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MEMORANDUM

To: Gerold van der Vlugt, Chief
AFR/TR/HPN

Thru: Jack Thomas, Deputy Chief
AFR/TR/HPN

From: Paul Cohn, AFR/TR/HPN

Date: 25 February, 1986

Re: Trip Report; January 30/Feb. 13 TDY to Liberia

PURPOSE

I visited to assist the Mission in conceptualizing and pre-design planning for a population project established in the ABS for FY 87 and, as TR/HPN health and population backstop, to familiarize myself with the activities in those sectors. This TDY was planned to coincide with a visit by Joyce Holfeld, REDSO/WCA Regional Population Officer and representatives of SOMARC, Pathfinder, and IPPF.

SUMMARY

The recommendations of the May, 1985, assessment team continue as valid. We concluded, in terms of the potential new population start, that there is a strong need for expanded population activities, that the climate is receptive, that there is a cadre of capable individuals to implement such activities and that there is a choice of capable organizations that could serve as project vehicles. We recommended that such activities be Mission funded rather than composed of multiple centrally-funded activities and that the core activities consist of an Information, Education and Communication (IE&C) component, a Community Based Distribution (CBD) component, a commodities procurement component, a private sector social marketing component, a post-partum component, and an operational research component. The full report including a schedule of organizations contacted and a tentative design schedule are appended to this memo.

The report was discussed with the Mission prior to departure at which time the Mission was planning to proceed with the design process. A decision to fund, however, depends partially upon the merits of the activities and partially on other factors including AID budget allocations and relations between the two governments. The coffers of the GOL are bare with no improvement in sight. The GOL has retrenched by decreasing

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services and staff at the same that the Congress of the US has questioned the validity of the recent Liberian elections and suggested a reduction in Mission OYB. The Mission is in the process of examining its strategy in light of these changes and in preparation for the next CDSS due January, 1987. As this project design would fall during this period of Mission strategy review and evaluation, it is a good vehicle to be used to reflect decisions taken.

Next, I looked at the South East Regional Primary Health Care Project (SER PHC), 669-0165. The Mission has scheduled an external evaluation and redesign for March, 1986, due in part to a substantial shortfall in the GOL contribution of counterpart funds and personnel. The output requested by the Mission is a PP amendment modifying and simplifying the project and adapting it to current reality.

It should be noted that, thanks to the project and the Mission, the GOL has adopted a new fiscal policy that allows the health ministry (MOHSW) to charge for services and drugs dispensed and lets the unit that charges retain the fees and reprogram them instead of returning it to the Treasury. This policy will play an important role in the section of the redesign that deals with the financing of recurrent costs.

Lastly, I took a field trip with members of the CCCD Project sampling team measuring immunization levels. National Vaccination Week was held the last week in January and was deemed a huge success raising morale throughout the GOL. An external project evaluation is scheduled for the last week of February.

FY 87 POPULATION PROJECT

The above Summary plus the attached Recommendations report our activities during this segment of the TDY. Two items remain to be mentioned in this section.

This potential project has been referred to as a bilateral project. The planning group the Mission has established (membership roster attached) is called the USAID Bilateral Family Planning Planning Group. Should the Mission adopt these recommendations, the only government-to-government activities would be the provision of contraceptives to the GOL and certain activities in the post-partum component to be carried out by the GOL thru the MOHSW. It seems to me that an issue to be studied and resolved during the design process is that of the degree to which the GOL would be formally involved outside of these specific activities. Will the GOL be the grantee and subcontract the activities to the private sector altho the

majority of recommended activities will not occur in the public sector? Would the GOL be directly involved only with part of the post partum program? Would a GOL representative sit on the board of the social marketing program? Is the use of the word "bilateral" correct at this point? I find this subject intriguing and look forward to seeing how the question will be formulated and resolved.

The Bilateral Family Planning Group has been influential in having the GOL consider the establishment of an official Population Commission. Head of State Doe and the legislature are considering the merits of such a group now. I was told that the GOL will act on it, negatively or positively, in March. It is not known whether some or all of the members of this group will be requested to sit on the Commission if enacted. It is envisioned that this Commission would establish population policies for Liberia and be responsible for coordinating population assistance to the country. This has to be factored in to the design process and to consideration of the issue raised in the previous paragraph. What will the policy of this Commission be towards all population sector assistance? Will it want all population assistance to be granted to it? Will all assistance have to have the approval of the Commission?

SER PHC (669-0165)

The project was obligated in August, 1983. MEDEX won the technical assistance contract and has a five person team on site the first of whom arrived in August, 1984. Implementation is behind schedule. The project is experiencing shortfalls in the provision of counterpart funds and trained personnel by the GOL. The GOL budget contribution for this project year will be \$372,036 instead of the \$2.1 originally programmed. Ten trained physician assistants will be provided to the two target counties instead of the thirty-five originally agreed upon. MOHSW staff not laid off have not been paid since November. There is no money for per diems, gasoline, drugs, supplies nor for utilities bills altho the last is not of immediate importance as electrical current is supplied only intermittently.

I attended a quarterly meeting of the SER PHC Sub-Committee, an advisory group composed of WHO and Mission representatives, project staff, MOHSW deputy and assistant ministers and MEDEX staff. This group did a thorough and lengthy review of progress, problems and implementation activities for the next quarter. Despite the financial and morale problems, this group was very spirited, well informed, up to date on their information and enthusiastic about progress for the next quarter.

The Mission has scheduled an evaluation/redesign exercise for March and April that will result in a simplified project adapted to the current reality that will reflect the GOL retrenchment and the changing interpretation of the "special relationship" between Liberia and the USA. The Mission is aware that the Agency emphasis on oral rehydration and immunizations as part of the Child Survival strategy should figure centrally in a PP amendment. Betsy Brown, Health Officer, has been thinking about several possibilities and is keenly interested in working closely with the evaluation team. There have been several notable successes due to the project and the Mission. The MOHSW has adopted a basic drug list. Construction will start shortly on the new central drug warehouse. The GOL has adopted a new and very important fiscal policy; services and drugs provided to clients can be charged for and the income can be incorporated into the providing unit's operating budget instead of being returned to the GOL Treasury. The implications of this policy are central to the redesign team's considerations of recurrent cost financing. Alternative methods of implementation should be compared in an operational research project.

I accompanied Betsy Brown on a field trip to Robertsport for a CCCD immunization level survey altho I did not accompany the team in the field. I toured both the new and the old MOHSW county hospitals located there. The new one was completed two years ago, a World Bank project. The facility is well planned and built and has been sitting vacant for two years. It was built one mile outside of town on the crest of a hill and has a beautiful view. There are no funds for extending water from the pumping facility located halfway towards Robertsport nor to connect the facility with the electrical power system. Public transportation is not available for staff nor for patients from Robertsport. The old hospital has one section that was originally constructed as a missionary hospital fifty years ago and a second section that was originally constructed as a W.W.II U.S. Army field hospital. It has approximately seventy-five beds, no MOHSW-supplied drugs and usually has between zero and two beds occupied. The new County Medical Officer has spruced up the premises as best possible but the structure is so dilapidated that it looks as if it is deciding whether to disintegrate or slide down the hill or both in the next rain.

This hospital and other hospitals and clinics have obtained drugs imaginatively. They have obtained some from donor agencies and have spent their own funds to buy others and

dispense them but charge for them. Essentially, they have used their own capital to start small revolving drug accounts. The public who use the facilities have responded positively and are paying the charges.

CCCD PROJECT

The project scheduled a six county sample of immunization levels to begin February 7. The MOHSW Interim Project Manager, Dr. Rose MacCauley, was informed on Feb. 5 that the medical students originally scheduled to do the survey could not be made available. Dr. MacCauley scoured the Ministry and produced some fifty substitutes who entered a training course the next day and started the survey in the county that contains Monrovia the following day. Despite not having received sufficient counterpart funds for gasoline and per diems, sufficient funds were obtained the morning of Feb. 10 so that the surveyors could continue in the rural counties. I was not there when they finished sampling so cannot report on the findings.

cc: USAID/Monrovia; MRugh, BBrown
REDSO/WCA; JHolfeld, JShepperd
AFR/CCWA; CSteele
AFR/RA; JDavis
AFR/PD; CShorter

MEMORANDUM

To: Betsy Brown, HRD
Javed Ahmad, HRD

From: Joyce Holfeld, Regional Population Officer, REDSO/WCA
Paul Cohn, Health and Population Officer, AFR/TR/HPN

Date: 7 February, 1986

Re: Recommendations For an FY 87 Population Project
Resulting from Feb. 2 thru Feb. 7 TDY to USAID/ Monrovia

ORGANIZATIONS AND REPRESENTATIVES SEEN

1. USAID/Monrovia: Mary Kilgour, Michael Rugh, Doug Kline, Stan Handleman, Betsy Brown, Javed Ahmad, Jenkins Cooper
2. REDSO/WCA: Neil Edin (during TDY to USAID/Monrovia)
3. Pathfinder: James Crawford, Dr. Ayo Ajayi
4. IPPF: Joe Koroma
5. Westinghouse Health and Demographic Survey Project: Dr. Ann Way
6. Christ Pentacostal Church: Bishop W. N. Dixon
7. Ministry of Planning and Economic Affairs: Assistant Minister Edward Liberty
8. Ministry of Health and Social Welfare: Deputy Minister General Barclay, Deputy Minister Dr. Ivan Camanor, Director of Family Health Division Marian Subah, Project Manager of SER PHC (669-0165) Dr. MacArthur Wolo
9. Ministry of Labour: Family Life Education Project Director Mrs. Lucy Page
10. Family Planning Association of Liberia: Director Mrs. Wokie Turkett-Stewart, Board President Mrs. Florida Traub, and all division directors
11. Pharmaceutical Association of Liberia: President Mr. Seth Akiti
12. Liberia Rural Communications Network: Program Director Mr. Mac Hill Project Director Mrs. Florida Traub
13. Natural Family Planning Project: Mrs. Roselind Wesley
14. Liberian Medical/Dental Association President and WHO Representative: Dr. Wilfred Boayue

OBSERVATIONS AND CONCLUSIONS

The following observations are based upon our discussions with the above people and the excellent briefing provided us by Javed Ahmad and Betsy Brown.

1. Based upon discussions with the above people plus a survey of demographic data and review of documents, we reaffirm the conclusions and recommendations of the May 1985 Assessment Team.
2. We think that there is a strong need for a population project that will provide information and education about family planning methods and increase the availability of services and contraceptives so all interested Liberians can have family planning services as a readily available option.
3. We conclude that the political and social atmosphere is ripe for expanding services in the population sector.
4. We think that there is a cadre of interested, committed, motivated and well trained individuals available to work in a population program and that there is a choice of capable organizations as project vehicles.
5. We think that there will be a demand for family planning services. We have made rough estimates that contraceptives are being used at least sporadically by ten percent of people in the child bearing ages with oral contraceptives being the most employed method. This is a low prevalence rate but does indicate existing interest, knowledge and use.
6. We think there is a large adolescent population that is sexually active with a high pregnancy and illegal abortion rate.
7. We applaud the assistance of the Mission in the establishment of a Population Advisory Committee composed of representatives of all organizations, Liberian and off-shore, with existing or planned population programs. The list of participants is attached to this report.
8. We conclude that the population component of the South East Region Primary Health Care Project (669-0165) and this recommended population program are complementary activities and can be easily coordinated.

RECOMMENDATIONS

Based on an extensive document review and the above discussions, observations and conclusions, we make the following recommendations:

Mission Population Sector Support

- That the Mission support an FY 87 population sector project.
- That the Mission also support an appropriate family planning component in the redesign of the primary health care project.
- That Mission staff carefully examine the components of the population project and actively participate in project development to ensure consistency with the mission strategy (eg. 1986 Concept Paper and 1987 Country Development Strategy Statement).
- That the population effort be a comprehensive Mission funded endeavor rather than composed of multiple centrally funded activities. If the project is not a Mission-funded effort, centrally funded activities should be coordinated, directed and carefully orchestrated by the Mission.
- That the Mission continue to encourage and support coordination efforts in the population/family planning area with other in-country public and private sector organizations and international donor agencies, as is currently being done through the bilateral coordinating committee.

Population Project Focus

- That the project focus on the urban areas, first in Montserrado county (where 25% of the entire population resides), the expanding to other urban areas, and eventually moving to nationwide coverage.
- That the project primarily use private sector organizations for implementation because:
 - a) the public sector population/family planning programs are (or will be) funded by the World Bank or by UNFPA.
 - b) experience around the world has shown that private sector programs are generally more responsive, more flexible, less expensive, more effective and more cost-effective than public sector programs.
 - c) use of the private sector is an AID priority.
 - d) private sector involvement for USAID/Monrovia projects has been expressed as a primary interest by a congressional committee.

- That the project support governmental efforts only where there are obvious gaps or complementary program priorities for AID.

Population Project Components

- That the project primarily use the community based distribution (CBD) and Commercial Retail Sales (CRS) models because:
 - a) these approaches are cost effective; and
 - b) worldwide experience has shown that only a small percentage of the population is reached through static health/family planning facilities.
- That the project develop, in both the public and private sectors, a post-partum program which offers the full range of contraceptive choices (temporary and permanent methods).
- That the project include a component directed to youths (age 15 - 24) given the large adolescent population and high pregnancy rate.
- That all project approaches (eg. CBD, CRS, postpartum, youth, etc.) be adapted to the specific Liberian setting and not be standard, packaged approaches developed elsewhere.
- That the project have an operations research component for action-oriented problem solving and long term strategy development.
- That the project have a strong evaluation component including on-going assessment mechanisms as well as an end-of-project evaluation.
- That the project develop a management information system linking service statistics with project evaluation.
- That the project design team investigate the feasibility of supporting other complementary project activities (eg. policy development, special training, preservice curriculum development, special technical assistance etc.) which can be either Mission or centrally funded project activities.

Project Design - Management Considerations

- That the Mission consider an implementing agency structure which will offer the least management burden to the Mission.

- That the Mission consider and decide on a funding obligation mode which will offer least mission management burden. Basically, three options are available:
 - a) Option 1: Centrally funded buy-in
 - b) Option 2: Mission grant or cooperative agreement
 - c) Option 3: Mission contract.

Pros and cons of each should be carefully weighed and best mechanism using one or all options selected.

- That, regardless of management structure or obligation mode selected, the project have a full-time project monitor, preferably a US Direct Hire.
- That the Mission consider reserving the purchase of project commodities through the ST/POP buy-in to the central contraceptive procurement contract as its direct responsibility.

Project Design - Program Issues

- That the IEC activities of all program components be carefully coordinated with the available resources of the Liberian Rural Communication Network.
- That the project also provide contraceptive commodities to the Ministry of Health and Social Welfare as well as other Ministries to ensure the availability of contraceptives in the public sector program. If necessary, the public sector commodities could be channelled through the FPAL supply system or technical assistance could be given to develop a centralized public supply system.
- That the design team have sufficient technical input by specialists for final conceptualization and project documentation (eg. SOMARC visit, necessary management analysis, economic analysis, etc.)
- That FPAL and other host country organizations to be used by the project be carefully studied so that they are neither over-funded nor over-extended.
- That preliminary studies and/or project paper analyses address the feasibility of cost recovery through the various project components (eg. given limited disposal income, will Liberians really buy contraceptives? What fee-for-service structure should be utilized?)

- That the project design include sufficient project technical assistance (both long and short term) for the various project components, and also include unspecified technical assistance resources that mission can draw upon to resolve problems or fill gaps during project implementation.
- That the Mission population PSC observe the CRS program and administrative/management structures of the Ghana program.

cc: DD: Michael Rugh
HRD:Stanley Handleman
SPPD:Doug Kline

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PROGRAM FOR COHN AND JOYCE HOLFELD

Friday, January 31, 1986

4:00 p.m. USAID (P. Cohn)

Sunday, February 2, 1986

~~4:00 p.m. USAID Bilateral-EP Working Group Meeting
UNICEF Office~~

5:00 p.m. Reception at J. Ahmad's house

Monday, February 3, 1986

8:30 a.m. Briefing - HRD Office, USAID ;
Health & Demographic Survey -

2:00 p.m. Meeting - Wokie Stewart, FPAL

Tuesday, February 4, 1986

8:00 a.m. Debriefing - Pathfinder

11:00 a.m. Meeting - Edward Liberty, MPEA

2:00 p.m. Meeting - Seth Akiti, President
Pharmaceutical Association of Liberia

3:00 p.m. Meeting - Doug Kline, SPPD and Javed Ahmad, HRD

Wednesday, February 5, 1986

→ 1:00 p.m. Meeting - Marian Subah, Director
Family Health Division, MH&SW
2:30 - 3:00 p.m. many Kilgour + Mike Rugh meeting
3:00 p.m. LRCN strategy session
7:00 AM medex reception

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Thursday, February 6, 1986

9:00 AM

FPAL

10:00 a.m.

Meeting - Dr. Camanor, MH&SW

11:00 AM

meeting: SERAHC Policy Committee

1:30 p.m.

USAID/Bilateral FP Working Group
Meeting - UNICEF

Friday, February 7, 1986

2:00 AM

debriefing with Betsy Brown & Saaved Ahmad

2:00 p.m.

Debriefing with Mary Kilgour (Director) and
Mike Rugh (Deputy Director) in Director's Office

Activities	Responsibility	Completion Date
I. <u>Program Factors</u>		
A. Conformity with Receptient Country	JSA/DK	
B. Relationship to CDSS	DK	
II <u>Project Description</u>		
	JSA/DK/JH	First Draft JSA by 3rd week March 1986 2nd draft by DK by 2nd wk April
A. Perceieved Problem		
B. Project Goal and Purpose		
C. Expected Achievements/Accomplishments		
D. Project Outline and How It will Work		
III. <u>Factors Affecting Project Selection and Further Developemnt</u>		
A. Social Considerations	JSA/JH	
i) <u>Socio-Cultural Context:</u>		
ii) <u>Beneficiaries:</u>		
iii) <u>Participation:</u>		
iv) <u>Socio-Cultural Feasibility:</u>		
v) <u>Impact:</u>		
F. Economic Considerations	DK/MG	
C. Relevant Experience with Similar Projects	DK	
D. Proposed Borrower/Grantee and/or Implementing Agency	JH	
E. AID/Support Requirement(s) and		

Capab	DK
F. Estimated Costs and Methods of Financing	DK
G. Design Strategy	DK
H. Recommended Environmental Threshold Decision	DK
I. AID Policy Issues	DK/JSA/JH

APPENDICES

2A	PID Facesheet	DK
2B	Information Retrieval Request	
2C	Socio-cultural Considerations at the PID Stage	
2D	Environmental Procedures	DK
2E	Reserved	
2F	The Logical Framework	DK/JSA
2G	Recipient Country or Borrower /Grantee Contribution to the Activity	DK/JSA/JH