

USAID/Liberia
FIVE YEAR POPULATION STRATEGY FOR FY 1987 - FY 1991
WITH MISSION PLAN OF ACTION FOR FY 1988 - 1990
(OCT. 1, 1988 - SEPT. 30, 1990)

USAID/Liberia

Strategy Approved: October, 1986

Updated: February, 1988

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INTRODUCTION

In May 1985, an USAID, and REDSO/WCA Assessment Team conducted a comprehensive review of previous USAID/Liberia and cooperating agency efforts in population and family planning in Liberia. The Team recommended a plan of action to streamline and consolidate discrete centrally-funded activities and to move toward a larger FY87 bilateral project to enhance private sector family planning service delivery primarily through commercial and community approaches. As a result of the FY87 Annual Budget Submission (ABS) Program Review, the bilateral population project was postponed due to management, political and financial constraints.

Subsequent USAID/Liberia discussions and portfolio reviews consistently recognize the importance of population activities in Liberia and conclude that population remains an important social, health and economic program priority for USAID/Liberia. The Mission believes that population is a sector where a focussed and coordinated population/family planning effort can be developed and organized to maximize central and regional resources and minimize the Mission's management burden.

The goal of the USAID population effort in Liberia is to increase the political and social acceptability of family planning and to enhance the availability of affordable family planning services in Liberia.

This updated strategy paper reviews the country situation and Agency considerations to justify continued involvement in population activities in Liberia; details the Mission's proposed strategy and approach to population activities; and outlines specific programs and funding mechanisms for USAID population program implementation in Liberia.

RATIONALE FOR POPULATION ACTIVITIES IN LIBERIA

Demographic Considerations

The population of Liberia, estimated at 2.3 million at mid-year 1987, is characterized by high and virtually constant fertility and moderately declining mortality. This pattern is substantiated by census data. The net result of these demographic trends is a high rate of natural increase and a young age structure.

With an estimated crude birth rate of 48/1000 and an estimated crude death rate of 15/1000, the annual population growth rate is 3.3 percent. At this rate, Liberia's population size will double in 20 years. This also means that high population growth will exacerbate the imbalance between the population and the resources available for its development.

Because fertility remains high and mortality is declining due to successful child survival health efforts, the age structure of the Liberian population is quite young -- 47 percent are less than 15 years of age. Moreover, the number of youths aged 15-24 is growing rapidly, and accounts for 41 percent of all Liberian women in reproductive years. The total fertility rate is 6.9 births per woman in the reproductive age and the adolescent fertility level is one of the highest in the world, with teenagers accounting for over 18 percent of the country's births. Expectation of life at birth for both sexes is approximately 50 years. Interestingly, fertility among urban women remains high. With modernization, many urban women are discarding the traditional practices such as postpartum abstinence and breastfeeding -- traditional factors which have contributed to lower fertility.

The spatial distribution of Liberia's population is also striking. Montserrado, Nimba, and Bong Counties represent about a quarter of the total land area but contain half of the total population. Due to rapid urbanization which is basically accelerated by massive rural to urban migration streams, Monrovia, the nation's capital and primate city, contains about half a million inhabitants or approximately 25% of the total population. The Liberian capital is considered an extreme case of primacy because it is more than 8 times larger than the next ranking city. Overall, the urban population increased from 29.2% in 1974 to 38.8% by 1984, while population density increased from a little over 40

to 55 persons per square mile. The vast majority of rural to urban migrants leave their places of birth in search of employment, school and better living conditions. This creates problems in the provision of housing, water and energy supplies, sewerage, transportation, schooling and jobs, among others. The government does not have the resources at hand to cope with this urban influx, much less migrant expectations. Censuses reveal that less than 5% of the total population are immigrants. The vast majority (90%) of these immigrants come from neighboring African countries.

The GCL's overall developmental strategy which complements its population policy in this area is to decentralize development projects. This will create or augment economic incentives and generate employment; hence reducing or redirecting some of the migration streams to Monrovia.

Socio-Economic Considerations

Per capita gross domestic product in Liberia is estimated at \$422 (1986). The country ranks among the poorest in the world in terms of quality of life indicators. Infant mortality is 144/1000, and child mortality is 89/1000. Maternal mortality, estimated at 29/100,000, is one of the highest in the world. Only one-fifth of the total population has access to safe drinking water.

In 1984, the illiteracy rate was 75 percent. Primary school enrollment is now estimated to be 34 percent for males and 29 percent for females. Less than 20 percent of the school population is expected to go to secondary school.

Liberia's economy is on a downward spiral, although it is occasionally characterized by some degree of resiliency. With decreases in the world market, prices for Liberia's export commodities of iron ore and cacao, are low. Scarce balance of payment and fiscal problems are limiting available goods and services and have had a negative impact on the commercial sector.

Underemployment and unemployment are high. Only 50 percent of the labor force is gainfully employed, and thousands of new jobs are required each year. With rapid population growth, providing employment opportunities for the growing Liberian labor force will become increasingly difficult in the future.

Rapid population growth exacerbates these social and economic problems by putting increased pressures on the existing health, education and economic infrastructure. For example, in the health sector, to achieve and maintain the ratio of one health post for every 4,000 inhabitants, substantially more health care facilities will be required; not to mention the health personnel which will need to be trained. In the

education sector, over 1,000 schools will have to be built by the year 2,000 to accommodate increases in the school age population. In terms of food self-sufficiency, Liberia's rice imports have increased at an average of 18.6 percent annually between 1984 and 1987. Costs for imported rice have also increased. Rapid population growth makes it increasingly difficult for the country to provide enough food for its people. In sum, rapid population growth is impeding Liberia's development process by increasing the investments needed to simply maintain a given standard of health care, education and food availability per capita.

At the household level, the greatest effect of high fertility is on the health of mothers and children. Studies have shown that the risk of maternal and infant illness is highest in four specific types of pregnancies: those before the age of 18 and after 35, pregnancies spaced less than two years apart and after the fourth birth -- all of which are prevalent in Liberia. Also at the household level, parents have difficulty feeding, clothing, educating and sheltering their children. The prevailing economic crisis in Liberia is encouraging parents to be more receptive to planning their family size.

Policy Considerations

Over the past several years, the Government of Liberia (GOL) has taken a positive stand on population issues and has developed a population policy. In September 1986, the National Committee on Population Activities (NCPA), organized in 1963, became a full Commission and received the legislative mandate to develop a national population policy and to provide the policy guidance for population program activities in Liberia. The formal policy approved by the President is expected to be promulgated by the Liberian Legislature in 1988.

On the international scene, Liberia assumed a leadership role in supporting population policies and programs advocated at the Second African Population Conference held in Arusha in January 1984 and the International Conference on Population held in Mexico City in August of the same year. Liberian delegates signed both the Kilimanjaro and Mexico City Declarations which call for aggressive national policies and supporting action programs.

In May, 1986, the GOL's Ministry of Planning and Economic Affairs sponsored a Population Awareness Seminar to disseminate information regarding the Kilimanjaro and Mexico City Declarations on Population and Development, and to assess progress towards a population policy in Liberia. At this meeting key GOL ministers presented strong statements supporting population and family planning programs. In the fall of 1985 President Samuel K. Doe was one of the signators of the World Leaders' Statement on Population Stabilization.

Unlike most African countries, Liberia is developing a strong policy framework from which to build subsequent population/family planning programs. Liberians are becoming increasingly aware that such programs are not just a social service but an economic necessity.

Programmatic Considerations

Liberia's Second National Socio-Economic Development Plan (1981 - 1985) endorsed the integration of family planning into the maternal and child health and the primary health care systems. However, government family planning services have been limited. For example, in 1983, the government facilities distributed only 5000 oral contraceptive cycles, 2000 condoms and 500 vaginal foaming tablets, and performed 50 IUD insertions. This output represents less than 500 couple-years of protection. It is assumed that government services have increased over recent years, but statistics are not available to confirm this.

The Liberian private sector, on the other hand, has taken the initiative in providing family planning services. The Family Planning Association of Liberia (FPAL) presently has a network of information and clinic based services serving an estimated 45,000 users, representing most of the 8 percent contraceptive prevalence in the country. In November, 1986, FPAL initiated an urban community-based distribution project, which by the end of 18 months, is expected to serve over 4000 continuing contraceptive

users and to provide family planning IEC to 40,000 residents. The commercial sector also has played an important role. A recent survey indicated that ten different brands of oral contraceptives are sold through 35 registered pharmacies and at 150 medicine stores. Commercial sales are estimated to account for 40,000 cycles of oral contraceptives distributed annually in Liberia.

Preliminary data from the Liberian Demographic and Health Survey indicates that contraceptive knowledge among women is high, but use is low. In the urban center of Montserrado County, 77 percent of the women interviewed knew of a modern contraceptive method, but only 10.6 percent were currently using a modern method. More important, though, is that more than 19 percent of married urban women do not want any more children. Similar findings were produced from an adolescent sexuality survey conducted in 1984 with Family Health International. This indicates a large potential clientele for family planning services.

The above, however, is not true for the rural areas. Less than one percent of rural women are using a modern method of contraception and only six percent do not want additional children. Moreover, 66 percent of the rural women want five or more children. In order to change the norm toward smaller family size and to advise women of available alternatives, intensive information and education efforts involving every media source will be necessary.

Conclusions

In summary, there are strong reasons for USAID/Liberia to continue involvement in population activities.

- o The annual population growth rate of 3.3 percent is detrimental to Liberia's development objectives.
- o With the declining economy, Liberia cannot afford rapid population growth.
- o The high infant and maternal mortality can be improved with the introduction of family planning as a preventive health measure.
- o There is a positive policy climate and high-level government support at the executive and legislative levels for a population program and family planning services.
- o There is a need in Liberia for effective and efficient family planning services and for information and education on family planning options.

- o Through previous efforts, there is a cadre of interested and motivated individuals, as well as capable organizations, particularly in the private sector, through which family planning information and services can be channeled.

- o Without intervention, there is little likelihood that population growth can be abated.

Liberia's population program is in a nascent stage of development. The momentum is building, however, and many of the essential elements are in place. USAID believes that with appropriate inputs into a planned and coordinated program utilizing central and regional resources, significant progress can be made in moving population efforts in Liberia to the next logical stage of development. The following details USAID's overall 5 year population program strategy and a plan of action for 1988-1990.

III. USAID/LIBERIA'S 5 YEAR POPULATION STRATEGY (1987 - 1991)

As previously stated, the goal of the USAID population effort in Liberia is to increase the political and social acceptability of family planning and to enhance the availability of affordable family planning services in Liberia.

In order to accomplish this, USAID has developed a five-year program strategy which includes the following:

Focussed Program Activities

USAID will direct inputs to three major program areas, namely:

- o Policy implementation to maintain a favorable policy climate and to encourage a strong policy implementation framework through which population/family planning activities can be implemented in both the public and private sectors.

- o Information, education and communication (IEC) to legitimize and increase the acceptability of family planning, as well as to inform potential users of available options and how most effectively to use those options.

- o Service delivery to make voluntary family planning methods available to the maximum number of people in the shortest possible time at the least possible cost.

Private Sector Service Approach

While USAID will support the provision of technical assistance, training and contraceptive commodities to maintain services in the public sector, the major emphasis will be to support private sector services. Given the deteriorating public sector infrastructure, it appears most appropriate

to pursue alternative delivery systems through the private sector. Moreover, worldwide experience has shown that private sector programs are generally more responsive, more flexible, and more effective than traditional public sector clinic based programs. Also, private sector approaches utilizing commercial retail sales, and community and workplace distribution have proven to reach larger populations at less cost.

For private sector initiatives to work and be effective, they must be within and not ahead of the policy framework provided by the government. For this reason, USAID will provide technical assistance to move forward the policy implementation process and to assist in translating policy into concrete actions both in the public and private sectors.

Urban Approach

USAID will encourage family planning activities which are directed toward the urban areas, first in Montserrado county, (where 25 percent of the entire population resides), then expanding to other urban areas, and eventually moving to nationwide coverage. Experience worldwide has shown that the urban approach is more cost effective and efficient. Urban populations are more easily reached and generally more receptive to using modern family planning services. As earlier statistics indicate, this holds true for Liberia.

Central and Regional Funding

To implement the USAID/Liberia's population strategy, Mission will request assistance from available centrally funded resources. The Mission has drawn up a two year work plan and has requested specific centrally funded agencies to assist with its planned implementation. The Mission will supplement, centrally-funded activities to the extent that funds are available; with discrete activities using program development and support funds and participant training funds. USAID will discourage discrete centrally-funded activities outside the overall action plan unless they respond to an identified target of opportunity or specific need. The Mission will review periodically its overall strategy and update it as appropriate. The Mission will review and revise its specific plan of action bi-annually. As the program evolves, the Mission will also assess the appropriateness and utility of a larger regional or bilateral effort.

Coordination and Collaboration

To maximize limited available resources and to avoid duplication of effort, USAID will endeavor to have maximum coordination and collaboration between all donor agencies. To the extent possible, USAID will encourage coordination of centrally and regionally funded agencies

and will request, as appropriate, joint donor participation for particular activities. USAID will coordinate closely with other donors such as International Planned Parenthood Federation (IPPF), the World Bank, UNICEF, WHO and UNFPA. Moreover, USAID will continue to encourage and support coordination by the GOL through its National Population Commission and other coordinating mechanisms.

IV. PLAN OF ACTION, 1988 - 1989

As stated, the overall goal of this plan of action is to increase the acceptability and availability of affordable family planning services throughout Liberia. Wherever possible, the private sector infrastructure, including religious, professional and private voluntary organizations will be used, but continuing support will be provided for specific governmental information and service activities. This approach is consistent 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. To the extent possible, centrally funded resources will be used to support the USAID population effort in Liberia.

Policy Implementation

In September, 1986 the President signed the National Policy on Population for Social and Economic Development, an explicit anti-natalist policy which advocates a comprehensive, multi-disciplinary, and action-oriented approach to population policy implementation. This Policy calls for the organization of a coordinating and planning body within the Ministry of Planning and Economic Affairs. The GOL has requested funding from UNFPA to support this unit.

USAID will encourage the development and growth of this central planning and coordination unit with UNFPA funding. If requested, USAID will consider support of discrete planning exercise, special studies, or training, utilizing the centrally funded resources of the Futures Groups OPTIONS Project.

Information, Education and Communication (IEC)

The purpose of the IEC activities is to create a favorable social environment for family planning practice and to inform potential users of the concepts of family planning and available options. To accomplish

this, USAID will encourage a broad IEC program directed toward three major target groups: opinion leaders/makers, potential users, and family planning clients.

- o Opinion leaders/makers. To legitimize and obtain social support for family planning, IEC efforts will be directed toward opinion makers such as special professional groups (eg. physicians, nurses, midwives, traditional birth attendants) and influential leadership groups (religious leaders, traditional/community leaders, men's clubs, women's clubs, youth groups). Messages directed toward these groups will include the concepts and rationale for family planning.

- o Potential users. To create a demand for services, IEC efforts will be directed towards potential contraceptive users -- couples who desire to space their next birth or who desire no more children. Target groups will include men as well as women, plus special emphasis on high "risk" groups such as multigravida women and adolescent women. Messages will include concepts and advantages of family planning, contraceptive options, and the location of services.

- o Family planning clients To encourage proper use of contraceptives among couples interested in family planning, the IEC effort will reinforce the importance of family planning, dispel any myths or rumors, and explain in detail the contraceptive options so clients can make informed decisions.

Individual, community, and mass communication approaches, as culturally appropriate, will be utilized in reaching the various target audiences. IEC efforts are expected to forge linkages with service delivery. Therefore, IEC strategies will be built into each of the service approaches enumerated below. Also, it will be extremely important to utilize local communication resources such as the Liberian Rural Communications Network (LRCN) in testing, developing, producing and disseminating IEC messages. LRCN has been a highly effective tool for the oral rehydration, vaccination, and population awareness programs. Moreover, LRCN is a local agency with needed trained personnel completely familiar with the local milieu.

In FY89, USAID/Liberia will review the overall IEC needs and assess what is currently being done through the various project IEC components. From this data, the Mission will develop an overall IEC strategy which will help to focus and direct IEC efforts toward the Mission goals of creating a positive social environment for family planning, and having a coordinated and directed information dissemination effort for family planning. If appropriate, the Mission will seek centrally-funded assistance (from such organizations as Johns Hopkins Population Communication Services (JHU/PCS) or request support under the Family Health Initiatives II Project.

Service Delivery

Consistent with Agency policy, USAID's service delivery strategy will focus on private sector effort. However, USAID will encourage the Ministry of Health and Social Welfare to incorporate clinic-based family planning services, particularly for the more effective methods of surgical contraception and intra-uterine devices, into the on-going hospital and maternity services, maternal and child health service, and other child survival programs. Specifically, USAID will provide, program support through centrally-funded resources such as the Association for Voluntary Surgical Contraception (AVSC) and the Pathfinder Fund. USAID will also encourage child spacing through the existing bilateral primary health care (PHC) Project. A child spacing intervention component will be included to the PHC II follow-on Project.

The primary thrust of the USAID strategy in family planning service delivery, however, will be to encourage innovative family planning

service delivery through the private sector. Specific service delivery approaches expected are as follows:

Community Based Distribution (CBD). USAID will support CBD projects, particularly urban and peri-urban, which provide contraceptive information and counselling, distribution of non-prescription methods, and referral for clinic-based services. It is expected that the major providers will be community-oriented, religious or private voluntary organizations. Currently the Family Planning Association of Liberia, under the auspices of Pathfinder funding, has initiated a urban CBD project. If successful this CBD program will be introduced through other interested community organizations (women's association), religious groups (Christian Health Association of Liberia), or professional organizations (Certified Midwives Association, Traditional Midwives Associations, etc). Appropriate centrally-funded service specialist agencies such as Pathfinder and the Enterprise project will assist in this effort.

Commercial Retail Sales (CRS) USAID will continue to support the development and expansion of a contraceptive commercial retail sales program initially utilizing pharmacies and medicine stores and if acceptable, later moving to other

commercial outlets. Under this approach, non-prescription contraceptive methods will be advertised and sold at low cost. Based on a CRS Strategy approved by the Mission in 1987, the Futures Group (SOMARC) will implement a culturally acceptable commercial retail sales program for the urban and peri-urban areas of Liberia. SOMARC is expected to provide significant support until the end of FY 1990 and then diminish their inputs (except for contraceptive commodities) as the CRS program becomes self sufficient.

Employer-based Services USAID will encourage the development of clinic-based family planning services and workplace contraceptive distribution program at industries and concessions. At the Mission's request, the Enterprise Project and the International Science and Technology Institute (ISTI) conducted an assessment focusing on large companies. Guthrie and Firestone came out as the most favorable sites. Enterprise is expected to remain active in promoting employer-based services until early FY 1990 and then phase-out as factory/concession services become institutionalized.

Each of the above private sector initiatives will be considered a complete program component and each respective cooperating and supporting

agency will be required to consider and develop the necessary training, information/education, logistical support systems necessary to effectively develop, execute and evaluate the respective private sector effort. USAID will carefully monitor cooperating agency activities to be sure they are in compliance with the overall Mission Strategy.

Beginning in FY '88' the Mission will begin to explore options for extending private sector initiatives for the more effective clinic based methods such as voluntary surgical contraception and intra-uterine devices as well as hormonal methods such as oral contraceptives and Norplant. Using appropriate service delivery cooperating agencies (AVSC, Pathfinder, or Enterprise), USAID will investigate the possibility of utilizing private sector physicians, nurse-midwives, or traditional birth attendants to promote family planning services.

As this private sector approach is somewhat experimental, USAID will request frequent evaluations and, if necessary, operations research to measure the effectiveness and efficiency of the particular approach. Upon evaluation, the specific programs will continue, mid-course corrections/adjustments will be made, or the program will be discontinued.

Response to Special Needs or Targets of Opportunity

The above outlines the major emphasis of the USAID population strategy. The Mission will also respond to special needs such as technical

consultant services for specific problems, systems development, and short-term training in specific technical areas. In addition, as the government policy evolves and as public or private infrastructure permit the Mission will respond to targets of opportunity as they arise.

The Mission will also support centrally-funded invitational travel for short-term training and observation tours. The Mission will discourage indiscriminate or repetitive travel.

V. POPULATION PORTFOLIO MANAGEMENT

The Mission desires to maintain population activities in Liberia without increasing its overall management burden. The Mission intends to accomplish this by developing a logical coordinated population program and by placing responsibility for the development and implementation of population activities with the centrally funded agencies. The Mission's responsibility will remain one of overall planning and oversight while implementation, accountability and progress monitoring will lie with the centrally-funded agencies.

USAID has consolidated its population portfolio so that under the Mission strategy and plan of action, only 5 or 6 centrally funded projects will

have primary responsibility for population activities. Those agencies are as follows:

- o The Futures group (OPTIONS) for policy development and policy dissemination.
- o Johns Hopkins, Population Communication Services for overall IEC strategy planning, special IEC activities, and support of IEC efforts of the service delivery components (planned).
- o The Pathfinder Fund for pilot training and service projects and community based distribution projects using private voluntary organizations and private health care providers.
- o The Futures Group (SOMARC) for development of a commercial retail sales program using pharmacies and existing commercial outlets.
- o Private Enterprise Project for development of employer-based services using existing concession or industry facilities as outlets.

Association for Voluntary Surgical Contraception for expanding more effective surgical contraception services in the public sector and development of services using the private sector physicians.

Other centrally-funded project-agencies such as the International Federation for Family Life Promotion are currently providing specialized natural family planning services which are expected to end within another two years. Select technical assistance and/or evaluation assistance may be requested for special needs, but the major theme will be to keep the portfolio small and directed.

The above centrally-funded population activities are expected to be phased and implemented only after the necessary planning and preparatory work. It is envisioned that formal portfolio reviews will take place every two years and the strategy and actions plan will be updated annually.

The USDH Health Development Officer will manage the portfolio with the assistance of a PSC Contractor. REDSO/WCA population officers will provide technical assistance as required.