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TRIP REPORT:
VISIT TO ASSIST LIBERIA COUNTRY PROJECT
TO DEVELOP AN EVALUATION FOR VIDEO PRODUCTION
ON POPULATION AWARENESS

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Dates of In-Country Work:
July 16-23, 1985

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LIBERIA

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EXECUTIVE SUMMARY

From July 16 to 23, 1985, Gerald Hursh-Cesar, Vice President of Intercultural Communication, Inc., visited the JHU/PCS project in Monrovia, Liberia as a consultant. The purpose of his visit was four-fold:

1. To assist the Director of Research and Development of the Liberia Broadcasting System (LBS) to develop a questionnaire for gathering qualitative data from small groups of people to determine their reactions to a videotape presentation on population awareness.
2. To assist the LBS Research Director to develop a plan of action for that research, including time schedule, methods of group organization, interviewing methods, and data analysis.
3. To assist members of the Union of National Radio and Television Organizations of Africa (URTNA) in formulating their ideas for further FP/IEC activities; and
4. To assist URTNA members in developing a workplan (proposal) for a media usage survey to identify appropriate target audience(s) and FP messages.

Given the delayed start of the consultation due to airline delays, time for meetings with officials outside the project was reduced. To make the best use of time available, it was agreed that the consultant would concentrate on producing a written, detailed plan of operations for village-level research.

That plan (see Appendix A.) was discussed at length with project officers. However, inasmuch as these officers did not have full opportunity to consider the plan in depth, it should be considered a set of recommendations only.

The consultant also wrote a memo to members of LBS, FPAL, and LRCN advising them on the submission of a research-and-action proposal to continue the rural dissemination activities of the present project (see Appendix B.).

Highlights of the memos detailing concepts and operations of (1) village evaluation of reactions to the RAPID film and (2) a proposal for follow-on activities are as follows:

- o Evaluation: There was uniform disappointment that the animation segments processed in the U.S. had not yet been delivered. The segments are important because they contain key information elements. Nonetheless, an evaluation of audience information-gain was discouraged on the grounds that the film's across-the-board survey of many facts had the effect of blurring distinctions.

It was recommended that the information evaluation be confined to audience grasp of the main theme: high birth rates have a negative impact of social and economic development.

On the attitudinal dimension, the evaluation would focus on the "acceptability" of the film -- cultural appropriateness, believability, offensiveness, likes and dislikes.

Methods of selecting villages, screening respondents, conducting small-group interviews, synthesizing data on-site, and thematic analysis were presented in the memo. Time schedule, budget, and responsibilities were described as well. Project officers are concerned that the evaluation as now described may exceed the budget. They were advised (a) to submit a new budget for the evaluation as described and (b) to tailor the evaluation (through elimination of design features) to the existing budget. Accordingly, JHU/PCS could choose the desired alternative.

- o Follow-on Project: FPAL was requested to submit immediately to JHU/PCS a distribution plan for the RAPID film. Then, building on both the present research activities and the dissemination activities, the group was advised to propose a continuation of the project to adapt prototype materials from the film to wider audiences in the country.

The recommendations (see Appendix B.) advised the group to restrict the proposed research (on rural communication and material pretesting) and dissemination to one region, adolescent and young audiences, and one primary medium -- perhaps radio -- and to prioritize their choices of any supplementary media

The LBS, FPAL, LRCN, and Medex principals are an impressive, serious-minded group. They are unusually busy, however. A solid project manager is needed for day-to-day command. This should be a JHU/PCS requisite for any future proposal.

Finally, Appendix D is USAID/Liberia's assessment of its population and family planning programs and its recommendations for future activities.

Acronyms and Abbreviations

FP	-	Family Planning
FPAL	-	Family Planning Association of Liberia
IEC	-	Information, Education and Communication
JHU/PCS	-	Johns Hopkins University/Population Communication Services
LBS	-	Liberia Broadcasting System
LRCN	-	Liberia Rural Communication Network
MOPEA	-	Ministry of Planning and Economic Affairs
NPPC	-	National Population Planning Committee
RAPID	-	Resources for the Awareness of Population Impact on Development
URTNA	-	Union of National Radio and Television Organizations of Africa
USAID	-	United States Agency for International Development

INTRODUCTION

This report summarizes the visit to Liberia during the period of July 16 to 23, 1985 by Gerald Hursh-Cesar, Intercultural Communication Inc., acting as a consultant for JHU/PCS.

During the visit, the consultant's attention focused on three activities:

1. Reviewing with USAID officers the videotape production ("The Future is for the Children") on population awareness by Medex, Inc.
2. Detailing the plan for village-level qualitative evaluation of audience reactions to the film, to be carried out by LBS (see Appendix A.).
3. Assisting members of LBS, FPAL, and LRCN in planning follow-up activities in the form of dissemination of the film and further audience/media research (see Appendix B.).

Because of a delayed arrival (16 July instead of 14 July), due to airline delays, time on-site was reduced by two (2) days. However, the above three objectives were accomplished to the apparent high satisfaction of USAID officials and the Liberian agencies concerned. Thus, it was not considered necessary to extend the visit to Monrovia beyond the end-date (23 July) originally scheduled. But, as a consequence, contacts with other Liberian officials and agencies were limited (see Appendix C.).

USAID/LIBERIA:

While customary to place USAID last in a trip report, I put it first here for the reason that it seems to me very important that JHU/PCS understands clearly the signals coming from the new administration in Monrovia.

At the beginning of my assignment, in addition to a brief chat at the film screening, Ms. Betsy Brown provided a most useful overview of the probable new directions in population programming and in USAID relations with Cooperating Agencies. On the last day, I met with Ms. Brown and Mr. Michael Rugh, Deputy Mission Director, for a debriefing. The following are points that emerged in these meetings:

- o Accountability: USAID has 12 centrally-funded projects currently underway in Liberia. Before starting any new projects, the Mission wants to conclude some of the active projects "successfully and effectively." With the new administration, accountability of the status and effectiveness of on-going projects is a concern.

- o Service Delivery: The Mission is shifting emphasis from population awareness programming to the delivery of services. And the Mission is considering moving into the social marketing of contraceptives. I was given a copy of USAID/Liberia's assessment of its population/family planning programming, which includes recommendations for project development and program implementation (see Appendix D.). JHU/PCS should review this assessment to understand USAID/Liberia's FP priorities.
- o Continuation: Given the above, USAID does not want JHU or any other Cooperating Agency (CA) to seek to start new projects. However, where justified, continuation of present projects is acceptable to the Mission.
- o FPAL Film Distribution: The Mission does not see the efforts of the Family Planning Association of Liberia (FPAL) in distributing the Medex-LBS film as a new project. Rather, the dissemination effort is viewed as a continuation of the present project, needing no new proposal or budget for its undertaking: "Hina (FPAL) should not have to submit a proposal for something that is already part of the original project." For its part, I mentioned that JHU/PCS was waiting for a dissemination plan from FPAL to know how, specifically, dissemination would be undertaken.
- o JHU/PCS Funds: The present project is not over; dissemination is a continuation, not a new activity. The Mission hopes that JHU/PCS will put more money into dissemination activities. Liberia is a high priority for the Mission in project communication support.
- o URTNA: The proposal of LBS-Medex-FPAL, representing the Union of National Radio and Television Organizations of Africa (URTNA), is seen as a new project by the Mission. Accordingly, the URTNA proposal for rural adaptations of the film and research on media-use and communication patterns would be considered for Mission support only if it is proposed as a legitimate continuation of the present project. As an organization, URTNA is unknown to USAID officials, and consequently has no present validity as a offeror.
- o Relations with Cooperating Agencies: The practice of CAs unilaterally initiating projects in Liberia is no longer acceptable. While JHU/PCS has been among the most responsible and cooperative CAs, all CAs should understand that USAID will no longer permit CAs to act without clearance in such technical operations as production of materials, importation of new resources (e.g., computers).

- o Communication: According to USAID officials, it has been a "very common practice" for CAs to act without USAID approval of such activities as pretesting materials. The Mission wants better communication with CAs and, in particular, with this project.
- o Animation Segment: If not already done so: Please ADVISE THE MISSION ASAP on the status of the animation segment: Where is it, when is it coming?
- o Film Cultural Adaptability: While the film is highly appraised, Ms. Brown shared my view that the present film is culture-bound to Liberia and contains various graphic scenes (e.g., demonstration of fitting a condom) which together make it difficult to adapt it to other African countries -- especially difficult in Moslem cultures.
- o Other Media: It was agreed that slides and individual frames for posters, etc., could selectively be made highly culture-sepecific. In the choice of other media, strong preference was expressed for radio and print, with the observation that Liberia is closer to leaflets than to video.
- o U.S. Information Service: The Mission accepted the recommendation that USIS screening facilities not be used for showing the film to Monrovia "elites," on the grounds that the environment might condition audience reactions.
- o Revisit: USAID/Liberia would like JHU/PCS to revisit the project, particularly to provide technical assistance at the analysis stage of the film evaluation.

Overall, on the basis of the two meetings, I came away with the understanding that USAID is highly satisfied with its population program in general and the JHU/PCS project in particular. But that the Mission would like improved communication with JHU/PCS.

MEDEX, INC.

Medex, Inc., a Liberian media production company has produced the 30-minute videotape ("The Future is for Our Children") mentioned above. It was modeled after the RAPID II presentation on population awareness and funded by JHU/PCS.

The videotape was previewed by several people: Mrs. Weade Kobbah-Wureth, Director of Medex, Inc., Dr. Jerome Boikai, LBS Assistant Director General (Research), Mr. David Washington, LBS Production Director, Ms. Betsy Brown, USAID Health Officer, Mr. Murray Simon, USAID Education Officer, and myself. Mr. Gabriel Hina, FPAL Program Officer, and Mrs. Florida Traub, LRCN Project Director, were unable to attend.

The group unanimously praised the film as artistically outstanding. Also acclaimed (from both sides) was the cooperation between LBS and Medex in the provision and use of video facilities and production staff. However, considerable disappointment was expressed that the animation segments still had not been returned from the U.S. by JHU/PCS. Each party (LBS, USAID, Medex) had expected me to be bringing the animation print.

The animation segment is particularly important because the film, although technically and artistically brilliant, was not scripted with evaluation of audience knowledge gain-scores in mind. As a result, the film is an impressive, across-the-board survey of many points of fact and knowledge, each of which invariably is not much distinguished from the other -- i.e., the kind of information prioritizing (through subordination and redundancy) that an evaluator would build into a script is generally lacking. The animation segments contain some of the most important specific knowledge items in the film.

Given the above, I recommended to LBS, Medex, and USAID officials that the film not be screened for other audiences (especially the USAID Mission Director and Deputy Director) until the animation segments were in place. Ms. Brown concurred with this view. For an additional reason, this also was the preference of Ms. Kobbah-Wureth who fears that repeated use of the master videotape might damage it. It was recommended that other copies be made.

Until the animation segments are put into the videotape, it will not be converted to film for use in the field.

Later, I visited Ms. Kobbah-Wureth's Medex office and discussed her views on whether and how the film might be extended for use in other countries. Her views were quite positive. On another issue, however, she was disappointed that the film will not be evaluated using a fairly large-scale audience survey. She gave me the original RAPID report to read. Comparing the two reveals that the video script is an excellent adaptation of the report. Indeed, her work is highly praised by Dr. Boikai and Mr. Washington (LBS) and by Ms. Brown, Mr. Simon, and Mr. Stan Hannerman (USAID). It appears very likely that the film will bring additional assignments to Medex.

LIBERIA BROADCASTING SYSTEM (LBS):

Dr. Jerome Boikai, Assistant Director General (Research, Planning, and Development), was a most cordial, responsive, and conscientious colleague. Immediately, given my delayed arrival, he agreed to work Saturday and Sunday on the plan for evaluating audience reactions to the RAPID film: "The Future is for Our Children."

Early in our several meetings, we agreed that probably the most useful thing I could do for the project would be to produce a highly-specific plan of operations for carrying out the evaluation. We agreed on this because (1) my delayed arrival reduced our opportunities to work together; and (2) with his Assistant on leave, it is very difficult for Dr. Boikai to absent himself from the News Department, which he heads and for which he is constantly interrupted by subordinates.

It was agreed, further, that the evaluation plan would be written from my perspective and, thus, would be offered as a set of specific recommendations rather than as agreements. However, we did review the plan page-by-page, and I was under the impression that Dr. Boikai agreed with most of the recommendations there.

The plan is shown as Appendix A. The following are highlights of the agreements we reached:

- o LBS Response: Dr. Boikai was assured that JHU/PCS would welcome his/LBS reaction to the evaluation plan once he has had opportunity to consider it carefully. On the whole, he accepts the substance and methodology of the plan but we agreed that adaptations no doubt would be necessary.
- o Budget: Allocated \$3000. for the evaluation, Dr. Boikai was told that JHU/PCS would approve another \$1000. expenditure for an adjunct study of Monrovia "policy-makers and opinion leaders" which he clearly favors. Other agreements on the budget were these:
 - o Once costed out, the study as now given in the plan of operations may exceed the \$3000. budgeted. Until he reviews the plan carefully, we cannot be sure of what is a design complication versus what is simply operational detail.
 - o If the budget is exceeded, Dr. Boikai should both (a) adapt the model to the fixed allocation of \$3000 (actually, \$4000), and (b) submit a new budget for undertaking the evaluation as now described. JHU/PCS will then choose among the two alternatives.

- o In tailoring the evaluation to \$4000., two of the likeliest candidates to drop from the design are (a) the adjunct study of Monrovia elites, and (b) the "before" measurement.
- o Time: We agreed that LBS work on the study plan must begin immediately. He and his colleagues should adapt the plan as needed and send the new study plan along with budget(s) to JHU/PCS.
- o Evaluation Rationale: The evaluation seeks to assess: (1) audience reactions to stylistic aspects of the film (visuals, music, words/phrases, color) and to its believability and cultural appropriateness; and (2) viewers' grasp of the basic information theme that high birth rates have negative impact on future social and economic development.
- o Audience: The evaluation will be limited to youths (15-20 years) and young married/would-be marrieds (21-29 years). Four groups of about 20 persons each will be shown the film and interviewed for their reactions.
- o Communities: The evaluation will be limited to one geographic area and to a small number of communities. Given the need for screening approximately 160 young people (half of whom are not interviewed) in order to produce a "balanced" sample, the evaluation either has to take place in a larger community with distinctly urban characteristics or in two or more villages.

It was further agreed that Dr. Boikai had not had sufficient time yet to decide which communities he would select for the evaluation.

Respondent Selection: For achieving a small sample of youths that is "typical" of the community, purposive sampling (deliberate selection by known criteria) will be used, as opposed to random sampling, self-selection, or key informants.

There are several areas in which we did not attempt to get final agreements. These are the tactical and highly detailed aspects of the study which deal with questionnaire items, interviewing techniques, data analysis, and time schedule/-budget/responsibilities. As the study evolves, each of these will change in unknown ways. The initial version of each of these aspects is fully described in the study plan given as Appendix A, Sections 5 to 8.

We agreed, finally, that Dr. Boikai and his colleagues had not had time to review the study plan in enough detail to offer a budget, time schedule, and work assignments during the time of my visit. However, it is understood that there is urgent need to get the evaluation underway as quickly as possible.

UNION OF NATIONAL RADIO AND TELEVISION ORGANIZATIONS OF AFRICA (URTNA):

Dr. Boikai and I had several conversations about the so-called URTNA proposal for rural communication research and adaptation of FP materials. We met once with Mr. Hina and met again with Mr. Hina and Ms. Florida Traub (LRCN).

It is not accurate to say that we reached agreements on this project, as it was impossible to get the three parties to the proposal together, except for the final meeting involving Ms. Traub.

Our discussions were wide-ranging. At the core of the discussions are two points that JHU/PCS should note:

- o Distribution Plan: None of the principals was presently aware that they (especially, FPAL) were to submit to JHU/PCS a plan for dissemination of the RAPID film. They were, instead, waiting for JHU/PCS to allocate funds. This reactive state (combined with waiting for the animation segments) conditioned, I believe, their posture vis-à-vis the so-called URTNA proposal.
- o Research Assistance: Although sent to supply technical assistance as needed in helping the group develop a KAP survey methodology and questionnaire, this is not what the group required. Rather, their need was for counsel in developing a proposal for linking their research and material development activities to the present LBS project involving evaluation of the RAPID film.

To assist their planning, I wrote a brief "memorandum of understanding" which summarized the counsel I had given and took into account their views as well as those of USAID/Liberia and JHU/PCS -- as I understood them. Again, it is not accurate to say that the memo represents our agreements. However, none of the three demurred on the points of my explanation to them.

The recommendations I gave the group were as follows:

- o Auspices: URTNA is an unknown entity. As an offeror, it does not have the same kind of validity with USAID as does LBS, FPAL, or LRCN. Any proposal for follow-up activities should come from LBS in collaboration with FPAL and LRCN.

NOTE: The above point was unknown to me when I wrote the memo. Hence, the memo stresses URTNA, but my final advice was as described above.

- o Continuation: For reasons given previously, USAID does not wish to start new projects. Any project involving rural adaptations of the RAPID film content must be and can be an extension of the present project. Both USAID and JHU/PCS support funding rural dissemination of the film.
- o Distribution Plan: Although conversion of the RAPID videotape to film for FPAL distribution, this distribution should be planned as part of a larger dissemination strategy. Thus, the proposal should build on the FPAL distribution plan. (Whether as an integral part of the proposed project or as an independent activity, a plan for distributing the film must be submitted immediately.) The present project calls for adaptation of the film to rural audiences. But FPAL dissemination is largely limited to the activities of six mobile projector crews. To extend dissemination leads naturally into further adaptations to, for example, radio and conversion of still-frames to slides or posters.
- o Research: Research is a necessary basis for any material adaptation and dissemination activity. The proposal should build on current research. Which media and messages to select for adaptation must be determined by village-level research. The current research (evaluation of audience reactions) will provide field guidance to FPAL film crews in introducing the film to rural audiences and in handling subsequent discussion. Systematic feedback from these village experiences will assist basic media and KAP research as a basis for material adaptations and pretesting in other area(s). The proposal has to show, therefore, how research on rural communication patterns would affect film adaptations to other media and audiences.
- o Priorities: The proposal should confine itself to a limited set of objectives, one or a few media, and one geographic area. To aid funding decisions, organize the proposal by priorities (e.g., a regional radio campaign) and submit separate estimates of time, budget, responsibilities, and products.
- o Audience: Confine the proposal to youthful audiences: teenagers and young marrieds/would-be marrieds (21-29 years). Thus, the proposal is a continuation of the present activity in reach the rural young on a wider scale.

- o Media and Messages: Radio seems to offer great, immediate promise for rural dissemination. Prototype media and messages should be developed from the RAPID film for pretesting.
- o Rural Communities: No census data will be available in the near future to guide sampling. Transportation determines how people (and ideas) get from place to place. Hence, develop a sampling plan stratified by rural transportation routes -- e.g., road system, traffic, transportation barriers, distance, community access.
- o Rural Respondents: In addition to youth, select two subsamples of (1) influentials who act as "filters" for information -- e.g., leaders, school teachers; and (2) "transitionals" who carry information from place to place -- e.g., truck drivers, traders -- and other strategic communicators who pass information -- e.g., tea stall vendors.

These and other recommendations are in the memo shown as Appendix B.

FAMILY PLANNING ASSOCIATION OF LIBERIA (FPAL):

I met twice with Gabriel Hina, FPAL's IEC Program Officer, at LBS and once at FPAL's new headquarters in Monrovia. With justifiable pride, he gave a comprehensive tour of their facilities. Additionally, he described two research activities with which FPAL has some affiliation:

- o A KAP survey of greater Monrovia, conducted last year by the Ministry of Health and Social Work (MOHSW) and the John F. Kennedy hospital. These data are now available and in use in FPAL programming.
- o A three-phase, three-year project funded by IPPF which includes: (1) an FPAL survey of adolescent health and counseling needs; (2) a second phase of collecting collaborative information from policy makers and social workers, and training peer counselors; and (3) a final phase of implementing the counseling program. The survey data from Phase I will soon be available.

On the subject of the RAPID film, Mr. Hina not only affirmed that FPAL would distribute the film in Liberia but he is anxious to have the videotape converted to film for use by FPAL's six mobile projectors which ply the rural areas.

Like his colleagues, Mr. Hina did not know that JHU/PCS has been waiting for a distribution plan for the RAPID II film. We discussed and agreed on the desirability -- so long as there are no delays -- of incorporating the dissemination plan into a proposal for continuation of the present project. We agreed that, if the proposal could not be submitted immediately, FPAL should inform JHU/PCS of its distribution plan and budget requirements.

We discussed dissemination of the film, agreeing on: (1) the target audience should be youth (15-20 years) and young married or marriage-prone men and women (21-29 years); (2) the project should be concentrated geographically, at least initially; (3) the present LBS evaluation of audience reaction to the film will provide useful guidance to FPAL projector teams entering rural villages; and (4) to assist further research and material adaptation, FPAL could put into place a systematic feedback system from its projector crews in the field.

MINISTRY OF PLANNING AND ECONOMIC AFFAIRS (MOPEA):

According to Dr. Boikai and Mr. Hina, the hoped-for MOPEA funds for joint support of the URTNA project will not be forthcoming. Both understood that funds were to be available, but neither knows why funds were withdrawn. Time did not permit a visit to the Ministry.

NATIONAL POPULATION PLANNING COMMITTEE (NPPC):

No one I talked with expected any public announcements of a national population policy until at least April 1986. The national election is scheduled for November 1985, thus no activity is expected until December or later.

My contacts were mostly limited to discussions with the concerned parties in the film evaluation, and most of these persons were largely unaware of NPPC progress. USAID saw as particularly encouraging the activities of one legal committee within the NPPC which is trying to propose relaxation of such laws as that which prohibits the advertising of contraceptives.

A 1984 report by Dr. Nancy Pielemeier reports on a needs assessment and recommendations of a GOL Project Preparation Coordinating Committee for FP/IEC activities -- including definition of target audiences, structural changes in government, integration into programs, and messages and channels.

Despite this report, no one among my limited contacts seemed aware of whether the NPPC was using the establishment of a new national FP policy as an opportunity to mandate such FP/IEC policies as an orienting symbol for all FP activities, incorporation of FP education into the early school curriculum, use of government and publicly-licensed vehicles for FP messages.

CONCLUSIONS AND RECOMMENDATIONS:

The following are conclusions and recommendations coming out of my brief visit to Monrovia:

- o Communication: JHU/PCS should initiate early and earnest communication with the new officers in USAID/Liberia. Although the new Population Officer is not yet on board, Ms. Brown and her colleagues have definite ideas about population programming. At present, there is some difference in views of the two sides on (1) the priority given to Liberia for population programming; and (2) the role that print media can play. USAID gives Liberia high priority and believes that radio and print media (e.g., posters) are important to rural FP dissemination efforts.
- o LBS/Medex Film Adaptability: In my view, the film has limited value for cross-cultural adaptation. It is distinctly Liberian (e.g., women's body wraps and head scarves) and has segments not likely to be acceptable in Moslem cultures. Within Liberia, however, the script and the frames offer many possibilities for adaptation to radio, print, or slides.
- o Film Evaluation: Evaluation should be restricted to (1) general audience likes and dislikes (including believability and cultural appropriateness; and (2) conveyance of the general theme: high birth rates negatively affect social and economic development. The film is a montage of too many information elements to expect that, other than primacy or recency effects, audience recollection of specific facts will be high.

Thus, the evaluation should ask only two question: Is the film acceptable viewing fare? and Does the film do its job in conveying the main information theme?
- o Future Films: If it intends to evaluate future FP films, JHU/PCS should provide an evaluation specialist to assist film-making. Such assistance would ensure the necessary prioritizing (subordination and redundancy) of information themes and elements that would make an information-gain evaluation meaningful.

- o LBS_Film_Evaluation_Proposal: JHU/PCS should expect an adapted version of the evaluation plan. It must be studied carefully. The detail in which the plan was given to LBS is easy to misperceive as new and more costly complications of the design.
- o Film_Distribution_Plan: If an FPAL distribution plan has not been received yet, JHU/PCS should write Mr. Hina (copies to Boikai and Traub) requesting a plan. The request should make it clear that JHU/PCS is not asking FPAL to justify the proposed plan, only to describe the plan and its budget. USAID does not think that FPAL should be required to submit a proposal for an activity that is "already in the budget."
- o Joint_Approval: Products should be reviewed by all parties concerned. Thus, JHU/PCS should approve all scripts and visuals done in-country, and LBS, Medex, FPAL, or LRCN should approve of any such products emanating from JHU/PCS or other outside sources.
- o URTNA_(1): The group (LBS, FPAL, and LRCN) does not need research assistance at this point. It needs assistance in conceptualizing the follow-on project in order to make a convincing proposal to USAID and JHU/PCS. The proposal should be made with USAID/Liberia cognizance. I recommended that the group get Betsy Brown's reactions to the proposal before sending it to JHU/PCS.
- o URTNA_(2): The follow-on project involving rural communication research and dissemination activities (based on adaptations of prototype material from the film script or visuals) should be undertaken by LBS, as the lead agency, in collaboration with FPAL and LRCN. URTNA should be dis-associated from the project, and the project proposed legitimately as a continuation of the present project. It will not be accepted as a new project.
- o URTNA_(3): The three principals (Dr. Boikai, Mr. Hina, and Ms. Traub) are extraordinarily busy people. There are heavy demands on their time. A serious proposal will show a competent research manager who would direct day-to-day operations of the project.
- o Research_Perspective: There is a tendency to think globally both in the film evaluation and the erstwhile URTNA proposal. JHU/PCS should increase the frequency and quality of feedback from any future endeavor to ensure a restricted focus on project objectives, number of audiences, geographic coverage, types of media.
- o NPPC: JHU/PCS should consider sending an IEC specialist to explore innovative opportunities for mandating FP into the social and economic fabric of Liberia -- e.g., into the school curricula, on taxis and government vehicles.

MEMORANDUM

TO: Dr. Jerome Boikai
FROM: Gerald Hursh-Cesar
SUBJECT: Evaluation of "RAPID" Television Film
DATE: July 20, 1985

In the interest of our brief time together, you are kind to permit me the opportunity to write this memo which I hope reflects many of the evaluation issues that we have discussed.

This memo addressed the following points:

1. Evaluation rationale
2. Audience selection
3. Community selection
4. Respondent selection
5. Questionnaire items
6. Group interviewing
7. Analysis
8. Time schedule, budget, and responsibilities

I hope this memo reflects your own views completely. But where it does not, please accept my views in the spirit of a recommendation.

1. Evaluation Rationale:

As it has now evolved, the purpose of this evaluation is limited to two basic questions:

- a) Is the film acceptable viewing fare? -- that is, what is the broad audience response in terms of likes/dislikes, cultural appropriateness, and credibility?
- b) Does the film do its job? -- does it convey the understanding of the impact of a high birth rate on the social and economic development of the country?

To address these two broad questions, it is thought sufficient to confine our measures to a fairly modest number of respondents in one or two key target audiences. With a small number of respondents, attempts to achieve a representative sample (statistically speaking) would be impractical.

Rather, given few respondents, it is more prudent to confine ourselves geographically (one area and one or two communities), socially (two priority target audiences), and methodologically (qualitative data rather than highly quantitative data, for the most part). Moreover, relying of random sample techniques with small numbers can produce more atypical samples than would purposive sampling with fixed population criteria to guide respondent-selection.

2. Audience Selection:

You have expressed your views most clearly on the desirability of including an evaluation of "decision-makers, policy-makers, and opinion leaders." Your points are well taken, that (a) these individuals will be heavily represented in the television viewing audience for the three TV broadcasts; and (b) Mr. Hina joins you in the view that national policy-makers for family planning/population awareness programming are, themselves, often in need of basic education in population policy issues.

Given the strength and the sense of your arguments, I will recommend strongly to Johns Hopkins (Cynthia Green and Maxwell Senior) that an additional \$1,000 be provided if needed to fund this adjunct evaluation of influential persons.

We agree that the evaluation should restrict itself to two key groups:

- (a) teenagers -- ages 15 to 20; and
- (b) young marrieds and would-be marrieds -- ages 21 to 29.

Some of the strongest arguments for concentrating on "the young" are provided by the "RAPID" data in the film's script. For example, following from the point that one-half of Liberia's population is 15 years or younger, the script makes frequent reference to present or future problems of the young: jobs, school, and health services.

Another argument is provided by the distribution plan for the film. When it is transferred to film, it will be shown in school, among other places. And, in her report of Liberians' deliberations about national family planning policy and action needs, Nancy Pielemeier identified adolescents, teen-age girls, and students as priority target audiences.

3. Community Selection:

We have not yet identified the actual communities/community in which the evaluation would be done. You feel, however, that perhaps by the time I leave, or shortly thereafter, you could identify the intended communities.

Inasmuch as the sample of "influentials" will be drawn in Monrovia and inasmuch as the distribution plan foresees rural distribution of the film via FPAL projectors, etc., we agree that the evaluation should be conducted among young persons in a rural setting, or for reasons related to respondents selection (described below), an "urbanized" area might be selected that is sufficiently diverse to offer a range of rural-urban characteristics.

In any event, if one community is selected, its young population will have to

be large enough to yield some 80 males and females, ages 15 to 29. However, probably twice that number will have to be screened to get an effective sample of 80 youths. Hence, we recognize that it may be necessary to select a second rural community.

In sum, what we have said is that we ideally would like to confine ourselves to one (at most two) rural places of large enough size to provide some 80 young persons and have sufficient institutional development to provide schools, churches, and community groups.

4. Respondent Selection:

In addition to the sample of "influentials" in Monrovia (sample size of about 20), four groups of respondents will be involved in the film's evaluation. They are:

	Male	Female	
15-20 yrs	20	20	40
21-29 yrs	20	20	40
			80 = Total Respondents

Selection of these rural respondents will involve screening of a larger number of them (say, about twice as many as you actually intend to study) in order to ensure a certain kind of representativeness in your sample. I doubt that the same type of screening could be used successfully with your "influential" sample. With that sample, I suspect that you will use the individual's position (e.g., persons strategically placed in the policy-making network) or known views (e.g., against population planning) as the bases for including them in the sample.

Here, therefore, I will deal only with the rural-youth sample.

a. Why screen?

While we are in fact dealing with 80 respondents, they are actually four samples of 20 respondents each. Sampling randomly with such small numbers is risky. For example, if three or four "deviate" cases -- those that are highly atypical of the population -- fall into a sample of 20, they would have disproportionate impact on the sample's data, and provide an unreal picture of the population.

Knowing something about the population in advance, we can get a "better" (representative) sample by purposively choosing the respondents ourselves. That is, we determine important characteristics about the population in advance. In the present case, we have already used age and sex as criteria for defining the sample. In addition, for the present problem, we might use education, employment, marital status, size of family, and other characteristics as "screening criteria" by which we decide who should be in the sample.

So, again, we don't like to sample randomly with very small samples for fear of the impact of deviate cases on our results. Similarly, we avoid self-selecting samples (whereby sample members "volunteer" their participation) because such samples are likely to be biased in terms of members' atypical knowledge or attitudes about the subject under study. And, we do not permit others (school teachers, community leaders) to draw the sample for us, because the sample is likely to be biased by such persons' lack of understanding of the goals of our research.

For the above reasons, therefore, we select the small samples on the basis of important screening criteria which we use to control the selection process.

b. How to screen?

The following are some of the characteristics that I would suggest for consideration in screening for this population planning study:

- ° Strata characteristics -- age/sex, as described above.
- ° Other demographics -- education, employment, size of family (number of siblings), marital status, number of children--if married.

- Information characteristics -- correct/incorrect knowledge of planned parenthood programs (this should be very basic and straightforward).
- Attitudinal characteristics -- do/don't believe that planned parenthood programs are important for Liberia's future (or) agree/disagree that there is a population problem.
- Behavioral characteristics -- for married people only: use of family planning methods.

Two cautions: screening is time-consuming, therefore it should not be too elaborate; and you may want to mask any family planning questions so as not to sensitize would-be respondents to their later involvement, (for example, the last thing you want is for someone to go out seeking information about family planning--therefore changing his status with respect to the screening criteria). When they come to the viewing situation, we hope they are very much like they were when we screened them.

Evaluation of the results of the screening can be unnecessarily complicated. I would suggest that you use it like a "balance sheet," by which you form a profile of the group and select individuals in approximate numbers that resemble the profile yet give you a diverse group.

c. How to locate youths for the screening?

If the community(ies) is large enough with sufficient institutional development and community organizations, we should be able to locate adequate numbers of young people through some of the following: (1) schools and teachers--especially if school is in session; (2) churches, church groups, ministers; (3) community groups, sports associations, marketing associations; (4) family planning clinics and other extension-worker offices; and (5) community leaders, knowledgeable informants.

Since the sample groups will not be conveniently found in one place, you may want to consider using additional field workers, just for the screening portion. This work does not require the same level of ability that the personal interviewing will later.

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5. Questionnaire Items:

The objective of the evaluation is limited to ascertaining (a) is the film acceptable; and (b) does it convey its major informational theme: the future negative impact of a high birth rates on national development. In my readings, I found a third, behavioral objective: will viewers become willing disseminators of family planning information?

Before getting into possible questionnaire items, let me spend a moment on the problem of the evaluation of knowledge imparted by the film. I do not believe that too much will be gained by trying to measure knowledge gains for different units of information. First, the film while artistically brilliant was not scripted with specific learning points in mind and the kind of redundancy that would support such points. Rather, the film is an excellent "survey" of the many facets of the family planning problem. This uniform treatment of information units across many segments might produce a primacy or recency effect on learning, but probably little in the middle.

So, I would recommend that evaluation of learning be confined to the major, non-specific theme: Did they learn about the negative impact of high birth rates on social and economic development. This kind of learning is perhaps less factual content and more perceptual?

If you wanted to assess something of the film's ability to convey specific units of information, I would suggest three (each of which is early in the film and indicators of its primacy impact). They are:

- The birth rate in Liberia is very high.
- One-half the population is 15 years or younger.
- The average Liberian mother has seven children (three to four is preferred).

These are only ideas. I would not be concerned about specific information measures. Probably the main virtue in these measures (other than the fact that they are rather explosive indicators) is that they are early in the film and perhaps indicative of the audience's early receptivity (mind-set).

Two final general comments on questionnaire problems are these: (a) in a "before/after" evaluation of film impact, the evaluation is so obviously tied to the film (it could not be otherwise) and to the film's bias favorably toward family planning, that it may be desirable to find means of "counter-loading" some questions in an effort to encourage respondents to give other than just the answers they know will please us; and (b) the evaluation is aimed not at improving film content, the content is fixed; rather, the evaluation is aimed at improving distribution and adaptation of the film. As such, it can be useful to know what people do and don't like about the film, or what they found offensive or unbelievable, etc. This information will be helpful to FPAL staff and others as they take the film into school and community settings. They might know better how to introduce the film, which kinds of reactions to anticipate and how to deal with them.

Below are suggested questionnaire items. I have offered wording in an effort to best convey my meaning. You will no doubt make many improvements on the basis of your staff review and a small field pretest. The items are grouped in four categories, but their sequencing here has no intended relationship to their likely placement in a questionnaire.

NOTE: Most of the questions seek qualitative data, so they sometimes may be more wordy than might seem necessary. Also, the questionnaire and the interviewing situation obviously need a proper rapport-building introduction.

a. Acceptability of the film:

1. Thinking now of the whole film, not just parts of it, what was your reaction to the film, did you like it or did you dislike it? (IF NECESSARY: Well, did you like it a lot, like it a little, or dislike it a lot?)

PROBES:

- (a) Why did you like (or dislike) the film?
- (b) What other reasons do you have for liking (or disliking) the film?

2. Regardless of how you feel about the entire film, what parts of it -- if any -- did you especially like?

PROBES: What else did you especially like about the film?
3. And, regardless of your feelings about the entire film, what parts of it -- if any -- did you especially dislike?

PROBES: What else did you especially dislike about the film?
4. Was there anything in the film that upset you, or made you angry.

(PROBES: Why? Anything else? etc.)
5. Was there anything that you found offensive, or in bad taste?
(PROBES: Why? What else?)
6. What about people/boys/girls/men/mothers/etc. like you who live in this community. Do you think that they would accept this film, or would they be upset or offended by it? (PROBES) (IF APPROPRIATE: What would offend them?)
7. Was there anything in the film that you just could not believe... anything that seemed false or that couldn't be true? (PROBES)
8. What about the (people) like you who live in this community. Do you think that they would believe or not believe this film? (IF APPROPRIATE: What would they not believe?)
9. Was there anything in the film that you learned that you had not known before? (PROBES: What? Anything else?)
10. Was there anything in the film that contradicts (is different from) something you had known otherwise? (PROBES).
11. Just to summarize: If someone asked you to tell them what this film is about, what would you say? (PROBES)

b. Major Theme Conveyed: (NOTE: These look like information questions, but several are largely perceptual. I've included some specific information-gain questions, as described before, for your consideration.)

1. What does the term "birth rate" mean to you? (PROBES: What else do you understand birth rate to mean?)

(NOTE: The film mentions the "population growth rate" which I doubt people will understand, but continues throughout the script to refer to the "birth rate.") (Explanation needed for respondents)

2. Compared with other African countries, would you say that Liberia has one of the highest birthrates, one of the lowest birth rates, or has about the same birth rate as most other nations?

3. About how many children would you say there are in the "average" (typical/ordinary?) Liberian family — 1 to 2 children, 3 to 4, 5 to 6, 7 to 8, or 9 to 10 children in the average family?

4. How many children do you/would you want for your family?

5. People argue about family size. Do you think that large families are good for Liberia's national development, are bad for development, or that family size has nothing to do with national development?

6. What do you think would happen if Liberia's population doubled in the next 20 years...from two million to four million people? What do you think:

a. Will there be enough schools or too few schools?

b. Will medical and health services be better or worse?

c. Will there be higher employment or lower employment?

d. Higher income for all people or only for some people?

(NOTE: You no doubt recognize what I am trying to do with this major theme, but I'm afraid I haven't done it justice.)

- c. Dissemination-related questions:
1. Did this film make you more interested in planned parenthood/family planning, less interested, or didn't it affect your interest at all?
 2. Would you or would you not recommend to your friends that they see this film? (PROBE: Why/why not?)
 3. Would you or would you not be willing to introduce the subject of family planning to your friends, and talk with them about it? (PROBE: Why/why not?)
 4. In terms of our country's development, do you feel that we are able to do something about our future and we should...or that we can't change our future...or that we could do something to change our future, but we should not try?
- d. Family Planning Attitudes: These are always interesting questions, but a low priority in this study. One-shot exposures usually have little impact on socially ingrained attitudes. I include a few here for your consideration:
1. Having many children is God's gift. It is not something we should try to do anything about. (Agree/disagree)
 2. Having many children is good, because more hands mean more labor for farming the land.
 3. Having many children is the parents' best assurance of economic security in their old age.
- e. Family Planning Screening Questions: The following are questions that you may wish to incorporate (at least in part) in your screening questionnaire described earlier on pages 6-7.

1. Family Planning Awareness:

Have you ever heard of planned parenthood programs/family planning programs undertaken by the government?

or

What does the term "planned parenthood" mean to you? What is planned parenthood. (Responses would be scored for accuracy.)

2. Attitude:

Do you believe that family planning programs are...or are not important to the future development and progress of Liberia?

3. Behavior:

Have you ever seen/read/heard about family planning: (a) posters and billboards, (b) pamphlets, booklets, (c) newspaper, magazine, (d) radio, (e) television, (f) cinema/village bush projector, and (g) folk media--elaborate. (Score by degrees of exposure)

MARRIED PEOPLE ONLY: Have you ever used any of the methods of planned parenthood?

a. If yes: Are you still using any method or have you stopped? (Score for continuation/discontinuation)

b. If no: Have you thought about trying any of the planned parenthood methods, or is this just something you do not want to do?

UNMARRIED PERSONS ONLY: When the time comes when you may think about having a family, do you think that the methods of planned parenthood would be good for you to try...or not good for you?

As you recognize, many other questions could be asked (for example, we could ask people to critique the film and tell us how to improve it). But already we have here probably more questions than we can conveniently use. Yours, of course, is the more difficult job of assigning question priorities and making the final decisions. Good luck.

6. Group Interviewing:

In this study, you would have three kinds of interviewing situations, although each is fairly brief:

- a. Screening Respondents: This is a very brief set of questions (see above) used to decide which persons to show the film to. This is one-to-one personal interviewing (one interviewer to one respondent) for which great interviewing experience and skill is not essential, so if you had extra staff available, they could be used here. However, interviewers have to be skilled enough to (1) work very quickly and (2) avoid alarming people, raising their suspicions or level of concern about family planning. Because of the brevity of the contact, it could -- unless questions are kept innocuous -- produce some concerns about what you are doing and thereby make later cooperation harder to get.

- b. Before viewing the film: Once you have selected the respondents, you would then want to ask them some further questions to measure their "baseline" information and attitudes regarding planned parenthood practices as presented by the film. This would be one-on-one personal interviewing immediately before the film is shown. You will have something of a logistical problem in scheduling each respondent's interview so that all respondents are interviewed in a relatively short span of time. Since you do not want to interview people at different times before the film (because the passage of time can differentially affect what people learn about family planning in the intervening period -- that is, some may become alarmed about the questions and seek to learn more about the subject), I would suggest that you try to interview all 20 members of each group within a two or three-hour period before the film and find some diversionary activity (e.g., a film or folk media) that has nothing to do with family planning but will occupy the time of those already interviewed.

You may find a better solution to what I've described here. For example, you may see a way of asking all "screening" and all "before viewing" questions at the same time during the first screening inter-

view. My concern about this approach is that there will certainly be some lapse of time between the before-film and after-film interviews, and the noticeable emphasis on planned parenthood will stimulate people to learn more or feel differently about the subject than they would "naturally" (unprovoked). I prefer dealing with the logistical problems of two interviews before the film than trying to find ways to control people's natural behavior. However, I may be wrong, and this is certainly a problem you and your colleagues will want to give serious attention.

- c. After viewing the film: Once you have shown the film, you have two phases of interviewing: (1) the first, which is done very quickly, is one-to-one personal interviewing in which your staff asks several of the information and attitude questions that were asked before as well as some of the questions you have about reactions to the film; and (2) the second involves dividing the respondents into small groups (perhaps four groups of five respondents each) and debriefing them in much greater detail about their reaction to the film.

There are several reasons for doing small-group interviewing in this situation:

1. Literacy: Ideally, this would be a study using self-administered questionnaires -- whereby the respondents fill out the questionnaires themselves. This would eliminate our problem of time and would hold constant the impact of different interviewers' skills. I think you agree that self-administered questionnaires are not a real alternative in our situation.
2. Time: Unless you have an interviewing staff of 7 to 10 people (so that each interviewer could quickly interview 2 or 3 respondents), then group interviewing will be quicker (and more stimulating or involving) than one-to-one interviewing.
3. Interviewers: You probably do not have a surplus of top-quality experienced interviewers (no research organization does any place in the world). Interviewing skills must be good in this study. We have a

highly emotive, sensitive topic; respondents know they are being deselected from a group of their peers; outside "officials" are interrogating people with notebooks and papers/forms in hand, just like the tax people; and respondents are being herded around in groups. The situation requires very deft human-relations skills to calm fears and extract meaningful data. With few highly trained interviewers available, group interviewing should be more efficient.

4. Qualitative data: We want more than yes-no answers. We are seeking a rich and varied range of information that is insightful into the nature of people's responses to the film experience as well as the intensity of their feelings and the flavor of the language they use to describe their feelings. You seldom get such a range of intensity in individual questioning. On the other hand, group interaction and verbal stimulating can produce the kind of qualitative feelings and "word pictures" you seek. In brief, the dynamics of the group situation are more likely to yield the kind of insights, major themes, and nuances hoped for in this evaluation.

Of course, every research technique has its drawbacks. One reason I noted above for using groups is to save time: to keep the recency of the viewing experience constant. However, one real disadvantage of groups is that one or two persons (because of their "status" or personality needs) may try to dominate the group's discussion. Your interviewers have to be sensitive enough not to intimidate respondents but strong-willed and self-assured enough to maintain control over the group.

The reason for re-interviewing respondents with a selected number of questions in one-to-one interviews after the film but before the group is that we want to know their feelings, etc., before they "learn" new information in the group discussion.

Let me summarize two topics: (a) how to conduct group interviews and (b) what kinds of interviewers to use.

- a. Conducting group interviews:

The overall purpose of the group interviews is to develop a "word picture" (or, a "story line" in your LBS office) for each group's reaction to the film. A second purpose is that the method, while very time-consuming for you and your staff in the field, is designed to do much of your data analysis for you in the field, rather than leaving it as a future problem. In order to describe group interviewing, let me briefly summarize the steps to data:

INTERVIEWING STEPS

1. Screening (to identify sample respondents)
 - Locate four youth groups
 - Arrange interviews
 - Conduct screening interviews of same group in short time
 - Score respondents
 - Select respondents
 - Designate staff to interview

2. Before-film interview (to establish baseline measures)
 - Interview respondents in their homes, if you have many staff
or
Interview respondents in one-to-one interviews as they come to the film-viewing site. In this case, have some diversion to occupy respondents who are waiting for other respondents to be interviewed.

3. After-film interview (to measure audience reactions and "changes")
 - Interview respondents in one-to-one interviews (fast, few items)
 - Occupy respondents who are waiting for others to complete interviews
 - Divide respondents into small groups
 - Assign one senior staff person to conduct each group interviewing
 - Assign one or two (if available) staff assistants to be responsible for recording verbatim discussions
 - Segregate the groups so there is no interference between them
 - Group interview starts

Let me interrupt the sequence in order more fully describe the group process:

- ° Purpose: The purpose of group interviewing is to paint a picture in words of each subgroup and then each groups' consensus reaction to the film and the effects of viewing it, noting important variations and discrepancies from the normative picture.
- ° Starting the group: Since this is a new experience, sufficient time has to be allowed to let respondents become comfortable. For this "warm up" period, review select items on the questionnaire ensuring that individuals truly understood the questions. Use the opportunity to subtly reassure them that there are no negative consequences for their involvement.
- ° Explain roles: Tell them that you want to talk about the film. That there are no correct or incorrect answers; that some may like the film and some may not. That the only purpose for doing this is to learn whether films like this should be made and how. Explain that one (hopefully two) assistant will be trying to write down some of the things that the group says, so that we don't forget later what the group told us. But no individual person will be identified in the answers. We are interested in what the group says, that is why we asked people who are much alike (males/females in age range) rather than asking all other kinds of people.
- ° Second review: Now review a second group of selected items from the questionnaire, but this time the staff "reporters" should note where people say they would change their response; what kind of language is used in group discussion to be compared with language used in one-to-one interviewing; note what was not understood or was biasing for responses.
- ° Main discussion: For each question of interest (about the film or planned parenthood), the "leader" attempts to draw out areas of agreement and disagreement in the group: what they agree/disagree on,

why, how strongly they feel, how they behave based on these feelings, what kinds of related feelings they have, what kind of words they use to describe their feelings, under what kind of circumstances, if any, they might change their views, which kinds of people/sources are important for their views.

Standard interviewing probes are used to stimulate discussion, getting all respondents involved:

- Who else feels that way?
- Mr. ABC, what do you think about that; do you agree or disagree?
- How else would you say that, Mr. Z?
- Is that the way you feel, Mr. A, or do you feel differently?
- How do you feel when you hear that...does it make you angry, sad?
- What would make you change your mind about that?
- Is this something you think about a lot or just a little?
- Just a minute Mr. Z, Mr. A hasn't finished yet.
- Several people have said what they believe, Miss C, what do you believe?
- Who feels differently about that now?
- Why do you feel that way?
- Don't worry, there is no right or wrong answer. Only what you believe is what counts here.

The "leader" must be very skillful. Sometimes, he has to play people off against each other in order to get sufficient cross-validation from the group to accept an answer as genuinely reflecting the group. On the other hand, at the same time that he is trying to learn the degree to which attitudes and beliefs are shared by group members, he must avoid "coaching" artificial agreements.

- Summing up: To conclude the discussion, the "leader" and the "reporter" (who has notes on the discussion) play back to the group what they understand the group's consensus view or areas of disagreement on major questions. This is to ensure that the leader gets the normative picture created by all answers. (Of course, the normative picture for beliefs on any topic can be complete disarray and disagreements.)

- Debriefing: After the group sessions (but not long after) you, the chief, then interrogate your interviewing leaders and reporters to get a summary word picture for the entire group.
- It is best to do this on-the-spot, rather than waiting until you return to your office. Knowing problems with memory over time, your best chance of producing a picture that fully accurately represents the group is to debrief within a few hours of the sessions.
- This synthesis that you would produce for the entire group (across all subgroups) would be your framework for interpreting individual's responses in later analyses.

b. What kinds of interviewers to use:

Of course, you may not have much choice as to which interviewers to use, but have to use what is available to you. If nothing else about what I'm saying here is clear or persuasive, I hope that concern for the quality of interviewers is. For this study, here are some criteria you might consider in selecting and training interviewers (if any have choice):

- Experienced: Not just senior men, but men and women experienced in clinical interviewing, survey research interviewing, and possibly other kinds of client-service interviewing.
- Male/Female: If you can find qualified females, I suspect (but knowing very little about Liberia) that you should use them with the female groups.
- Personality types: This kind of data collection provides many opportunities for egos to conflict. Avoid interviewers (often senior men in urban bureaucracies) who seem to you likely to have difficulty letting young boys, women, or rural men of "lesser" station express themselves. You want natural, not coerced responses.
- Verbal skills--the leader: Must be skilled conversationalists, able to draw people out, recognize when a point is exhausted, and gently move to a

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new topic without offending those still willing to speak. Knowledge of local idiosm is essential, of course. Thus, you may be selecting some of your leaders (surely some reporters) from among the areas educated population.

- Verbal skills--reporters: They require a high degree of literacy. Also, they should have highly legible handwriting. Their written records are going to provide much of our raw data for later analysis. These really must be quick-minded persons, capable of writing information quickly and succinctly and keeping up with the ebb and flow of conversation. I don't have any ready-made verbal tests to suggest. You will have to rely on your own personal knowledge of available LBS staff, on local school teachers, and on reputational characteristics of people you newly hire for the work.
- Training: The training has to emphasize interviewers' neutrality and impartiality in encouraging people to elaborate on their views in response to unstructured, open-ended (free response) questions. It is not easy for interviewers to learn not to evaluate someone's answer as good or bad, right or wrong--which then sets up the response, which succeeds in "loading" the situation for the respondent to the extent that he/she knows which answer is "expected." There is a "courtesy bias" (deferential response) in all cultures. Unless interviewers are thoroughly imbued with the doctrine of objectivity (no answer is right or wrong), they -- not the respondents --will become your informants.

It helps in persuading your interviewing staff that objectivity is a particularly desired trait, if they are well-grounded in the mission of the project. The mission is to develop a picture in words of the consensus views of the group, noting the nature and the intensity of differences from the consensus. This view puts a high value on learning what are the variations or discrepancies in the group. It says to interviewers: "You are doing your job well when you find disagreement where there is disagreement and agreement where there is agreement." We want to know what is there, not what our interviewrs think should be there.

Finally, on training, putting interviewers through several "dress rehearsals" is the best way of training them in use of good probing techniques. If you don't have any text that helps you here, I will be pleased to send you some materials.

7. Anaylsis:

As said above, the purpose of the evaluation is not to improve the film, but to improve distribution of the film. So, gains in information and changes in attitudes are of lower priority than reactions to the film.

Of course, we do want to get some idea of the film's impact. So, we are doing a pre/post-test (before/after viewing) of a few planned parenthood related information and attitude items. NOTE: These items (like most of the screening questions) should be handled as expeditiously as possible. They should be yes/no, agree/disagree, and other kinds of quantitative items that can be administered and scored for changes very quickly.

For the most part, our interest is in (a) reactions to the film; (b) understanding of the relationship between birth rate and national development; and (c) stimulated interest in wanting to "do something" about population control -- e.g., talk to others, recommend the film, etc. Most of these data are qualitative. They are free responses to relatively unstructured questions, with frequent probing to encourage a greater range and intensity of responses.

What is the value of not structuring people's responses? The main value is that this is a situation about which we know very little in terms of audience response to the film. The film has been completed. Now, we have to disseminate it. Therefore, uninhibited qualitative data:

- Will give us consensus information -- the broad messages that can tell us normatively how to tailor our introduction and discussion of the film among similar rural audiences.
- Will give us discrepancy information -- the kinds of differences that exist among people, which gives us advance information on what kinds of problems we might encounter and how to deal with them in field implementation.

With a small budget and limited objectives, this is about the best we can do to get the information required. The problem for analysis is that this is very impressionistic data collection (have you ever tried to recount a conversation word-for-word?). Because it is so impressionistic:

- We do not let individual interviewers give us individual respondents' answers, because generally inexperienced interviewers will give us their own biases rather than the respondents. That is, in qualitative/open-ended data collection inexperienced interviewers tend to put too much of their interpretations on the data.
- We divide the larger group into subgroups in order to "spread out" or distribute group dynamics biases -- thus, not to smother the more timid or deferential respondents by paying more attention to the more vocal and aggressive respondents; and in order to make interviewing a more manageable task.
- We encourage diversity of views, try to amplify themes, and learn the appropriate language usage in order to then draw a consensus picture, which we then check back with the respondents to confirm that we have the sense and the important variations of the group.
- We draw a synthesis of views across all groups in order to try to achieve a balance of views that best represents all views.

This is not necessarily a preferred methodology. You would like to use this type of approach to produce hypotheses for larger-scale testing. But under the circumstances, it's one of the better devices we have for gathering a lot of insightful information from a few people about a well-defined subject.

With the above as a general introduction, let me address specific points about (a) content analysis of open-ended data, (b) analysis of changes in information and attitudes; and (c) when to ask different questions.

a. Content analysis:

The purpose of the chief (you) debriefing all staff "leader" and "reporters" on the spot is that this (within 12 to 24 hours) is the time of maximum data cap-

ture. You will never know as much later as you do at the time of the group experience.

Getting a firm understanding of group consensus and disparity is important at this time because the real analysis of individual differences in many open-ended responses (at least those provided by interviewers in one-to-one interviewing and by reporters' notes on individuals in the group discussion) will come later back in the office. Similarly, the analysis of the different sub-group discussions will be done later back in the office.

The analysis back in the office is much more structured and disciplined than the synthesis-building activity in the field. Coders will have to be trained in content analysis: the process of uniformly translating qualitative information into quantitative information. Or, translating verbatim comments into meaningful categories that can be assigned numerical values and applied to uniformly the answers of all respondents, to determine how many people say one thing or another, what kinds of answers tend to go with other kinds of answers, where is there most disagreement, and so on.

Content analysis is essentially looking for the major themes of what people are saying. So, major themes and sub-themes (or, categories and sub-categories) have to be extracted from the verbal text and a coding scheme developed. But the coding scheme has to be tested, to ensure that more than one person can use the scheme in the same way. As you know, different people will code the same verbal information differently. Thus, uniform rules have to be developed that tell all coders how to code the themes and sub-themes of the same material in the same way. One caution: it is very difficult to get high coder agreement with elaborate coding schemes.

You and your colleagues will have to agree on the desired level of information that you need, and then develop a coding scheme that you will test and retest (and revise) several times until (a) the categories are meaningful to you, (b) different coders can code the same material the same way, and (c) the scheme is more productive than strenuous to use. (NOTE: The sense and difficulty of the coding scheme is determined by repeated inter-coder reliability checks: the degree (or percentage of agreements) that different coders can code the same material the same way at different times.)

All of this may seem too formal and overdrawn, but at least we can agree on what the idea is. The issue is that, while content analysis is a fairly onerous task, it is the appropriate method if we want to make "generalizations" about qualitative data.

And, because content analysis is so laborious I stress the importance of you developing a synthesis of each of the four groups' views on-site. While the staff debriefing is time-consuming, the synthesis is your analytic framework for interpreting individual data later. It will provide managerial guidance needed to develop a coding scheme that will enable you to analyze individual differences at a much later time back in the office.

b. Changes in information and attitudes:

As you and I have discussed, we have set up a "quasi-experimental" design involving "pre" and "post-testing." We are, of course, lacking several features of experimental design, and thus have to be very careful about the kinds of conclusions we draw about changes in people's level of information or nature of attitude.

With no representative sample, with no randomization of treatments and subjects, and with no control groups, we cannot be assured that our groups are typical or that our findings are not accidental.

While for any one group we are controlling for the effects of the passage of time or the maturation of the audience by holding the pre- and post-tests immediately before and after the film, we gain three additional problems to guard against:

- Inter-group spillover: If any significant time elapses between the time you interview one group (say, teenage boys) and a second group (say, young men), you risk members in the second group "learning" their responses from the first group. NOTE: This kind of contamination will be difficult to prevent, so it offers an argument for going to more than one community or to large communities.
- Artificial effect: Because there is no lapse of time between the viewing experience and the post-test, we are likely to have a certain "novelty" in

people's responses. Certainly, if we were to reinterview a couple of weeks later we would find less "change" in overall group responses than we record the day of the viewing. So, in introducing the interviews and in wording the questions, don't make it too easy for people to agree with our point of view. In a situation like this, we simply are not going to be sure how much change (between pre- and post-test) is real, how much is durable and lasting, and how much is important to the respondents.

- Courtesy bias: No one has to draw a map for respondents (at least in the post-test) to tell them that we are interested in their views on planned parenthood and that we represent an official point of view on the subject. A natural tendency for many will be to give us the kinds of answers they know we want to hear. Both in your introductory remarks and in the wording of specific questions, devise "counter loading" statements (a kind of reverse psychology) to encourage respondents to give their personal views, not just the views they perceive we want to hear.

For all of the problems of interpreting the significance of changes in information and attitudes, the analysis of the change-scores is very straightforward:

- What percentage of correct knowledge before and after the film?
- What percentage of favorable (unfavorable) attitudes on Question 1, or Question 2, or Question 3...before and after the film.?

Most of the information and attitude questions not related directly to the film will be (1) quantitative: yes/no, agree/disagree, multiple-choice; or (2) semi-structured questions that produce short verbatim answers which are easy to quantify.

c. When to ask different questions:

I am going to summarize now the different kinds of questions that may be asked and suggest when they should be asked. In doing this, I do not pretend to tell you what questions you will find important to ask. Rather, I just want to illustrate the kinds of analysis problems you will face. NOTE: The questions used on the following pages are those described on pages 7 and 10-16 above.

Types of Questions:

Different Interview Times

	<u>Sample</u>	<u>Pre-</u>	<u>Post-</u>
	<u>Screening</u>	<u>Test</u>	<u>Test</u>
<u>1. Demographic screening questions:</u>			
◦ Age	X		
◦ Sex	X		
◦ Education	X		
◦ Employment	X		
◦ Family size	X		
◦ Marital status	X		
◦ Number of children	X		
<u>2. Family planning screen question:</u>			
◦ Awareness of family planning	X		
◦ General attitude toward family planning	X		X
◦ Exposure to family planning media	X		
◦ Willingness to use family planning methods	X		X
<u>3. General family planning attitudes:</u>			
◦ Children are God's gift		X	X
◦ More children means more farming		X	
◦ Children are parents' security		X	
◦ Other?			
<u>4. Reactions to the film:</u>			
◦ Overall likes and dislikes			X
◦ What especially like			X
◦ What especially dislike			X
◦ Anything upsetting or anger-provoking			X
◦ Anything offensive			X
◦ How would others react to film here			X
◦ Anything unbelievable in the film			X
◦ Would others here believe film			X
◦ Learn anything didn't know before			X
◦ Learn anything that contradicted knowledge			X
◦ Summary: what was film about			X

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Different Interview Times

<u>Sample</u>	<u>Pre-</u>	<u>Post-</u>
<u>Screening</u>	<u>Test</u>	<u>Test</u>

5. Information theme conveyed by film:

◦ Know what birth rate means	X	X
◦ Perception of Liberia's birth rate	X	X
◦ Number of children in Liberia family (perception)	X	X
◦ Number of children respondent wants	X	X
◦ Relation between family size and development	X	X
◦ Impact of doubled population on future of Liberia	X	X

6. Dissemination related to film viewing:

◦ Interest in family planning from film		X
◦ Would recommend film to others		X
◦ Willingness to talk about family planning	X	X
◦ Attitude that we can change the future	X	X

Finally, the purpose of the data analysis is to provide operational guidance to field staff as they introduce the film to youths in villages around the country. Since our data are only insights and not generalizations, that guidance takes the form of advice in introducing and discussing the film with teenagers and with young men and women. For example:

- How different audiences may react to the film.
- What young people tend not to understand or believe.
- What may be offensive, and what's not.
- What audiences tend to like about the film; and dislike.
- What kind of information is new or what is contradictory.
- Etc.

From our study, a "story" would be written for each of the four groups, and distributed to FPAL and other family planning workers using the film. The study should help them prepare their presentation and to provide guidelines for follow-up group discussions after viewing the film. The follow-up supplemental discussions are invaluable, and you can give strong encouragement to staff to hold group discussions by providing them with virtually a "script" to follow.

Incidentally, I would set up a simple monitoring system whereby you continue to receive information from the field workers on reactions to the film and problems in its use. Our study provides only a beginning core of information that could be improved and expanded through systematic feedback from various parts of the country.

8. Time Schedule, Budget, and Responsibilities:

As we have agreed, our conceptual understanding of the study is preliminary to discussions of logistics and timings. Thus, we have agreed that you and your colleagues will at the earliest opportunity work out such details once you have ensured agreements and understanding of the study's mission.

For your convenience, below is a matrix (p.30) for study planning and allocation of time, resources, and responsibilities. Specifically, for each area of activity shown to the left of the matrix, you would want to know in your study planning such things as (shown at the top of the matrix):

- Time -- With money, this is the most important concern for management. You would want to know when each activity must begin, and when each must end. By laying out all activities on a week-by-week basis (like a Pert Chart), you can readily see which activities must be completed as preconditions for other activities to begin. Reporting milestones should be identified so that you could be aware of the status of critical project elements at any time.
- Cost -- If you have funding from multiple sources, know their different accounting requirements so that you can build them all into your on-going project accounting. In addition to budgeting direct costs (staff salaries), indirect costs (benefits, allowances), and contingency costs into your budget, you and your accountant should know which costs are known and thus firm (office rental) and which are estimated (field transportation), and thus subject to carrying you over your budget.
- Facilities/Material Resources -- Supplies, equipment, materials, office space/physical plant, utilities, communication, etc. -- everything from raingear needed for field interviewers to amount of stationery and postage stamps required.

- Staff -- Develop job descriptions for each type of staff position and the important criteria for hiring/selection (for example, literacy and fluency in local languages are critical criteria for interviewers). Develop performance criteria for evaluating each person's quality of work. Both supervisors and supervisees must share understanding of the expectations for good job performance. The timing of different staff joining the project is always a precondition for moving from one project phase to another. Timing must be well-planned.
- Responsibilities -- For each activity designate which individual or agency is responsible for its initiation and completion, and how progress is to be communicated to you.
- Products -- What are the results to be produced by each activity or subactivity? By what time and in what form must they be delivered? What are the reporting milestones that will tell you when and why the project is or is not progressing as planned?
- Monitoring -- I have mentioned "reporting milestones" above. They are part of an over-riding system of feedback that provides continuing status reports to you. You and your other managers should identify those indicators that are essential to periodically checking the project's status.

Of course, all of this seems a little formal and perhaps overdone. But these are simple, sound management standards for any project, large or small. Our present project may be rather modest, but our next project may be considerably larger. Below is a planning matrix taking into account the above points. The matrix is based on time, showing major activities at the left and resources and reporting categories at the top. The major activities are shown on the following pages. An example is shown here.

PROJECT PLANNING MATRIX

ALLOCATIONS OF

Costs/Resources/Staff/Products/Respons./Indicators

BY ACTIVITIES:

I. Interviewers:

- job description
- selection criteria
- performance standards
- identify candidates
- select staff
- train: screen questionnaire
- train: "pre" questionnaire
- train: "post" questionnaire
- train: as leaders
- train: reporters
- train: chief's synthesis

BY TIME:

		WEEK													
		1	2	3	4	5	6	7	8	9	10	11	12	13	etc
	job description		X	X											
	selection criteria			X											
	performance standards			X											
	identify candidates			X	X	X									
	select staff					X	X								
	train: screen questionnaire							X	X						
	train: "pre" questionnaire									X	X				
	train: "post" questionnaire										X	X	X		
	train: as leaders										X	X	X		
	train: reporters										X	X	X		
	train: chief's synthesis												X	X	

2. ETC. OTHER ACTIVITIES:

I'm sorry if I haven't shown this notion very clearly. But hopefully, it is clear that time is the determining variable. Allocation of resources or responsibilities only make sense in the perspective of time: when something begins, when it ends, and what evidence across that period is needed for supervision and for status-reporting.

In the above matrix, I have a fairly realistic example of interviewers' activities in the project. Of course, for any one of these activities you may wish to be more specific. For example, any "training" program for staff requires facilities, audio-visual equipment (like overhead projectors), curriculum development, "tests" or measurements of learning, senior staff evaluations of interviewers, vehicles and field equipment to take interviewers to rural areas for practice interviewing.

Below is a list of the major activities in the project:

Major Activities:

Geographic area selection
Communities selection
Community group identification
Listing of potential respondents (for each of four groups)
Interviewing would-be respondents with screening questionnaire
Respondents selection
Pre-film interviewing
Film
Post-film individual interviewing
Post-film group interviewing
Synthesis
Data code schemes and coding
Data analysis
Reporting (operational guidance)
Dissemination to FPAL, etc., field staff
Feedback on field implementation of project guidance

Dr. Boikai, I am sorry that there was not enough time for me to write this more clearly and briefly. I apologize for any instance in the text in which it may appear that I am giving instructions. It was not my intention. My desire is to help you, if I can, and I look forward to a continuing association with you. Very best of luck in your endeavors.

MEMORANDUM

TO: Dr. Jerome Boikai, LBS
Mr. Gabriel Hina, FPAL
Mrs. Florida Traub, LRCN

FROM: Gerald Hursh-Cesar, JHU

DATE: July 27, 1985

SUBJECT: Proposal for Continuation of Rural FP Film Activities

As a basis for this memorandum, I have had the benefit of counsel of Dr. Boikai and Mr. Hina as well as of Betsy Brown (USAID/Liberia) and Cynthia Green and Maxwell Senior (JHU). Accordingly, given this most recent mixture of views, Messrs. Boikai and Hina asked me to prepare a memorandum of understanding regarding the next, desired steps for URTNA (Union of National Radio and Television Organizations of Africa). The three addressees are all active members of URTNA and have considered undertaking a variety of activities as part of a population awareness campaign.

Background:

1. USAID presently has 12 active health and family planning (FP) projects underway in Liberia. USAID wishes to conclude some of these projects successfully before starting new projects. There is a new USAID administration, and accountability of the status and effectiveness of on-going projects is a necessary concern.
2. As such, USAID is not particularly keen on URTNA, JHU, or any other group starting any new activities until there is some reckoning of present activities.
3. URTNA has proposed to undertake a multiplicity of new activities.

4. Both USAID and JHU wish to find appropriate means of continuing on-going FP activities in Liberia. But both prefer to fund one or two activities (done well) rather than several activities.
5. Moreover, while LBS, FPAL, and LRCN are each an established and respected institution, URTNA is an unknown quantity as a USAID contractor. Therefore, any proposed FP activity for the three institutions should come from the one chosen as the lead agency (e.g. FPAL) and identify contractual relationships with the other two (e.g. LBS, LRCN).
6. Extension of the present project involving the LBS-Medex film ("The Future Is for the Children") which translated the "RAPID" report into popular fare offers a very suitable opportunity for the three parties--URTNA, USAID, and JHU--to join their mutual interests in promoting population awareness in the rural areas.
7. In particular, USAID favors allocating increased funds and activity to the rural dissemination of the film. JHU recognizes that basic audience research (e.g., on media-use in rural areas) may be an important basis for any dissemination plan.
8. Given the particularly fortunate set of circumstances described above, it is very much to FPAL-LBS-LRCN's advantage to submit immediately a well-reasoned proposal for rural dissemination of the film that:
 - a. Confines itself to a limited, manageable number of activities and objectives; yet
 - b. Prioritizes different activities and objectives for consideration by the donor agencies (hence, time, budgets, and responsibilities would have to be shown too);
 - c. Is based on a solid plan for research on rural patterns of communication and media use;

- d. Tells explicitly the process by which findings for rural communication patterns would affect adaptations of the film or of one or two other media forms; and
- e. Provides systematic, on-going information on community reactions to the film/other media campaign and on suggestions for improving adaptations of the campaign elsewhere.

In the following pages, I have tried to summarize some of the issues that a successful proposal ought to address. While I don't make repeated reference, it is assumed that time, cost, resources, responsibilities, and products would be shown for each activity sketched below.

ISSUES TO ADDRESS IN THE PROPOSAL

1. Geographic Area:

Pick one, key target area, rather than attempting to undertake a national or interregional campaign. If you can develop a successful and visible "show case" project, you increase your chances of continued funding and of attracting new funds from other donors (e.g., World Bank) and from national sources (e.g., Ministry of Planning). Do not undertake more than what can be done very, very well.

Additionally, inasmuch as the project deals with the adaptation of prototype material for infusion into rural communication networks, it is prudent to reduce the variety of population characteristics (e.g. ethnic groups) that will be important in developing culturally-appropriate communication materials (presumably, regional variation will be important for material design). And, since you are not likely to be able to undertake a national research program, confine your operations to the area and population supported by your research study.

2. Target Group:

The present LBS study of rural reactions to the Medex/LBS film, "The Future Is for our Children," focuses on two groups: teenagers (15-20) and young men and women (21-29). From a variety of national perspectives, these are critical population segments for both population-awareness information and for the delivery of FP services. Moreover, the present LBS project with JHU offers immediate and valuable experience in dealing with the youthful population. Thus, the proposed a continuation of the present project in disseminating the film and film-related materials to the same audiences on a wider scale.

3. Communication Media:

The proposal should identify the top priority medium which will be the centerpiece of the campaign's activities; and it should identify the necessary second-priority media that are considered essential to support the first; then it could identify a group of third-priority media that would be useful, but not critical, complements.

In the present project involving the Medex videotape, dissemination of the film through existing FPAL rural mobile film projectors has been planned. What is needed to get funding for converting the present videotape to cinema film for the mobile projectors is to develop a distribution plan showing when, how, and where the film-conversion will be done and introduced to rural audiences.

Conversion to film should be considered an automatic medium. FPAL hopes to make the conversion and initiate rural contact regardless of any other activities. However, although the film conversion is automatic, its distribution should be planned as part of the dissemination strategy that you are proposing here for reaching rural youth with communications adapted from the videotape content. The opportunity to coordinate these related activities and to interchange in the development of materials and in approaching rural audiences should not be missed.

Thus, the first medium to propose for systematic dissemination is conversion of videotape to film and stage-by-stage introduction to rural areas--detailing

geographic regions, target groups, time schedules, costs, human and other resources needed, responsible individuals and agencies, products or results expected, and feedback devices for monitoring rural reactions to the film. (Maintaining continued, systematic monitoring of this activity will provide valuable data for the larger dissemination strategy.)

Since we consider the tape-to-film conversion to be an automatic feature of the project, you have to determine which other medium is your top priority. From all that has been said, it would seem that radio holds greatest immediate promise for reaching rural audiences. If this becomes your choice, then provide the arguments you considered in your choice (of course, you would provide the arguments whether for radio or any other medium). Radio offers a special problem for research and for programming. Its reach will no doubt transcend the geographic and ethnic area you would be working in.

The same considerations as above (e.g., time, cost, arguments) should apply to any other media you propose for your dissemination strategy. Bear in mind that you should present the media as first, second, and third priority. The strongest argument you will have will come from your research on rural communication patterns. That is, you would choose the information medium that best conforms with your findings.

4. Communication Content (format, style, visuals, etc.)

Based on your media selection, you would adapt prototype materials (scripts, tape segments or individual frames) to the medium used. As noted above, the selection of medium/media is directed by your research on rural communication patterns. Similarly, your selection of prototypes from the video (if any) is guided by your research findings.

I think it would be effective if, in your proposal, you include some examples of potential prototypes, and using the specific materials (say, a colored slide or photograph) demonstrate how you might adapt such material to local ethnic conditions. This is hypothetical, but a very useful device for showing those who read your proposal that you have very clear ideas about what needs to be done.

This is also the opportunity for you to describe the kind of audience "pre-testing" that will be carried out to determine the effectiveness of your adaptations to local rural conditions.

6. Survey of Rural Media-Use Patterns:

I have mentioned this above a couple of times. The study is basic to choices of media and content. I would like to suggest for your consideration two conditions that would affect your selection of communities and your selection of respondents.

- ° Selection of Communities: First, the national census is not likely to be available in time to guide your sampling (on a population basis) of rural areas. Second, I am not sure that population is your primary sampling concern, although of course it is related to any problem of representative sampling and is, surely, highly correlated with the strategy you may wish to consider as an alternative.

That is, since this is a study of how information travels in rural areas, you may want to stratify your sample on the basis of how people travel in rural areas. In other words, the type of highway and rural road system, natural transportation barriers, distances and community accessibility are important determinants of how people--thus, highly influential information--get from place to place. In summary, my sample would be based on transportation routes.

- ° Selection of Respondents: In addition to interviewing members of the target teenage and under-30 groups, you might want to interview two other types of respondents who are critical for the information flow--as filters, as facilitators, as impeters. They are (a) influentials who act as "filters" for information--e.g., school teachers, religious leaders, informal opinion leaders, formal leaders; and (b) the kind of "transitionals" who carry information and innovative ideas from place to place--e.g., recognized transitionals, truck drivers, bus drivers, taxi drivers, policemen, traders, postal servicemen(?), rural extension workers, and other kinds of "strategic communicators" such as vendors, barbers, tailors, and other service people.

7. Other Activities:

The proposal should include details on (a) other field-testing research needed before launching an information campaign; (b) specific measures in the pre-campaign research to be used in the post-campaign research; (c) on-going monitoring of both research and campaign activities.

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LIST OF CONTACTS

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Mr. Moses Washington, Director General
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Ms. Florida Traub, Project Director

Rose: Files

USAID/Liberia Population/Family
Planning Assessment

May 1985

ACRONYM LIST

CA	Cooperating Agency
CBD	Community Based Distribution
FHI	Family Health International
FLY	Federation of Liberia Youth
F/P	Family Planning
FPAL	Family Planning Association of Liberia
FPIA	Family Planning International Assistance
GOL	Government of Liberia
ICP	International Conference on Population
IEC	Information, Education and Communication
IFFLP	International Federation for Family Life Promotion
IPPF	International Planned Parenthood Federation
ISTI	International Science and Technology Institute
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics Maternal and Child Health
MCH	Ministry of Health and Social Welfare
MH&SW	Ministry of Health and Social Welfare
MPEA	Ministry of Planning & Economic Affairs
NCS	National Catholic Secretariat
NFP	Natural Family Planning
NGO	Non-governmental organization
PCS	Population Communication Services
PHC	Primary Health Care
PID	Project Identification Document
PP	Project Paper
PSC	Personal Services Contractor
PVO	Private Voluntary Organization
REDSO	Regional Economic Development and Support Office
SOMARC	Social Marketing for Change
S&T/POP	Bureau for Science and Technology Office of Population
TBA	Traditional Birth Attendant
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

In the past ten years, AID funded projects have altered the climate of opinion about population policy and family planning activities in Liberia. Interest in policy formation has been a recent priority of USAID/Liberia, and positive movement toward a population policy is directly attributable to USAID/Liberia supported activities in policy development and research. These activities have been both highly focused and well directed. Cooperating Agency (CA) implementation of activities in this area have been both timely and instrumental for population policy formation.

In contrast, family planning activities have not been as well developed, even though these activities have been ongoing for a longer period of time. The lack of a comprehensive plan has no doubt contributed to the lack of impact of these activities, as well as to difficulties on the part of USAID/Liberia in managing its portfolio of projects. Despite these difficulties it is a credit to the Mission that efforts of specific CAs to develop family planning activities have continued through this formative and transitional period. However, it is the team's opinion that as a result of these collective activities, the climate is now favorable and that focusing more on service delivery can provide the direction needed to identify and strengthen service systems.

Most of the recommendations made in this report are aimed at providing this focus and are summarized within three categories: procedural, strategic, and programmatic. Within each category only major recommendations are highlighted. Rationales for each of these recommendations as well as details as to how they may be most expeditiously accomplished are contained in Part II of this report. In addition, a number of detailed suggestions relating to implementation of specific recommendations are also presented in the full report.

Procedural Recommendations:

- o Formulate a Plan of Action to guide future activities in population and family planning
- o Initiate negotiations for a bilateral program in population and family planning toward implementation in FY 1987

activities within each of these areas should be initiated immediately with financial and technical assistance from CAs.

The next step in the Plan of Action is the development of a bilateral program for population and family planning activities for the beginning of FY 1987. Activities undertaken in the bilateral program will be in accordance with the programmatic and strategic recommendations of the Assessment Team. Obviously, these recommendations as well as the Plan of Action itself must be revised and updated by USAID/Liberia on a regular basis to reflect changing circumstances and cumulative experiences. Within the bilateral project, a USAID/Liberia Personal Services Contractor (PSC) officer will be funded to identify, monitor and coordinate CA activities that will provide the technical assistance under sub-projects of the bilateral. An additional management option is to contract a bilateral program management unit which will have day to day responsibility for managing the bilateral project and monitoring CA participation. To assure that full advantage is taken of current opportunities in population and family planning in Liberia, several centrally funded CA projects will be continued or initiated prior to implementation of the bilateral.

Introduction

At present, USAID/Liberia is involved in twelve centrally funded projects in population and family planning (See Appendix 1). These have been carried out by several local participating organizations in various parts of the country. In addition to financial support, centrally funded Cooperating Agencies have often provided technical assistance in support of particular project activities.

Recent success in assisting the Government of Liberia (GOL) with the formulation of a population policy is attributable in part to USAID/Liberia interest and attention to this important area. The Mission has been strongly supportive of general policy related projects undertaken by RAPID, as well as other local research activities with policy implications. In addition, several USAID supported motivational and service delivery projects have contributed to increased interest in and receptivity toward family planning practices among the population at large. Encouraged by this changing situation and by what has been achieved to date through centrally funded projects, the Mission has requested that an assessment of population and family planning project be undertaken in May, 1985. The Statement of Work for this assessment (see Appendix 2) includes seven specific objectives that have usefully structured the exercise. However, the overall purpose has been most clearly stated during discussions in Monrovia between USAID officials and Assessment Team members:

To review previous USAID/Liberia and Cooperating Agency efforts and experiences in population and family planning in Liberia for the purpose of providing recommendations for a Plan of Action to guide the future.

The Mission's desire to consolidate, coordinate, and prioritize activities in this sector has also been expressed as a means to improve its own ability to manage these activities, to make efficient use of resources, and to generally improve the impact of these programs.

The assessment was conducted during a three week visit of a five member team in May, 1985. Several briefing sessions were held during the course of the visit with Mr. Alan Foose, the Health and Population Officer, and other members of USAID/Liberia staff. Dr. Nancy Pielemeier coordinated the schedule of the Team and accompanied them on most Monrovia vicinity visits. Ms. Betsy Brown, who is replacing Mr. Foose as Health and Population Officer, participated in the briefing

sessions and accompanied the Team on its up-country field visit. The team consisted of Dr. Donald Lauro and Mr. Thomas Fenn from the Center for Population & Family Health, Columbia University; Dr. Sarah Clark, Regional Population Officer, & Man-Ming Hung, MCH/Family Planning Advisor, from REDSO/WCA; & Mr. Thomas Donnelly, Chief, Family Planning Services Division, S&T/POP, AID/Washington.

Information for the Team's assessment came from extensive review of documents, intensive discussions with local administrative and field personnel, and site visits to project offices and field activities. While individual team members concentrated their efforts within particular areas of expertise, (service delivery, policy, service statistics, commodities distribution, research), the assessment was undertaken as a team effort and all conclusions reached and recommendations made were by consensus agreement.

The Team also reviewed the activities of other donors in the population sector. These donors include the United Nations Fund for Population Activities (UNFPA), the World Bank, and the International Planned Parenthood Federation (IPPF). The Team's visit coincided with a UNFPA Basic Needs Assessment Mission and with a World Bank Population and Health Project Appraisal Mission. The team met with the members of both missions and discussed likely areas of support from these agencies. As a result it is expected that the recommendations of the various assessments will complement each other, and duplication of efforts will be minimal.

To provide USAID/Liberia with a workable program for meeting future needs in population and family planning, the team has formulated its recommendations in terms of a proposed Plan of Action for USAID/Liberia activities in this sector. As such this Plan of Action will clearly need such additions, corrections, and revisions as time and further experience will provide. Nevertheless through immediate implementation of this Plan, the Team believes that USAID/Liberia will most effectively be able to meet local needs for population and family planning activities, as well as Mission needs for effectively coordinating and managing these activities.

I. Review and Recommendations of USAID Supported Population and Family Planning Activities in Liberia.

I.A. Policies and Priorities of USAID/Liberia

To its credit USAID/Liberia has moved forward with implementation of population support activities through centrally-funded Cooperating Agencies. These activities have contributed to movement towards a national population policy and have generally increased public awareness about population and family planning.

The major accomplishments of Cooperating Agency projects are listed in the following:

INTEGRATED RAPID/

Increased awareness on the part of high level Government of Liberia (GOL) officials of the problem of rapid population growth. In this regard a coalition of a National Population Commission and development of a national population policy.

FAHRTENDER: supports a policy development project which in conjunction with RAPID is helping to create a National Population Commission and develop a National Population Policy;

supported preventive health services through the Ministry of Health and Social Welfare (MHGSW) in all the counties.

FPEA: supported training of health personnel and Family Planning (F/P) service delivery through the MHGSW;

supported service delivery by the Christ Pentecostal Church in a rural area;

supported service delivery with the ISPP affiliates, ISPP in Sinoe County as well as an adolescent program in Monrovia.

Other small projects that made minor contributions include:

ISTLO: supported Maternal, Family Planning (MFP) training and services through the National Catholic Secretariat (NCS).

JHPHSC: Provided in-service training in reproductive health to physicians and nurses at government health facilities.

Due largely to USAID/Liberia supported efforts a favorable policy climate does now exist. In addition the continuing economic difficulties which plague the nation are increasing the awareness of the need for family planning by individual families. Individual couples exercising control over reproduction is a time honored response to short term economic constraints. In an area where so much has happened in such a short time, it is recommended that the CDSS be updated to reflect current situations and opportunities.

As far back as August 1978 the United Nations Fund for Population Activities (UNFPA) in its Report of Mission on Needs Assessment for Population Assistance responded to the services versus policy dilemma as follows:

Regarding the approach to the formulation of a population policy, there are two major schools of thought among Liberia experts. The first favors initiating a series of pilot projects needed at the local level in various sectors of the population field, demonstrating a convincing public need and establishing future policy guidelines in population from the results of these pilot projects. The second advocates a population policy study project in the Ministry of Planning, whose experts would study and develop the population policy formulation that is best suited to the overall national development, and that would also convince the national decision makers. Because of the delicate nature of the issue, and the evolutionary trend of social change in the country as well as the present limited absorptive capacity, the first approach is favored by the majority of experts.

It is the unanimous conclusion of the AID Assessment Team that the demand for greatly expanded services exists, that there is an adequate infrastructure upon which to build, and that interest by government and private sector participants in expanding service delivery is strong.

To emphasize the current situation the Assessment Team recommends that the following be considered as a basis for revising the current population section of the CDSS.

Population: Until recently due to lack of population pressures on land, few in Liberia perceived a severe population problem. However, with a declining economy, rapid population growth has placed strains on Liberia's development efforts. The growing population has increased demands for services from an inadequate health and education system, as well as demands for new jobs and food. Approximately 47 percent of the population is underage 15; the child dependency

- JHU-PCS: Provided technical assistance and funding for the production of a 30 minute TV program based on the RAPID model; provided technical assistance in the preparation of a national IEC plan for population and MCH.
- Westinghouse: Providing assistance for a family health and demographic survey which will also serve as a baseline survey for the Primary Health Care (PHC) Project.
- BUCEN: Provided training for processing and analyzing of the 1984 census.
- FHI: Supported a study on Adolescent Fertility conducted by the Family Health Division of the MH&SW and the JFK Maternity Center.

These population projects have demonstrated that the GOL is interested in both developing appropriate population policies and in providing family planning services as part of other health care services offered through MH&SW infrastructure and programs. A number of these projects have also demonstrated that there is demand on the part of Liberians for services and that the availability of services is inadequate to meet demand, although most of the services that are available are under-utilized.

It is because of this increasing acceptability and demand for family planning services that USAID/Liberia is considering development of a bilateral program to begin in FY87. Prior to the development of that bilateral project, however advantage should be taken of the momentum that has already been developed. Existing services should be expanded, additional policy work should continue, and ancillary support activities to develop institutional ability to provide more efficient, effective and culturally acceptable methods of service delivery should begin as soon as possible.

Population support activities through the present have by and large been consistent with the USAID/Liberia CDSS. The 1985 CDSS up-date states that "More active efforts to expand service delivery would be inappropriate until a favorable economic and policy climate exists and until strengthened 'core' service systems are in place". The CDSS reflects recommendations made in the 1983 population strategy assessment to place highest priority on policy development.

ratio accordingly is 96/100. At the current population growth rate (3.4 percent) the population will double in 20 years. Although organized family planning services have operated in Liberia for more than 26 years, meaningful information is not widely available, knowledge is generally limited, and fewer than one of every 20 eligible couples practise contraception.

There are signs of growing commitment to family planning within the GOL. Intensified policy dialogue with the GOL has lead to initial steps to form a National Population Commission and to adopt a national population policy. It is not expected that the policy will be developed and implemented in less than two or three years. Nonetheless increased support to a wide range of centrally funded activities will contribute to increased awareness and desire of the GOL to move toward adopting a population policy which will in turn facilitate increasing prevalence through a wide spectrum of activities by the public and private sectors.

With a depressed economy, a difficult economic future ahead, and growing concern by the GOL of the impact of rapid population growth, as well as the absence of any general or widespread opposition, the Mission is committed to establishing a bilateral population program by FY87. Meanwhile it will request substantially increased support from centrally funded Cooperating Agencies to expand service delivery (including training and related IEC activities), carry out needed operations research, support policy development efforts, support organizational development of service-provider institutions, and develop a social marketing program.

Mission management of centrally funded activities will be streamlined as a result of the development of a coordinated Plan of Action which identifies major areas of support needed from each Cooperating Agency.

Service delivery will be provided through three main approaches: through postpartum programs at maternity centers and clinics (government, private, and missionary), through community based distribution and other outreach programs (FPAL, National Catholic Secretariat (NCS)) and through the commercial sector, principally through standard sales of contraceptives within existing pharmacies and through social marketing (pharmacies, food stores, vendors, traders).

I.B. Population Policy Developments

Following a strategy laid out in 1983, USAID has directed a significant effort in population policy with the Futures Group and the Pathfinder Fund. Policy activities were derived from the initial high level RAPID presentations which took place in 1983.

Policy activities have subsequently focused on

—an in-depth analysis of population dynamics on development sectors

strengthening of the National Committee of Population Activities

—a popularization of the RAPID presentation with PCS funding.

Under the RAPID II project, four research topics were identified and proposals developed by Liberian groups to respond to important implications of rapid population growth on social and economic development. The topics include: differential fertility patterns among selected ethnic groups; population growth as it relates to housing; rapid population growth as it relates to food consumption and production; and perceptions of rural dwellers regarding fertility and socioeconomic development.

The Pathfinder Fund has taken the lead in providing technical assistance and support to the National Committee on Population Activities. Following the model developed by UNFPA, Pathfinder is reinforcing the committee to take a stronger role in policy formulation, by reconstituting it as a commission. It is hoped that a formal national population policy will be promulgated by 1987.

A very recent step was the joint sponsorship by the Futures Group and Pathfinder of an awareness seminar entitled "A Seminar to Disseminate the Results of the International Conference on Population (ICP)" held in Mexico City in August

1984. This seminar, held under the auspices of the Ministry of Planning and Economic Affairs (MPEA) brought together fifty governmental and nongovernmental leaders in the population field, and has provided clear recommendations to, among other things, advance family planning services delivery programs and establish a National Population Commission.

The popularization of the RAPID presentation funded by the Johns Hopkins Population Communications Services (PCS) is scheduled for completion in June 1985. In this activity, the computer based RAPID analysis will be simplified for layperson understanding and enhanced with scenes of everyday life. It is expected to be shown on television and through other mass media channels.

USAID/Liberia should be commended for the priority it attached to policy development and to the changed policy climate which has resulted. In future years, the current Pathfinder project will continue to strengthen the Commission. As service delivery efforts increase, policy issues may emerge as obstacles to the implementation of services. The team does not wish to suggest such obstacles; but in other countries, particular attention has been given to laws and regulations about dispensing of drugs, advertising of contraceptives, import duties on contraceptives, and pricing policies for contraceptive commodities. USAID should continue its support for population policy through the dialog with the government on these issues as they arise.

In the next few years, two major new data sources on population dynamics will be available--the 1984 population census for which field work was completed in April 1984, and the Family Health and Demographic Surveys project which will go into the field in early 1986. In the former case AID contributed technical assistance, and in the latter will wholly finance the data collection. When they become available, it would be appropriate to help finance the further analysis of these data sets to further the policy process through centrally funded projects.

Further work should be done in popularizing the social and economic benefits of family planning at the family level. In the case of the PCS popularization of the RAPID model, this has already taken place. In addition, a 30 minute TV documentary of the ICP seminar has been produced and was scheduled for broadcast two weeks after the seminar was held. Further activities are presented in the IEC section (I.D.) of this report.

I.C. Family Planning Services: Progress, Priorities, and Prospects.

If providing family planning services for the masses is the criterion, delivery of family planning services has not yet been accorded high priority in any sector in Liberia. The Government, through its nationwide network of hospitals, clinics and village dispensaries, provides limited services in some locals. For example, the recently opened maternity center at the JFK Hospital does not provide family planning service, though the present Acting Executive Director is clearly interested in initiating such services. Similarly, integration of family planning into the rural health program has not proceeded far in most counties. Even in Bong County where the commitment and program of the government has been most successful, only modest results in terms of actual acceptors and users of contraceptives have been achieved. It must be recognized, however, that all these governmental efforts are at an early stage of development and that the future achievements may be more encouraging. Nonetheless, it should be noted that a realistic appraisal of what might be achieved within a five year effort to promote family planning within the Bilateral Primary Health Care project in two rural southeastern counties is a contraceptive prevalence rate of 12%.

In a related manner the private medical sector has also not been extensively active in family planning delivery. Physicians and paramedics such as midwives often provide family planning services but are usually limited to an upper and middle class clientele, mostly in Monrovia. For example, expensive urban maternities like Cooper's Clinic in Sinkor serve the family planning needs of their elite clients. Similarly, midwives in private practice in Congotown and Sinkor provide family planning services to a more middle class clientele. However, for the vast majority of women who deliver at home (roughly estimated to be between 50% and 75%) there is little opportunity to come into contact with actual or potential service delivery points.

The commitment and energy of FPAL to the promotion of family planning stands in marked contrast to both government and private medical sectors. However, with regard to service delivery itself relatively little has been achieved. With an annual budget in excess of \$500,000 it is clear that a considerable part of FPAL efforts have been directed toward the political, policy, and public awareness areas where they appear to have been singularly successful.

While many private drug stores retail a variety of contraceptives of different brands, prices as well as urban locations are obstacles for most potential customers. Nevertheless a rough estimate indicates that somewhat more contraceptive pills (44,000 cycles) are distributed through the private commercial sector than through FPAL (18,000 in 1984).

Recent changes in governmental and public opinion toward population and family planning is likely both to create a higher demand for services and to result in higher priority for service provision. There is a need for assisting various sectors in developing service delivery points and strategies that will effectively meet this growing demand for services. As a result of its previous efforts and interests in population USAID/Liberia is in an advantageous position to support the variety of activities needed. To maximize its resources and to produce the greatest impact in the shortest time, it is recommended that most of these initiatives be undertaken in Monrovia or other urban settings.

As a prelude to making specific programmatic recommendations in service delivery, service delivery projects supported by USAID/Liberia to-date are briefly reviewed. The format used identifies the local organization, the U.S. based Cooperating Agency through which funds and technical assistance are being provided and the name of the project. This is followed by three brief sections summarizing first the project accomplishments, second its problems, and third its prospects for the future:

FPIA-03/Christ Pentecostal Church - Rural Family Health Project

Progress

Eleven field workers have been trained and supervised within this project to introduce, inform, and counsel people in family planning in the Sasstown area of Grand Kru County. These workers are also given some PHC training. The church program has received technical assistance from Crossroads Africa in the form of short-term medical personnel to assist with training. Contraceptive supplies are sent directly from FPIA to the project. The number of family planning acceptors for October 1, 1983 to May 31, 1985 is recorded as 896 and continuing users as 605. The project is funded until November 1986.

Problems

There is a need to expand the project beyond the current 11 field workers. Particularly with the recent creation of Grand Kru County there is a desire to build upon this base for extending PHC throughout the county. However this church based project may have difficulty reaching far beyond its own parishioners. Also family planning appears to be only a small part of what is basically a small PHC project.

Prospects

Additional funds for expansion from AID population resources are unlikely. FPIA is not interested in increasing the funding for the project and given the many other opportunities of higher priority and potential impact, neither should other donor agencies. Bilateral PHC funds ear-marked for the south-eastern region could possibly fund an expansion of this effort. Bishop Dixon is a dynamic leader of this project and has good contacts with several international donor agencies. He should be able to build the seed money that FPIA has provided into an expanded effort.

IFFLP/National Catholic Secretariat - Family Life Promotion/NFP

Progress

Since initiation in 1983 a number of field workers have been trained in Monrovia, Bong and Nimba counties to interest and teach couples about Natural Family Planning (NFP). The purpose of the training is to produce field workers who can teach NFP to others. The field workers, some of whom are volunteers, are clearly highly motivated for their work and well attuned as to how to go about it. They are often from the communities they work in and work through community networks to reach people at the household level. Mrs. Wesley, the project director, carefully retunes and refines approaches as more experiences are gained. Due mostly to the difficulties of teaching and practicing NFP they have not reached large numbers of users. Many of those who have been reached, particularly those in Nimba, are attempting to use NFP to overcome infertility problems.

Problems

In their zeal for promoting NFP, most volunteers and staff of the organization express little interest is expressed in other contraceptive methods. The most reprehensible though clearly well-intentioned example of this was in Nimba County where one young trainer told us of his efforts with a woman who had previously had three cesarian deliveries. The woman was using the pill on the advice of her physician because of the high risk she faced if she became pregnant. The trainer convinced her to switch to NFP because he believed that it was healthy for the body and promoted better communication between the husband and wife.

Overall, it would not seem that much in the way of explanation or referral occurs when there may be such a need for other methods. It is important to note that in Nimba County, 25 out of 36 NFP users were previously using contraceptives and were convinced to switch to NFP. Also the Monrovia effort has not tapped into religious congregations or mission hospital

Prospects:

Services for and outreach to youths are obviously much needed, particularly in Monrovia. If current educational efforts could be concentrated in schools in closer proximity to the service delivery site, better results could be achieved. In addition, current consideration by FPAL of also using peer counselors in schools would likely produce more clients. Furthermore, a variety of other outreach efforts should also be considered. For example the large numbers of students attending night school could well benefit from the program. There are also a number of places where youths congregate in Monrovia where discrete posters could be placed or direct personal contact by peer counselors could be made. In short, what is needed is a more dynamic approach to reach youths and make them aware of the services being provided. A highly successful program of this type in Monrovia could serve as a prototype for similar efforts throughout the country.

FPIA 01/Ministry of Health and Social Welfare - Family Health Training Project

Progress:

The project began in August 1980 and is scheduled to end in November 1985. To date the project has provided training for 285 MH&SW nurses, midwives and physician assistants and 8 FPAL personnel in family planning service delivery and IEC. This training is provided through 3 week to 1 month long workshops held in Monrovia. The project has provided commodities for distribution by the trained personnel. FPIA provided technical assistance in the development of the curriculum which was last revised in March 1985.

Problems:

The Project Evaluation Report (August 1983) pointed out that there were major weaknesses in record-keeping and management procedures. This is still the case. The clinics visited by the team had incomplete and inaccurate acceptor records and often non-existent contraceptive inventory records. The management difficulties were exacerbated by the presence of several donor agencies in one locale, each with different reporting procedures and requirements. This problem has not been resolved, although recommendations to simplify and standardize reporting requirements have been made repeatedly. More time needs to be devoted to this aspect of management in the curriculum. The curriculum as revised in March 1985 included only 4 hours for commodity management and record-keeping out of a total of 89 hours for theory. Because the record-keeping systems of the institutions where practical training was conducted are poor, the practical training the trainees received was weak. Supervision and technical assistance visits are lacking due to the inability of the MH&SW to provide transport for the supervisors.

This problem should have been foreseen and provision made for supervision in project funds.

It is not possible to quantitatively measure the impact of the training program on F/P service delivery. The trainees report that it has improved their knowledge and practices in F/P. Services statistics from the MH&SW show that there has been no increase in the number of acceptors since the program started.

A comparison of the trainees' performance with that of FPAL workers who receive 6 weeks of training at their Monrovia headquarters, shows that there is much room for improvement. At the Gbarnga clinic where there are 3 FPIA trainees, the number of new acceptors since January was 75, while that of the Ganta FPAL clinic in the same area and staffed with 2 workers was 250. At the Zorzor clinic staffed with 3 FPIA trainees the number of new acceptors was only 23 in the same period. This is not an isolated example, according to the Project Co-ordinator, and the overall performance of the FPAL workers is far superior to that of the FPIA trainees.

The number of trainees also does not reflect the number of workers actually active in family planning service delivery. As the selection criteria did not include the trainees' present and future role in family planning service delivery, a number of them have returned to their posts and duties which do not include family planning, and are therefore under-utilizing their training. This is especially true among those working in hospitals.

Prospects

The assessment team does not envision a follow-on or extension to the project. The Ministry has not indicated that they will request an extension, and continued FPIA support is contingent on GOL and USAID support. As a result of project inputs to-date there are trained health personnel in every county, ranging from 17 to 96 in number in each county (with the exception of Bomi County). This number could be considered adequate to provide services to the population. The Ministry should aim to improve the performance of its trained staff and not to increase the number of new trainees. Due to the inability of the MH&SW to provide the necessary program support, it is recommended that USAID shift its support in expanding training and service delivery to the private sector, as described elsewhere in this document. It is hoped that UNFPA will assist the MH&SW effort in training and benefit from the curriculum that has been revised only recently and that will be utilized only once under the current project.

Pathfinder PIN 707 Ministry of Health and Social Welfare -
Preventive Medical Services Project

Progress:

The project began in 1975 and was phased out in August 1984. It provided training for about 300 rural health workers each year in providing services and education in Maternal and Child Health/Family Planning. This was accomplished through a series of workshops conducted by 35 Peace Corps Volunteers and their counterparts. The emphasis in this program was on IEC activities, while the family planning service delivery was limited. During the last quarter of project funding period, 595 new acceptors and 837 active users were reported. Only pills and condoms were distributed.

Problems:

This project has not been well monitored. No evaluation has ever been made and there is no summary report. There were administrative problems, and proper accounting procedures were never established. It was felt that the training given in family planning was inadequate.

Prospects

In the project agreement, the GOL was to accumulate \$100,000 over the 10 year period for continuing the project after Pathfinder funding was phased out. However, due to the current financial crisis, the government has not released these funds and the project supervisor has been reassigned to other duties. It is unlikely that the project will be continued without outside assistance.

IPPF/FPAL- Family Planning Field Worker Project

Progress:

As a result of its IPPF funding this project is not directly supported by USAID/Liberia. However it is an integral part of FPAL's program to provide outreach and attract clients for family planning services. At present there are 23 field workers working throughout the country, supervised by 3 area coordinators. These activities include making home and community visits, giving group talks and counseling mothers at post-partum and under 5 clinics. In the last year the efforts of these field workers reportedly accounted for 5,373 family planning acceptors.

Problems:

While there appears to be considerable demand for family planning services, especially in Monrovia, achievements in terms of clients utilizing FPAL services as a result of field worker efforts is not impressive. For example in Monrovia during 1984, 657 new acceptors were attributed to field worker efforts. This was in large part the result of there being only 2 field workers to cover an urban population of 250,000, and only 21 field workers to cover the remaining rural population of 1.7 million. In addition to the inadequacies of these limited numbers there are also other weaknesses. Because they are not from the same tribal groups, field workers are often unable to address potential clients in their native dialects. It is difficult for them therefore to get their messages across to the least well educated people who are the vast majority of potential clients. There also seems to be some emphasis on getting clients to come to FPAL service sites rather than making them aware that services are available at a number of sites. The system does not now seem able to take credit for clients who are successfully referred elsewhere for services. On a related matter, there is some confusion over the extent to which field workers can become suppliers of contraceptives. While they can provide an initial dispersement of contraceptive pills, it is not clear that they have been given a clear mandate to resupply continuing users.

Prospects:

Adequate supervision is being provided and the field worker program seems ripe for expansion. In Monrovia for example a project should be developed to expand the number of field workers far beyond the present two. The program should also be shifted to emphasize community based efforts over the present IEC orientation. Field workers should be trained and motivated to work with local leadership structures to set up a network of community based distribution points. A system needs to be worked out so that all clients motivated to accept family planning by field workers are credited to the program. Providing field workers with payments based in part on numbers of acceptors could prove a useful incentive for dramatically increasing results. A small operations research study could be developed to test the effectiveness of various payment alternatives.

I.D. Information, Education and Communication Activities

Information, Education and Communication (IEC) efforts are often an integral part of service delivery and policy development. For this reason, several USAID/Liberia supported projects having an IEC component have already been briefly described in previous sections of this report. These and other more IEC specific activities are reviewed in this section.

RAPID Model TV Program

Progress:

Population Communications Services (PSC) provided funding and technical assistance for the production of a 30 minute television program of the simplified version of the RAPID/Liberia model, which began in November 1984. It is being produced by Medex Inc., a local media productions firm. The production is on schedule and will be completed at the end of June. The program will first be pre-screened for special audiences, and then will be shown to the public. An agreement has been made with ELTV for 3 screenings. There will be a post-screening evaluation.

Problems:

There were financial problems at the beginning of the project due to banking and liquidity problems which have since been resolved.

Prospects:

The program will help to create an awareness of population and development issues in the public. Being the first program of its kind, it can also become a model for similar programs in other countries if proven to be successful. The impact on the rural population will be limited as television transmission reaches only within a 50 mile radius of Monrovia, and the number of TV sets is estimated to be 30,000 - 40,000. The lack of video equipment in educational institutions also limits the potential of its use as an educational tool.

PCS/URTNA

Progress:

Four Liberians from FPAL, LRCN, ELBC and LBS attended the PCS/URTNA sponsored Regional Family Health Broadcast Workshop in Nairobi in November 1984. The participants developed a country proposal and have formed a committee on their return to carry follow up activities. Discussion on funding possibilities are underway but the proposal has yet to be finalized and submitted for funding. The project proposal comprises 3 activities: a population/family planning awareness

survey and a 3-day workshop, radio programming for 6 months, and educational materials that will reinforce the radio messages. The costs are estimated to be \$60,000 - 100,000.

Problems:

The Committee members are fully occupied by their other professional activities and have time constraints which have delayed the preparation of the proposal. The proposal has been presented to MPEA but no decision has yet been taken. The costs are prohibitive due to the expenses on LBS air-time. The survey component of the proposal may be beyond the scope of PCS as it includes policy awareness, contraceptive usage and preferences. The policy awareness workshop should go under the RAPID activity. Although the Committee has hoped to begin implementation activities in summer 1985, they are not likely to begin until next year as these issues have yet to be resolved.

Prospects

Liberia is high on the PCS/URTNA priority list and the project preparation activities are well underway. As there is an estimated number of 325,000 radio sets in Liberia and radio transmission coverage is nation-wide with several radio stations operating, and as the majority of the population uses the radio as a source of information and entertainment, the radio can be a most effective media for providing IEC. The impact on the promotion of family planning can be great if it can be backed up by the provision of services. The cost estimate can be reduced by reducing the expensive air-time on LBS and re-allocating the air time on ELWA, and IRCN which will begin broadcasting in June 1986. The cost can be reduced further by narrowing or shifting the focus of the survey and workshop to cover only media usage and impact. Population awareness and contraceptive prevalence will be covered by other research and policy development activities.

IEC Components of Service Delivery Projects

In the assessment of IEC activities carried out at the service delivery points by the Team, it was found that there is a dearth of educational materials. The available materials (poster, booklets, show cards) are poorly designed or inappropriate and do not convey any message effectively.

There is clearly a need for technical assistance and training in the production of IEC materials that are targeted, appropriate, culturally acceptable and of low cost. FPAL employs a part time artist who works under the direction of the IEC officer to produce materials locally. Neither have received any training in materials production and both indicated that they need training in this area. Some

promotional materials can be produced as part of a multi-media campaign, and used to back up radio/TV messages. Materials also need to be produced for use in service delivery by clinic, outreach and field workers, to assist them in IEC activities.

The team witnessed FPAL field workers in their teaching of new clients, and found that although they could discuss the matter with ease, the teaching lacked depth, and the instructions given to the clients were sketchy. No extra effort was made to ensure the understanding of an illiterate and non English speaking client. Technical assistance in IEC techniques and the appropriate use of IEC materials will improve the workers' ability to motivate and instruct clients.

National IEC Plan

A National IEC Plan for population and MCH was prepared in 1984 by a working group based on information gathered by the PCS consultant. Recommendations made were incorporated into a project document for submission to the World Bank for possible financing. The working group identified target audiences, messages and communication channels, research and evaluation requirements, co-ordination mechanisms, support and training required. Plan recommendations also included IEC interventions, background and structural changes in the MH&SW and media and private entities that are involved in family planning IEC activities.

I.E. Commodities Distribution: Prospects for Public and Private Sector Activities

At present, AID funded contraceptive supplies are shipped directly by FPIA to the MH&SW and to various PVOs active in family planning. While there is some movement toward consolidating all supply distribution under the MH&SW, the team believes that it would be in the best interest of program management to maintain some division between public and private sector supply distribution and management.

Within the public sector, the bilaterally funded PHC project operating in southeastern Liberia is charged with responsibility for assisting in the development of a revolving fund system for drug supply distribution. This effort in Grand Gedeh and Sinoe counties will provide a good pilot test for implementing such a system on a national basis. The World Bank Assessment Team has expressed some interest in supporting the nationwide effort to implement such a revolving fund system for supply distribution. Though fraught with difficulties, such a system could solve many public sector supply distribution problems. However, given the active involvement of the USAID funded PHC project and the probable involvement of the World Bank, it will not be necessary for additional population funding. Government family planning service delivery efforts must however be ready to interface with this new system once it is developed and operating throughout various parts of the country. In the meanwhile, USAID/Liberia should continue to assure that adequate stocks of contraceptives are being provided to central MH&SW stores.

Within the private sector however, more direct involvement of USAID/Liberia supported population and family planning activities is called for, particularly in the area of contraceptive social marketing. A social marketing feasibility study prepared in March 1980 points to the probability for success in increasing prevalence in Liberia by marketing lower cost contraceptives through the commercial network.

The assessment team interviewed pharmacists, medicine store owners, government officials, pharmaceutical importers and other individuals to determine if contraceptive social marketing was feasible in Liberia. The response was very encouraging: by marketing low priced contraceptives through pharmacies, medicine stores and other stores in the urban areas, and accompanying such efforts with both point of purchase and mass media advertising (if legalized), people will be motivated to purchase contraceptives.

- o Use the proposed Plan of Action to guide and initiate centrally funded CA activities in the 1985-1987 interim period and as the basis for advancing the bilateral program.

Strategic Recommendations

- o Place increased emphasis on family planning service delivery and forge close linkages between IEC and service delivery efforts
- o Concentrate family planning service delivery efforts in urban areas, particularly Monrovia, where both felt need and potential for rapid impact are greatest
- o Use organizational structures with proven capability for reaching large numbers of people
- o Place high priority on family planning projects which target accessible high risk groups

Programmatic Recommendations

- o Continue activities which support formulation of a population policy for Liberia
- o Expand Family Planning Association of Liberia (FPAL) outreach, motivation, and service delivery activities, especially in the urban area
- o Develop and implement a social marketing program for contraceptives
- o Develop and implement a post-partum family planning project encompassing government, Non-governmental Organizations (NGOs), and private sector facilities and personnel.

These recommendations have been made to prioritize activities in this sector and to assist the Mission in alleviating the management burden for population activities. They provide the basis for a Plan of Action which provides overall direction to the program. Major components of the Action Plan include placing higher priority on Monrovia through an urban Community Based Distribution (CBD) program; targeting women at high risk with a post-partum family planning activity; focusing on adolescent fertility; developing commercial sector activities through social marketing of contraceptives. Development of

It is especially encouraging to the Team to see the extent to which products are marketed even in the smallest villages by Lebanese as well as Liberian traders. That network provides a large base upon which to build a sales effort to communities up-country. Monrovia, through a wide range of sales outlets, holds special promise, and it may be desirable to use Monrovia outlets as a pilot phase for social marketing activities prior to up-country expansion.

The Mission has already moved the social marketing concept along the path of project development by requesting the feasibility study which was carried out in 1980. The team recommends that SOMARC, the centrally funded social marketing contractor, come to Liberia as soon as possible to update the feasibility study and to design and begin implementing a social marketing program. It would also make sense at this stage to utilize the drug supply scheme funded by USAID as leverage with the GOL to obtain necessary permits and approvals.

The social marketing program will need two things to be successful: ability to sell through a variety of commercial outlets, including perhaps women traders, and permission to advertise on the radio. The GOL must be involved in approving a social marketing project and in providing the regulatory changes necessary to accomplish an effective project, but it should not be involved in project design, implementation, supervision or management. The organizational location of the social marketing project should be carefully explored during project development. Aside from the GOL, the Team also believes that FPAL would not be an appropriate home. Time did not permit contacts with the Pharmacists Association to determine what interest and possibilities exist with that group.

The contraceptive social marketing approach is very appealing in Liberia because it offers the best chance of reaching a large number of people through an already existing infrastructure and where market forces push and drive the program. Little long term training and development effort will be needed to make the program operational when compared, for example, with the degree of effort required to resolve problems within the MH&SW to get it providing services effectively.

As a result of the advertising carried out by the social marketing program many people will become more aware of family planning and motivated to seek services. There should be a salutary side effect for other programs as more clients seek services from a variety of service providers.

I.F. Population Research and Family Planning Service
Statistics:

Accomplishments and Priorities

Research seems to be high on the agenda of a number of influential officials interested in population. While recognizing the importance and need for basic research activities, the team recommends that rather than the "research base for action" that one influential figure claimed was needed, greater emphasis be placed on developing an "action base for research". This is essentially the thrust of operations research, and activities in this area would focus primarily on how management can enhance service delivery programs.

USAID/Liberia-supported research has involved support for census data collection and analysis and health assessment surveys. Such data sets provide valuable information for planning and evaluating activities in the health and population sector. The U.S. Census Bureau has provided some initial assistance to the 1984 census and UNFPA is likely to provide assistance for further data processing and analysis. As part of the Westinghouse Family Health and Demographic Surveys Project a nationwide contraceptive prevalence survey is planned for early 1986. It will oversample the two counties in which the PHC project is active in order to provide a baseline for project evaluation. Preliminary tabulations from a MH&SW/FHI survey indicate that among adolescents both in and out of school (ages 14-25) sexual activity and pregnancy rates are very high; contraceptive usage rates among the sexually active vary from a low of 13% for males not in school to 40% among girls enrolled in school. Adolescent fertility has been recognized as an area for special research studies.

Research capabilities in Liberia are at present most developed in the private and educational sectors. The MH&SW and MPEA are both burdened with shortages in trained personnel and computer facilities, and the MPEA is still trying to cope with entry and analysis of the 1984 census. While expressing interest in undertaking more research, FPAL has only one staff member with an inclination toward research and no computer facilities. Research capabilities at the University of Liberia and in the private sector might be more promising. Members of the Department of Regional Planning and of the Demographic Unit of the Department of Sociology and Anthropology have previously been funded to do some policy related research. Computer facilities in Liberia are considerable, but are not widely used for research in the population sector.

This omission is particularly evident in the collection and analysis of family planning service statistics. Service statistics can and should be an integral part of family planning service delivery programs. There are however a number of difficulties in designing, implementing and using an adequate information system, whether the system is manual or computerized. Automating a manual information system that works poorly results only in a computerized information system that does not work at all. This section of the report will focus on the manual information system that is currently in place. It is recommended that the difficulties with it be remedied before any thought is given to computerizing it.

Program activities are typically monitored within five broad categories: volume, coverage, quality, effectiveness, and efficiency. The indicators for measures used in each of these categories are included in the following outline.

1) Volume typically is measured by counts of such items as first visits, revisits, new clients, continuing clients, contraceptive supplies distributed, physical facilities and personnel. These counts can be looked at in total, by clinic site, by fieldworker, by type of method used, or by client characteristics, such as age, parity, method accepted and reason for visit.

The Family Planning Association of Liberia and the Ministry of Health and Social Welfare MCH/FP clinics have at their disposal nearly all the information needed to calculate the majority of these measures. There are however numerous problems, some of which are discussed in the Dondi and Mojidi evaluation of the FPAL Sinoe project (FPIA 04).

First and perhaps foremost, there is no consistency regarding definitions. For example, FPAL and the MH&SW appear to utilize two different definitions for continuing acceptors. For FPAL, an acceptor cannot become a continuing acceptor until one year has passed since her first visit. Within the MH&SW system, an acceptor becomes a continuing acceptor when her current visit falls in the fiscal year following her first visit. At the clinic level, there is also some variation of definitions. Some FPAL clinics, for example, categorize an acceptor as a continuing user on her second visit. There is similarly some variation in definitions of new acceptors. For example, some clinics count users that change methods as new acceptors, others do not.

Indicators of service delivery volume themselves also highlight several problems inherent in current service delivery and record keeping. FPAL, for example, distributed 18,146 cycles of oral contraceptives in 1984 to family planning users. They also reported that 7,385 women used the pill, indicating that the average pill user received slightly less than two and a half cycles for the year. Some of these users (1,983) were new users and cannot be expected to have received cycles for the whole year. Nevertheless, 18,146 cycles is only enough to provide yearlong coverage to 1,395 continuing users. However, FPAL reports there were 5,402 continuing users for the year. There are three possible conclusions: 1) that large numbers of pill users were unprotected much of the year; 2) that FPAL distributed many more pills than reported; or 3) that FPAL saw considerably fewer oral contraceptive users than reported.

Given the problems described with definition and record keeping, the latter conclusion is by far the most likely. There appears, at least on the clinic level, to be some confusion as to whether the data collected are actually client counts or visit counts. At any rate, the disparity between the two figures should immediately alert FPAL staff to the fact that somewhere there is a problem.

Volume indicators for a single month also contain a great deal of useful information. For example, it was found that the MH&SW MCH/FP clinics in Bong County on average distribute only 1.3 cycles to each oral contraceptive acceptor. It therefore seems clear that these clinics for the most part distribute only one cycle per visit to oral contraceptive acceptors. In discussing these results with clinic staff it was found that clinic policy requires monthly visits to insure continued and proper use. This policy also reflects supply problems, as staff feel that they do not have enough supplies on hand to distribute more cycles per visit. While repeated contact with oral contraceptive users is in principle a good idea, it seems quite possible that requiring monthly visits to remain protected is too much of a burden and could have the unintended consequence of discontinued or intermittent oral contraceptive use. The team found little indication that there is any problem at the MH&SW level with receiving supplies and suggest that the distribution patterns to the clinic, in addition to the clinic policy, be modified so as to allow distribution of at least 3 cycles per revisit.

It is worth noting that at present all the clinics within both FPAL and the MH&SW currently collect, in one way or another, all the information required to facilitate accurate collection and standardization of volume measures. Whether found in the visit log, the registration card, or the new MH&SW forms, every clinic records the dates of the first visit and all subsequent visits, and the method dispensed on each visit. To make the data collection system useful, what is needed are well known, formalized definitions of the various acceptor categories and staff retraining regarding what information should be tallied to answer what questions.

2) Coverage typically relates volume counts for clients, supplies or facilities to the number of people who potentially could be covered by the service. As with the volume indicators, the information needed for coverage indicators is also available, albeit somewhat approximate. The basic figure needed for coverage estimates, in addition to reliable volume indicators, is the number of women 15-49. There are at present two readily available estimates of the number for each county, as of 1982: one from projections by the Ministry of Planning and Economic Affairs based on the 1974 census and a 3.3% annual growth rate, another from the Ministry of Health's Bureau of Health and Vital Statistics. Averaging IPPF and UNFPA estimates for Liberia, approximately 45.75% of these women can be expected to be between the ages of 15 and 49. Total population figures can be multiplied by .225 to obtain a similar estimate, when sex specific totals are not available.

Given a reliable estimate of the number of continuing contraceptive users, all indicators of coverage could be easily calculated. As an example on a national level, there were approximately 462,766 women of reproductive age in 1982. The MH&SW reports that in 1982, there were 11,756 new acceptors and 13,227 continuing acceptors of contraception, indicating coverage of approximately 5% of the eligible women.

An estimate of clinic coverage is already available. Thirty-two health facilities in Bong County are available to serve 57,000 women 15-49, or one health facility for every 1,787 women of reproductive age. This coverage indicator may be compared, for example, with that for Sinoe County, where there is one health facility for every 457 women of reproductive age.

3) Measures of quality include the number of user complaints, the amount of method switching, the number of dropouts, discontinuation rates, and the number of accidental pregnancies. Effectiveness uses many of the same measures of coverage and quality, and relates them to program objectives. Quality measures such as continuation rates and coverage measures, such as the proportion of women 15-49 currently using contraceptives are regularly used as indicators of program effectiveness. Coverage indicators such as the proportion of women contacted during outreach become effectiveness indicators when related to the number of contacts that actually become users. Finally, efficiency is generally measured in terms of unit cost, such as clinic cost per method acceptor, cost per clinic session, etc.

It is generally recommended that timely and reliable indicators of volume and coverage be developed and used prior to additional focus on indicators of quality, effectiveness and efficiency. Once indicators of the former are adequately developed, many of the latter indicators can be made readily available. For example, accurate recording of method switching and acceptor categories will permit analyses of method changers and discontinuers within various acceptor groups and methods. Recording of complaints and reasons for method changes would also assist quality assessments, as would recording of accidental pregnancies.

One measure that is not currently available involves the average length of time that family planning acceptors have been at risk of pregnancy. For new acceptors, this could be computed with information such as the date of last birth, although other factors pertaining to breastfeeding and abstention would, under ideal circumstances, also be taken into account.

4) Measures of effectiveness generally rely heavily on measures of coverage and quality. Outreach efforts however can be monitored for effectiveness with information already available. Outreach coverage relates the number of field contacts to the number of women eligible for contact. Outreach effectiveness would be monitored by relating the number of field contacts to the number of contacts that actually come to the clinic for additional family planning supplies. Both FPAL and MH&SW clinics are already ideally set up for such indicators as fieldworkers distribute registration cards with serial numbers that are matched with duplicate cards at the clinic site. Latest figures from FPAL indicate that volume is relatively extensive, with approximately 16,000 contacts per year but that effectiveness is relatively poor, with only about 8% of the field contacts actually coming to the clinic sites.

5) Measures of efficiency may be slightly more complicated. Accurate volume indicators are, as with the other measures, a prerequisite. Personnel efficiency estimates, as indicated in the outline, require in addition accurate lists of full and part time personnel, recording of the hours personnel work, and hours that the clinics are open. Cost efficiency estimates, in addition to accurate volume indicators, require at a minimum accurate recording of total expenses by clinic. Expenses broken down by type, detailing such items as supply costs, personnel costs (salaries, per diem, etc), rent and maintenance costs, and outreach expenditures would also aid in pinpointing certain inefficiencies.

I.G. Training

Training is also an integral part of service delivery and policy development programs and has been described under these sections. There is one additional discrete training project that is not a component of a more comprehensive activity.

JHPIEGO Reproductive Health Training Project

Progress:

This 3-year project began in 1984 and has provided training for 8 core staff of the In-Service Education Division. The project had planned to provide training also to 36 physicians in its first year, but the course did not take place due to administrative problems. The course has now been re-scheduled for the second year, in which 24 physicians, 2 from each county, will be trained in reproductive health including family planning, through a two-week didactic and clinical course.

Problems:

The problems mentioned include transfer of funds, lack of teaching staff, inadequate payment of project and teaching staff, the closing down of University of Liberia and JFK Maternity Center resulting in staff and space shortages for clinical practice, and lack of participants from the counties. It was felt that the project director lacked commitment to the project, and that closer coordination from the part of the CA was required.

Prospects:

A new proposal has been submitted for discussion and comments to project staff and USAID/Liberia. The proposal tries to set more realistic goals and take the problems into consideration. The first workshop may begin in November - December. There may also be a new project director. Current reproductive health training for physicians is limited to curative care, with little if any exposure to family planning services, patient counseling and management. The JHPIEGO program therefore fills a gap that is not covered by the training components of other family planning projects. Although physicians are not the principal service providers, they provide important back-up support and supervision for the nurses, midwives, and paramedics. Careful selection of the participants is important, as the number trained will be small, and only those actively involved in service delivery on the county level should be selected. This training project is not a priority activity and should not expand beyond its present scope.

JHPIEGO has provided short-term training to 19 physicians and nurse/technicians in its U.S. based and regional programs. This will continue in its present form.

II. Overall Recommendations Related to Program Implementation and Project Development

The Mission has expressed to the Team on several occasions that it has serious concerns about management and a strong desire to streamline existing projects in the population/family planning sector. This stems from the limited number of USAID staff who are available to handle both a well funded portfolio of health activities and a large number of small, discrete population/family planning projects.

The Team recognizes that both the management burden experienced by the Mission and the constraints in terms of personnel under which it operates are real. However, the Team also sees that there is tremendous potential for expansion of activities in the population sector, particularly in the area of service delivery. To reconcile this apparent contradiction between the promise of future activities in Liberia and the management constraints of the Mission, the Team has formulated recommendations in three categories:

- 1) procedural--dealing directly with the management issue
- 2) strategic--establishing clear overall directions for activities in population and family planning; and
- 3) programmatic--laying out clear priorities for future projects in Liberia.

Procedural Recommendations:

Formulate a Plan of Action to guide future activities in population and family planning.

Formulation of an action plan is itself a means to improve and streamline program management. By developing a Plan of Action, a course for the future is plotted that provides an approach and generally sets the tone for CA activities in a country. Once formulated, the Plan of Action needs to be revised and updated on a regular basis to reflect changing circumstances and cumulative experiences.

Initiate negotiations for a bilateral program in population and family planning toward implementation in FY 1987

As a major component of the Plan of Action, the bilateral program will serve to consolidate a variety of population and family planning activities under one umbrella. Clearly Mission management responsibilities will increase with a bilateral program in population. However, to alleviate the management burden it is proposed that the bilateral program include funds for a PSC officer to manage the program. Funds could also be allocated for a management contractor to manage, monitor, and coordinate specific activities undertaken through the bilateral project. The bilateral program will also include funds to continue or initiate support for CAs with expertise and experience needed by programs as specified in the Plan of Action.

Use the Plan of Action to guide and initiate centrally-funded CA activities in the 1985-1987 interim period and as the basis for advancing the bilateral program.

CA activities should be continued or initiated in accordance with the Plan of Action. By encouraging appropriate CA involvement in the interim period before the bilateral program begins, full advantage can be taken of present opportunities for meeting population and family planning needs in Liberia. Funds from the bilateral program administered by the selected management contractor will subsequently be transferred to those US-based CAs providing technical assistance and to those local organizations undertaking specific projects. Where technical assistance needs warrant it, CAs can be requested to provide resident staff for particular activities. Such resident staff positions can be initiated with central funds and continued through transfers under the bilateral. The presence of resident technical experts in such areas as social marketing or community based service delivery will further diminish management burdens of the Mission.

Strategic Recommendations

The Team recommends that the following be adopted as the principal goal of the USAID/Liberia population program: to increase effective contraceptive use among the largest number of people in the shortest possible time at the least possible cost.

From this stated goal it follows that the program should seek first to provide services where delivery is easiest and where the likelihood of success is greatest. It also means that the major effort should be focused on organizations or approaches where lesser amounts of long term developmental assistance are required. The specific strategic recommendations are as follows:

Place increased emphasis on family planning service delivery and forge closer linkages between IE&C and service delivery efforts.

Family planning is a concept that is widely known among many segments of the population. What is lacking is good information about how it can be practiced and where services are provided. In the implementation of all USAID/Liberia family planning projects to date greater emphasis seems to have been given to providing information than to markedly increasing the numbers of people who are actually getting service. FPAL, for example, the oldest and best known service provider in the country only provides services to a clientele that averages about 5400 continuing users per year. The time is right now for moving beyond policy and information to services and increases in contraceptive prevalence levels.

Concentrate family planning service delivery efforts in urban areas, particularly Monrovia, where both felt need and potential for rapid impact are greatest.

Most early successes in family planning programs in developing countries have occurred in cities. Not only does the large concentration of people make delivery of services easier, but also the modern socio-economic environment in which people reside effect greater receptivity to birth spacing and limitation practices. In Monrovia, for example, conventional wisdom traditional birth spacing practices have declined more widely and rapidly than in rural areas. Similarly, it would seem that the pronatalist pressures of the extended family structures and traditional agrarian life are rapidly being replaced in Monrovia by counter pressures of nucleated families and a wage labor economy. While change is occurring throughout the country, it is happening faster in Monrovia than anywhere else.

Use organizational structures with proven capability for reaching large numbers of people.

The government is clearly an effective organization for disseminating information throughout the country. Hence, USAID supported efforts to encourage formulation of a population policy are clearly well placed. However, service delivery through government programs is notably deficient in many areas, including health care. Other sectors, both private and commercial, provide more promising avenues for providing family planning services. For example, FPAL has the organizational basis to provide services on a large scale if they had the resources. Furthermore, as many contraceptives are already sold (at relatively high prices) through a variety of retail outlets, utilization of the commercial network should also be seriously considered.

Place high priority on family planning projects which target high risk groups which can be most easily reached.

Health benefits are an important motivating factor for using family planning. Mortality and morbidity of mothers and children increases with parity and decreases with longer birth intervals. Age of mothers is also an added risk factor with those at the youngest and oldest childbearing ages at greatest risk. Family planning projects which can target and serve women who are at particularly high risk of childbearing complications will have a demonstrably positive influence on the health of individuals served and public opinion generally.

Programmatic Recommendations

The strategic recommendations of the previous section are readily translated into specific recommendations for project activities. These are presented in the following:

Continue activities which support formulation of a population policy for Liberia.

In May 1985 USAID/Liberia-supported efforts successfully culminated in a national seminar that recommended the formation of a National Population Commission. The Secretariat of this Commission will have specific responsibility for drafting governmental statements that pertain to population. It is expected that by 1987 a formal population policy will have been finalized and promulgated by the government. The recently signed Pathfinder project agreement will provide adequate support to assist this effort.

Expand FPAL outreach, motivation, and service delivery activities, especially in urban areas.

FPAL has proven capability in running an organization budgeted at over one half million dollars annually. It has an expressed interest in improving its IEC capability. However, the team feels that if this energy and commitment could be more directly linked to service delivery, particularly in the Monrovia area, a great deal could be achieved.

The team was impressed with the outreach activities being undertaken by FPAL field workers. However, the number of people contacted who subsequently receive services is relatively small. To remedy this in the Monrovia area, an expanded effort should be designed that includes:

- 1) increasing the number of field workers from two to between 25 and 50;
- 2) redirecting these activities to be more community-oriented in terms of identifying and establishing community depots to distribute contraceptives;
- 3) testing payment schemes that include remuneration on the basis of the number of clients actually being provided services; and
- 4) developing IEC materials such as flipcharts and pamphlets that will enhance field worker motivational efforts.

The Team was also impressed with the FPAL effort to motivate, counsel, and provide services to young adults in Monrovia. This is one of the first efforts of this type in Africa and should be improved and expanded. The IEC component of this project needs to be more directly linked to the service delivery site at FLY. This could be accomplished by concentrating Family Life Education efforts in schools which are in close proximity to FLY. Also better use could be made of peer counselors by getting them actively involved as youth outreach workers. The family planning clinic at FLY should be open in the evenings and on weekends. The entire program would be improved if FLY could be upgraded to a multi-purpose counselling and recreation center of which family planning services for youths are one part.

Develop and implement a social marketing program for contraceptives.

The commercial sector is the largest provider of contraceptives in the country. Throughout Monrovia and larger upcountry towns, most pharmacies and other drug retailers stock and sell contraceptives. The numbers of people purchasing contraceptives could be substantially increased if prices could be reduced and products could be promoted through mass media and point of sale advertising. A comprehensive social marketing program to make contraceptives more widely known, less costly, and more widely used should be developed as soon as possible. Social marketing efforts through Monrovia retail outlets, including vendors and other retailers, could serve as a pilot phase before expansion up-country.

Develop and implement a post-partum family planning project encompassing government, NGO, and private sector facilities and personnel.

Large numbers of women, and especially many of those at high risk of pregnancy and delivery complications deliver at maternities. Mindful that many of the earliest successes in family planning in Asia were achieved through postpartum motivation and service delivery efforts, a postpartum project has promising potential for Liberia. The government maternity center at JFK, the obstetric facilities of a number of organizations in CHAL, and the maternities operated by private physicians and certified midwives in Monrovia would all appear appropriate sites for development of post-partum family planning efforts.

Beyond services provided in fixed facilities, traditional midwives continue to provide home delivery services to large numbers in Monrovia as well as upcountry. The government has been involved in training traditional midwives to improve their obstetric techniques for more than 30 years. These extensive experiences provide a promising basis for extension of training to include motivation for and delivery of family planning services. A pilot project with traditional midwives in Monrovia, working through the MH&SW and the Association of Traditional Midwives, could provide a basis for subsequent expansion up-country.

III. Summary and Conclusions: A Plan of Action for Population and Family Planning Activities in Liberia

Introduction

The USAID assessment team has looked at many possible approaches to development of a broad spectrum program for population and family planning in Liberia. The team recommends that an expanded centrally-funded program (provided that there are adequate central resources) begin immediately to work with three service provider sectors:

- 1) the public sector (MH & SW)
- 2) the PVO sector (FPAL)
- 3) the commercial sector (social marketing)

Fortunately in Liberia both the PVO and commercial sectors are either strong or provide a firm base upon which to build. There is also some general agreement that effective service delivery by the public sector will require longer time and more intense support, including technical assistance.

Implementation of these recommendations will entail an increase in cooperating agency presence in Liberia and an increased management burden. However, the team is recommending additional management assistance as well. There are two possible mechanisms for managing and consolidating the activities to be subsumed under the bilateral:

- 1) The PSC officer funded through the bilateral would assume major responsibility for managing, monitoring and coordinating sub-projects and CA technical assistance inputs funded through the bilateral.
- 2) Under the bilateral, an RFP would be tendered for a Central Management contractor to coordinate and monitor sub-project activities and technical assistance inputs of CAs. In this case, only overall management of the Central Management Contractor would be undertaken by the PSC.

The specific mechanism that is most appropriate for Mission management and Liberian programmatic needs is an issue that needs to be carefully considered by the PID and PP design teams.

The team suggests that once this action plan is agreed upon by the Mission, USAID/Liberia host a meeting in Monrovia with participant CAs to explain the plan, the objectives, the working styles and approaches expected by the Mission. Subsequently meetings should be held periodically with the CAs to review progress, to promote coordination to ensure adherence to Mission Policies, and to define mission monitoring role.

Plan of Action

As stated above, the overall goal of the Plan of Action is to get the largest number of Liberians using reliable family planning methods in the shortest possible time at the least possible cost. Wherever possible, the private sector infrastructure including both PVOs and commercial channels will be used, but continuing support will also be provided for some governmental activities in population and family planning. This approach is in line with AID/W policies for population activities and Agency policies for transferring wherever possible burdens and responsibilities for AID-funded programs to private sector organizations in preference to public sector.

It is anticipated that a bilateral project will be developed to begin in FY 87. The majority of bilateral project funding will be in the form of earmarked "buy-ins" to centrally funded projects to cover the costs of implementing the longterm action plan. Responsibility for accounting, audits and evaluations would fall to central management of the CAs. It is felt that the CA approach provides a depth of experience and ability which would be hard to duplicate from one single contract source.

The Plan of Action calls for the development of centrally funded projects in limited, high priority areas prior to the approval of the bilateral project. This will enable the mission to speed up program development by at least a year and will provide additional experience for the design of the bilateral project.

The attached Implementation Schedule provides the Team estimates of approximate timing for initiating activities within the Plan of Action. The Plan of Action builds upon experiences to date with centrally-funded sub-projects in Liberia, as well as experiences elsewhere. Of the current CA sub-projects, the Team feels that all of them should run their courses. Many of these activities will end this year, and it would be disruptive to host country institutions to face earlier termination of support.

I. Policy. In the Policy area, USAID/Liberia has made important and substantive contributions through the centrally funded activities. It is not recommended that new policy actions take place, but that through existing funding, Pathfinder continue its support to the National Committee for Population Activities. In addition, as part of its on-going policy dialogue, USAID can address population policy issues such as importation duties on contraceptives and user fees, as they emerge in the course of service implementation.

II. Service Delivery. AID supported family planning service delivery activities are designed to implement current Agency policy of emphasizing participation of the private sector. It is the Team's feeling that this approach is particularly suited to Liberia since the capability of the private sector (both PVOs and commercial components) to implement successful service delivery appears greater than that of the public sector. The World Bank and UNFPA both plan population projects that are likely to support service delivery through the Ministry of Health and Social Welfare. In addition, the USAID bilateral project in PHC will integrate family planning into the rural health delivery system. Taken together these various activities reduce the need for USAID population sector funding to the public sector. While the public sector will focus on rural areas, AID service delivery activities should initially focus on Monrovia.

A) Public Sector. A full range of contraceptives should be provided to the MH & SW for public sector programs. Until the bilateral project begins, these may be provided by FPIA. After the bilateral, mission buy-in will insure continued procurement and supply of the same commodities. (Note that supply of contraceptives to the private sector should not be channelled through the GOL.) With the same funding arrangement as for the public sector, contraceptives to the private sector should be shipped directly to sub-project activities or to a central private commercial organization contracted to warehouse and distribute commodities.

The ongoing bilateral Liberian Primary Health Care (PHC) Project has a population component. It is planned that the project will provide contraceptives and support for provision of family planning services in two rural counties, Grand Gedeh and Sinoe, as part of a PHC package. This project is channeled through the MH&SW and thus represents an important component of USAID/Liberia support for public sector family planning programs. As such, the Mission should review the planned use of population funds in the PHC Project to ensure that funds are used to derive maximum benefit in terms of family planning users.

In addition, the team recommends the development of a Post Partum Program. The purpose of the post-partum program will be to make family planning information and services readily available to women at high risk and to those in need of child spacing. Initial efforts should be concentrated in Monrovia. However expansion to up-country facilities and areas may be undertaken when appropriate.

Given the MH & SW support for maternity care through both clinic based facilities and an extension program for training traditional midwives, post partum services may be initiated with MH & SW. However, because major hospitals and many private practitioners also provide maternity care, post partum activity should also encompass the private sector. CHAL would be an appropriate organization to extend post-partum services to mission hospitals and the Association of Certified Midwives for extending into private practices.

Facility based post-partum efforts would involve selection, training, and supervision of educator/motivators to provide individual and group counseling for newly delivered mothers. Where possible, counseling efforts would also be undertaken during the prenatal period. On site family planning service delivery would be provided and follow-up and referral mechanisms would be developed. As large numbers of high risk women deliver at government or private maternities, the post-partum family planning program would be well targetted. Nevertheless, because the majority of deliveries in Monrovia as well as upcountry take place in homes with traditional midwives in attendance, efforts to incorporate family planning into the training and practice of TBA's are also appropriate. All of these activities should be undertaken on a pilot basis in Monrovia.

To develop efficient programs, general technical assistance as well as specific operations research inputs will be needed. Other assistance which may be needed within a post partum program may be in the area of surgical contraception and maternity monitoring records.

B) PVO Sector. The PVOs in Liberia include such organizations as FPAL, CHAL, and the National Catholic Secretariat. Other groups which fall within this classification and with whom some sub-projects might be developed include: Women's Associations, Certified Midwives Association, Traditional Midwives Association, Medical Association, and the Pharmacists Association. As sub-projects are developed appropriate PVOs should be identified and explored.

The following sub-project is proposed for service delivery with the major PVO in family planning:

FPAL. Improve the service delivery capability of FPAL. Building on a good foundation within FPAL and experiences to date with field workers, an urban CBD service delivery activity will be developed. This will improve FPAL's ability to provide services within metropolitan Monrovia using people within various communities to promote and provide family planning services out of their homes and through door to door visits. In a separate effort, FPIA support for young adults will be refined to make it more productive. It may be possible to incorporate the young adult activities into an overall project in support of FPAL service delivery. Limited technical assistance and funding for problem solving may be needed to enhance the success of the service delivery activities. Ancillary support for training and IE&C may be provided by other specialized CAs.

C) Commercial Sector. The second sub-sector is the commercial component, consisting of pharmacies, private physicians, private for profit clinics, merchants, traders, market women, pharmaceutical distributors, businesses, industries and concessionaires (such as Firestone and LAMCO). For this component profit is the motive for providing services. Where it is seen that profit will be gained by promoting family planning, these groups will readily begin doing so. After an initial push, only minimal on-going support is generally needed to keep services flowing effectively through the commercial sector.

To sell contraceptives through pharmacies, medicine stores, food stores, shops, and in the market place at low cost, and to help develop advertising (radio, TV, billboards) and point of purchase advertising, it is recommended that a contraceptive social marketing program be developed. The CSM project would initially be funded by SOMARC and would provide the complete package of assistance including resident technical advisor, funding, project design, supervision for project implementation, and contraceptives.

Activity	Purpose	Timeframe	US Organizations		Liberian Organization
			Lead	Supporting	
Assessment Team Report	Assess previous fp activities and make recommendations for future	June 85	Columbia U	USATD/Liberia REDSO/WCA S&T/POP	-
PID	Initial step toward Bilateral project	Nov 85	USATD/Liberia	REDSO/WCA S&T/POP	National Committee for Pop Activities
Project Monitoring/Exploration/Development Visits	CA visits to monitor on-going projects and/or explore potential for new projects in areas of social marketing, urban CBD, Youth, and Postpartum	Sept 85- Dec 85	- - -	FPAT, SOMARC Pathfinder Columbia U	FPAT, MI & SW Commercial entities
CA Coordination Meeting	Plans for on-going projects and new project developments	Jan 86	USATD/Liberia	S&T/POP, all CAs involved in Liberia	National Com. for Pop. Activities
Finalize Proposals for New Projects	To allocate funds and identify TA needs for new projects	Feb 86	-	-	FPAT/MI & SW
Social Marketing	Implement Project	Mar 86- Sept 86	SOMARC	S&T/POP	To be identified
Urban CBD	Implement Project	April 86- Sept 86	CA to be determined	S&T/POP, other CAs	FPAT.
Youth Project	Implement redesigned Project	April 86- Sept 86	CA to be determined	S&T/POP other CAs	FPAT.
Post Partum Project	Implement	April 86- Sept 86	Columbia U	S&T/POP, other CAs, AVS, JIPTECO	MI & SW/CIAT.
PP	Design/authorize	April 86	USATD/Liberia	REDSO/WCA	ISTI
Implement Bilateral Project	Consolidate projects and make funds available for local organizations to carry on activities and for CAs to continue provision of TA	Oct 86- Sep 91	USATD/Liberia	All CAs	FPAT, MI & SW, Private business to be determined

CENTRALLY FUNDED POPULATION & FAMILY PLANNING PROJECT IN LIBERIA (MAY 1985)

ORGANIZATION	TITLE/COOPERATING INSTITUTION(S)/PROJECT OBJECTIVES/ACTIVITIES	END DATES
Family Planning International Assistance	<p>- FPIA 01 Family Health Training Project - MH&SW. To provide MCH/FPL training in IEC and service delivery to health field personnel and health trainers; to expand services; to provide FPL commodities.</p>	Nov. 1985 - 86
- FPIA 03	<p>Rural Family Health Project - Christ Pentecostal Church To provide IEC, counselling and FPL service delivery to Sasso-town area.</p>	Jan. 1987
- FPIA 04	<p>Family Planning Motivation & Service - FPAL and FLY To provide FPL services, IEC counselling, contraceptive services in Sinoe County (Greenville area); to provide planned parenthood education and counselling services to high school students in Monrovia.</p>	Dec. 1986
Pathfinder	<p>Preventive Medical Services Project (PMS) - MH&SW/BPS To improve health of rural Liberians by providing MCH/FPL services, including nutrition & health education.</p>	Completed Oct. 1984
IFFLP	<p>Population Awareness/Population Policy Project - MPEA/National Committee on Population Activities.</p>	Mar. 85 - Mar. 86
IFFLP	<p>Family Life Promotion/Natural Family Planning - National Catholic Secretariat. To develop a NFP training & service program.</p>	1983 - 85
JHPIEGO	<p>Reproductive Health Training Program - MH&SW To train physicians and in-service training personnel in reproductive health.</p>	1984 - 86
JHU/PCS	<p>Consultant services for IEC Plan; film exchange; simplification of RAPID model; follow-up of URTNA Workshop.</p>	1984 - 85
RAPID/Futures	<p>Population Awareness Activities - MPEA/National Committee on Population Activities.</p>	Oct. 84 - 85

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ORGANIZATION	TITLE/COOPERATING INSTITUTION(S)/PROJECT OBJECTIVES/ACTIVITIES	END DATE
Bureau of Census	Training for processing & analysis of census data	1984
Family Health & Demographic Surveys Project	Developing HIS for PHC Project	End 1984
Family Health International	Contraceptive Prevalence/PHC Baseline Survey	End 1984 - 1986
Family Health International	Adolescent Fertility Study (MH&SW) Maternity Care Monitoring Study (JFK/MC & FHD)	1984 - 1986

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USAID/LIBERIA POPULATION/FAMILY PLANNING ASSESSMENT

May 6 - 24, 1985

STATEMENT OF WORKA. Background

USAID/Liberia has been involved in population and family planning projects in Liberia for some twenty years, through a variety of centrally-funded projects. Currently there are approximately twelve discrete projects or programs being carried out with AID resources through ten participating organizations. In addition, other population and family planning activities are being carried out by the Family Planning Association of Liberia, with funding from IPPF; and other activities are funded through UNFPA. A proposal is currently being prepared by the GOL for presentation to the World Bank for funding an umbrella project which includes a population component and a family planning/MCH IEC component.

Because of the rapid proliferation of AID-funded population family planning activities in recent years, and because of recent increased receptivity to population and family planning programs on the part of the Government of Liberia and of the population at large, USAID/Liberia plans to carry out an assessment of current and planned population/family planning activities, with a view toward consolidating the AID portfolio in this sector in order to conserve resources and to improve the impact of these programs.

B. Objectives

The objectives of the POP/FP Assessment include the following key areas:

- To assess the effectiveness of on-going population and family planning activities in Liberia;
- To identify areas of need not currently addressed by population/family planning programs;
- To identify areas of redundancy in current and planned population/family planning activities;
- To assess current and potential demand for family planning services;
- To identify areas requiring additional research and improved evaluation/record-keeping;
- To suggest new approaches to financing and delivery of family planning services;
- To suggest means of consolidating/coordinating POP/FP programs and services.

C. Scope of Work

A Population/Family Planning Team of 4-5 persons will be required for approximately 3 weeks to carry out the above-listed objectives. It is expected that the team will be composed of individuals with expertise in the following areas: population policy and awareness; family planning training and service delivery; research, evaluation and record-keeping; information, education and communication; commodity supply management; and non-traditional approaches to delivery of family planning services (community-based distribution, commercial retail sales, and other new approaches to financing and delivery of services). It is anticipated that in a period of three weeks the Assessment Team will review documents assembled by the USAID/Liberia Health and Population Division; visit selected sites with on-going population and family planning activities; interview selected Liberian officials and private sector representatives; and draft a report for USAID/Liberia, addressing the seven objectives outlined in section B above and dealing with each of the six technical areas outlined in this section.

After USAID/Liberia review and comment on the draft report, a final version of the report will be completed within two weeks of receiving Mission comments, and will be sent to USAID/Liberia (10 copies).

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Appendix 3 List of Persons Contacted

Family Planning Association of Liberia

Mrs. Wokie Turkett-Stewart, Executive Director
Mrs. Cecilia Nema, National Program Coordinator
Mr. Aloysius Taylor, Program Officer/Evaluation
Mr. Shore, Program Officer/Finance
Mr. Gabriel Hina, Program Officer/IEC
Ms. Dorothy Dakagboi, Area Coordinator/Bong County
Mrs Walker, Fieldworker/Monrovia
Ms. Whynetta Massaquoi, Fieldworker/Bong County
Mr. Benson, Legal Advisor, FPAL Committee/Bong

Christian Health Association of Liberia

Mrs. Jeanette Kpissay, Consultant to MH&SW

Christ Pentacostal Church

Bishop W. N. Dixon

Natural Family Planning

Mrs. Rosalind Wesley, Director
Mrs. Aysna Sayberg, Regional Supervisor/Nimba
6 NFP teachers/Nimba, Montserrado

Federation of Liberian Youth

Sylvester O. Jah, Deputy Secretary General
G. Clarence Eastman, Asst. Secretary General for Program and Information

Ministry of Planning and Economic Affairs

Mr. Phillip Gadegbeku, Senior Statistician
Mr. Edward Liberty, Assistant Minister for Statistics
Mr. A. Massalee, Director, Population and Demography Division

Ministry of Health and Social Welfare

Dr. A.R. Massaquoi, Deputy Chief Medical Officer
Mrs. Joyce Sherman, Director Family Health Division
Mrs. Mary Bropleh, Deputy Chief Nursing Officer; Chairperson, Project
Preparation Coordinating Committee
Mrs. Leonora Gant, FPIA Project Co-ordinator
Mr. Henry Salifu, Administrator

John F. Kennedy Medical Center

Dr. Patricia Devine, Acting Director, Maternity Center

Phebe Hospital

Dr. David, County Health Officer
Ms. Gormah Cole, Family Planning Coordinator
Mr. John Miller, Supervisor, OPD

Ganta Health Clinic

Mr. Joseph Glay,

Cuttington University College

Mrs. Elizabeth Mulbah, Dean, Faculty of Nursing

Primary Health Care Project

Mr. Dick Blakney, Medex PHC Team Member

Mr. Seymour Greben, MEDEX Consultant

University of Liberia

Dr. George Botchie, Director, Department of Regional Planning

Prof. Dampsey, Department of Regional Planning

Prof. Jonas Kokor, Department of Regional Planning

Prof. Steven Owusu, Department of Regional Planning

Midwives

Mrs. Peabody, TBA Trainer, Gbarnga

Mrs. Beatrice Barmadia, Monrovia

MEDEX, Inc.

Mrs. Weade Wureh, Director

Mohan's Medical Ltd.

Raj Mohan,

UNFPA Assessment Team

Mr. Charles Ejiofor, Senior Population Officer, UNFPA/New York

Dr. Fitzroy Joseph, Consultant

Mr. Robert Peterson, Consultant

Mr. Bill Musoke, Program Officer, UNFPA/New York

Mr. Charles B. Caine, Program Assistant, UNDP/Liberia

World Bank Assessment Team

Mr. Jack Kisa, Projects Officer, World Bank

Mr. Stewart Cunningham, Health Consultant

Ms. Cathie Fogle, Operations Assistant, Population Health and Nutrition E

Mr. Hari Aggarival, Loan Officer

PMS Project

Chris Schirber, Project Administrator

Liberia Rural Communications Network (LRCN)

Mrs. Florida Traub, Director

Appendix 4

Bilateral Project Requirements

Drawing on the analysis contained in the body of the report, the team recommends the following activities be covered in the bilateral project paper assuming a life of project of five years and a project budget of between five to seven million dollars:

1) Project management structure (1 or 2 expatriate staff and four local staff to adequately provide guidance for project inputs-----	\$1,500,000
2) Contraceptives for Public Sector-----	\$ 750,000
3) Contraceptives for Social Marketing-----	\$ 750,000
4) Social Marketing Management and PR-----	\$ 500,000
5) Postpartum Project and evaluation-----	\$ 500,000
6) Urban CBD OR effort-----	\$ 500,000
7) Youth Project _____	\$ 200,000
Total	\$4,700,000

This illustrative budget will require extensive analysis during the PID stage.

Based on the team's discussion, the following are estimated human resource requirements for the PID design:

Title	Source	Primary Responsibilities
PDO (Half-time)	USAID	Packaging of the PID Economic Analysis Social Soundness Procurement modes Relationship to CDSS Team leader
Health Officer (Half-time)	USAID	Negotiations with HC institutions Implementation plan Review of Technical Analysis
Population Officer	REDSO	Review ongoing/potential activities Assist in social soundness analysis
Family Planning Program Expert	ISTI/AID/W	Review ongoing/potential activities Review contraceptive requirements Assess FPAL, MH & SW capability Review IEC/PR plans
Management Expert	ISTI	Review overall management needs and requirements Design overall project management structure Review and design logistics system Quantify contraceptive needs

It is also recognized that the team could profit from individual consultant reports, specifically on the IEC plan for the family planning programs and the advertising campaign for the Social Marketing plan; but this need does not warrant inclusion of such a person on the team. Substantive trip reports from CAs who visit in the interim should also be available as input documents.