

# EMPLOYMENT-BASED FAMILY PLANNING PROJECT, INDIA

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## The Project

The project involved establishing an organisation to market occupational health care packages, with an integral family planning component, to large and medium sized employers in Delhi, Calcutta and Assam. It was implemented by Parivar Seva Sanstha (PSS), an Indian NGO associated with Marie Stopes International. ODA's Joint Funding Scheme (JFS) provided £216,570 between 1990 and 1993.

## The Evaluation

The evaluation was undertaken in April 1995 by two specialists in Economics and Social Development. The findings and lessons learned will be included in a forthcoming synthesis of population projects.

## Overall Success Rating

The project is judged to have been *partially successful overall*. The strategy of offering family planning indirectly along with occupational preventive health care was *largely unsuccessful*, as it was unable to secure sufficient commitment from employers and managers to family planning. In the longer run, however, the project has helped PSS to establish a capacity to supply family planning and reproductive health services more directly to employers on a paid consultancy basis.

## The Main Findings

- The key constraint was the lack of employer commitment. Generally, companies were only interested in short-term agreements and their contributions to activities were limited. Access to employees was constrained, giving them no chance to participate in defining their needs or in focusing project activities. Management resistance to worker-motivators - a key link to the establishment of effective EBFP - undermined efforts to create sustainable mechanisms. Under these conditions it was not possible for PSS to take a systematic and informed approach to the design of interventions.
- This was a new activity for PSS which faced considerable problems in trying to sell its services to employers. Project design did not target specific industries or geographical areas and implementation became spread over a wide geographical

area. The initial approach of trying to contact managers independently was time-consuming and produced poor results. Networking through employer associations proved more effective.

- The objective of recovering costs steered the project away from smaller companies with less potential to pay for services, and, in effect, excluded those companies less able to provide health and family planning services to employees from their own resources. In the event, however, the amount recovered from employers was minimal.
- Health and family planning awareness programmes were the main activities implemented. In most cases, employees received only one exposure to an awareness programme and no follow-up. The programmes were not based on audience research and could have had only a limited impact in filling information gaps or motivating the audience for family planning. Information was generally not linked to service, and PSS was unable to ensure that any family planning demand generated could be met with appropriate supplies.
- The project benefited a range of socio-economic groups from low-income contract labourers to high-income professionals, with most falling in the low-to-middle income group. Direct beneficiaries were mainly men, though indirectly their female partners would have benefited if the activities led to greater male responsibility for, and increased spousal discussion of, family planning. However, the long-term impact on couples' family planning decision-making patterns was likely to have been small.
- Due to lack of data, it is not possible to measure the extent to which the project achieved its purpose of recruiting and maintaining new family planning acceptors. Given the unsystematic nature of most of the interventions - no reference to client need; short-term and often unsustainable activities; poor linkages between information and services - it is unlikely that significant numbers of new acceptors were recruited on a permanent basis.
- Even if all the contraceptives distributed through the project, and the referrals for sterilization, were incremental, the cost was very high at £22 per couple-year of protection.
- Despite the conclusion that the project had limited impact during the period of implementation, PSS has nevertheless gained considerable experience from the project. Since the end of ODA financial support, PSS has successfully started, on an albeit modest scale, to sell its family planning and reproductive health expertise to employers on a consultancy basis.

## Lessons

- Workplace-based family planning programmes are most likely to be financially attractive to employers in situations where large numbers of women are employed, or where employers pay statutory benefits and provide free health treatment for employees, or at isolated sites where firms provide comprehensive services for

employees. In organisational settings where these conditions do not prevail, as was the case with most of the participants in this project, the marketing of EBFP will be more difficult.

- The design and negotiation of EBFP programmes should allow scope for systematic, need-based interventions with the potential for increasing family planning use, linking information, education and services, and involving worker-motivators.
- The difficulty of quantifying this project's impact illustrates the need (now more generally adopted in ODA practice) to define, at the appraisal stage, specific indicators of the achievement of objectives, to be reported on during implementation.
- JFS policy is to give high priority to population projects, and to concentrate benefits on the poorest groups. These aims may not always be compatible, especially where, as here, the target groups were (relatively well-off) employees in the organised industrial sector. An alternative criterion for JFS population projects would be to require them to be consistent with the ODA health and population strategy in the country concerned.