company middle management; contacting potential providers; and, counseling them on how to approach, price and negotiate service delivery. The increased workload this involved was a critical factor in reducing the number of focus countries to five.

The dimensions of the task were formidable. In attempting to assist in the initiation of services, TIPPS discovered that

- Employees need more than services; they also need considerable information, education and communication (IEC);
- Company clinic staff must be trained in technical, medical and counseling techniques;
- Some PVOs, such as INPPARES (IPPF affiliate), may be reluctant to charge for services provided, thereby potentially defeating the objective of transferring family planning costs from public and private sources;
- PVOs lack the marketing, management and communication skills necessary to work effectively with business; and
- The configurations are not always simply PVO to company; in a few cases, TIPPS was promoting linkages between providers and insurance companies (e.g., Medic SA to La Vitalicia in Peru and the National Family Planning Association [ZNFPC] with CIMAS in Zimbabwe); or between providers and employee benefit packages (Atma Jaya Hospital selling health care packages to near-by factories in Indonesia) (see Table 3).

The Milpo Mining Company in Peru offers a classic example of one of the problems encountered and the solution developed by TIPPS. Attempting to identify a PVO to provide services through the company clinic, TIPPS staff found that one large PVO, INPPARES, was unwilling to charge for such services. Instead, TIPPS found two small non-profits willing to provide services to the Milpo Mining Company on a commercial basis. It briefed them about the project and brokered a relationship that resulted in contracts with the PVOs to do IEC work, staff training and program monitoring. The commercial contract was established with a retainer covering the cost of bi-monthly supervisory visits to the mine. This relationship has developed very well, to the mutual advantage of the company and of both PVOs.

In its subproject with Gigante Stores in Mexico, the project again took the lead in linking supply and demand, with the difference that in this case the national social security agency is taking on part of the burden of service delivery (providing clinical methods and supplying commodities to Gigante pharmacies). In Indonesia, TIPPS dealt with a supplier, the Atma Jaya Hospital, convinced it (through the business analysis) of the need to provide family planning as part of its private health care packages, and developed its capacity to market its services directly to local private companies.

**Conclusion.** TIPPS learned that once a demand for a program is stimulated, it must act quickly and effectively to link a company with an appropriate source of family planning service delivery from which they can purchase financial assistance, medical care or training and short-term supervision. It has found the resources to do the work of brokering the relationships essential to setting up service delivery, and has done an excellent job in the process.

## 2.8 Dissemination Activities

An important method for expanding the impact of TIPPS is through workshops and luncheons with outside business leaders that feature presentations by subproject CEOs of business analysis results and company plans to institute family planning services. To date, TIPPS has conducted dissemination activities in seven countries -- Bolivia, Brazil, Indonesia, Nigeria, Peru,

Zaire, and Zimbabwe. These meetings have resulted in a number of companies requesting technical assistance to initiate family planning services.

Table 4 provides a summary of requests to TIPPS for technical assistance based on dissemination presentations. Note that 70 percent (86 companies) of the attending companies have requested technical assistance in family planning.

Because many of these presentations were completed very recently, it is too early to predict how many companies will actually set up family planning programs on their own. TIPPS estimates that in countries such as Peru and Zaire, where it has worked for three years, between one-quarter and one-third of the commercial companies attending dissemination presentations may eventually add family planning services, paying for these services out of company funds.

**Conclusion.** The dissemination efforts have been very effective. What is not known is whether some follow-up is needed to influence additional companies or to assist those interested in adding family planning to their employee benefits. This may well be an issue for a follow-on project.

Table 4

Dissemination Results of TIPPS Presentations

Country	Number of Companies Attending Presentations	Number of Companies Requesting TA for Family Planning Implementation
Peru	34	15 ( 44%)
Zaire	22	18 ( 82%)
Zimbabwe	28	28 (100%)
Bolivia	1	1 (100%)
Brazil	7	7 (100%)
Indonesia	34	15 ( 44%)
Nigeria	<u>2</u>	<u>2</u> (100%)
	128	86 ( 70%)

## 3. Issues

### 3.1 Introduction

This section lays out some of the key issues that have emerged from the project and are of particular importance to A.I.D. It draws on some of the materials presented earlier, with a view to clarifying areas of special concern for the future.

### 3.2 Private Sector Family Planning Delivery of Services

#### 3.2.1 Progress Toward Providing Services

The original concept of the TIPPS project was that family planning delivery would be the responsibility of the private companies for which the analysis and presentations were completed, with TIPPS taking on a minor brokering role to assist the subprojects to contact appropriate family planning organizations. Over the course of the project, TIPPS took on a major brokering role. TIPPS not only placed companies in contact with family planning groups but also worked with the potential providers and the companies to establish workable arrangements.

Typically, once the decision is made to provide family planning services, the second important issue becomes if and when the company can actually follow through and implement these services. In most cases, family planning programs are being developed. TIPPS has completed 15 subprojects that focus on persuading companies to provide family planning. All but one of the participating organizations have decided to add or significantly enhance family planning services and to pay for all or most program costs. The one exception has been Electrolima (Peru), whose Chairman of the Board has only tentatively agreed to add family planning. Family planning seminars, however, have been conducted for 3,500 Electrolima employees.

Out of the 15 companies that agreed to initiate services, six have already begun and another six expect to have services under way before the end of the project; of the remaining subprojects, CIMAS in Zimbabwe has been held up because of a government price freeze. This is a factor well beyond TIPPS' control; however, the company is otherwise ready to proceed.

Table 5 (see next page) lists each of the subproject activities, the number of employees in each firm, whether family planning services have been established and when, the provider/type of service outlet, and the estimated number of acceptors by 1990.

#### 3.2.2 Cost Issues

TIPPS initiated discussions with companies with the assumption that costs of service delivery would be covered by the companies; exceptions and special arrangements have been made in some circumstances. These have included limited seed money for Medic SA in Peru and a sharing of service delivery costs between the government's social security system and Gigante, a Mexican firm. In both cases, the subsidy was more than matched by the company, and, in the case of Medica SA, the subsidy was limited to the first two years.

How much is being contributed to family planning by private companies is not entirely clear. Table 6 (see page 22) provides data on company expenditures for the business analysis as well as family planning delivery, and indicates TIPPS' country expenditures for comparative purposes (see next page). The first column lists the TIPPS' expenditures used to develop, implement, and monitor in-country activities. Note that TIPPS' largest expenditures have been in Peru (\$415,500), Zaire (\$349,000), and Nigeria (\$315,500), the initial subproject countries.

Table 5

## Characteristics of Family Planning Programs Resulting From TIPPS Subcontracts

Subproject	# Of Employee/ Dependents	Date Family Planning Services Started	Provider/Type of Service Outlet	Estimated Number of FP Users By 1990
Milpo Mining Co. (Peru)	900/6,000	November 1988	Company Clinic	350
MEDIC SA (Peru)	60,000	October 1988	Third Party Provider	3,750
Electrolima (Peru)	3,560/13,700	Pending	IE&C carried out	Unknown
Social Security (Peru)	600,000	Expanded services estm. September 1989	FP services to be added to all S.S.facilities	30,000
CIMAS (Zimbabwe)	140,000	July 1989	Health Insurance Co.	20,000
UTEXAFRICA (Zaire)	11,000/55,000	September 1987	Company Clinic and Outside Provider for Satellite Clinics (Armee de Salut)	600
BCZ (Zaire)	3,000/13,500	September 1988	Company Clinics	240
PLZ (Zaire)	23,000/157,000*	June 1990	Company Clinics	2,100
Gulf Oil Co. (Nigeria)	845/3,300	January 1988	Company Clinics	275
Gigante (Mexico)	20,000	est. May 1989	Supply methods - company pharmacy; Clinic methods - Social Security	1,500
Atma Jaya Hospital (Indonesia)	100 compazies	February 1989	Family planning and health services pharmacy at factory site by local hospital	7,000
Lovable (Honduras)	1550/3500	July 1989	Company Clinic	500
MISA (Honduras)	600/1800	July 1989	Third Party Provider	3,750
Bolivian Social Security	N/A	July 1989	Social Security	500,000
Ciba-Geigy (Mexico)	1800/3600	Pending	Company Clinic	3,000

\*PLZ provides medical services to an additional 55,000 persons who are not PLZ employees or dependents.

The costs represent both the learning costs in how to implement the project and difficulties of working in certain environments. The basic TIPPS approach was developed during the Nigeria subproject development. The survey, model and approaches to potential partners were defined and tested in Nigeria. In Zaire, the difficulties of working in small African environments became apparent and methods to mitigate these were learned; however, small markets like Zaire will be costly to work in during any phase of the project. In Peru, the broad range of activities have made large expenditures essential.

The private sector contributions for business analyses represent funds provided by the company to implement subproject activities (one-time expenditure). These expenditures ranged from \$1,200 to \$14,200 depending on the company.

Contributions for family planning service delivery activities represent fixed and recurrent costs incurred by the company for services. TIPPS has collected information for only four companies providing services.<sup>2</sup> Thus, it is not possible to provide an accurate assessment of what the overall private investment is or will be in relation to the TIPPS contribution.

Although certain companies have committed themselves to providing family planning services, the exact amount of the expenditure is currently incomplete or unavailable. Hence, the levels reported in the table are gross underestimates. Moreover, any commitment will require annual expenditures, which obviously multiply company contributions over time. Meanwhile no further A.I.D. funds will be expended.

A major problem in collecting this information is private companies' reluctance to release company financial data. It is particularly difficult to collect these data from companies that initiate family planning programs as a result of dissemination activities, since TIPPS has not provided these companies with any support.

Because only a few figures related to company contributions are available at this time, it is also difficult to make estimates of what the overall investment might be for most companies. Over time these expenditures will grow and TIPPS' will not, and at the end of the project, it will be more apparent what resources TIPPS has leveraged. That relationship is not now apparent. The relationship between A.I.D. and company funds is distorted by these early estimates. Therefore, any assessment of this issue should be postponed until the close of the project.

### 3.2.3 Shifting Costs From the Public Sector

A related issue to that of companies' expenditures is the extent to which private programs are substituting for subsidized sources of services. In Zimbabwe, company provision will undoubtedly affect public expenditures since the vast majority of current users rely on public sources. Similarly, in Mexico the agreement with Social Security is expected to relieve the government of service delivery to a segment of their current and future contraceptive users, although they will still be making commodities available to that population.

**Conclusion.** Although considerable progress has been made in convincing companies to offer family planning, not all those who plan to offer the service have done so at this

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<sup>2</sup> Company contributions provided in the third column reflect expenditures to date. Since most of the funds contributed by the company are recurring costs, it is important that these expenditures be projected over several years. Therefore, a company that provides approximately \$15,000 a year for services will spend a minimum of \$150,000 on family planning over a ten-year period, not counting inflation or significant increases in numbers of employees and users.

Table 6

TIPPS and Company Sector Contributions to Subprojects  
(as of 3/89)

	Total TIPPS Expenditures	Company Contributions*	
		to Business Analysis**	to FP Service Delivery***
Peru	\$ 415,471		
Electrolima		\$ 4,700	\$ 9,000
Medic SA		2,600	25,000
Social Security		1,200	14,000
Milpo Mining Co.		N/A	
Brazil	24,805		
AMICO		4,000	N/A
Mexico	83,956	1,500	N/A
Gigante			
Honduras	41,272		Program Pending
Lovable		3,500	
Bolivia	5,340		Program Pending
Nigeria	325,963		
Gulf Oil		7,300	5,790
Lever Bros.		4,200	N/A
Zaire	348,963		
UTEXAFRICA		14,200	N/A
BCZ		6,300	N/A
Zimbabwe	181,940		Program Pending
CIMAS		3,600	
Indonesia	152,999	7,500	N/A
Atma Jaya Hospital			

\* These figures are preliminary, represent at most a year of expenditure, and because of these factors appear low relative to TIPPS' expenditures.

\*\* Data collection costs, survey costs, local costs, etc.

\*\*\* IEC, staff time, training, supplies & equipment, facility renovation, services, etc.

time. Given the learning process involved in establishing TIPPS, the need to experiment with alternative project implementation strategies, and the need to develop appropriate tools, it is not surprising that not all the ongoing subprojects have established programs. Moreover, the project per se is not responsible for ensuring that services are delivered, but rather is charged with convincing company managers to offer family planning services to their employees. TIPPS went beyond the expected and has been a driving force in assisting companies to establish quality service delivery programs.

At this point, what can be said regarding family planning service delivery is that two-thirds of the companies interested in adding family planning have already done so, predominantly or entirely at their own expense. The issue of the number of acceptors -- a very key factor -- is best reviewed at a later date when companies have been able to operate their programs for a period of time. It is too early to learn about the effectiveness of these company programs, since most have only recently been initiated.

### 3.3 Quality of Services

TIPPS has shown that it can, in principle, stimulate employers to provide family planning services to employees and their dependents. The use of those services by employees, however, constitutes the effective demand for family planning services. User demand will be critically affected by the quality of service available. Companies do not necessarily have, at the onset of the program, the skill, capacity or even, occasionally, the facilities to provide high quality services to acceptors. Given the existing fixed investment in medical personnel and clinic facilities, however, companies are a good base from which to build rapidly accessible, high quality provision.

The one clinic site visited, that of Medic SA in Peru, which is running its program in association with the Vitalicia Insurance Company, was excellent in all respects. The physical environment and equipment were of the highest standards and the services were provided by two fully qualified physicians. The Milpo Mining clinic has seen a marked shift in the quality of services following the work by the two PVOs with the clinic staff. Miners' wives for the first time have access to IUDs, among other methods; 55 were inserted in the first three months of the new clinic's operation.

In Zaire, the BC's clinic is the service provider. It is one of the finest in the country. This is often the case in the developing world where the medical facilities of major local and multi-national companies are of the very highest standard.

Once the issue of training staff is dealt with and a good supply of alternative commodities available, there is no reason to expect that services in major companies would not be excellent. Where companies, especially the smaller urban ones, do not have such facilities, it seems possible to find local service providers to whom acceptors can be referred for services of a desirable standard. Whether this situation can be maintained in all circumstances as employment-based programs expand has yet to be tested. The willingness of employers to invest in family planning provision and their accountability to their employees provide a context for high quality on-site services. If companies believe that family planning will improve the health of employees and may reduce their health care cost, then companies have an incentive to provide high quality services. Low quality services are a poor investment entailing costs with limited benefits. TIPPS is not providing the delivery or financing, but only recommending and offering advice to the companies that are taking the initiative. Thus the establishment, continuation and quality of corporate family planning program is the responsibility of the company managers and TIPPS has no long-term role. In the final analysis, the TIPPS project can exercise little control over the quality of services provided, other than attempting to enlist as provider a PVO or other organization with a reputation for offering quality services. This has been the TIPPS strategy.

### **3.4 Segmenting the Private Sector Market**

#### **3.4.1 The Nature of the Market**

The target of the TIPPS intervention was a group of private sector companies that would gain financial savings after meeting the costs of providing family planning as a benefit to its employees and their dependents. TIPPS has shown that such a group of companies exists, and its work has shed valuable light on how a bewildering array of private sector entities might be classified or segmented as a market for the promotion of company funded family planning.

The most important distinction is that of the benefits provided by a company; if there are no costs due to high fertility, there can be no savings from a family planning initiative. From its experience, TIPPS has learned that companies seem to fall into three tiers:

- Tier 1. Those that make extensive benefits available to employees, such as health, housing and education, and can see by using the cost benefit analysis that family planning would lead to healthier, better spaced and often smaller families, which would make fewer demands on the benefit system. Companies in this tier would be able to start up and maintain family planning activities without outside funding. Mines and plantations are the classic examples, but insurance companies that only cover health care provision have also found the cost benefit relationship a compelling reason to introduce family planning as a benefit.
- Tier 2. Companies that might have a modest level of benefit and high start-up costs for a program, but which need significant funding for start-up costs and a continuing subsidy to make it possible for them to initiate and maintain activity. Examples of these types of companies would be the Gigante Department Store in Mexico with 20,000 employees and the largely female labor force (1,000 people) of the Misa Textile Company in Honduras. In fact, the project has provided seed money only to Medic SA, although it brokered a cost sharing arrangement between Gigante and the government social security systems (see section 3.2.2).
- Tier 3. Companies that provide no benefits to employees (they are often made available by the National Social Security Institution) but which, for reasons of social responsibility, might act as channels of distribution for family planning advice and commodities if no significant costs were entailed.

TIPPS has concentrated on Tier 1, but has also worked with companies in Tier 2. It has had only limited contact with Tier 3 companies because it cannot offer a significant ongoing subsidy to launch a service delivery program.

#### **3.4.2 The Size and Shape of the Market**

TIPPS has proved that a market exists and that at least one segment of that market will meet all the costs involved in providing family planning services. The questions now are, in any given country, how large is the total market? How large are the different segments? What types of businesses are most likely to be in each segment, and what are the right approaches to gain access to these markets.

At this point, much more detailed mapping of the for-profit sector is essential. TIPPS does not have complete information, but could and should start the process of dividing up the private sector in ways that could assist a strategy to penetrate to the fullest possible extent those companies in Tiers 1 and 2. The first two tiers of countries have one or more of the

following characteristics: financially well off, relatively high health care costs, large numbers of employees, high profit margin industry, e.g., banking. The market needs to be divided into the following categories:

1. Companies of different sizes and general distribution of the labor force (including the self-employed);
2. Companies in different industries (the local equivalent of the U.S. Standard Industrial Classifications could be used);
3. By male and female, blue and white collar workers; and
4. By ownership (state, private, cooperative, local and multi-national).

These distinctions would be the basis for a planned strategy for intervention in the private sector. Only by making them can the full potential of the approach be understood and the effectiveness of steps towards comprehensive coverage measured. TIPPS should now be generalizing from its specific experience towards a broad understanding of the total market and how it might best be approached.

### 3.5 Effect of Macroeconomic and Other Public Sector Constraints

The original concept of TIPPS -- that it should work exclusively with the for-profit sector -- was expanded and modified during the project. Not only were there additional tasks required to assist companies to establish family planning services, as already discussed; there also turned out to be numerous public sector constraints and macroeconomic circumstances that impeded progress and required attention.

The ability to affect corporate policy is inextricably linked to macroeconomic conditions and government policy. The inability of firms in Africa to import (some) contraceptives, controls on benefit packages of private firms in many countries, price controls on insurance premiums or on physician salaries, and other similar disincentives to private sector activity are all important elements in the success of TIPPS subprojects, but are beyond the control of the project. Moreover, with few exceptions, these types of issues are rarely known prior to launching an activity in a country.

Macroeconomic conditions, such as restrictions on imports due to IMF agreements that require reductions in foreign exchange expenditures, and high inflation and/or low rates of economic growth that make company managers reluctant to take on additional expenditures, reduce the attractiveness of company investments in a new program even if it has the potential for long-term savings. In periods of high inflation, projections are generally meaningless, which undermines the accuracy of the model in the eyes of company managers. Although the flexibility of the model allows for simulations of a dramatic rise in services costs, high inflation leads to conservative behavior and periods of low investment and expenditure.

Specific instances of difficulties for TIPPS in this area include (1) Peru, where high inflation and the rapid rise in insurance premiums, as well as government efforts to take over private enterprises, have made private companies leery of new expenses. In many cases, health insurance for employees is being dropped rather than expanded. One of the big five insurance companies lost over two-thirds of its enrolled population over a 14-month period due to the withdrawal of several companies with large numbers of employees in response to a rise in insurance premiums; (2) Zimbabwe, where a freeze on government controlled physician payments

has postponed CIMAS's addition of family planning to the health insurance package, despite management's strong commitment to adding contraceptive services based on the results of the cost benefit analysis; and, (3) Zaire, where import controls make importation of contraceptive commodities extremely costly and difficult for private firms.

TIPPS staff have worked with the public sector to the extent possible in addressing the distortions that directly affect subproject development. In addition, TIPPS has collaborated with other A.I.D. projects, such as OPTIONS, that could assist in the efforts. In the final analysis, however, TIPPS and other A.I.D. projects have limited influence on the most serious impediments because they are either effects of long-term economic policies (e.g., inflation) or are beyond the direct control of the government (e.g., IMF agreements). Moreover, all these financial distortions that create disincentives for private family planning investment are matters that ministries of finance control, and ministries of health rarely have established working relationships with financial policy makers. Thus, even gaining access to appropriate officials is difficult.

Because of the difficulties of political maneuvering, it is advisable to bias country selection toward more open economies. The issue raised earlier regarding the avoidance of socialist countries is a valuable screening device (see Section 2.3.2), since these kinds of macroeconomic and government controls are most common in socialist economies. Peru and Zimbabwe are cases in point. Both are socialist, at least in rhetoric, and both have been difficult environments in which to develop subprojects to the point of service delivery. The success of the TIPPS project in both countries is due to extensive efforts of TIPPS' staff and their ability to identify promising opportunities and overcome or circumvent barriers. If government policy in either country were more market-oriented, the successes would have occurred more quickly and would have required fewer resources, and more companies would have been included in the final list of participating companies.

## 4. Contractor Management and Administration

### 4.1 Overview of Management Issues

Management of the TIPPS project has reflected the consistently high quality efforts of its hard working staff. Despite two project leadership changes and considerable staff turnover, the quality and volume of work has been impressive. JSA deserves considerable credit for its willingness both to accept criticism from A.I.D. and to identify problems on its own, and for taking appropriate steps to improve its operations when problems are identified.

Operational procedures appear acceptable with some adjustments, and financial management appears sound. TIPPS' relationship with A.I.D. has been consistently good, and the project has frequently collaborated with other A.I.D. projects.

### 4.2 Project Management

#### 4.2.1 Project Directors

The TIPPS project has had three directors to date. The departure of the first director, 14 months into the project, was triggered in part by A.I.D.'s concern at the lack of acceptable progress on the development of the cost benefit model. Because the model was to be the principal tool for subproject implementation, further delays might have seriously affected the project. To allow for a fresh start, the economist assigned to develop the model was replaced along with the project director.

Although the model and other project components were completed during the 17-month tenure of the second director, other problems arose, and in December 1988, a third project director with broader and stronger management skills was brought on. This individual has had a long-term involvement in TIPPS, understands the drawbacks of previous directors, possesses the skills necessary to oversee both the technical and management aspects of the project, and can act as an effective spokesman on its behalf. His collaborative approach and firm focus on the objectives of the project are exemplary, providing the necessary ingredients for effective leadership.

#### 4.2.2 Subcontract Arrangements and Selection

JSA has one principal subcontractor -- University Research Corporation (URC). Relations between the two companies have been good. Indeed, URC staff have been treated as full team members. The skills and the abilities of URC staff have been beneficial to JSA, having made important contributions to the overall success of the project. JSA's commitment to working with URC on TIPPS has been demonstrated from the beginning with the signing of a five-year subcontract agreement.

TIPPS has recruited nine in-country institutions as subcontractors to assist in such project activities as data collection for the business analyses or to provide technical expertise. These subcontractors are listed below:

- APROPO - (Peru)
- MEXFAM (2) - Mexico
- Kinshasa School of Public Health (2) - Zaire

- INPPARES - (Peru)
- Quest Research Services (PVT) Ltd. - (Zimbabwe)
- Atma Jaya - (Indonesia)
- INANDEP - (Peru)
- UNILAG - (Nigeria)

The total expenditures on subcontracts totals \$319,000 (average \$27,400). With the exception of one case in Nigeria (UNILAG), all of the subcontractors have provided effective technical services to TIPPS.

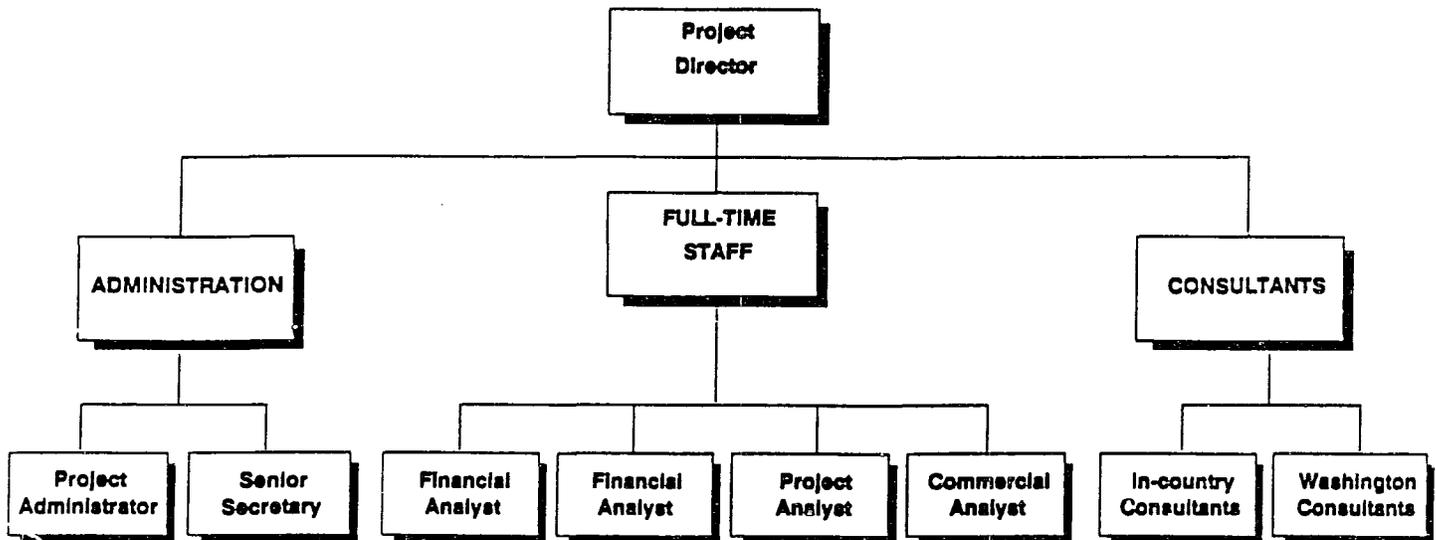
### 4.3 Staffing

#### 4.3.1 Staffing Configuration

The project director for TIPPS is supported by a full-time staff of four professionals and two administrative personnel. In addition to this core staff, JSA is using the services of three part-time consultants: two JSA employees based in Columbia, Maryland and one URC employee based in Peru. All three are responsible for monitoring project activities in specific countries and for providing technical support as needed. Additional JSA staff are periodically used on an ad hoc basis to support TIPPS activities (see Table 7).

Table 7

TIPPS Organizational Chart



The TIPPS staffing pattern has changed numerous times since the beginning of the project. At one point, there were nine full-time staff and a number of part-time staff, and A.I.D., in its management review, expressed its concern that too many different JSA staff were being billed to the project. JSA contended that the additional staff were necessary during the start-up stage to develop proposals, subcontracts, and other technical aspects of the project. At present, the use of additional staff does not appear to be an issue.

Originally, A.I.D. had envisioned a staff of experts who would assist each country's subproject activities in their areas of specialization. Hence, staff positions such as financial analyst, marketing analyst and commercial analyst were filled by individuals with these specific skills. During the course of the project, however, staff were assigned in teams of two to specific countries, and therefore needed to take on all of these roles in each country. The need to share each other's expertise grew accordingly, explaining some of the felt need for constant, in-depth exchange of ideas and progress among staff that was missing during the second director's tenure.

TIPPS allocated staff in an effective manner which balanced technical skills and experience in the field. A senior and junior staff member with complementary skills were assigned to each country, with the range of skills needed to initiate and develop subprojects in the field. Several of the junior staff were hired at entry level and were given a great deal of responsibility without appropriate support, however. Although in the short-term this resulted in frustration and hard work, these individuals developed technical skills in a short time and were soon able to work independently without supervision. Careful recruitment allowed this process to progress, and quality control by the project and by A.I.D. ensured its effectiveness.

The need to undertake extensive brokering and provide technical assistance to the business analysis process, both of which required extensive monitoring and follow-up, put unanticipated burdens on existing staff. TIPPS' solution (with A.I.D. concurrence) was to recruit long-term host country consultants to provide support for specific subprojects. These consultants have succeeded in monitoring these activities at a low cost to the project. Although the need for additional personnel had not been anticipated, the decision to fill the need with indigenous consultants was an excellent one.

#### **4.3.2 Staff Technical Capabilities**

The quality of TIPPS staff has remained consistently high, due both to careful recruitment and to the close senior staff oversight and guidance of junior members of the team.

The technical skills of the project staff are largely in business administration and subspecialties of the field, with some survey and research expertise among some of the part-time staff. Project experience and willingness to learn has played a major role in forming staff capability.

An important element in the success of the staff has been their ability to work as professionals with other for-profit firms. Their business-like style and business administration background has given them entrance into the offices of CEOs and allowed them to make the appropriate gestures and plan appropriate meetings for company managers. Overall, understanding the for-profit mind-set has been very advantageous. TIPPS staff has also had to develop skills for dealing with host government personnel as well as PVO managers. Working relationships with public and NGO entities involve very different approaches, but TIPPS appears to have developed good relations with them.

Most TIPPS staff members had no prior experience in family planning, but this has not posed a problem. In two- to three-day courses arranged by JSA, staff were given an overview of family planning topics. Staff have supplemented this training, both through written materials and by experience in the field. With one exception, all staff now have a working knowledge of the subject. When subprojects require additional expertise, consultants (generally recruited in-country) or institutions are used to provide this support.

There have been only two significant staffing problems and these had significance only at the start of the project: the hiring of an economist with insufficient training and experience

to develop the cost benefit model called for in the project, and the lack of demographic and research expertise among the core staff. A.I.D. had not called for demographic and research expertise as part of the original project concept, although these were needed to develop the model, survey design and survey instruments.

The lack of on-staff demographic expertise has been compensated for in two ways: An existing demographic model already applied elsewhere was used as the basis for the cost benefit model (see section 2.5.2); and economists and economic demographers were brought in under contract to refine and extend the model for use in the project. Similarly, JSA used its subcontract with URC to enlist the research skills necessary to develop the KAP surveys; experienced URC researchers both designed and tested these survey instruments for application in subprojects. It is possible that if TIPPS core staff had been qualified to develop the cost benefit model and survey instruments themselves, these key project tools might have been ready more quickly. These are relatively minor issues, however, and because they reflect limitations of A.I.D.'s concept, should not reflect negatively on JSA's implementation of the project.

In summary, project staff are very good. Their strengths represent a combination of dedication, competence and hard work.

## **4.4 Operational Procedures and Subproject Evaluation**

### **4.4.1 Operational Procedures**

Four individuals have held the post of project administrator since TIPPS began in 1985. As part of a regular pattern, personnel recruited to fill this position were given technical responsibility after they demonstrated their competence and willingness to advance, leaving the administrator's job vacant. These shifts have required the staff to adjust frequently to different administrative styles. On the other hand, junior staff who have held this job and been promoted, move ahead with a clear understanding of how the project operates.

Chronological files are kept to track the subproject activities. This system is appropriate for a project of this size at this point in its evolution. No integrated management information system has been developed to track subproject activities, but because the project is relatively small, a system of this type is not needed.

Because of the frequent changes in staff, operational procedures have never been fully organized in a systematic manner; there is no set of guidelines in one central place that provide a summary of specific administrative procedures, e.g., consultant recruitment, travel expenditure sheets, subproject proposal preparation, etc.

### **4.4.2 Subproject Evaluation**

In developing its strategy for subproject implementation, JSA did not include an evaluation component. Thus, at this point, only two subproject-specific evaluations have taken place, both of which were carried out on an ad hoc basis. The first was conducted in Nigeria by Washington-based staff to review activities in the Gulf Oil and Lever Brothers companies and the second in Zaire, by the in-country advisor. The Nigeria report described major constraints, lessons learned, significant findings, outputs (reports, presentations, etc.) and outcomes and conclusions. The Zaire evaluation focused on collecting information related to acceptor rates and client profiles.

TIPPS plans to evaluate all its country activities before the end of the project, but only now is starting to develop the evaluation methodology. The aim is to use the information

from the evaluations to gather insights and lessons learned for the final summation, provide in-country family planning institutions with a summary of the strengths and weaknesses associated with working with the private sector, and provide public sector institutions with a description of how policies and procedures relate to the provision of private sector family planning services.

## **4.5 Institutional Relations**

### **4.5.1 Relationship with A.I.D.**

#### **A.I.D. Project Management**

Until just prior to this evaluation, the position of Cognizant Technical Officer (CTO) for TIPPS was held by the individual who had developed the original project design. Thus, from the outset, the CTO took a keen interest in project performance and played an active role in day-to-day activities. He also actively promoted the project within A.I.D., helping to explain the project to those unconvinced that a private sector emphasis was appropriate or viable.

Because of his understanding of the private sector, the CTO was able to provide good technical and managerial guidance and to advise on appropriate changes in direction when necessary. Of particular note was his insistence that the original cost benefit model was unacceptable and his written criticisms of the second director.

The only questionable aspect of the CTO's performance was that, in the perception of some TIPPS staff, he tended to become too involved in daily activities. His style, described by some as "micromanagement," included asking to see nearly all of the materials that were sent out by TIPPS, making management decisions, and getting involved in all aspects of the project.

On balance, however, having the project designer remain as CTO has proved to be important to ensuring that the project has stayed on course. Given that this was a new area for A.I.D., this added assistance was crucial. Moreover, the CTO's active involvement in every aspect of project implementation has been a major contributing factor to the overall success of the project.

#### **Responsiveness to A.I.D.**

At the corporate level, JSA has been very responsive to A.I.D. When the need for better technical expertise was identified in the first management review, JSA responded by removing the economist on the staff and insisting that the project director be replaced for lack of sufficient technical oversight. Similarly, JSA replaced the second project director when A.I.D. raised concerns about his ability to lead and run the project.

At the project level, responsiveness has varied over time. The project CTO indicated that information from the project was not always forthcoming, especially during the tenure of the second project director. For example, on several occasions, materials or information about a particular aspect of the project were requested but not provided.

On balance, however, TIPPS has been responsive to A.I.D. on the major issues. Staff deserve particular credit for acknowledging failure, and when necessary, effectively correcting the problematic situation.

### **4.5.2 Relationships with USAID Missions**

In Peru, the only country visited, the mission was extremely pleased with the TIPPS staff. As a result of the project's activities, the mission plans to include a component for TIPPS-like activities in its new four-year follow-on project.

Cabled responses from other missions indicate that, although TIPPS' performance was generally perceived as good, there were also a number of concerns. For example, the population officer in Mexico flagged the lack of interaction between TIPPS and Enterprise as an issue, suggesting that together, these projects might have been able to provide more concrete examples of successful projects involving private sector provision of family planning services.

The complexity of the cost benefit model was identified by the Indonesia mission as another problem. They made the point that if the technology were simplified, they would have been able to pass the model to local institutions for their use. The Honduras mission found a problem with the survey, namely again, its complexity. Their comment was that an excessive amount of time elapsed between the completion of the survey and presentation of results.

From the Brazil population officer, who indicated that TIPPS had done an "excellent job," came the observation that the project had been unable to respond to all requests for activities (it had been prohibited from undertaking further initiatives in that country).

### 4.5.3 Collaboration with Other Projects and Cooperating Agencies

One of the notable accomplishments of the TIPPS project has been its collaboration with other centrally funded projects. This collaboration has included a variety of activities including presentations emphasizing use of the TIPPS cost benefit approach (JHPIEGO, Enterprise, URC, RAPID, and OPTIONS), joint country assessments and subprojects (Enterprise, OPTIONS, and Pathfinder), a feasibility study (OPTIONS), transfer of the business analysis model and core questionnaire (Operations Research and Enterprise), and a collaborative venture to publish a brochure (IMPACT). Below is a summary of these projects with a listing of the countries in which the collaboration took place.

- Enterprise: - Zaire, Kenya, Senegal, Nigeria, Mexico, Zimbabwe, and Liberia
- OPTIONS: - Sudan, Peru, Zaire, Haiti, and worldwide
- URC: - Indonesia
- JHPIEGO: - Washington
- Pathfinder: - Brazil
- IMPACT: - India
- RAPID: - Washington

In addition to working with the projects listed above, TIPPS has also collaborated with a variety of CAs and international organizations. This collaboration included

- ILO - publication of the African Case Study Book;
- IPPF - presentation of the TIPPS approach and results of subproject activities in Zaire;
- Tulane University - presentation of cost benefit model at a "Cost Effectiveness Analysis for FP" seminar (with the World Bank, Profamilia, Population Council, IPPF, Columbia University and Association for Voluntary Sterilization);
- University of Kinshasa - collaboration in the development of KAP survey implementation and analysis; and
- APHA - papers presented at APHA meetings.

## 4.6 Administrative Deliverables

### 4.6.1 Reports

As part of its contract, JSA was required to provide A.I.D. with a series of reports including semi-annual reports, financial summaries, country assessments, trip reports, travel summaries, as well as other materials requested by the CTO.

The semi-annual reports prepared by JSA are detailed and well written, providing a summary of the TIPPS conceptual approach, activities being implemented in each country, collaborative efforts with other organizations, financial information and yearly work plans. The trip reports are crisp (average of three to five pages), and provide a summary of the objectives of the trip, the outcome, future activities and a list of persons contacted.

These deliverables have been prepared and submitted to A.I.D., although, in particular during the tenure of the second project director, not always on time. The new project director is aware of this situation and has indicated that attempts will be made to prevent it from happening in the future.

#### 4.6.2 Yearly Workplans

Project workplans are developed annually and are based on staff inputs: individual and country-specific work plans that include a schedule of implementation dates, level of effort and resource/expenditure requirements. These materials are compiled and presented as an appendix in annual progress reports. The workplans include a summary of project goals and objectives, the overall project strategy, project personnel, and their present job descriptions. In addition, a series of tables is presented depicting work schedules by country and by individual staff members.

A comparison of workplans and actual implementation shows that these plans are accurate for approximately only three months. Because of delays in subproject implementation and unforeseen constraints in the field, the schedule often becomes obsolete in a short time. No systematic attempt has been made to revise these plans throughout the year. Subsequently, their use as a management tool is limited.

### 4.7 Financial Management

#### 4.7.1 Expenditures to Date

As of February 1989, approximately \$3.8 million had been spent by TIPPS, with \$1.7 million (31 percent) remaining for the final 17 months of the project (see Table 8).

Table 8

**TIPPS Budget and Expenditures  
as of February 1989  
(Current US Dollars)**

	Budget	Contract Expenses	Cumulative Remaining In Contract	
Labor and Overhead	\$1,684,820	\$1,413,048	\$271,771	(+)
Consultants	75,000	175,055	100,055	(-)
Equipment	92,376	81,323	11,413	(+)
Travel	789,854	492,716	297,138	(+)
Other Direct Costs	132,020	130,001	2,019	(+)
Subcontracts	1,887,506	888,783	998,723	(+)
<b>Subtotal Direct</b>	<b>4,661,936</b>	<b>3,180,926</b>	<b>1,481,011</b>	<b>(+)</b>
G&A (10.5%)	489,503	333,997	155,506	(+)
Fee (7.5%)	386,358	263,619	122,739	(+)
<b>Total</b>	<b>5,537,797</b>	<b>3,778,542</b>	<b>1,759,256</b>	<b>(+)</b>

Several line items appear to have been underestimated when the project was designed. For example, the funds available under "Labor and Overhead" will soon be depleted, and as of March 1989 there is only \$200,000 remaining (average expenditure per year in this category is \$400,000). The reason for this rapid pull-down of funds is that the time and resources required to implement subprojects exceeded what was originally envisaged. Instead of taking just six months as planned, the process of subproject exploration, negotiation, survey taking and analysis, fact finding for the cost benefit model completion, and presentation exceeded a year for most subprojects. Likewise, because the implementation of brokered family planning service programs was more difficult than anticipated, the consultant budget line has been exceeded, in this case by over \$100,000, reflecting the hiring of several long-term consultants early in the project. This increase in activities has in turn affected the budget line for "other direct costs" (e.g. communications, copying, etc.), which will also soon be expended.

On the other hand, a few budget lines have been underexpended. For example, on average, nearly \$150,000 a year was spent on travel, leaving a total of roughly \$300,000. This is due, in part, to the shift in emphasis away from study tours and fellowships. In addition, more than half of the subcontract funds remain (\$998,723).

Since the end of the third year, JSA has kept a close watch on the budget to ensure that sufficient funds are available to complete the project. This exercise has become even more important now that the project is winding down. Based on the amount of remaining funds, it should not be a problem for the project to complete its work and stay within the budget, especially since JSA has 100 percent line item flexibility, with the understanding, however, that JSA needs to set priorities to ensure that they are not overcommitted.

#### **4.7.2 Accounting System**

To track program costs, JSA uses an accounting system based on a pair of task and country codes. For example, staff time is coded according to how much time is spent on a specific task, e.g., organization, country assessment, business analysis, workshops, etc. For each task, country codes are also used to identify the country for which the work is being carried out. To track overseas activities, an "out-of-country" number is used. This accounting system allows the project administrator to keep accurate track of staff time and program expenditures.

#### **Recommendations for the Remainder of the Project**

- The administrator should pull together a notebook or operating guide that includes all of the administrative and operational procedures used within the project.
- The TIPPS project director should update workplans every six months for internal use. These plans should be used as a management tool to keep track of staff time and resource levels. This is especially important now that the project is winding down.

## 5. Lessons Learned

The experience of the TIPPS project to date provides a rich source of data on how A.I.D. should proceed in its continuing efforts to involve the for-profit sector in family planning service delivery. Several of the lessons are highly positive, translating into an affirmation of A.I.D.'s decision to establish this project. Other lessons reflect the unexpected obstacles met by TIPPS during the process of project implementation and the suitability of its responses.

The most salient of these lessons are as follows:

- The TIPPS project has demonstrated that an A.I.D.-supported intervention can convince a range of corporations to add family planning services as a benefit and to agree to absorb the full cost of providing services to employees.
- Demand for TIPPS services has greatly exceeded the resources available, but the size of the potential market for private sector collaboration is not known. This point needs some additional attention.
- Company executives are often as impressed by the health implications of providing family planning service benefits as they are by the financial arguments.
- The success of the TIPPS model has been, and will to some extent continue to be, dependent upon external factors such as the existence of favorable macroeconomic conditions, the existence of organizations that meet the demand generated for family planning services, and over the long term, the institutionalization within company benefit programs.
- There is a spectrum of companies, from those that can cover the full cost of an additional benefit to those that will need some degree of subsidy to provide family planning. Although those needing some modest seed money were not an original target of project activities, inclusion of a small sample of such companies was a legitimate extension of the TIPPS approach.
- The cost benefit model, the basis of the business analysis, is technically sound and has proven to be a very effective tool in convincing CEOs to institute family planning services.
- Surveys are an integral and essential part of the model, and, independently, have persuaded CEOs and benefits managers of the advantages of providing family planning services. The desire to scale back the scope and cost of these should be explored, but there will be a loss of accuracy with changes.
- Success in working with for-profit business requires a distinctive business-like style that mirrors the operating style and procedures of private business. The ability of staff to be flexible and to make rapid on-site decisions is critical to effective working relations and project success. This point is relevant to A.I.D., and is crucial to the success of the project.
- Considerably more involvement of project staff than expected was needed both to enlist middle level corporate management in project activities and to identify organizations that could provide family planning services to company employees. Considerable efforts in the areas of presentations, brokering, and follow-up -- more than originally contemplated -- are essential to getting programs in place and implemented by corporations.

36

**6. Recommendations for the  
Remaining 17 Months**

## **6. Recommendations for the Remaining 17 Months**

### **6.1 TIPPS Plans for Final Phase of Project**

The project has developed plans for the final 17 months of the project that include (1) bringing to conclusion the activities in priority countries; (2) hosting two major conferences; and (3) completing the written reports recommended below and disseminating findings widely.

TIPPS' highest priority is completing subprojects: bringing the existing arrangements to full service delivery and self-sufficiency. They also view as important putting in place access to some kind of technical assistance from other A.I.D. projects, and continuing to work with public sector entities to alleviate some of the impediments to subproject completion. Despite the existence of additional interesting opportunities, present time and budgetary limitations rule out any new subproject starts.

TIPPS is also eager to carry out the two regional conferences specified in the original contract agreement. The objective of these meetings is to present the results of the regional subprojects to wider private sector and donor audiences. The first conference is to be a two- to three-day event planned for all of Africa, and the second is planned for companies in Central America. The Africa conference, a major undertaking for donors and companies, as well as local and national organizations that could assist in implementation, is timed for May-June of 1990 to permit follow-up via the new project. The smaller September 1989 conference in Mexico, for 25 to 30 companies for 2.5 days, is being planned and implemented largely by MEXFAM, the PVO organization with which TIPPS has been working in Mexico.

The nature of the dissemination activities is not yet determined, but a number of options are under discussion, including presentations at conferences and preparation of monographs and journal articles.

Although the project has planned its final activities, it is retaining flexibility to ensure that the time needed to complete subproject activities is available.

### **6.2 Assessment of TIPPS Final Phase Plans**

#### **6.2.1 Overview**

Project management and staff deserve credit for attempting to set priorities in anticipation of the conclusion of the TIPPS project. To some degree, they have also selected appropriate areas of concentration. It is unquestionably of prime importance to tie up subprojects and to attempt to assure the likelihood of their continuing operation once the project terminates. On the other hand, preparation and dissemination of written reports, articles, presentations and the like also deserve a higher priority, whereas the focus on conferences deserves to be downgraded.

#### **6.2.2 Documenting Project Experiences**

For many reasons, documenting the experiences of the project would be extremely useful to A.I.D., the subsequent project and other donors. A variety of different approaches, firms, and family planning delivery and finance alternatives have been tested in this project, and there are supporting data to explain what has been learned. Alone, collection of these data and analysis of findings in a concise and readable format, would warrant time and effort. Far more than just data

and data analysis, however, has been collected, and this too deserves to be analyzed and summarized for policymakers and program directors.

Much of this richness is lost in the existing semi-annual, trip, and final reports. Conversations with TIPPS staff and review of the technical and nontechnical reports and papers they have prepared suggest that there are numerous issues and topics that have not been highlighted but deserve to be presented to A.I.D.

The TIPPS staff are the only persons who can adequately capture the many lessons that have been learned over the life of the project. These individuals represent a tremendous amount of experience and expertise that needs to be conveyed.

Finally, A.I.D. is the only donor undertaking innovative activities in the area of private sector and family planning delivery. The alternative ways of approaching and working with the private sector in family planning developed by TIPPS needs to be recorded, assessed, and shared with other donors and PVOs.

### **6.2.3 Conferences**

The planned conferences appear both overly ambitious and untimely. They would require a high level of effort in terms of logistical and technical preparation and -- in the case of the Africa conference -- might even prove counterproductive. Here, TIPPS would be stimulating interest which it -- as a project -- would not be able to follow up. This could dilute the effectiveness of the conference and be frustrating both to TIPPS and to potential subproject organizations. The Central American conference appears less ambitious and also more appropriate. It is to be on a smaller scale, is better defined, and would complement ongoing work in Mexico and Honduras. Moreover, the planning for this conference is well under way.

### **6.2.4 Collaboration between TIPPS and Enterprise**

Although, from the beginning, it was planned that the TIPPS and Enterprise projects should work closely together to develop private sector activities in the field, A.I.D. did not sufficiently plan or facilitate collaboration between the projects. A variety of factors contributed to this situation, including overlapping scopes of work, differences in the approach used for reaching companies, and corporate competition. It is likely that had A.I.D. taken a more active role as mediator, it might have found ways to facilitate collaboration between these two natural competitors.

### **6.2.5 Management**

While TIPPS' operational procedures appear acceptable overall, there are two areas in which adjustment could be made: 1) Frequent changes in staff have precluded the project's fully organizing operational procedures in a systematic manner; and 2) delays in subproject implementation and unforeseen constraints in the field have made the workplans, which are now developed on an annual basis, obsolete in a short time.

## **6.3 Recommendations for the Final Seventeen Months**

1. Documentation of TIPPS experience should receive a high level of attention, whereas the conferences should be accorded lower priority, particularly the Africa conference.

Preparation of Reports. Illustrative topics for several in-depth monographs are suggested below. These should be published either in journal articles or bound form of some kind. TIPPS staff might undertake the following:

- analyze the nature and size of the potential market for targeting private sector family planning initiatives, and ways the private sector can be segmented with regard to corporate ability and willingness to finance all or part of employee family planning services. In other words, how can markets be segmented and approached, how much scope is there for TIPPS-like interventions, what issues are of interest to private companies regarding preventive health care in general and family planning in particular, and how do companies differ in this?
- identify critical components of success, as well as public sector and other external constraints to subproject success. In addition, draw distinctions between what has been done in the past (e.g., ILO arrangements) and alternatives tested under TIPPS.
- evaluate country experiences and subproject activities within those contexts, specifically assessing the ability to leverage additional corporate involvement in family planning delivery.
- analyze the surveys on a cross-country, cross-firm basis to shed light on some of the similarities, differences, and implications for TIPPS-type projects as well as for family planning service delivery in general.
- estimate the overall investment in family planning services that might be expected from subproject companies.

These ideas are general, but represent the kinds of issues that could be effectively addressed, analyzed and written up by TIPPS staff.

Conferences. Since this activity is planned so close to the end of the project, it cannot be demand-oriented, although if effective it will necessarily generate interest and requests for follow-on activity.

Given the need to consolidate existing subprojects, the value of written reports and assessments and achievements and lessons learned, and the ruling out of new subprojects, it is appropriate that the Africa conference be canceled. If held instead at the start of a new project, this conference would offer opportunities for follow-up that would help give it a strong launching.

The Mexico conference is well under way and represents fewer demands on TIPPS staff. Thus, it makes sense to conduct this conference as planned.

2. Although more collaboration between the TIPPS and Enterprise projects has resulted since December 1988 when TIPPS replaced its project director, A.I.D. should continue to foster this collaboration.

## **7. Recommendations for a Future Project**

## **7. Recommendations for a Future Project**

### **7.1 Introduction**

Overall, the basic concept of TIPPS was sound, offering a model on which the next project can build and expand. The project's valuable experience with credible data and analysis and its service delivery successes offer a firm foundation for a follow-on activity. Its successes, and the problems it has encountered, have both contributed to the following recommendations.

The design suggestions provided below are based on lessons learned from the TIPPS project. A more comprehensive set of recommendations should draw, in addition, on the experience of the very similar Enterprise program. Enterprise and TIPPS have covered some of the same ground and some that is different, but both projects have their own distinctive approach. A fully definitive set of recommendations should look further yet, and learn from insights gleaned from the Family Planning Management Training and OPTIONS projects.

### **7.2 The Project Mission**

The objective of the follow-on project should be to find ways to stimulate the for-profit sector to make greater investments in the provision of family planning to increase access and share the costs in family planning delivery in developing countries.

This is essentially the same mission as that of the existing TIPPS project, except that the new project should be expanded in the following ways:

1. The new project should have the capacity to give or negotiate start-up and ongoing subsidies for companies that incur costs in providing family planning. This capacity, however, needs to be used with care. Funding by the firm should be the first priority.
2. The new project should provide sufficient resources to enable staff to act vigorously as brokers between companies and family planning service providers. All options for potential service providers should be explored.
3. Companies should not only demonstrate their willingness to change company policy by providing family planning services; the new project should have a mandate to ensure that these policies are institutionalized as company practice; i.e., commitment to provide services should be recorded in company policy documents and included in union contracts.
4. A new prototype business analysis should be developed that requires less time and less expertise to complete. The goal should be, over the long-term, to develop an instrument that could be used by PVOs or other suppliers which would allow them to carry out the role of creating demand among for-profit companies for family planning services for their employees.

### **7.3 Project Objectives**

The project must remain, first and foremost, a policy development project aimed at altering corporate policies in favor of offering family planning as an employee benefit. Project objectives should be ranked by A.I.D. from the following three main groups:

1. Securing the corporate policy changes necessary to secure the expenditure of private sector resources for family planning service delivery.
2. To the extent possible, transferring responsibility for financing contraceptive services from public to private sources and leveraging new corporate resources for family planning goals.
3. Increasing access to family planning and raising prevalence as well as improving quality of contraceptive service provision.

Clear measures of success should be established to evaluate progress in each area.

## **7.4 Project Management**

The project's management needs to plan the development of the project in clear stages, identifying the critical activities and skills necessary at each stage of development. To the extent possible, core staff should include individuals with private, public, economics, demography and some family planning backgrounds. Additional staff should be hired as needed, with a heavier emphasis on demographic and private sector expertise in the earlier stages, and brokering and PVO training skills added as needed.

To be successful, the project must in all its activities successfully mirror the management approach and style of the private sector.

The importance of in-country staff cannot be stressed enough. Emphasis on using in-country personnel should be included in the overall design and budget for the follow-on project. In major focus countries, a local representative should be appointed to develop the project.

The project should build into its operating procedures evaluation systems from the start of operation. An evaluation or quality control manager should be an important part of the project's management team.

To the extent possible, an A.I.D. CTO with private sector experience should manage the project for the duration of its activities. An involved CTO who provides continuity, oversight and guidance, particularly to experimental A.I.D. projects, is important for ensuring that a project is both technically sound and meets the needs and expectations of A.I.D.

A remunerated private sector advisory group in Washington should be established to guide the project.

## **7.5 Project Implementation**

### **7.5.1 Country Selection**

Concentration in a few countries should be continued. If implemented as recommended, the follow-on project will be best adapted to work in countries that have

1. A large and flourishing private sector;
2. An openness to family planning and a need to increase access; and
3. A need to transfer costs from donors to other sources as donors phase out.

These factors imply that future projects should emphasize non-socialist countries. At the least, assessment should be made of the political intention of a host country government or challenging opposition party towards the private sector and the finding should be weighed as an important factor in initial country selection. Focusing on non-socialist countries would eliminate the tensions that have arisen and the political maneuvering that has been necessary in countries in which governments seeking to provide all social services have hobbled efforts to promote provision of services by the private sector. It would also be instructive if TIPPS were to assess the impact of political intervention in the market on its current projects since political and legal barriers have hindered project progress, but details on this are never presented.

In general, the project will be best suited to more developed countries in Latin America and Asia. It is primarily about institutionalization, financing and expanding access to family planning. It will not give the rapid gains in prevalence that A.I.D. is looking for in Africa. Nevertheless, the project could make an important contribution to the development of a family planning strategy for a number of African, Asian and Middle Eastern countries and should also work in these countries. It should be understood, however, that the relative impact will be smaller and the costs per acceptor considerably higher than would be the case in more developed countries.

Countries that meet these general criteria might constitute the field from which project countries would be selected. Actual selection should be based on analysis of the structure and economic prospects of the for-profit sector in each country. These studies should be carried out using the resources of a private sector economic and political analytic service firm (e.g., Business International, Price Waterhouse -- estimated cost up to \$5,000 per study).

### **7.5.2 Country Assessment**

The follow-on project should improve the country assessment process by ensuring that it include mapping and segmenting of the structure and role of the for-profit sector in each country in which it plans to work. This will involve additional time and resources. Among issues to be studied, particular attention should be accorded to the potential for growth in the labor market. Efforts should also be made to segment companies according to the level of funding they might have available to support family planning provision.

These analyses should be used as a project planning tool, particularly for targeting different elements of the private sector to ensure a balance of experience. In addition, the project should develop strategies to engage all three tiers (see Section 3.4.1).

### **7.5.3 Company Selection**

Priority should continue to be given to increasing the number and types of tier one companies. The project scope should be extended to enable inclusion of some tier two, and also of tier three companies.

### **7.5.4 Business Analyses**

The careful, in-depth surveys and models developed by TIPPS should continue to be utilized, but consideration should also be given to developing less thorough instruments that give a quick and general overview of the existing demand for and potential savings from provision of family planning services. While less accurate, these would be produced in a more timely manner and could therefore offer countries two alternative approaches.

### **7.5.5 Presentations**

Presentations to key middle managers should become a core feature of the TIPPS implementation strategy and be planned as an automatic follow-on to CEO and Board level marketing presentations.

### **7.5.6 Supply of Services**

A clear strategy and adequate resources must support the speedy and effective linking of supply of services by PVOs and others to the demand for these services being created by the project.

## Appendices

**Appendix A**

**Scope of Work**  
**and**  
**Evaluation Methodology**

**Appendix A**  
**Scope of Work**  
**and**  
**Evaluation Methodology**

I. A.I.D. Commitment to Private Sector Family Planning

Traditionally, A.I.D. has helped public entities and private voluntary organizations (PVOS) to provide family planning services in LDCs. However, A.I.D. recognizes the benefits of encouraging the for-profit private-sector to provide these services. Since the 1970s, Contraceptive Retail Sales and Contraceptive Social Marketing projects have been an important part of A.I.D.'s portfolio. However, the increasing number of LDC citizens who are part of the cash economy; the inability of public family planning programs to meet ever increasing demand for services; and the success of private health-care markets indicate that LDC population programs could benefit from relying more on private-sector systems.

In addition, and perhaps most importantly, continued expansion of family planning programs in the next 20 years may require annual expenditures to triple, from \$3 billion to \$9 billion dollars. Resources must increase by \$300 million each year to enable projected declines in fertility to take place. Nearly 80 percent of these funds will have to come from LDC governments and local private-sectors themselves, as donor funding is now declining in constant dollars. The challenge for donors is to concentrate on leveraged activities, such as encouraging selected for-profit enterprises to invest in sustainable family planning services and then disseminating the results in a way that encourages other businesses to make similar investments.

To help the for-profit private-sector to introduce family planning programs, A.I.D. established the TIPPS project in August 1985. TIPPS is one of three projects in the Office of Population that focus on the commercial sector (the other two being SOMARC, the current contraceptive social marketing project, and Enterprise).

Objectives of the TIPPS Project

The TIPPS project aims to increase the allocation of private-sector resources to family planning. Specifically, it tries to stimulate businesses to invest their own funds in family planning services. The project, therefore, focuses on the for-profit private sector.

The key assumptions in this project were:

- reduced fertility improves employee health;
- reduced fertility lowers overall health costs to companies and employee families;
- LDC companies will invest in family planning if offering services is in their own and their employees' best interests;
- innovator companies with family planning services will be copied by other businesses seeking the same benefits;
- employees of innovator companies may adopt attitudes toward family planning that could spread to other parts of society; and
- expanding private-sector services will reduce the pressure on public-sector resources and permit better targeting of funds for those who most need public services.

### Approach and Deliverables

The TIPPS project accomplishes its objective by conducting business analyses that demonstrate the financial and health benefits of family planning. The results of these studies are presented to management, along with an action plan to initiate or expand family planning services. These plans can be fairly detailed since the business analyses contain much of the information necessary for a company-sponsored program. TIPPS staff follow-up with companies wishing to start services by helping to arrange short-term assistance from consultants, other CAs, or from the local marketplace.

The results of individual company studies are then shared with other business leaders. This step is the most important of the TIPPS activities. Since the TIPPS project and other private-sector activities can meet only a fraction of the actual demand for services, it is critical that family planning spread through the private-sector by example.

### Project Components

The TIPPS project has six main components. These are:

Project Development. TIPPS staff conduct in-country analyses to evaluate the for-profit private-sector, develop a strategy for a country program, identify opportunities to stimulate businesses to offer and pay for family planning, and set out a preliminary workplan for a country. The assessment forms the basis for discussions with A.I.D./W and Missions. (Ten country assessments are required during the life of the contract.)

Business Analysis Subprojects. These studies demonstrate the benefits of lower fertility among employees and dependents. First, information is collected through a short survey on employee and dependent characteristics, including current contraceptive practices and potential demand for family planning. Data on the costs of adding family planning services to existing health services are also gathered. These data are then fed into a cost/benefit model that calculates the financial benefits accruing to the company at different levels of company program effort. The model is also intended to yield information on health benefits.

When completed, the cost/benefit model contains detailed information about potential demand, the most effective configurations for providing services, the costs of such services, and the potential financial benefits accruing to the company. This information is re-worked into a blueprint for a program which sets forth the necessary steps, costs and available resources for starting a family planning program. All of the analyses are presented to management at the end of the subproject. (A minimum of 20 subprojects are specified in the contract.)

Country Workshops. Business analyses and subproject companies are selected according to how representative they are of industrial groups. The results of business analyses are discussed with the leadership of the appropriate industrial group through a country workshop. In this manner, the findings and impact of one company study can be leveraged across numerous companies. (The contract requires 10 country workshops.)

Study Tours/Fellowships. Study tours provide opportunities to private-sector leaders to learn about how and why similar companies offer family planning services to their employees and dependents. Where there is demonstrated commitment to establish family planning services, TIPPS offers management fellowships to key service-delivery personnel. (The contract calls for 15 study tours and 12 management fellowships.)

Conferences. TIPPS will sponsor two regional conferences for private-sector and donor community leaders to present the results of regional subprojects. (Two conferences are scheduled to be held.)

Technical Assistance for Follow-on Activities. When subproject companies want to initiate and pay for a family planning program, TIPPS provides follow-on assistance. This includes linking the company to appropriate resources. These resources may be obtained in the marketplace or selectively from donors if they do not involve recurrent costs. (The contract stipulates 3.3 years of labor to be devoted to this task.)

## II. Purpose and Scope of the First External Evaluation

The purpose of this midterm evaluation is to determine whether TIPPS is properly designed to develop and expand private-sector investment in family planning; whether TIPPS is technically, financially, and logistically well managed; and whether TIPPS now needs any revision of its design, implementation, budget, or recommendations of this evaluation will be used to develop the scope of work for the follow-on project.

### Workscope

Specifically, the evaluation shall make the following findings:

#### Design

Assumptions. Are the assumptions presented in the Project Paper, concerning potential interest of LDC employers in providing services, well-founded?

Potential Effectiveness. What is the estimated total size of the market of potential business acceptors in selected TIPPS countries?

U.S. Constraints. Are there legal, regulatory, or policy constraints imposed by countries in which TIPPS is active that inhibit private-sector manufacture, acquisition, promotion, sale, or distribution of contraceptives? Are these constraints reflected in the cost-benefit model and country analyses? What has TIPPS done to address U.S. and local constraints?

Market Constraints. Does the existence of an exclusive or competing public-sector market in contraceptive supplies or services inhibit development of sustainable private-sector investment in family planning services? Does TIPPS offer a solution to this problem?

Follow-on Activities. Does the project design outline a workable program for disseminating the results of TIPPS activity to other companies and for helping companies to introduce family planning services for their employees? Should the original plans for study tours and fellowships be amended?

Evaluation. What criteria are or should be used to measure the effectiveness of the TIPPS project? What baseline data were gathered on these criteria? What is the mid-term assessment of success by these criteria? What data should be collected for the follow-on project?

Sustainability. What evidence is there that, after TIPPS technical assistance comes to an end, recipients will have the capabilities and commitment to continue project activities on their own initiative and at their own expense?

Cost-Effectiveness. What advice or services does TIPPS offer to those companies for whom offering family planning services is not cost-effective?

### Implementation

The Cost-Benefit Model. Is the methodology of the cost-benefit model sound? Does it analyze the full range of costs averted by introducing a family planning program? Is the model transferable to other settings, e.g. public-sector entities such as Ministries of Health, and other users, e.g. ministry personnel? Does it need to be simplified in any way? Has the project staff trained local NGOs in the use of the model?

Surveys. Have employee and dependent characteristic surveys been efficiently designed and administered? Have they generated data sufficient to complete business analyses? Have they revealed a need to incorporate new kinds of questions into the DHS surveys? Is there a simpler, cheaper, or quicker way to obtain this same information?

Presentations. How have target audiences responded to the presentations they have seen? Is each presentation tailored to its audience and to the findings for a particular company, e.g., emphasizing low costs and health benefits where a family planning program would not recoup its costs. Has the project staff approached all the appropriate audiences?

Follow-on Technical Assistance. Has the staff successfully helped companies to move from business analysis to service delivery? What are the advantages and disadvantages of using services provided by local PVOs and CAs? What problems have been encountered and how have they been solved? Has this component received adequate attention by TIPPS?

Dissemination and Leveraging. Has the staff disseminated the results of its work to other companies? Which dissemination techniques have been used most successfully? Which have been discontinued? How will upcoming regional conferences identify those companies most likely to take action following the conference? Has enough effort been devoted to promoting the leveraged approach?

### Management

Planning. What management tools, e.g., an MIS, are used by the project director? Does the project have a realistic budget, travel, and activity planning calendar for the remaining twenty months of the project?

Budget. Was the project budgeted correctly to the tasks? Were line items over- or underestimated?

Communications. How well does the project management communicate TIPPS activities to A.I.D./W and the Missions?

Regional Staffing. Has effective use been made of regional staff? Does this staff have a good mix of local and US consultants?

Responsiveness. What changes have been made in the project management in response to the management reviews?

### Achievements

Increased Investment. What is the increase in private-sector investment in family planning services as a result of TIPPS activities in selected countries? What are projected investments?

**Policy Changes.** Have governments modified family planning policies as a result of TIPPS analyses of public-sector programs or TIPPS efforts with private companies? If so, how and where?

**Service Delivery.** Document whether TIPPS has helped companies to move from planning to actual implementation of family planning services. Can an estimate be made of projected users resulting from TIPPS activities? How effective are those services? What systems are in place to evaluate these services?

### III. Evaluation Protocol and Proposed Timetable

To respond to the questions above, the evaluation team shall:

- **Review** all TIPPS documentation;
- **Interview** A.I.D./W staff at headquarters in Rosslyn, Va.;
- **Interview** TIPPS staff at their offices in Columbia Md.;
- **Survey** selected USAID personnel by cable or telephone, asking their opinion of the effectiveness of the project design and implementation in their countries; and
- **Visit** TIPPS activities and personnel in Peru.

### IV. Evaluation Report

The evaluation team shall present an analysis of these interviews in the final report, distinguishing among their **findings**, their **conclusions**, and their **recommendations**. Each section should be keyed to the sub-headings used in the workshop, e.g., "Design," Management, "Feasibility," etc. The conclusions and recommendations shall address the following:

#### Conclusions

**Conceptualization.** Is TIPPS (business analyses, dissemination fellowships and study tours, and technical assistance for service delivery) an effective approach for encouraging private-sector investment in family planning?

**Feasibility.** Does TIPPS demonstrate that **self-sustaining** private-sector family planning services are possible? What are the key regulatory, market, and company determinants?

**Applications in Other Settings.** Is the TIPPS approach suitable for all settings, for example, smaller and poorer companies receiving limited short-term subsidies for contraceptive procurement or public-sector entities such as health ministries? Could it be used by other organizations, such as NGOs and FPAs?

**Effect on A.I.D. Activities.** How has TIPPS affected the family planning environment? Has the TIPPS model been adopted for use by other projects in their work shaping public-sector policy in LDCs. In which countries has it become part of A.I.D. strategy or highlighted issues such as market distortions that have slowed the progress of other A.I.D. projects?

Recommendations

Revisions. Given the limited time remaining in the current contract, are any revisions regarding approach, design, implementation, task mix, dissemination technique, staffing, budget, or monitoring warranted at this time? Should the strategy for completing the project be changed?

Follow-on Project. Should there be a follow-on project? Should it focus on expanding the number of countries and companies targeted by TIPPS, offering follow-up services to companies who have already received favorable business analyses, or monitoring developments in companies that have begun service delivery? Should it focus primarily on private companies, or on other types of providers, e.g. ministries of health, private insurers, HMOs etc. Should it be combined with other private-sector projects in the Office of Population? If so, in what way?

## Evaluation Methodology

### 1. Evaluation Team Composition

A multi-disciplinary team of specialists worked together from March 6 to March 26, 1988. The composition of the team included:

Dr. Maureen Lewis	- Health Economics Expert (team leader)
Mr. David Logan	- Corporate-Community Relations Expert
Mr. Matthew Friedman	- Evaluation Specialist

### 3. Evaluation Approach

Questionnaires were developed and sent to the USAID missions requesting information on their views of the TIPPS program prior to the evaluation. This questionnaire was prepared jointly by A.I.D. and POPTECH.

The assignment began on March 6, 1989. The team spent the first two days participating in briefings with A.I.D. and coordinating the assignment strategy. The meetings included an overview of the TIPPS program's initial conceptualization and present design, a review of the scope of work, and the development of the final outline for the report. For the remainder of the week, the team visited John Short Associates office in Columbia, Maryland.

During this period, a second questionnaire was developed in collaboration with A.I.D. and sent to 10 organizations that had signed subproject contracts with TIPPS. These questionnaires, which were addressed to the company's CEOs, asked five qualitative questions related to subproject conceptualization, design and implementation.

A field visit to Peru by Dr. Lewis and Mr. Logan took place March 12 - 18. The team met with representatives from the host government, USAID missions, and with private sector businesses working with TIPPS.

After completing the fieldwork, the team returned to Washington to continue gathering information from JSA and A.I.D. A debriefing at A.I.D./Washington was held on April 7 and a draft of the paper was submitted to POPTECH on June 2.

**Appendix B**

**List of Persons Contacted**

## **Appendix B**

### **List of Persons Contacted**

#### **Agency for International Development**

Duff Gillespie  
Director  
Office of Population

Sarah Clark  
Office of Population

Sigrid Anderson  
Office of Population

Scott Radloff  
Office of Population

Alta Charo  
Office of Population

Constance Carrino  
PPC/PDPR/SP

#### **Peru Visit (Lima, Peru)**

John Burdick  
USAID/Lima

Gisela de Carter  
Las Casuarinas de Monterrico S.A.

Jose Valdez Calle  
Presidente del Directorio  
Cosapi Data

Eliseo Barron  
Director de Coordinación de Programas  
Institute Peruano de Paternidad Responsable (INPARRES)

Elizabeth Aliaga  
Health Educator  
Proyectos en Informática Salud, Medicina y Agricultura

Delia Haustein  
Directora Adjunta  
Proyectos en Informática Salud, Medicina y Agricultura

Salvador Baldazon  
Proyectos en Informática Salud, Medicina y Agricultura

Carola La Rosa de Luque  
Gerente General  
Apoyo Programas de Población (APROPO)

Fancisco Vargas Bocanegra  
Director  
Instituto Peruano de Seguridad Social (IPSS)

Max Winterhalter  
Instituto Marcelina

Ing. Benegas  
Director Industrial Relations  
Milpo Mining Company

Javier Vegas  
Sub Gerente General  
La Vitalicia, Cia. de Seguros

Americo Fernandez  
Director de Planificación Familiar  
Ministerio de Salud Publico

Gustavo Donayre  
Director  
Medic S.A.

**TIPPS Staff**

John Short and Associates, Inc.

Joseph Deering  
Project Director

John Novak  
Former Director

Jack Day  
Consultant

Linda Zackin  
Project Administrator

Betty Thomas  
Senior Secretary

Rudolph Chandler  
Financial Analyst

Joanne Bennett  
Financial Analyst

Jane Wickstrom  
Project Analyst

Maureen Clyde  
Project Analyst

Laurie Lucinski  
Project Analyst

**University Research Corporation**

Jack Galloway  
Senior Marketing/Commercial Analyst  
URC

Karen Foreit  
Consultant

**Other**

John Akin  
Carolina Population Center & Department of Economics  
University of North Carolina

Harry Cross  
Senior Research Associate  
The Urban Institute

51

## Appendix C

### Materials Used for the Evaluation

## Appendix C

### Materials Used for the Evaluation

#### A. Materials Made Available to the Evaluation Team by JSA

<u>Title of the Report</u>	<u>Date of Report</u>
First Year Workplan	10/27/85
Peru Trip Report #1	12/15/85
Quarterly Expenditure Report	12/31/85
Semi-Annual Progress and Financial Report	03/15/86
ILO-Geneva Trip Report	03/31/86
INPPARES-Financial Report	06/06/86
INPPARES-ELECTROLIMA Technical Report	06/06/86
INPPARES-ELECTROLIMA Workplan	06/06/86
Nigeria Trip Report	06/06/86
TIPPS-INANDEP Chronogram	06/06/86
Zaire Trip Report #2	06/06/86
Peru Trip Report #2	06/13/86
Quarterly Expenditure Report	06/16/86
Deliverable #2 INANDEP-MILPO	08/01/86
Nigeria Fieldwork Report	08/01/86
Indonesia Trip Report	08/07/86
Philippines Trip Report	08/07/86
Thailand Trip Report	08/07/86
Zaire Model Subcontract	08/20/86
Quarterly Expenditure Report	09/15/86
INPPARES Technical Report	09/29/86
Semi-Annual Report	10/15/86
Indonesia Trip Report	11/04/86
Indonesia Country Assessment Report	11/05/86
Kenya Trip Report	11/12/86
Milpo Study	11/12/86
Brazil Trip Report	12/08/86
Peru Trip Report #3	12/08/86
Zimbabwe Trip Report	12/09/86
Quarterly Expenditure Report	12/11/86
Zaire Trip Report	12/18/86
Indonesia Trip Report	01/02/87
Indonesia Country Assessment Report	01/06/87
Zimbabwe Trip Report	01/06/87
TIPPS Peru Presentation Summary	02/02/87
Peru Trip Report #4	02/25/87
Peru Trip Report #5	03/01/87
ILO Trip Report	03/12/87
India Trip Report	03/12/87
Quarterly Expenditure Report	03/12/87
Zaire Trip Report	03/31/87
Peru Trip Report #6	04/02/87
Peru Trip Report #7	04/14/87
Zimbabwe Trip Report	04/16/87
Mexico Trip Report #1	06/09/87

<u>Title of the Report</u>	<u>Date of Report</u>
Quarterly Expenditure Report	06/22/87
Peru Evaluation of TIPPS Process	07/01/87
GOCON Female Survey Report	07/17/87
Lever Bros. Female Survey Report	08/11/87
Zaire Trip Report	08/11/87
Nigeria Trip Report	08/30/87
Quarterly Expenditure Report	09/16/87
Draft ILO African Case Studies	10/02/87
Indonesia Trip Report	10/02/87
Semi-Annual Report #4	10/02/87
Mexico Trip Report #2	10/22/87
Peru Trip Report #9	11/03/87
Zaire Trip Report	11/19/87
TIPPS Senegal Trip Report	11/30/87
Peru Trip Report #10	12/01/87
Nigeria Trip Report	12/04/87
Brazil Trip Report #2	12/07/87
ILO African Case Studies	12/09/87
MILPO Child Survival Report	12/09/87
Quarterly Expenditure Report	12/16/87
Mexico Trip Report #3	12/17/87
TIPPS Business Analysis Outline	12/29/87
Zaire-UTEX Summary Report on Survey Findings	12/29/87
Zaire Trip Report #8	12/30/87
Zaire-Final Business Report to UTEXAFRICA	12/30/87
Peru Trip Report #11	01/11/88
Business Analysis-Gulf Oil Co.	01/15/88
TIPPS Semi-Annual Report #5	03/07/88
Business Analysis-Electrolima Utility Co.	03/11/88
Business Analysis-MILPO Mining Co.	03/11/88
Mexico Trip Report #4	03/11/88
Quarterly Expenditure Report	03/15/88
India Trip Report #3	03/22/88
India Trip Report #4	04/06/88
Honduras Trip Report #2	04/06/88
Indonesia Trip Report #6	04/06/88
Peru Trip Report #12	04/06/88
Mexico Trip Report #5	04/11/88
Zaire Trip Report #9	04/15/88
India Trip Report #4	04/19/88
Indonesia Trip Report #6	04/19/88
Mexico Trip Report #6	04/23/88
Nigeria Trip Report #9	04/11/88
Zimbabwe Trip Report #9	05/02/88
Nigeria Trip Report #9	05/06/88
India Trip Report #5	06/10/88
Indonesia Trip Report #7	06/10/88
Zaire Trip Report #9	06/10/88
Quarterly Expenditure Report	07/15/88
Zimbabwe Trip Report #10	07/21/88

<u>Title of the Report</u>	<u>Date of Report</u>
Zaire Trip Report #10	08/03/88
Mexico Trip Report #7	08/18/88
Mexico Trip Report #8	09/19/88
Swaziland Trip Report	10/14/88
Zimbabwe Trip Report	10/27/88
Indonesia Trip Report #8	11/01/88
Honduras Trip Report	11/09/88
Pipeline Analysis - Budget Summary	11/30/88
Zaire Trip Report #11	12/03/88
Mexico Trip Report #9	12/12/88
Quarterly Expenditure Report	12/27/88
Brazil Trip Report #3	01/25/89
Mexico Trip Report #10	01/31/89
Zaire Trip Report #12	01/31/89
Honduras Trip Report #3	02/09/89
Pipeline Analysis - Budget Summary	02/14/89
Bolivia Trip Report	02/22/89
Zimbabwe Trip Report #11	02/28/89
Semi-Annual Report #7	03/01/89

**B. Materials Made Available to the Evaluation Team by A.I.D.**

A.I.D., Office of Population, Policy Division. Population Policy Initiatives, Project Paper. 1985.

A.I.D., Bureau for Program and Policy Coordination. A.I.D. Policy Paper Population Assistance. September 1988.

A.I.D. - JSA Program Contract. 1985.

A.I.D., Office of Contract Management. TIPPS Request for Proposal. 1985.

A.I.D., Office of Population, Policy Division. Overview of A.I.D. Assistance in Population Policy Development. 1989.

A.I.D., Office of Population, Policy Division. TIPPS Management Review. 1986.

A.I.D., Office of Population, Policy Division. TIPPS Management Review. 1987.

**Appendix D**

**Mission Responses Related to TIPPS**

## Appendix D

### Mission Responses Related to TIPPS

#### Copy of Cable Sent to Missions

FR: John McWilliam, POPTECH  
1601 North Kent Street, Suite 1014  
Arlington, VA 22209 USA  
(703) 243-8666  
(703) 358-9271 FAX  
271837 ISTI UR (TELEX)

DATE: 02 March 1989

S&T/POP is conducting an evaluation of the TIPPS program. As part of this evaluation, S&T/POP is seeking mission assessments of TIPPS project performance. The information from the TIPPS evaluation will be used in the design of the follow-on private sector family planning program. We would greatly appreciate your responses to the following questions by March 12.

FYI: TIPPS is one of the three projects in S&T/POP that focus on the commercial sector (the other two being SOMARC and Enterprise). TIPPS tries to stimulate business analyses that demonstrate the financial and health benefits of FP. The results of these studies are presented to management along with an action plan to initiate or expand services. TIPPS staff follow-up with companies wishing to start services by helping to arrange short-term assistance from consultants, other CAs, or from the local marketplace. The results of individual company studies are then shared with other business leaders. End FYI.

- 1) Are there legal, regulatory or policy constraints imposed in your country that inhibit private sector manufacture, acquisition, promotion, sale or distribution of contraceptives? Are these constraints reflected in the cost-benefit model and country analysis that TIPPS has developed.
- 2) Have employee and dependent characteristic surveys been efficiently designed and administered?
- 3) Have the presentations made by TIPPS to private sector countries been well-received?
- 4) Have TIPPS staff successfully helped companies to move from business analysis to service delivery? Has full advantage been taken of services provided by local PVOs and CAs?
- 5) Have TIPPS staff disseminated the results of its work to other companies? Which dissemination techniques have been used most successfully?
- 6) What evidence is there that once TIPPS technical assistance comes to an end, recipients will have the capabilities and commitment to continue to support services on their own initiative and at their own expense?
- 7) How well does the project management communicate TIPPS activities to the mission?
- 8) Do you see a need for further TIPPS activities in your country? If so, what would be its focus? e.g., should it focus on expanding the number of companies targeted by TIPPS, applying the TIPPS model to public entities, offering follow-up services to companies who have already received favorable business analysis, monitoring development: in companies who have begun service delivery or using results to interest the public sector into actively working to extend private sector services.

A.I.D./W greatly appreciates mission inputs to this evaluation.

**Countries Responding**

Bolivia  
Brazil  
Ecuador  
Honduras  
India  
Indonesia  
Mexico  
Peru

271837 ISTI UR

RCA MAR 10 1632

2220 CABPUB BV

MT LAPAZ 10/3/89

TO:

JOHN MACWILLIAM  
POPTech  
1601 N. KENT, SUITE 1014  
ARLINGTON, VA.  
TELEX NO. 271837 ISTI UR

FROM: SANDRA A. WILCOX  
HEALTH AND HUMAN RESOURCES DIVISION  
USAID/BOLIVIA  
LA PAZ, BOLIVIA

WE HAVE NOT YET BEGIN IMPLEMENTATION OF TIPPS PROJECTS, IF STILL  
INTERESTED CONTACT US IN SIX MONTHS.

271837 ISTI UR

\*p

- D-4 -

1-0025211063 03/04/89 TWX ESL62833533 NVFA  
001 TDWX WASHINGTON DC

JOHN MCWILLIAM  
POPTech  
1601 N. KENT  
ARLINGTON VA 22209

SUBJECT: EVALUATION OF THE TIPPS PROGRAM

- TELEX NO: 271837 ISTI UR

REF: TELEX RECEIVED MARCH 2, 2989

TIPPS PERFORMANCE HAS BEEN EXCELLENT FOR A SINGLE  
ACTIVITY; ASSISTING THE BRAZILIAN ASSOCIATION OF HMOS  
(ABRAMGE) INVOLVING KAREN FOREIT ONLY. TIPPS HAS  
STANDFORTLY REFUSED THER 9PPDRTUNITIES IN BRAZIL.

AMERICAN EMBASSY BRASILIA, BRAZIL 02462/L0463

20:07 EST

MGMCOMP

66

PAGE 01 QUITO 02878 072019Z 2310 021074 AID8509  
ACTION AID-00

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ACTION OFFICE POP-04  
INFO LADR-03 LASA-02 SAST-01 PDPR-01 PPPB-02 ES-01 STHE-03  
HHS-09 RELO-01 AMAD-01 OMB-02 /030 A0

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FM AMEMBASSY QUITO.  
TO SECSTATE WASHDC 2176

UNCLAS QUITO 02878

AIDAC

FOR ST/POP

E.O 12356: N/A  
SUBJECT: TIPPS PROJECT EVALUATION

REF: POPTECH FAX OF 3/2/89

QUESTIONS POSED IN SUBJECT FAX ARE NOT RELEVANT TO  
USAID/ECUADOR SINCE TIPPS DID NOT SUPPORT ANY ACTIVITY IN  
ECUADOR. HOLWILL

67

U.S. DEPT. OF STATE  
2201 C ST. NW SUITE 5440  
WASHINGTON, DC 20520

3B D102 49-1 3D701 5 03/29/89 23:07 RP

\*\*HAND DELIVERY\*\*  
JPHN MCMILLAN  
POPTECH  
1601 N KENT STREET SUITE 1014  
ARLINGTON VA 22209

ZIP 22209 AID

TEL 703 243 8666

- REF: FAX DATED MARCH 2, 1989

TIPPS STAFF BEGAN DISCUSSING EMPLOYEE BASED KAP/COST  
BENEFIT ANALYSIS WITH HONDURAS POPULATION STAFF IN  
JUNE OF 1987. IN MARCH/APRIL 1988 THE SURVEY WAS  
FINALLY CONDUCTED. ONE YEAR HAS LAPSED AND THE SURVEY  
HAS BEEN ANALYZED, BUT A PRESENTATION HAS NOT BEEN  
MADE TO THE THREE COMPANIES SURVEYED. TIPPS STAFF  
WILL VISIT HONDURAS IN APRIL. THE LENGTH OF TIME  
BETWEEN WHEN THE SURVEY WAS CONDUCTED AND RESULTS ARE  
PRESENTED HAS BEEN OVERLY LONG.

AMERICAN EMBASSY  
TEGUCIGALPA HONDURAS  
5280/L2350

68-

April 3, 1989

Mr. John McWilliam  
Population Tech.  
1601 N. Kent Street  
Suite 1014  
Arlington, VA 22209  
U.S.A

Dear Mr. McWilliams:

With reference to your questions regarding the funding of the TIPPS project in India.

(1) Yes, there are restrictions. The TIPPS project here is dealing only with one city-firm specific project (Jamshedpur, TISCO) and hence the restrictions are not relevant.

(2) Yes

(3) They are still up-coming

(4) Not relevant. Service delivery was already in place.

(5) Still to come

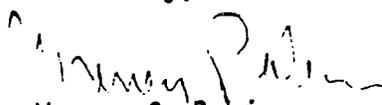
(6) TISCO has the capability to do whatever it decides to do. Also the funds

(7) Very well indeed. They have leaned over backwards to keep the Mission in touch

(8) Given the present low (and declining) level of population funding for AID/India, further mission support of such activities seems unlikely. But there certainly is a useful scope for such activities and we can only hope GOI or the Private Sectors take them up.

I hope this is helpful to your evaluation.

Sincerely,

  
Warren C. Robinson  
Population Advisor  
Office of Health Services

69

PAGE 31 JAKART 83987 00 OF 02 211246Z 1978 027876 A109849  
ACTION AID-00

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ACTION OFFICE POP-01  
INFO AREA-02 SAST-01 ANPD-05 ANTR-05 STHE-03 RELO-01 TELE-01  
/023 A4 KLS1  
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INFO LOG-00 PASS-00 CES-03 /039 W  
-----356375 211250Z /45 22

P 210319Z MAR 83  
FM AMEMBASSY JAKARTA  
TO SECSTATE WASHDC PRIORITY 2686

UNCLAS JAKARTA 03987

AIDOC DIRECT RELAY

EO 12958: N/A

TO: JOHN MCVILLIAM  
POP TECH  
1501 N. KENT STREET, SUITE 1014  
ARLINGTON, VA 22209  
TELEPHONE: 703-243-8566  
TELEX: 271637 1STI UR

SUBJECT: POPULATION: EVALUATION OF THE TIPPS PROGRAM

REF: MCVILLIAM TO POPULATION OFFICER TELEX OF 3 MARCH

1. USAID REGRETS DELAY IN RESPONDING TO REFTLEX. AS POPTech IS AWARE, THERE WERE THREE EVALUATIONS BEING CONDUCTED IN COUNTRY THIS PAST MONTH WHICH HAVE KEPT OUR STAFF FULLY OCCUPIED.

2. TIPPS PROJECT ACTIVITY HAS BEEN FAIRLY LIMITED IN INDONESIA. A FIRST ATTEMPT AT PROJECT DEVELOPMENT WAS TERMINATED BY A DECISION TAKEN BY AID/W AND/OR TIPPS WITHOUT USAID BEING INFORMED. THIS LED TO A LOT OF CONFUSION HERE, ESPECIALLY WITH THE PRIVATE SECTOR FIRMS WHO WERE BEING CONTRACTED TO IMPLEMENT THE PROJECT. LATER, AN OPPORTUNITY FOR COLLABORATION BETWEEN TIPPS AND THE URC OPERATIONS RESEARCH IN ASIA AROSE, AND USAID STRONGLY ENCOURAGED TIPPS TO PARTICIPATE. IN THIS PROJECT, TIPPS STAFF WOULD ASSIST ATMAJAYA UNIVERSITY TO CONDUCT A COST-BENEFIT ANALYSIS (CBA) AMONG FACTORIES THAT COULD POTENTIALLY BE CONVINCED TO JOIN A PRE-PAID HEALTH/FAMILY PLANNING SERVICES PACKAGE OFFERED BY ATMAJAYA HOSPITAL. TIPPS EVENTUALLY AGREED TO PARTICIPATE, BUT WHILE IDENTIFYING CONSULTANTS TO COME TO INDONESIA, WE WERE GIVEN THE IMPRESSION THAT THERE ARE ONLY VERY FEW PEOPLE WHO TRULY UNDERSTAND THE MODEL. IN FACT, TIPPS ORIGINALLY WANTED TO COLLECT THE DATA HERE, AND DO THE ANALYSIS IN THE U.S. WE INFORMED TIPPS THAT IF A LOCAL INSTITUTION COULD NOT BE TRAINED TO DO THE ANALYSIS, THEN WE WOULD SEEK OTHER TECHNICAL ASSISTANCE TO CONDUCT A CBA, WITH A MODEL THAT IS LESS MYSTERIOUS. IN THE END, TIPPS SENT AN EXCELLENT CONSULTANT TO WORK WITH ATMAJAYA; ATMAJAYA DID THE DATA COLLECTION AND ANALYSIS UNDER THE SUPERVISION OF THE TIPPS CONSULTANT. TWO TIPPS CONSULTANTS ASSISTED ATMAJAYA TO PREPARE AN EXCELLENT COMPUTER STORY BOARD PRESENTATION. HOWEVER, THE ATMAJAYA TEAM, NOT TIPPS CONSULTANTS, PRESENTED THE CBA MODEL TO THE FACTORIES. THE PRESENTATION OF THE MODEL TO THE BKKBN WAS WELL RECEIVED AND CREATED INTEREST AND SUPPORT. IN BKKBN FOR THE HOSPITAL-FACTORY BASED FAMILY PLANNING PROJECT BEING TESTED WITH URC SUPPORT.

3. AS CAN BE UNDERSTOOD FROM THE DESCRIPTION OF THE SMALL TIPPS INDONESIA PROJECT GIVEN ABOVE, MANY OF THE

JAKART 83987 00 OF 02 211246Z 1978 027876 A109849  
QUESTIONS IN REFTLEX ARE NOT APPLICABLE. INSTEAD, WE WOULD LIKE TO GIVE POPTech OUR EXPERIENCE WITH THE TIPPS APPROACH AND MODEL. THE TIPPS CBA IS A USEFUL MARKETING TOOL FOR PRESENTING FAMILY PLANNING COST BENEFIT INFORMATION TO FACTORY OWNERS. HOWEVER, AT THE PRESENT TIME, IT IS TOO COMPLEX AND REQUIRES A TIPPS CONSULTANT WITH BOTH COST-BENEFIT AND DEMOGRAPHIC EXPERIENCE. THE MODEL WOULD BE MORE USEFUL IF IT COULD BE MODIFIED SO THAT IT COULD BE USED BY LOCAL INSTITUTIONS, E.G., A NATIONAL FAMILY PLANNING ORGANIZATION, GOVERNMENT OF PRIVATE, THAT IS TRYING TO ENCOURAGE FACTORY-BASED FAMILY PLANNING. IN THIS WAY, THERE WOULD BE A RESOURCE INSTITUTION IN-COUNTRY TO ADMINISTER THE MODEL. THIS WOULD BE FAR LESS COSTLY THAN HAVING U.S. BASED CONSULTANT FIRM CONTROLLING AND ADMINISTERING THE CBA MODEL. THE MODEL COULD BE SIMPLIFIED THROUGH THE FOLLOWING:

- A. REDUCE TO 5-8 PARAMETERS THE FAMILY PLANNING INFORMATION FROM FACTORY EMPLOYEES;
- B. MAKE KNOWLEDGEABLE ASSUMPTIONS REGARDING OTHER DEMOGRAPHIC VARIABLES REQUIRED BY THE MODEL. FOR EXAMPLE, USE AVAILABLE INFORMATION FROM CPS OR OTHER REGIONAL FAMILY PLANNING AND FERTILITY STUDIES;
- C. SIMPLIFY THE SAMPLING OR SELECTION OF EMPLOYEES WITHIN FACTORIES BASED UPON PERSONNEL LISTING AND COMPLETE THE SURVEY IN ONE DAY. PROVIDE THE RESULTS OF THE SURVEY TO THE FACTORY OWNER THE NEXT DAY. BY USING A RAPID SURVEY METHODOLOGY AND ASKING LESS THAN TEN QUESTIONS, RESULTS CAN BE PROCESSED IMMEDIATELY AND TABLES/GRAPHS PRINTED DIRECTLY.
- D. PROVIDE GUIDELINES FOR DETERMINING THE COST OF PROVIDING FAMILY PLANNING SERVICES, BOTH DIRECTLY BY THE FACTORY AND BY OTHER PROVIDERS, SUCH AS HOSPITALS/CLINICS. A LONG AND COMPLEX COST STUDY OF FIXED AND VARIABLE FAMILY PLANNING DELIVERY COSTS IS BEYOND THE CAPABILITY OF LOCAL INSTITUTIONS TO IMPLEMENT.

4. IN INDONESIA, WE FELT TIPPS DID NOT PROVIDE SUFFICIENT TA IN THE DEVELOPMENT OF THE MARKETING OF FP/HEALTH SERVICES, GIVEN THE TIPPS EXPERIENCE IN OTHER COUNTRIES. IN ADDITION TO SIMPLIFYING THE MODEL AS DESCRIBED ABOVE, THE TIPPS MODEL WOULD BE MORE USEFUL IF IT COULD INCLUDE IN THE PACKAGE LESSONS LEARNED FROM A VARIETY OF FACTORY/COMMERCIAL BASED FAMILY PLANNING SETTINGS. THAT IS, THE CBA IS ONLY ONE PART OF THE MARKETING OF FAMILY PLANNING TO COMMERCIAL ENTERPRISES, AND THERE ARE MANY OTHER COMPONENTS THAT NEED TO BE INCLUDED. THE LESSONS LEARNED COULD DESCRIBE GUIDELINES FOR DEVELOPING MARKETING MESSAGES, MATERIALS, CONTRACTS, AND PRESENTATIONS TO MANAGERS OF ENTERPRISES.

5. IN SUM WE BELIEVE FURTHER DEVELOPMENT AND/OR UTILIZATION OF THE TIPPS/CBA MODEL SHOULD ONLY BE CONSIDERED IF IT, ITSELF, CAN BECOME MORE COST-EFFECTIVE. THIS CAN BE DONE BY SIMPLIFYING ITS APPLICATIONS SO THE TECHNOLOGY CAN BE MANAGED BY LOCAL INSTITUTIONS. CONNORS

NOTE: PASSED ABOVE BY OC/T,,  
NOTE: PASSED ABOVE ADDRESSEE BY OC/T,,

10

DATE: March 15, 1989

REPLY TO  
ATTN OF: Samuel Taylor, AID/Mexico Representative

SUBJECT: Evaluation of the TIPPS Program in Mexico

TO: Mr. John Mc William, POPTECH

Following are AID/M responses to your FAX dated March 2, 1989:

1. None.
2. Yes.
3. Yes. GIGANTE was so impressed with the TIPPS presentation that they (GIGANTE) requested that a presentation be made to affiliate companies TOKS and Lyausa.
4. Too soon to tell.
5. Too soon to tell, but plans are underway.
6. GIGANTE, who has agreed to implement a project with TIPPS will do so because they are convinced that the project is of great benefit to their employees and management.
7. AID/M is very pleased with communication of TIPPS activities by project management staff.
8. There is a definite need for future TIPPS activities in Mexico, and for the benefit of the LAC Region. However, AID/M would like to see more interaction between TIPPS and The Enterprise Program. The Enterprise Program experience could be very useful in presenting concrete examples of successful projects involving private sector provision of family planning services, without mentioning subsidies.

PAGE 01 LIMA 04182 202128Z 8446 027572 AID9207  
ACTION AID-00

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ACTION OFFICE POP-04  
INFO LASA-02 SAST-01 PPR-01 ES-01 PRE-06 STHE-03 RELO-01  
/019 A4 GB20  
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INFO LOG-00 OES-09 /009 W  
-----323242 210052Z /38

R 202129Z MAR 89  
FM AMEMBASSY LIMA  
TO SECSTATE WASHDC 6938

UNCLAS LIMA 04182

AIDAC

E. O. 12356: N/A  
SUBJECT: POPULATION: TIPPS EVALUATION

REF TELEX OF 3/2/89 FROM JOHN MCWILLIAM/POPTCH

1. BECAUSE OF STAFFING CONSTRAINTS (DUE TO VACATIONS) AND HEAVY WORKLOAD, MISSION UNABLE TO RESPOND IN WRITING TO QUESTIONS RAISED IN REF. TELEX. HOWEVER, MISSION STAFF DID MEET EXTENSIVELY WITH TIPPS PROJECT EXTERNAL EVALUATION TEAM DURING THEIR VISIT TO LIMA WEEK OF MARCH 12, COVERED WITH THEM ALMOST ALL ISSUES RAISED IN REF. TELEX, AND SHARED WITH THEM MISSION'S VERY FAVORABLE REACTION AND VIEWS OF TIPPS PROJECT AND ACTIVITIES IN PERU. FYI. MISSION PLANS TO INCLUDE COMPONENT FOR TIPPS-LIKE ACTIVITIES IN ITS NEW FOUR-YEAR FY 1989 COMMERCIAL PRIVATE SECTOR FAMILY PLANNING PROJECT AND EXPERTS TO BUY-IN TO ONGOING CENTRAL PROJECT AND PROPOSED NEW FOLLOW-ON CENTRAL PROJECT TO ASSIST IN IMPLEMENTATION OF THE ACTIVITIES. END FYI.

2. IF AFTER RECEIPT OF REPORT OF TIPPS EVALUATION TEAM, AID/W STILL REQUIRES INPUTS FROM MISSION, PLEASE CALL JOHN BURDICK. THANKS AND REGARDS. WATSON

72

# Department of State

PAGE 01 MANILA 07604 070810Z 7341 020359 AID7588  
ACTION AID-00

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ACTION OFFICE POP-04  
INFO ANEA-02 SAST-01 PDPR-01 PPPB-02 ANPD-05 ANTR-06 ES-01  
STHE-03 HHS-09 RELO-01 AMAD-01 TELE-01 OMB-02  
/039 A0  
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INFO LOG-00 PASS-00 OES-09 /009 W  
-----141160 0708417 /39

R 070809Z MAR 89  
FM AMEMBASSY MANILA  
TO SECSTATE WASHDC 4769

UNCLAS MANILA 07604

ADM AID DIRECT RELAY

FOR S&T/POP.(PDD) - HARRY CROSS

E. O. 12356: N/A  
SUBJECT: POPULATION: EVALUATION OF THE TIPPS PROGRAM

REF: TELEX POPTECH/USAID 3 MARCH 1989

TO: JOHN MCWILLIAM  
POPTech  
1601 N. KENT STREET  
SUITE 1014  
ARLINGTON, VA  
U. S. A.  
TEL. NO. (703) 243-8666  
FAX NO. (703) 358-9271  
TELEX NO. 271837 ISTI UR

SUBJECT: POPULATION: EVALUATION OF THE TIPPS PROGRAM

REF: TELEX POPTECH/USAID 3 MARCH 1989

MISSION HAS NOT HAD THE EXPERIENCE OF SUBJECT PROGRAM IN THE PHILIPPINES. THUS, WE ARE NOT IN A POSITION TO ADDRESS THE QUESTIONS RAISED IN REFTEL. FYI, OUR CURRENT S&T/POP PROJECT WITH FOCUS ON THE COMMERCIAL SECTOR IS THE ENTERPRISE PROJECT.

USAID MISSION/OPHN  
AMERICAN EMBASSY  
MANILA, PHILIPPINES

QUINN

NOTE: PASSED ABOVE ADDRESSEE BY OC/T

13