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APPENDIX D

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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
MCH	Maternal and Child Health
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:

Features RAIPD/

Increased awareness on the part of high level Government of Liberia (GOL) officials of the problem of rapid population growth. Leaders created a realization of a National Population Commission and development of a national population policy.

**RAJHFINDEB:** supports a policy development project which in conjunction with RAIPD is heading to create a National Population Commission and develop a National Population Policy;

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

**FPIA:** supported training of health personnel and Family Planning (F/P) service delivery through the MHSW;

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

supported service delivery with the IDPF affiliate, IFAL in a Slum area as well as an adolescent program in Monrovia.

Other small projects that made minor contributions include:

**IFPLB:** Supported Natural Family Planning (NFP) training and services through the National Catholic Secretariat (NCS).

**JHPINCO:** 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 led 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 earmarked 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 FCS 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 Since 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 abstinence 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 FPPIA. 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, FPFA 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	Time frame	US Organizations		Liberian Organization
			Lead	Supporting	
Assessment Team Report	Assess previous fp activities and make recommendations for future	June 85	Columbia U	USATD/Liberia RETSO/WCA SST/POP	-
PID	Initial step toward Bilateral project	Nov 85	USATD/Liberia	RETSO/WCA SST/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	- - -	FPFA, SOMARC Pathfinder Columbia U	FPAL MI & SW Commercial entities
CA Coordination Meeting	Plans for on-going projects and new project developments	Jan 86	USATD/Liberia	SST/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	-	-	FPAL/MI & SW
Social Market- ing	Implement Project	Mar 86- Sept 86	SOMARC	SST/POP	To be identified
Urban CBD	Implement Project	April 86- Sept 86	CA to be determined	SST/POP, other CAs	FPAL
Youth Project	Implement redesigned Project	April 86- Sept 86	CA to be determined	SST/POP other CAs	FPAL
Post Partum Project	Implement	April 86- Sept 86	Columbia U	SST/POP, other CAs, AVS, JIPTIGO	MI & SW/CIAT
PP	Design/Authorize	April 86	USATD/Liberia	RETSO/WCA	ISPI
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	FPAL, 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>Family Health Training Project - MH&amp;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 01		
- 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 &amp; 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&amp;SW/BPS To improve health of rural Liberians by providing MCH/FPL services, including nutrition &amp; health education.</p>	Completed Oct. 1984
	<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 &amp; service program.</p>	1983 - 85
JHPIEGO	<p>Reproductive Health Training Program - MH&amp;SW To train physicians and in-service training personnel in reproductive health.</p>	1984 - 86
JHU/FCS	<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

ORGANIZATION	TITLE/COOPERATING INSTITUTION(S)/PROJECT OBJECTIVES/ACTIVITIES	END. DATE
Bureau of Census	Training for processing & analysis of census data	1984
	Developing HIS for PHC Project	End 1984
Family Health & Demographic Surveys Project	Contraceptive Prevalence/PHC Baseline Survey	End 1984 - 1986
Family Health International	Adolescent Fertility Study (MH&SW)	
	Maternity Care Monitoring Study (JFK/MC & FHD)	1984 - 198

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).

Appendix 3 List of Persons Contacted

Family Planning Association of Liberia

Mrs. Wokie Turckett-Stewart, Executive Director  
Mrs. Cecilia Nemah, 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. Jeannette Kpissay, Consultant to MH&SW

Christ Pentecostal Church

Bishop W. N. Dixon

Natural Family Planning

Mrs. Roselind Wesley, Director  
Mrs. Aysa Sayberg, Regional Supervisor/Nimba  
& NFP teachers/Nimba, Montserrado

Federation of Liberian Youth

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

Ministry of Planning and Economic Affairs

Mr. Phillip Gadegebeke, 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. Gorman Cole, Family Planning Coordinator  
Mr. John Miller, Supervisor, OPD

Ganta Health Clinic

Mr. Joseph Glay,

Cuttington University College

Mrs. Elizabeth Mulban, 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 Monan,

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

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.