

I. PROJECT IDENTIFICATION

1. PROJECT TITLE: **Family Planning Support**

APPENDIX ATTACHED:  YES  NO

2. PROJECT NO. (M.O. 1005.2): **608-11-580-112**

3. RECIPIENT (specify):  COUNTRY: **MOROCCO**

4. LIFE OF PROJECT: BEGINS FY **71**, ENDS FY **78**

5. SUBMISSION:  ORIGINAL,  REV. NO. **9/30/74**

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: US \$/US DOLLAR	
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT	(2) COOP. COUNTRY
1. PROJ. THRU ACTUAL FY	1477	98	36	26	39	928	125			300	1,800
2. OFRN FY 75	323	-	-	5	4	218	100				900
3. BUDGET FY 76	1458	-	-	5	4	353	100				900
4. Interim Quarter	65	-	-	-	-	40	25				900
5. Budget FY 77	-	-	-	-	-	-	-				
6. BUDGET FY 78	35	35	4	-	-	-	-				
7. ALL SUBD. FY											
8. GRAND TOTAL	2358	133	40	36	47	1539	350			300	4,500

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR: <b>Ford Foundation/Pop Council, UNFPA, IPPF</b>	(B) KIND OF GOODS/SERVICES: <b>Technical Services, Training and Commodities (FP, medical, audio-visual)</b>	(C) AMOUNT: <b>\$1,717</b>
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III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER: <b>Niels H. Poulsen</b>	TITLE: <b>POPULATION OFFICER/ MANAGER</b>	PROJECT: <b>POPULATION OFFICER/ MANAGER</b>	DATE: <b>2/13/75</b>
2. CLEARANCE OFFICER: <b>Albert P. Disdier</b>	TITLE: <b>Mission Director</b>		DATE: <b>2/21/75</b>

PROG: CGarner 10/4/74 IV. PROJECT AUTHORIZATION PROG: AGMacArthur 10/4/74

1. CONDITIONS OF APPROVAL

The purpose of this PROP revision is to update the funding and to reflect certain changes in the design and scope of the project and the conditions expected at the end of the project in accordance with the 1973-77 Five Year Plan and current conditions.

AID/W will review the project with the Mission within the next year to evaluate the GOM's capability to support the program beyond 1977 without further AID assistance. In addition, at the time of the evaluation arrangements will be made for collection of additional data needed to measure the program's achievements.

BUR. OFF.	SIGNATURE	DATE	BUR. OFF.	SIGNATURE	DATE
PHIA/POP/NESA	R. Grant / A. Aarnes	3/18/75	PPC/DPR	J. Welty	3/25/75
PHIA/POP	R. T. Ravenholt	3/18/75	GC	C. Gladson	3/25/75
PHIA/PRS	C. D. M. ...	4/17/75	AA/PPC	P. Birnbaum	3/15/75
NESA/NENA/M	L. Catoe				
NESA/Tech	G. Coleman				

3. APPROVAL AAS OR OFFICE DIRECTORS	4. APPROVAL AID (see M.O. 1005.1 etc)
SIGNATURE: <b>Harriet Crowley</b>	SIGNATURE: <b>John P. ...</b>
DATE: <b>4/16/75</b>	DATE: <b>4/25/75</b>
TITLE: <b>AA/PHIA</b>	TITLE: <b>ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT</b>

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## SUMMARY

### A. Introduction

The Moroccan Government has for some time realized the adverse effects of its rapid population growth on the socio-economic development of the country and has, since 1966, taken a number of steps to alleviate its population problems.

In 1966 King Hassan II signed the United Nations Declaration on Population and Family Planning and established a Superior Council for Population at the central governmental level, and local population commissions at the provincial level. In 1967 the law prohibiting sale and advertisement of contraceptives was rescinded by royal decree and the law against abortion was liberalized to permit abortions on medical indications. These government decisions were made on the basis of a demographic study conducted in 1965 by the GOM with technical assistance from France. The study showed clearly the detrimental effect on development of the country's high population growth rate. The GOM has given official support to its FP program in the 1963-72 and 1973-77 Five Year Plans.

In its 1968-72 Five Year Plan the GOM decided to expand its small family planning pilot project, which was started in 1966 with technical and economic assistance from the Ford Foundation and Population Council, to a nation-wide program, the goal of which was to reduce the birthrate from 50 per thousand population in 1968 to 45 in 1972.

In support of the GOM's demographic goals, AID agreed in FY 1969 to provide technical assistance to the Family Planning/Population Project 608-11-580-089 to help the GOM: 1) to expand and increase the effectiveness of its family planning program through the creation of a nation-wide network of FP centers staffed with full or part-time physicians, nurses, and contract/education personnel, and supported by a broad scale education and publicity campaign; and 2) to devise and carry out the population census originally scheduled for 1970.

In FY 1971, the project was redesigned to account for the considerable changes that had taken place since its inception. With respect to the Census Phase, the census had been postponed to July 1971, and the GOM wanted to continue the services of the AID provided census advisors. The focus of project 089 was narrowed to cover this activity alone, and was phased out upon completion of the census. At the same time a new project Family Planning Support (608-11-580-112) was designed around the GOM's decision to integrate completely all its family planning services within its general health services, especially with the maternal and child health services provided by all hospitals, health centers and dispensaries. Also the new project shifted away from the IUD to the Pill as the preferred contraceptive for the Moroccan FP program. 2

By the end of the 1968-1972 Five Year Plan period the birth rate had dropped from 50 per thousand population to only 49. The 1973-77 Five Year Plan, therefore, was obliged to set more realistic targets and revise its implementation plans.

## B. Political and Religious Attitudes Towards Family Planning

The introduction of a modern concept, like family planning, into the traditional Moroccan society has been slow, difficult, and at times painful, and numerous problems and obstacles have hampered or delayed the development of a strong, viable program to meet the demographic challenge. To start with, the setting is a difficult one. Many Moroccan families, especially in the rural areas, still believe in the old traditions which value "seven sons and seven pilgrimages to Mecca" as a man's greatest blessing. The average marriage age for women is 15-16 years and 19-20 for men, and to have many children, preferably sons, is still a status symbol in the male-oriented Moroccan traditional society. Further, Islamic attitudes towards family planning are known to be a delicate issue. While some Islamic scholars emphasize the family's right to space its children in accordance with its desire and economic ability to feed and educate them, many of the traditional "Marrabous" consider the use of contraceptives a sinful act and against the writings of the Koran.

To obtain an agreed policy on Islamic attitudes toward the use of contraceptives, abortions and sterilizations, the IPPF Middle East/North African Regional Office sponsored a conference on "Islam and Family Planning," which convened in December 1971 in Rabat. The conference produced a communiqué endorsing the Moslem family's right to space its children by "legitimate and safe (reversible) contraceptive methods," but the Moroccan political opposition launched some of its most vicious attacks on FP during and after the proceedings. However, the political and religious opposition has in the last few years adopted a more balanced attitude toward the family planning program. This less negative attitude is probably partially a result of the GOM tact and philosophy of promoting its FP program in the context of "human rights", "family health," "spacing of births", etc.

The KAP (knowledge, attitudes and practice) surveys conducted in 1967 with the assistance of the Population Council demonstrated that some 50-60% of Moroccan women and men in urban as well as rural areas were favorable toward the concept of family planning (spacing of births), and almost 25% of the women in the 25-45 years age group did not want any more children. The possibilities for a program to reach those many families, especially the women who want family planning, thus exist, and the Moroccan Government has proceeded cautiously in introducing family planning as an integral part of its general health services.

## C. The Project

While some of the shortcomings of the first Five Year Plan may be attributed to the lack of experience, to the lack of a carefully designed plan of implementation, and to an exaggerated view of what could be realistically accomplished, the new Plan, on which this PROP revision is based, includes a number of features designed to overcome the drawbacks experienced during the first difficult period.

The revised goal of this project is to reduce the annual population growth rate from 3.2% in 1972 to 2.9% in 1977, which would be obtained by reduction of the birthrate from 49 to 45 in the same period.

The GOM has estimated the number of new acceptors of contraceptives needed to obtain this reduction by 1977 at 391,300.

In order to motivate and serve that many new acceptors the GOM plans to expand and improve its FP program in the areas of (1) Administration, (2) Training of personnel, (3) Information, Education and Communication (IE&C), (4) Delivery of Services, and (5) Statistical Evaluation.

1. Administrative, supervisory services will be established in the new National FP center in Rabat which will house the central FP administration, communication unit, professional services and the Ministry of Health Divisions of Health Education, Training and Health Statistics.

The staffing of the Central FP Services will be expanded from three to eight full-time professional personnel heading the sections of Medical & Nursing Services, Communication (IE&C), Training, Statistics (Evaluation) and Administration.

2. The training of medical and para-medical personnel in FP technology and motivation will be enhanced by conducting National & Regional or Provincial FP Seminars and clinical training centers will be established in Rabat and Casablanca.

3. The IE&C Unit to be established in the new National FP Center with technical support from the UNFPA will be capable of producing FP posters, brochures, manuals, films, slides, radio and TV programs, etc., in sufficient quantity to reach the 3 million fertile couples in Morocco with FP education and information. The IE&C efforts will be supported by the Ministries of Interior and "Youth and Sports" whose women centers all over the country will provide FP information and education to the great number of young women attending the centers. The Moroccan National FP Association will support the IE&C program through mass communications and provision of six mobile educational units which will specifically visit the rural areas of the country.

4. A Family Planning Reference Center, staffed with specially trained paramedical personnel under the supervision of OB-GYN specialists or surgeons will be established in each of the 27 provinces. The number of health centers providing general health services including MCH/FP six days a week will be increased from 200 to 230, and some 570 dispensaries, staffed by para-medical personnel, will be equipped to provide partial FP services 5 days a week and full services once a week under the supervision of visiting physicians.

The above 825 FP service points will be staffed with some 450 physicians and 5,000 para-medical personnel who all have received some training in FP.

#### D. Financial Statement

All FP services, IE&C, training and statistical evaluation programs should be well established by the end of CY 1977. The GOM already is assuming or will be assuming all operational costs of the FP program by 1977 with the exception of the costs of contraceptives. It is expected that the GOM will be able to assume this additional cost by 1978. The total costs of the project from FY 1971-78 is estimated at \$8,575,000. The GOM inputs are estimated at \$4,500,000 or 55% of total costs.

INPUTS

a.	<u>U.S. Government - FY 1971-78</u>	(\$000)
	<u>Technical Services</u>	
	One direct-hired PH physician; short term TDY consultants.	133
	<u>Participant Training</u> : 2 long term; 5 short term	26
	<u>Commodities</u> : Medical & audio-visual equipment. Contraceptives (including centrally funded)	1,539
	<u>Other Costs</u> : Support to FP seminar, construction and renovation of FP centers. (including local currency grant)	650
	<u>Total USG Inputs</u> . . . . .	2,358
b.	<u>GOM - CY 1971-77</u>	
	(1) <u>1973-1977</u>	
	Operational costs (Adm. IE&C training)	830
	Personnel services	2,600
	Construction & Equipment of FP facilities	270
	(2) <u>1971-72 Estimated Inputs</u>	800
	<u>Total GOM Inputs</u> . . . . .	4,500
c.	<u>Other Donors - FY 1971-77</u>	
	UNFPA	747
	IPPF	350
	Ford Foundation/Pop. Council	620
	<u>Total Other Donors Inputs</u> . . . . .	1,717
	<u>GRAND TOTAL PROGRAM COSTS</u> . . . . .	8,575

1. Program Goal

A. Statement of Goal

According to COM estimates the crude birthrate in 1972 was 49 and the mortality rate 17 per thousand population accounting for a natural population growth rate of 3.2% per annum.

The goal of this project is to reduce the annual population growth rate from 3.2% in 1972 to 2.9% in 1977.

B. Measurement of Goal Achievement

The Ministry of Health did not set a specific demographic goal in its 1973-77 Five Year Plan for FP. Instead it considered hypotheses based on the numbers of new acceptors and continuing users of contraceptives (IUDs and Pills) needed to bring about various reductions of the country's birth rate.

This project is based on the medium hypothesis among these, i.e., the number of new acceptors estimated necessary to reduce the birth rate from 49 per thousand population in 1972 to 45 per thousand population in 1977. The number of new IUD and Pill acceptors needed to bring about this reduction during the 1973-77 Five Year Plan period was estimated as follows:

New Acceptors (Pills & IUDs)

CY 1973 .....	64,570
CY 1974 .....	70,220
CY 1975 .....	74,300
CY 1976 .....	84,770
CY 1977 .....	97,530
<b>Total .....</b>	<b>391,390 new acceptors</b>

Based on this hypothesis the reduction of the birth rates from 49 in 1972 to 45 in 1977 will serve as measurement of goal achievement.

Data from the 1971 census and the population studies carried out by the CERED (A Demographic Analytical Unit within the Minister of Plan being established under a related project (#109)) will serve as baseline data to be compared with the data from the National Demographic survey planned to be carried out in 1976 or 1977.

(The number of new acceptors needed to reduce the birthrates from 49 to 45 per thousand population is based on a study conducted in 1972 by a highly competent Population Council demographer. The study is based on the number of births needed to be prevented each year to obtain the desired reduction of birth rates. The study does consider the age distribution, projections of numbers of fertile women by year, the fertility rates of the different age groups, etc.

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However, continuation rates for pill and IUD acceptors in Morocco were not yet established by the time of the study, and were only estimates based on experience from other countries (Tunisia and Taiwan) and on number of revisits for pill supplies. The study will therefore need some adjustments based on the actual continuation rates of pill and IUD acceptors in Morocco established by a study in 1972-1973. It is not expected that this adjustment will be of major magnitude. The GOM just finished a study of continuing IUD and Pill users through March 31, 1974, and found the actual performance in reasonably good conformity with the 1972 projections.)

### Condom Acceptors

The number of condom acceptors has been very small during the life of the project and totalled only 8,267 during the first five year plan period. In 1973, the number of new condom acceptors was 4,547. However, the program of condom distribution suffered a setback in the early part of 1974 due to the findings of unsafe condoms which had been stored for too long a time in the warehouse and were discarded. Consequently, the number of new condom acceptors dropped to 1670 during the first 6 months of 1974. The introduction of the new colored condoms in late 1974 has, however, spurred more interest in the condoms. The GOM has made the following projections of new condom acceptors during the 1973-77 plan period.

<u>Year</u>	<u>New Condom Acceptors</u>
1973	4,500
1974	4,000
1975	6,500
1976	9,000
1977	<u>13,000</u>
Total	37,000

### C. Assumptions

1. The reduction in the rate of natural increase from 3.2% to 2.9% is based on the assumption that the birth rates will be reduced faster (from 49 to 45) than the crude mortality rates (from 17 to 16 per thousand population) during the five year period.

2. That Moroccans will want to plan the size of their families and increasingly seek FP services as they become available.

## II. Project Purpose

### A. Statement of Purpose

To establish an institutional capability to provide FP services to three

million couples of reproductive age throughout the country by 1977.

**B. Conditions Expected at End of Project.** (See also Section III A. & B. for additional conditions at end of project.)

1. A capability to effectively operate approximately 25 full time FP Reference Centers, 230 Health Centers providing general health services including MCH-FP six days a week, and 570 rural dispensaries providing full MCH-FP services once a week and partial services 6 days a week.

(a) Above 825 FP service points staffed with approximately 450 medical and 5,000 para-medical personnel trained in FP technology and motivation.

(b) Administrative, supervisory services established in the new National FP Center in Rabat, staffed with 8 full-time professional personnel heading the sections of Medical and Nursing Services, Communication (IE&C), Training, Statistics (Evaluation) and Administration.

2. An institutionalized IE&C program as an integral part of MCH/FP program.

(a) A Family Planning communication unit established in the new National FP Center will have produced by 1977: 100,000 FP posters, 100,000 pamphlets, 5,000 manuals, 5,000 FP science papers, 5,000 brochures, 5,000 copies of a quarterly FP bulletin, 2,000 slide series, 100 copies of FP films and several radio and TV programs on FP subjects.

(b) All para-medical personnel and 600 monitrices in Ministry of Interior and Youth and Sports Women's Centers trained in FP education, information and motivation.

(c) Six FP mobile educational units equipped with audio-visual material visiting rural areas in all provinces. (Under the direction of the Moroccan National FP Association - MNFPA).

3. An estimated total of 391,390 new IUD and pill acceptors introduced to family planning during the plan period (1973-77) - with the following estimated continuation rates. (Established by a 1973 survey of pill and IUD acceptors.)

<u>Months of Use</u>	<u>IUD</u>	<u>Pills</u>
6	82%	64%
12	72%	46%
24	57%	30%
36	51%	26%
48	49%	25%

(Note: While the GOM plans to utilize non-medical contraceptives such as condoms and foams in its FP program, continuation rates of these contraceptives and their demographic impact are not yet sufficiently established to be included in the hypothesis mentioned under I.B. Abortions and female sterilizations are made on medical indications, but are not regularly reported.)

C. Assumption

Religious and political opposition to FP in Morocco will not adversely affect the project.

III. Project Outputs

A. Project Outputs and Indicators

1. Twenty-five (25) Provincial FP Reference Centers will be established and fully staffed with trained personnel. These centers will be established in or adjacent to already existing maternity wards or health centers in each province. Each center will be headed by an OB-GYN physician or surgeon and staffed with two full-time nurses or nurse-midwives and one full-time health educator (animatrice), and will constitute the focal point for FP services, education, research and training in the province.

(a) The centers will accept new acceptors for first time FP services, referrals from other health centers for medical or technical complications, and also provide services to the post partum FP programs in the maternity wards.

(The FP Reference Centers will serve primarily as post partum FP clinics and as training centers. They will have special responsibility for "pushing" the post partum FP services. They will accept all new patients for first services - but will refer uncomplicated cases back to their neighborhood health center for follow-up after having provided the first services (medical examination, IUD insertion, pill supply, etc.)

(b) The centers will be responsible for in-service training of medical and para-medical personnel in the provinces. All new medical and para-medical personnel assigned to the province without previous training in FP will spend some time in the center for observation and learning, before assuming their new positions. The staff of the centers will also be responsible for conducting refresher courses, small seminars and workshops as needed.

(c) The new centers will participate in conducting applied research such as testing of new contraceptive methods, etc.

(Some concern has been expressed that the utilization of Reference Centers for applied research might interfere with the delivery of services, and that the centers with only 3 full-time personnel might not be adequately staffed to participate in any kind of research. It should be emphasized that each Reference Center in effect is an extension of the maternity ward of the provincial hospital under the supervision of the chief obstetrician and as such can freely draw on all services - medical, laboratory, X-ray, etc. - available in the provincial hospital. As specialized FP clinics the Reference Centers are the logical choice for conducting such applied research as testing of new contraceptives. This is a necessary part of the centers' work and will not interfere with - but enhance - the delivery of services.)

(d) In close cooperation with the staff of rural health centers and dispensaries the staff of the Reference Centers will be responsible for the extension and supervision of FP services in the rural dispensaries. The para-medical staff of the dispensaries will be trained in providing refills of pill supplies and distribution of non-medical contraceptives six days a week. The dispensaries will also provide IUD insertions and pills to new acceptors once a week under the supervision of visiting physicians.

2. (a) A clinical FP training center will be established at the end of CY 1974 in Casablanca in connection with the maternity ward under the direction of the OB-GYN Department of the Provincial Health Department. The center will provide clinical training in FP technology for medical and para-medical personnel who will staff the FP Reference Centers and other FP clinics.

(b) The small Pilot FP Center in Rabat, which was established in 1967 in connection with the University Maternity Hospital, will provide clinical training in FP for medical students, foreign physicians (mostly French "cooperants" assigned for two years to serve in Moroccan Ministry of Health), and for other medical and para-medical personnel. With the completion in 1975 of the new Maternity Hospital near the Medical School (Avicenne Hospital) in Rabat, the training of medical students and foreign physicians will be transferred to the new Avicenne Maternity Ward and the Pilot FP Center will be renovated and expanded to become a standard FP Reference Center which will primarily serve the Rabat-Sale Province.

3. FP Seminars: The Ministry of Health has conducted National FP seminars in Rabat for about 70-100 medical and para-medical personnel in 1966, 1971 and in January 1974. The 1974 Seminar was attended by medical and para-medical personnel from 13 different provinces. This personnel will staff the first 13 FP Reference Centers, eleven of which will be established in CY 1975. The Ministry of Health in conjunction with the Ministry of "Youth and Sports" also conducted a FP seminar in March 1974 for some 50 directrices from the "Youth & Sports" Women Centers in all provinces. Twelve regional or Provincial and one more National FP seminars will be conducted during the remainder of the Five Year Plan period. While primarily directed at in-service training of provincial medical and para-medical personnel, the seminars - or part of the seminars - will also be attended by community leaders, National FP Association personnel, social workers, health

educators and health workers from other ministries, etc. The attendance at each seminar will be between 50 to 100 persons, depending on the type of facility available. The seminars will be conducted by the provincial health departments with the assistance of the Central FP Services or the Ministry of Health, the Faculty of Medicine, and in certain cases with the assistance of visiting specialists from Population Council, IPPF, WHO, AID, etc. For further information on the IEC and training programs see Appendix 2.

4. The GOM has been in contact with the Meharry Medical College MCH-FP project and with the African Health Training Institute project (AHTIP) for the purpose of exploring possibilities of securing assistance in developing a MCH-FP training institute in the new National FP Center in Rabat. While this may eventually merit future technical support under the AID/W contract with Meharry and AHTIP, plans are still too vague to establish output-input targets data.

5. An analytical demographic research unit will be established as a separate project within the Division of Statistics, Secretariat for Planning. (See also PRCP revision No. 3 - Project No. 608-11-570-109, Demographic Research Center (Poplab, GERED). This unit will provide demographic data on birth, fertility, population growth rates, etc., which will enable the GOM to evaluate the project.

(Note: A data collection system for FP services has already been established within the Section of Health Statistics, Division of Technical Services. The Section consists of some 20 personnel headed by a highly qualified statistician who has recently finished his doctoral thesis on FP statistics in Morocco. The Section compiles FP statistics from all service points. The data are reported by month and by province in quarterly and annual reports. These reports are excellent tools for the evaluation of program progress as well as for projections of further work, comparisons of rural and urban acceptors, studies of acceptor characteristics by age, marital status, number of children, etc. The section will have better quarters when it moves into the new National FP Center, and the increasing workload will necessitate the employment of one or more additional statisticians, one of whom will be responsible for the FP statistics under the direction of the Chief Statisticians.)

6. (a) Personnel: As described in Section II.B., the majority of the personnel in the Ministry of Health (some 450 physicians and 5,000 para-medical personnel) will participate in the FP program as an integral part of their regular duties. All of these have received or will receive some degree of in-service training in FP technology, education and information. Except for the professional staff of the central FP services (8 persons) and the para-medical staff of the FP Reference Centers (75 persons) there will be no additional full time FP staff which can be readily identified as project outputs. With the increase in number of health centers and dispensaries providing MCH-FP services as part of the general health services, the Ministry of Health will increase the number of medical and para-medical personnel accordingly.

(b) The numbers of medical and para-medical personnel who will receive special training in FP in the different training institutions described above are identified in the following output schedule. (See also Section V, Rationale, for GCM medical and para-medical training institutions).

B. Output Schedule

In order to better monitor and evaluate project progress, the following output table includes identifiable targets described in Sections II.B. and III.A. (In accordance with the GCM financial and data reporting system all target data are by calendar year).

C. Assumptions

That the Ministry of Health will give substantial priority to the program and receive the necessary cooperation from other ministries (Plan, Interior, Information, Education, "Youth and Sports", etc.)

OUTPUT TABLE

(All data are cumulative)

Item	CY 1973 Actual	CY 1974	CY 1975 Projected	CY 1976	CY 1977
1. Establishment of a National FP Center in Rabat - to house Central FP Administration, communication unit, professional services and Min. Health Training, Health Education and Statistical Division.		X			
2. Staffing of Central FP Services: (Medical-Nursing, IE&C, Training & Administration) Cumulative number of staff	3	3	4	6	8
3. Establishment of Clinical FP Training Center in Casablanca (advanced training). Number of personnel completed FP training in Casablanca: (cumulative)		X			
Medical	-	-	24	48	96
Paramedical	-	-	48	96	192
4. Number of personnel completed FP training in Rabat Centers: (cumulative)					
Medical Students	21	53	100	170	240
Advanced Training					
(Physicians)	12	30	50	80	110
(Para-medical)	18	36	56	86	126
5. Number of Health Centers - staffed with Medical and Paramedical personnel, providing MCH-FP services 6 days a week	180	200	210	220	230
6. Number of dispensaries equipped and staffed to provide part time FP services with para-medical personnel	-	-	100	300	570
7. Cumulative number of medical and para-medical personnel trained to provide part time FP services in above service points: (Basic Training)					
(Medical)	350	375	400	425	450
(Para-medical)	3,000	3,500	4,000	4,500	5,000
8. Establishment of FP Reference Centers staffed with specially trained personnel, providing full time FP services: Cumulative number of Centers Cumulative Number of Full Time Staff					
Cumulative number of Centers	-	-	11	18	25
Cumulative Number of Full Time Staff	-	-	33	54	75
9. Inclusion of FP - IE&C in curricula of Ministry of Interior and Youth & Sports Women Centers ("Foyers Feminins") Cumulative Number of Centers Cumulative No. of Monitrices Trained (basic training)					
Cumulative Number of Centers	-	100	165	370	400
Cumulative No. of Monitrices Trained (basic training)	-	200	300	400	600

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OUTPUT TABLE (Cont'd)

(All data are cumulative)

Item	CY 1973 Actual	CY 1974	CY 1975 Projected	CY 1976	CY 197
10. Cumulative Number of Mobile Units staffed and equipped to provide FP - IE&C services - (MNFFA)	-	-	2	4	6
11. Establishment of Regional or Provincial FP Seminars or Workshops. Cumulative Number of Seminars		(1 Nat. Seminar)	4	8 (2 Nat. Seminars)	12
12. Establishment of an Analytical Demographic Research Unit in Division of Statistics, Secretariat of Planning (under a separate project)				X	

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## Project Inputs

### 5. U.S. Inputs

#### 1. Technical Services

(a) Technical assistance to the FP program under this project has been provided through one direct hire Public Health Physician Adviser since July 1, 1970. His services will be needed through CY 1977. (Since July 1, 1974, his services are charged to the Mission's operating costs and not directly to the project).

(b) Short term IDY Specialists needed for in-depth project evaluation in 1978.

#### 2. Participant Training

The USAID has provided long term (18 mos.) non-graduate training in U.S.A. for one participant who returned to Morocco in January 1973 to assume the position of Chief of Communications at the Central FP Services, and to one statistician (9 months) who, upon completion of his masters degree, returned to Morocco to assume the position as assistant professor at the National Institute of Statistics and Applied Economy (INSEA).

Short term (3 mos.) training in U.S.A. has been provided to one OB-GYN physician at the Rabat Maternity Ward and Pilot FP Center. She has resumed her duties.

The need for both short and long term training in technical, administrative, motivational, IEAC, educational and statistical aspects of FP still exists. There are few candidates for U.S. training. Individuals, otherwise qualified, either do not speak English, or cannot leave their posts even briefly for want of qualified substitutes. Furthermore, there exists a preference for either in-country training, or when specific training capability is lacking in country, for training in Francophone countries.

Accordingly only two short term (2 mos.) trainees in FY 1975 and two in 1976 in either of the above mentioned fields are planned. Costs \$10,000.

#### 3. Commodities

The USAID has provided contraceptive supplies, pills and IUDs to the program; audio-visual material, films, slides and projectors, to the Ministry of Health, the Ministry of Interior, and "Youth and Sports" Women Centers, and to the National FP Association; medical and gynecological equipment for the clinical training centers in Rabat and Casablanca.

In FY 1974, the USAID obligated \$100,000 for equipment of eleven FP Reference Centers and \$60,000 for contraceptive foams and IUDs. Total FY 1974 - \$160,000.

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In FY 1975 A.I.D. will obligate \$70,000 for equipment of seven Reference Centers and \$25,000 for audio-visual equipment.

Total FY 1975 - \$95,000.

FY 1976 Obligation:

Equipment of 7 Reference Centers .....	\$ 80,000
Contraceptive foams and IUDs.....	65,000
Total.....	\$ 145,000

Interim Quarter Obligations:

Medical and audio-visual equipment.....	20,000
-----------------------------------------	--------

In addition to this, the USAID will provide the following centrally funded contraceptives:

<u>FY 1974</u>	Orals (2.3 Million mc.).....	\$ 380,000
	Condoms (1.440 gross) .....	5,000
	Total	\$ 385,000
<u>FY 1975</u>	Orals (1.4 Million mc.).....	\$ 119,000
	Condoms (4.860 gross).....	4,000
	Total	\$ 123,000
<u>FY 1976</u>	Condoms (1.500 gross).....	8,000
	Orals (2.4 Million mc.).....	200,000
	Total	208,000
<u>Interim Quarter</u>	Orals (20,000 m.c.).....	18,000
	Condoms (350 gross).....	2,000
	Total.....	20,000

4. Other Costs

FY 1971-73 Obligations

Miscellaneous Project Expenses.....	\$ 15,000
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FY 1974-78 Obligations

<u>FY 1974</u>	Support to National FP Seminar.....	\$ 10,000
	Renovation of 11 Provincial FP Reference Centers...	\$ 100,000
<u>FY 1975</u>	Construction/Renovation of 7 Centers.....	\$ 100,000
<u>FY 1976</u>	Construction/Renovation of final 7 centers.....	\$ 100,000
<u>Interim Quarter</u>	Final renovation of centers	25,000
	Total.....	\$ 350,000

Note: AID does not pay any operational or recurring costs. It is, therefore, not possible to show an annual decrease of the percentage of U.S. support for "Other Costs".

5. Local Currency Grant

In FY 1971 the AID granted DH 1,517,241 (approximately \$300,000) from excess currency to cover up to 60% of the construction of a National FP center in Rabat.

SUMMARY OF U.S. INPUTS

	TOTAL		Prior thru		FY 1974		FY 1975		FY 1976		Interim		FY 1978	
	m/m	\$000	m/m	\$000	m/m	\$000	m/m	\$000	m/m	\$000	m/m	\$000	m/m	\$000
<u>Personnel:</u>														
1. Direct-Hire (MD) - Project Funded	36	98	36	98	-	-	-	-	-	-	-	-	-	-
2. Short Term TDY	4	35	-	-	-	-	-	-	-	-	-	-	4	35
Participant Training	<u>47</u>	<u>36</u>	39	26			4	5	4	5	-	-	-	-
<u>Commodities:</u>														
1. Medical & Audio-Visual Equipment	395		120		100		95		80		20		-	
2. Contraceptives (USAID)	388		263		60		-		65		-		-	
3. Centrally Funded Contraceptives	736		-		385		123		208		20		-	
<u>Other Costs</u>														
1. Support to FP Seminars	10		-		10		-		-		-		-	
2. Const. of National FP Center (Local currency grant)	(300)		(300)		-		-		-		-		-	
3. Renovation of Ref. Centers	325		-		100		100		100		25		-	
4. Miscellaneous	15		15		-		-		-		-		-	
<b>Total U.S. Direct Project Inputs:</b>	<b>2358</b>		<b>822</b>		<b>655</b>		<b>323</b>		<b>458</b>		<b>65</b>		<b>35</b>	

N.B.: Under Project 089 which was the first phase of U.S. assistance to Family Planning in Morocco, USAID provided technical services in family planning and in census taking, as well as commodities. The project lasted from FY 1969 to FY 1972 and totaled \$291,000.

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GCM Inputs

(a) 1973-1977 Inputs

1. The Ministry of Health has included DH 3,674,000 (\$830,000) in its operational budget (Budget de Fonctionnement) for the 1973-1977 Five Year Plan period to cover the operational costs of the FP Administration, IE&C, Training and Statistical (Evaluation) programs.

2. In addition, it is estimated that 2,200 man months of medical services and 5,000 man months of para-medical services will be required to motivate and serve the targeted 391,390 new acceptors under the "Medium Hypotheses". The estimated GCM contribution for such personnel services: ..... 2,600,000

3. The GCM will pay 40% of the \$500,000 construction cost of the National Family Planning Center expected to be completed in 1974.

Estimated GCM contribution ..... \$ 200,000

4. The Ministry of Health Investment Budget for the Five Year Plan provides for \$700,000 for the construction and equipment of some 70 new health centers which will include facilities for MCH-FP services.

Estimated costs for MCH-FP facilities ..... \$ 70,000

Total 1973-1977 GCM contribution ..... \$ 3,700,000

(b) 1971-1972 Inputs

The 1971-72 GCM contributions for personnel services and acquisition of land for the National FP Center are estimated at: ..... \$ 800,000

(c) Total GCM contribution 1971-1977 ..... \$ 4,500,000

FAA Section 110 (a) Requirement

We estimate the host country's contribution to be \$4.5 million as described above. This represents 55% of the total project (i.e. \$8,510,000) over the period of active AID involvement. A written assurance to this effect will be received as part of the project agreement.

G. Other Donors

1. The UNFPA (United Nations Fund for Population Activities) has provided no inputs to date but plans to provide the following beginning in FY 1975:

- (a) Technical services through TDY specialists in  
IE&C: 15 man months ..... \$ 37,500
- (b) Equipment for National FP Center ..... 94,000
- (c) Production of Educational and Audio-Visual  
material. (Through Div. of Health Education  
and private contracts) ..... 119,000

(d) Equipment and renovation of rural dispensaries and 30 vehicles for FP Reference Centers .....	\$ 319,500
(e) Funds for local training of FP personnel, foreign travel to seminars and conferences and support of national and provincial seminars .....	125,000
<b>Sub-Total Input to the Ministry of Health .....</b>	<b>\$ 691,000</b>

Besides this the UNFPA will assist the Moroccan National FP Association with Audio-Visual equipment and material including 6 mobil educational units .....

**Total UNFPA Inputs 1971-77 .....** **\$ 747,000**

2. The IPPF has been supporting the National FP Association since its inception in 1972 for a total of ..... \$ 100,000 and has provided short term training (in Belgium, England and France) for some 20 medical and para-medical personnel.

Estimated costs ..... \$ 50,000

While no firm agreement has been made, it is expected that the IPPF will continue this support through CY 1975-76-77.

Estimated costs ..... \$ 200,000

**Total IPPF Inputs 1971-77 .....** **\$ 350,000**

3. The Ford Foundation/Population Council has supported the FP program since its inception in 1966, through long term assignments of public health physicians (8 years) health educator (2 years) and health statistician (2 years), and short term specialists in demography, statistics and IESC. In 1967 the Population Council conducted KAP surveys in rural and urban areas of the country, and a follow-up survey of pill and IUD acceptors was completed in 1973. The Population Council also provided contraceptive supplies, pills, IUDs and condoms in 1966-1969, and long and short term participant training for some 12 physicians, demographers, and para-medical personnel.

The FF/PC is now (CY 1974) supporting the FP program through the assignment of one public health physician; a grant (\$30,000) to the Ministry of Health for the establishment of the Casablanca Clinical Training Center; \$5,000 to the Casablanca Chapter of the Moroccan National FP Association for research and training; \$1,500 to the Demographic Research Center (CERED) to cover the costs of a consultant to work on a study of census evaluation by taped interviews; \$2,500 for support of provincial seminars; and a small amount for printing of miscellaneous FP papers.

FY 1971 ..... \$ 150,000

FY 1972 ..... \$ 180,000

Estimated costs: FY 1973 ..... \$ 100,000

FY 1974 .....	\$ 100,000
FY 1975 .....	\$ 90,000
<b>Total .....</b>	<b>\$ 620,000</b>

The FF/PC has conducted several studies to evaluate program progress and determine the nature and extent of future support to the program. As a result of the latest study conducted in early part of 1974, it is expected that the FF/PC will continue its technical services through the assignment of a public health physician advisor through FY 1976 and possibly 1977.

(Note: The close cooperation between the FF/PC and the USAID advisors has been of great importance for the successful coordination of program inputs by the different donor agencies).

#### 4. Miscellaneous Other Donors

The UNICEF has supported the program through the provision of Audio Visual equipment to the Ministries of Health and Interior MCH and Women Centers. The Swedish International Development Association (SIDA) provided some vehicles for the program in 1970, and France and Belgium have both provided some support for training of personnel and literature on FP. With the recent establishment of a MCH-FP course at the School of Public Health in Rennes, France, preliminary discussions have been made on possible future cooperation between the School and the Clinical FP Training Center to be established in Casablanca. The United Kingdom has recently expressed its interest in supporting the GOM FP and Population program but the form its support will take has not yet been finally determined.

#### 5. Total Project Cost by Major Contributors

U.S. Inputs FY 1971-78 .....	2,358,000
GOM Inputs CY 1971-77 (Estimated) .....	4,500,000
UNFPA Inputs CY 1971-77 .....	747,000
IPPF Inputs CY 1971-77 .....	350,000
Ford Foundation/Pop Council Inputs CY 1971-77 .....	620,000
<b>TOTAL .....</b>	<b>8,575,000</b>

### V. Rationale

#### A. Introduction

"As an element of a policy of social development, family planning is not an end in itself, nor is it a panacea capable of solving all problems".

With this remark made at the opening of the National Family Planning Seminar in Rabat, January 1974, Dr. Laraoui, Secretary General of the Ministry of Public Health described the context in which the GOM will promote and conduct its National Family Planning Program.

The GOM is making family planning an integral part of its health service in recognition of its importance in the protection of the family's health. All FP services conducted by the Ministry of Public Health are free of charge and are, therefore, available to the poor among the population, in particular poor women.

In accordance with AID policies, none of the funds made available under agreements based on this PROP shall be used to pay for the performance of abortions, as a method of family planning, or to motivate or coerce any person to practice abortion.

**B. Background**

**Health, Nutrition and Population**

**1. Demographic Data**

The Kingdom of Morocco covers an area of 444,000 km<sup>2</sup> and has a population density of 37 per km<sup>2</sup>.

The population of Morocco was 11,6 million in 1960; the last census of July 1971 reported 15,4 million inhabitants and its present population (mid 1974) is estimated at 17 million.

The crude birth rate was estimated at 49 per thousand population in 1972 and the crude mortality rate at 17 per thousand, accounting for a natural population growth rate of 32 per thousand population or 3,2% per annum. This is one of the highest population growth rates in the world, and if continued would mean a doubling of the population in 23 years.

Another demographic factor inhibiting the socio-economic development of Morocco is age distribution. Forty seven per cent of the population is under 15 years of age. This very high ratio of young dependents to providers forebodes continuing high birth rates during the next decades even if fertility rates are lowered.

The infant mortality rate is presently estimated at 149 per thousand livebirths (170 in rural and 100 in urban areas).

Although urbanization is growing (there are now 11 cities with more than 100,000 inhabitants), Morocco is still a rural country with 65% of the population living in rural areas.

There are about three million women in the reproductive age group (15-44) and the average family size is 5.4 persons. Life expectancy is about 50 years.

The GOM has made the following projections of population trends according to two different hypotheses:

(a) A natural fertility decline as a result of social and economic progress and modernization of mentality.

<u>Year</u>	<u>Population</u> (in thousands)
1971 .....	15,379
1978 .....	18,914
1985 .....	23,262
1992 .....	28,609
1999 .....	35,185

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(b) An induced fertility decline as the result of an active population policy and family planning programs.

<u>Year</u>	<u>Population (in thousands)</u>
1971	19,379
1974	19,860
1985	22,905
1992	27,153
1999	32,569

## 2. Social and Economic Conditions

The Moroccan population is 99% moslem. Among the three Maghrobian countries (Morocco-Algeria and Tunisia) Morocco is the most conservative with strong traditional ties with the Islamic religion. There are two ethnic groups: The Arabs (mostly city dwellers) and the Berbers in the rural plains and the mountain areas.

The literacy rate is low: on the average one out of four persons is literate (34% of adult males and 13% of adult females). School enrolment of the eligible age groups is as follows:

Elementary:	Male 70%	Female 40%
Secondary:	" 21%	" 8%
High School:	" 3%	" 0.6%

Since its independence in 1956, Morocco has undertaken a series of planned development steps. Between 1958-1972 the actual annual increase of the gross national product was 5.6%. The present plan (1973-1977) projects an economic growth of 7.4% per year.

Priorities of the plan are: agriculture, training of top civil servants, tourism and industrial development. The annual per capita income is about \$190.

## 3. Nutrition

The Ministry of Public Health in conjunction with the World Health Organization undertook in 1971 a nation-wide survey of the nutritional status of some 6,700 children under 4 years of age.

The findings were as follows:

(a) Moroccan children have normal weight and height at birth but from ten months of age to twenty-seven months following the weaning period, their growth and weight decline sharply. An overall 40% of children in this age-group suffer from second degree protein-caloric malnutrition (between 20% to 40% underweight); and an additional 5% suffer from third degree malnutrition - more than 40% underweight.

(1) Another important nutrition problem is caused by Vitamin D deficiency due to the habit of totally covering the small children against the pervasive Moroccan sun. Five per cent of all children in the 0-3 years age-group were found to have recognizable clinical signs of rickets.

Findings of protein-malnutrition and rickets were higher in the rural areas than in the urban areas, and except for the highest economic strata in the modern part of the cities, the frequency of malnutrition findings was almost equally high among all strata - in the middle class neighborhoods as in the poor "bidonvilles" at the outskirts of the big cities.

These observations indicate that ignorance of nutrition and child-feeding may play as large a role in causing malnutrition as does poverty.

(c) This theory is supported by the findings of a consumer survey carried out by the Secretariat for Planning during 1970-71. The survey showed only slight deficiencies in the total per capita calorie intake - mostly derived from high carbohydrate rich foods such as cereals and sugar, but a severe lack in the diet of meat and dairy proteins as well as of cheaply available protein-rich foods such as pulses, beans, peas and other vegetable proteins. Furthermore, although Morocco has the world's largest sardine fishing port, fish proteins are almost completely absent from the Moroccan diet.

4. Health Factors

(a) Added to nutritional problems is the high incidence of communicable diseases: tuberculosis, dysenterias, measles, typhoid fevers or simple infantile diarrhoeas and intestinal parasites - and in some provinces bilharzia and malaria. All these conditions, by causing malabsorption of needed nutrients, further increase the need for them, thus creating a vicious circle; i.e., lack of proteins and other important nutrients make the child more vulnerable to communicable diseases - and the fevers, diarrhoeas and other effects of the infections increase the child's need for more proteins while lowering his absorptive capacity. The results of this vicious circle are high infant mortality rates --- and high fertility and birth rates to compensate for the loss of the many children who die in their infancy.

(b) Another important health factor related to the high fertility rates is the increase in maternal and infant mortality rates with the number of births. Recent Moroccan studies have shown a six-to-ten fold increase of maternal and infant deaths with the delivery of the sixth child over that of the first child.

This relationship between health, nutrition, population dynamics and socio-economic development constitutes the rationale for the integration of family planning into the health system and for giving the Ministry of Public Health the main responsibility for the planning and actualization of the National Family Planning Program. While this decision by the GCM seems logical in the Moroccan setting, it may also place another burden on an already heavily loaded health delivery system. Success or failure of the FP program is therefore highly dependent on the strength and infrastructure of the health system.

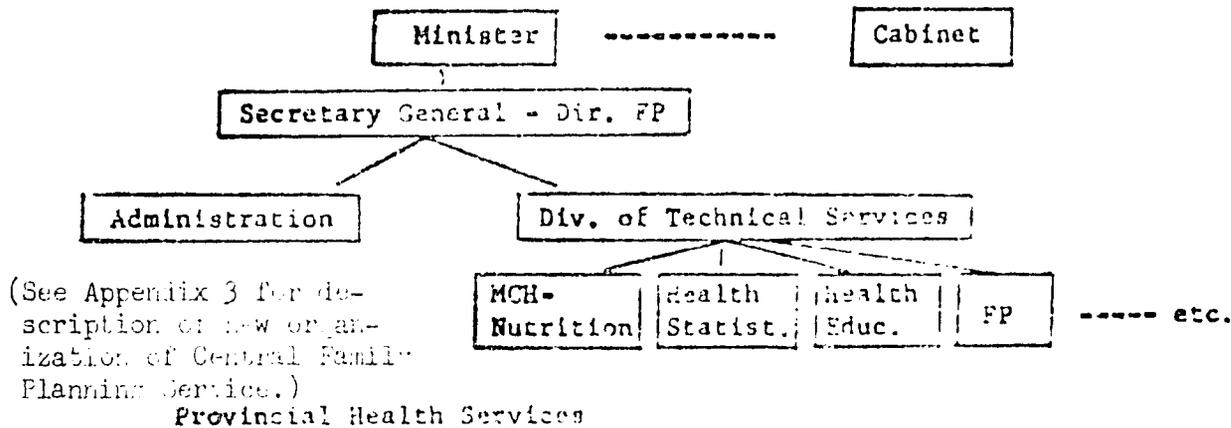
5. The Health System

The public health system in Morocco is highly centralized with a vertical chain of command headed by the Minister of Health. All policy decisions:

are made by the Minister with the advice of his cabinet. The Secretary General of the Ministry is responsible for policy implementation and supervises the two major divisions or "Directions" of the central organization: Administration and Technical Services. The Division of Technical Services is again divided into several "central services" such as: MCH-Nutrition, Epidemiology, TB Control, Malaria Control, Sanitary Control, Health Education, Health Statistics, Family Planning, etc..

The Central FP Service consists of: The Chief of the service ~~who is also Professor of OB-GYN at the University) a full-time nurse-midwife and a full-time communication expert.~~ However, the Secretary General of the Ministry who was formerly the Chief of the FP Service has retained his title and position as "Director of Family Planning," which adds some emphasis to the FP program and brings the FP service closer to the decision making level.

Ministry of Public Health  
Central Organization



Provincial Health Services

There are 23 provinces or "prefectures" <sup>created</sup> ~~by subdividing~~ <sup>by subdividing</sup> some of the larger provinces. The Provincial Medical Chief is responsible for all public health services in his province and reports directly to the Ministry of Health. Each province is subdivided into a number of medical circumscriptions each with a health center, and each circumscription is in turn subdivided into about three health sectors, each served by a dispensary.

There are about 200 health centers and 570 dispensaries. In theory each health center should serve a maximum population of 45,000 and be headed by a physician. In fact, each health center now serves an average of 35,000 persons and the shortage of physicians leaves some health centers under the leadership of para-medical personnel.

The health centers provide out-patient medical services, including family planning. In the rural areas most MCH activities are also conducted at the health center level and most rural centers have 15-20 hospital beds. The dispensaries are usually headed by a registered nurse with a staff of 2-4 para-medical personnel. The dispensaries provide basic preventive and curative health services, including FP motivation and education and serve as a screening device for patients who need to be referred to physicians in the health centers. In some,

provinces, physicians from nearby health centers or hospitals visit the dispensaries on a weekly schedule. /As stated in the foregoing it is planned to expand this service to all provinces and let the dispensaries take a more active part in the FP program./

### Hospitals.

Each province has a provincial general hospital with departments of general surgery, internal medicine, ophthalmology, pediatrics, obstetrics, etc.

Morocco has about 23,000 hospital beds. One hospital bed per 700 inhabitants. About 400,000 patients are admitted to the hospitals each year, including between 50,000-80,000 women for deliveries. With about 750,000 deliveries per year for the whole country, this means that only one out of fifteen deliveries take place in hospital maternity wards.

### Personnel.

There are 1,105 physicians in Morocco giving a physician/population ratio of about 1/14,000. However, among the 567 physicians in the private sector almost two thirds work in the big cities of Casablanca and Rabat which account for only 17% of the population. The Ministry of Public Health engages 532 physicians of which 135 are Moroccans, the remaining mostly French or East Europeans.

### Para-medical Personnel

There are 1,436 registered nurses ("diplômées d'état") - about 60% of the need - and 7,553 lay practical nurses ("infirmières brevetées") - some 80% of the need. It is estimated that about 5,000 of the para-medical personnel, and about 450 of the public health physicians will be actively engaged in different aspects of the FP program as an integral part of their general duties in the health field. The remaining physicians and para-medical personnel will be working in special hospital departments, etc. where they will not be directly involved with family planning. However, there is a big turn-over of personnel and shift in assignments, and it is the intention of the GCM, that all medical and para-medical personnel (with the exception, perhaps, of a few medical specialists) will receive some basic training in family planning.

### Medical and Para-medical Training Institutions

#### The Faculty of Medicine

Since its creation in the early sixties, the Faculty of Medicine at the Mohamed V University in Rabat has graduated 240 MDs. (The first class in academic year 1968-69).

For the coming years it is expected that 70-100 physicians will graduate annually from the Faculty of Medicine in Rabat. In order to increase the number of physicians, the Five Year Plan calls for the creation of a new Faculty of Medicine in Casablanca. The first MDs from Casablanca are expected to graduate in academic year 1979-1980.

The construction of two new University hospitals (in Rabat and Casablanca) is also planned during the 1973-77 period.

The OB-GYN curriculum includes 10 hours of family planning conducted by the Chief of FP services, and all medical students receive clinical training in FP at the maternity ward and Pilot-FP center in Rabat.

### Para-medical Schools

There are three levels of para-medical schools in Morocco.

#### (a) Basic Training. Lay Practical Nurses.

There are 18 schools for lay practical nurses. Entry requirements are completion of secondary school and successful passing an entrance examination. The course lasts two years and includes elementary theoretical training in FP and some practical training in FP motivation and education at health centers and dispensaries. The schools graduate 500-600 LPNs annually.

#### (b) Registered Nurses (Diplômées d'Etat)

There are four schools for RNs (Rabat-Casablanca-Marrakech-Meknes). The objectives of these schools are to train multidisciplinary para-medical personnel and to give them the necessary theoretical and practical skills to carry out various nursing related activities - hospital care - preventive medicine - health education - training of auxiliary personnel, etc.

The course lasts two years. During the first year the students have 20 hours of sociology and during the second year 15 hours of demography and health statistics and 10 hours of FP theory followed by one week of practical training in FP.

Entry requirements are: Baccalaureat (comparable with U.S.A. high school plus one or two years of junior college). LPNs with at least three years experience in the public health service who have followed a mailing course, will be admitted upon successful passing an entrance examination. The schools graduate about 120 RNs per year.

#### (c) "Ecole des Cadres" - Masters Degree

Located in Rabat, this is the highest level para-medical school in Morocco. Entry requirements are: "Diplôme d'Etat" and successful passing an entrance examination. After two years study the students will graduate as "Adjoint de Santé Spécialiste" with a major in one of four specializations: preventive services, hospital services, nursing education and midwifery.

All students will attend 14 hours of family planning during the second year of study. At the end of the second year, the students will be assigned to field work and to write a Masters thesis on a subject of their choice. Last year, three of the students choose family planning as the subject of their theses.

The school graduates about 18-20 "Adjoints de Santé Spécialiste" per year.

### WORK VOLUME

As mentioned in Section IV B.2. the GOM estimates the work volume needed to serve the 391,390 new FP acceptors to 2,200 man months of medical services and

5,000 man months services of para-medical personnel. These figures represent approximately 8% of physicians' time and 2% of the para-medical personnel's time. With the improvements of FP training of medical and para-medical personnel described above and with the more liberal use of para-medical personnel to perform IUD insertions and distribute pills, it appears that the health system will have sufficient capability to absorb and integrate the FP program into its general health services. However, the number of man-months spent by medical and para-medical personnel on FP are based on a hypothetical study by the Ministry of Health. The figures represent only the minimum time spent on actual delivery of services and were quoted to justify the estimation of GOM expenditures on FP during the Five Year Plan, but may be misleading in regard to demonstrating the GOM's interest in FP. The figures do not include the considerable time spent by personnel in training programs, attendance at seminars, health education, person to person information programs, etc. The time spent on these essential services is probably much greater than the time quoted above, but will vary with the personal interest in FP by the employees and their specific assignments. Since no real time study has been made, it is not possible to give more accurate information on this point.

#### Integration of FP in Health System

Since 1972, a "Guide de la Planification Familiale" has been widely distributed to all Ministry of Health personnel and provides basic information on population dynamics and FP technology as well as outlining the responsibilities of the different services and personnel concerned with the promotion and delivery of FP services within the Ministry of Health.

While the Central FP Service has certain administrative responsibilities, most of the administrative work is carried out by the Administration, Division of technical Services. The Technical Services Administration is, for example, responsible for the receiving of all commodities, clearance through customs, distribution of contraceptives to provincial warehouses as directed by the FP Services, etc.

The Health Statistics Section of Technical Services is responsible for the collection, compilation, analyzing and publishing of FP service statistics; the Health Education Section is responsible for carrying out the FP IE & C program; the Training Section is responsible for the development of FP training programs and their inclusion in the curricula of the paramedical schools, etc.

The small staff of the Central FP Service thus does not work in a vacuum but receives the full support of the Division of Technical Services of which it is one of many sections.

On the provincial level, the main responsibility for the delivery of FP services rests with the Provincial Medecin Chef, his Chiefs of rural and provincial preventive medicine, the Medical Chiefs of each circonscription and its health centers, dispensaries and in the field, as described in the "Guide".

This system of integrated health services is also used for all other special health services: Maternal Child Health-Nutrition (MCH-N), Tuberculosis Control, Malaria Control, Leprosy Control, etc. Usually the "Central Service" is limited to one person. The Chief of MCH-N, the Chief of TB-Control, etc. all under the umbrella of the Division of Technical Services and its supporting services like training, health education (IE & C), health statistics, etc. Until early

CY 1973 the Central FP Service consisted only of the Director of FP and a secretary. In spite of this, FP was introduced into the general health delivery system in all health centers and FP acceptors were given the same priority as medical urgencies. Seen in light of this integrated approach, the plans for a total of 8 professional personnel in the Central FP Services, the establishment of a National FP Center which will house the Division of Technical Services' Training, Health Education and Statistical Sections under the same roof as the Central FP Service, and the establishment of Reference Centers in each province, each staffed with three full-time FP specialists, represent a major step forward in the promotion and delivery of FP services.

## 6. The Family Planning Program

Several reports have already been submitted on the performance of the FP program during the 1968-72 Five-Year Plan period. Therefore, this PROOP revision will be limited to a short recapitulation of past experience, specifically as it reflects the present situation and indicates the basis or rationale for future development.

(a) In term of acceptors the accomplishments of the FP program during 1969-73 were as follows:

### FP acceptors by Methods and Year of Acceptance

	<u>IUDs</u>	<u>Orals</u>	<u>Other</u>	<u>Total</u>
1969	10,987	9,857	1,060	21,304
1970	9,763	14,875	1,029	25,067
1971	7,743	17,887	3,323	28,953
1972	5,277	19,346	2,855	27,478
1973	5,086	26,471	4,572	36,119

While the accomplishments presented above are modest and admittedly far from reaching the ambitious goals of the 1968-72 Five-Year Plan, they still indicate that a basis has been laid upon which future program development can be soundly built. Furthermore, the number of new pill acceptors increased by 70% in the first quarter of 1974 over that of the same period in 1973, and for the first time since 1969 the decreasing trend of IUD acceptors was reversed to a 25% increase during Jan.-March 1974.

(b) With the establishment of a nation-wide delivery system for FP services during the last five to six years, there has been a concomitant increase in acceptance and understanding of family planning as a necessary integral part of social development. On the governmental level this is apparent through a better cooperation with the Ministries of Interior and "Youth and Sports" whose women centers all over the country will assist in bringing family planning education, motivation and information to the many young women attending the centers; through introduction of sex education and family planning into the curricula of all secondary schools; and - not least - through a recent decree from the Prime Minister to convene the "Superior Council for Population", to ensure and enhance the assistance and cooperation of all ministries represented on the council, in promoting the FP program.

On the political front, opposition to family planning is diminishing. The previous often vicious attacks on family planning as "an Imperialistic, Zionistic Plot" have been replaced by a more sober attitude to the effect "that family planning is not a substitute for social development."

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The National Family Planning Association, established in 1971 with the support of the IPPF, has been active in bringing about this change in attitudes. The Association is now conducting a total of five FP clinics in Rabat-Salé, Casablanca and Tanger, but will in the future concentrate on reaching the population in rural areas, with FP-IE&C through the use of mass media and mobil educational units.

In the Private Sector, interest in FP is increasing and FP clinics are now being established in several large industrial or commercial institutions - such as the O.C.P. (the Phosphate Mining Co.), and others. The sale of oral contraceptives from private pharmacies is still increasing and is now reaching 80-100,000 cycles per months. The 1973-77 Five Year Plan emphasizes the cooperation between private physicians and the Ministry of Public Health, but does not give specifics.

#### 7. FAA Section 113, Percy Amendment Concern

By its very nature this project is of eminent importance for the improvement of the quality of life of Moroccan families in general, and Moroccan women in particular. Child-spacing is not only one of the most important health measures for the protection of the health of the mothers and their children, but also permits the mothers to participate more fully in the socio-economic development of their country.

The project also contributes to the effective employment and improvement in status of women. Women physicians and para-medical personnel are employed in key positions as well as regular positions in the FP clinics, Training and IE&C programs. For example, of the three professional personnel in the Central FP Services, two are women, and of the three participant trainees sponsored so far by the project, two have been women.

#### VI. Course of Action

##### Implementation Plan

As stated above the basis for a nation-wide family planning delivery system, IE&C, training and evaluation program has already been established. Further, a number of the plans for improvement and expansion of the program - described in the foregoing chapters - are already in various stages of implementation. Reference is made to the Output Table, Section III, which provides a summary of the Implementation Plan.

The timely coordination of the establishment of the National FP Center and the Reference Centers, their equipment and staffing with trained personnel, remains, however, a point of crucial importance for the successful actualization of the program and is further described in the following implementation steps.

##### Implementation Steps

#### 1. Establishment of FP Headquarters in Rabat National FP Center

(a) Construction of Center: 90% completed. Expected date of completion: November 1, 1974.

(b) Equipment of Center: List of equipment submitted to and approved by UNFPA. Equipping of center completed, March 1975.

(c) Moving of Min. Health, Health Education, Training & Health Statistics Divisions and central FP service to Center: April-May 1975.

(d) Arrival of two UNFPA-IE&C consultants to assist establishing IE&C FP Unit: June 1975.

(e) IE&C FP Unit established and production of IE&C materials in process: October 1975.

(f) Staffing (Moroccan)

Chief of Service (Medical) on board  
Chief Nursing/Midwifery on board  
Chief FP Communication on board  
Asst. Chief FP Administration: April 1975  
Asst. Chief FP Training Unit: January 1976  
Asst. Chief FP Statistics: January 1976.  
Asst. Medical & Nursing Chiefs: January 1977.

Notes: The staffing pattern of the central FP services has not been fully determined and may be subject to changes. The FP service will remain part of the Division of Technical Services and receive support from the other Min. Health Services located in the Center (Health Education, Training and Statistics), and from the central Min. Health Administration.

2. Establishment of FP Reference Centers

(a) Development of guidelines or manual for the functioning and staffing of centers: completed.

(b) Architectural drawings (blueprints) of prototype Reference Center: completed (see Annex ).

(c) Establishing list of equipment for each prototype center: completed (see Annex ).

(d) Determining exact location, construction and/or renovation schedule of eleven first centers: completed (see Annex ).

(e) Development of contracts for construction and/or renovation of first 11 centers: in process.

(f) Completion of construction and/or renovation of first 11 centers: estimated target dates: April-May 1975.

(g) Issuance of PIO/Cs for equipment of first 11 centers: commodities to arrive April-May 1975 - completed.

(h) Training of medical and para-medical staff for first 11 centers: about 60% completed.

**Note:** The first 11 centers will all be established in provinces with large capital cities and relatively well developed health services. The provinces chosen will all meet the following criteria:

- (1) Experience in conducting FP programs.
- (2) Availability of trained OB-GYN personnel to supervise Ref. Centers.
- (3) Availability of trained para-medical personnel and/or capability to provide in-service training of personnel, either on the spot or through assignments to Rabat or Casablanca training centers.
- (4) Attendance of medical and para-medical personnel at National FP Seminar in Rabat, January 1974.

(1) Opening of first 11 FP Reference Centers, completely equipped and staffed with qualified para-medical personnel under OB-GYN supervision: target dates: June-July 1975.

During latter half of 1975 steps (d) through (i) will be repeated for the next seven FP Reference Centers, with target dates for opening in June-July 1976; and similar steps will be taken during July-December 1976 for the final 7 centers, planned to open in June-July 1977.

#### Evaluation

In addition to continual feedback in the course of monitoring project operations, project evaluations will be carried out on three levels:

1. Quarterly evaluations will be based on the number of new acceptors by month and province, the cumulative numbers of continuing users of all contraceptive methods, and on comparisons with the previous year's activities during the same period and measurements of percentage of targets reached at the end of the quarter. The evaluation will also be concerned with progress or lack of progress in any given province, and will attempt to evaluate the effectiveness of the FP Reference Centers by comparing the number of FP acceptors before and after the establishment of a Reference Center in a given province, and by comparison of progress in provinces with or without Reference Centers. While detailed reports on such routine evaluations will be submitted by AID/W only in case of developments of special interest, the number of new acceptors and active users by method will be submitted to AID/W in accordance with AIDTC CIRCULAR A-789 (U-161 2/3, Family Planning Service Statistics Quarterly Reports).

2. Annual project evaluations pursuant to M.O. 1026.1 will be undertaken collaboratively by the GOM's Central Family Planning Service in the Ministry of Health, representatives of other donors, and USAID staffs.

Since the GOM reports on FP activities usually are published 3-4 months after the end of the quarter or year for which the figures are given, the annual reports will be submitted to AID/W in April or May following the calendar year covered by the report.

The annual project evaluations will analyze the following points:

(a) The number of new acceptors and active users of the different contraceptive methods - comparisons with previous years experience - and with the annual benchmarks established for new acceptors at the goal level, progress in the different provinces and effectiveness of FP Reference Centers as described under H.1.

(b) When available, the evaluation will consider data on acceptor characteristics and continuation rates of different contraceptive methods. This will assist in evaluating the demographic impact of a given method. For example, previous studies have shown that pill acceptors tend to be younger and have fewer children than IUD acceptors. It will be important to know if this trend continues. If it does, it may to some degree offset the disadvantage of the lower continuation rates of pill acceptors, etc.

(c) The annual evaluation exercise will measure the percentage completed each year of the conditions expected at the end of the project, and of the annual targets established in the output table on Page 8 of the PROP.

(d) While the above evaluation objectives can be measured quantitatively, the evaluation exercise will also attempt to measure the quality of GOM inputs, the degree of cooperation from other ministries, the effectiveness of USAID and other donor agencies' inputs, etc.

3. A thorough, in-depth evaluation will be undertaken by an independent team as soon as possible after the end of the project - possibly in April or May 1978.

This final evaluation will have three objectives:

a. A study of the project's demographic impact on birth and fertility rates, number of births prevented through the project's efforts, etc.

b. A study of the project's success in reaching its purpose: To establish an institutional capability to provide FP services to three million couples of reproductive age throughout the country.

c. Such study should include qualitative and quantitative analyses of the effectiveness of the IE&C program and the availability of FP services in different areas of the country. The study might include a modified KAP (knowledge, attitudes and practice) survey, and comparison of the findings with the KAP surveys conducted by the Population Council in 1967.

d. An analysis of the project's cost effectiveness. The resources needed for such evaluation will include two man-months TDY assignments of statistical and health education specialists. Estimated costs: \$35,000.

As for evaluating the project's cost effectiveness, if the targeted number of new acceptors (i.e. roughly 400,000) is reached, this project will have a total cost per acceptor of \$18 which appears comparatively low by the standards of other population projects.

APPENDIX I

Family Planning Reference Centers

1. Construction and Renovation

Wherever feasible, the Reference Centers will be established in already existing facilities in the maternity wards of the Central Provincial Hospitals or in adjacent Central Health Centers.

The facilities required for a center consist of one waiting-room with a capacity of about 20 persons; one room for health education (12-15 persons); one clinic area (Doctor's Office); and one nursing office. The attached sketch shows the prototype center, which will be adjusted as needed to fit into already existing facilities or construction sites.

Present estimates indicate that such a center can be constructed for a cost of about \$20,000, and that the renovation of existing facilities will average about \$5,000 per center.

In all instances the Ministry of Health will obtain bids and estimates. The Ministry of Finance, upon completion of construction, will submit vouchers and other fiscal papers as may be required by the U.S.AID to allow reimbursement not to exceed the Dirham equivalent of \$100,000, consistent with the findings of on-site inspections by the U.S.AID.

2. Equipment

(a) Waiting Room (20 persons)

20 simple stack chairs  
1 multipurpose table - about 2 m x 1 m.

(b) Health Education

1 office desk  
1 desk chair  
12 simple stack chairs  
1 multipurpose table (2 m x 1 m)  
1 storage cabinet  
1 file cabinet  
1 typewriter, manual (French keyboard)

(c) Clinic Room (Doctor's Office)

1 office desk  
1 desk chair  
2 stack chairs  
1 doctor's examining table (GYN)  
1 instrument & medicine cabinet  
1 instrument table with rollers  
1 stool (adjustable height)  
1 metal waste basket with lid (to be opened by foot)  
2 standing lamps with adjustable height (for gyn. exams)

(d) Nurse's Office

- 1 office desk
- 1 desk chair
- 1 filing cabinet
- 1 storage cabinet
- 2 stack chairs
- (1 hospital bed or cot - acquired from surplus sale)

(e) Besides the above, each center will receive one Maternal-Child Health-Family Planning kit. (The Ministry of Health has already received 20 such kits through a regional grant from the U.S.AID)

(f) Audio-Visual Equipment & Material

Each Center will receive:

- 1 16 mm movie projector w/sound cassette
- 1 movie screen (approx. 1 m x 1,5 m)
- 1 35 mm slide projector
- 1 small "mini-cassette" tape recorder
- 1 Sima-36 A. GYN/AID Model (Gauvard)

The above for stationary use in the Center.

Besides this, the Health Educator in the Center will be responsible for the following additional A-V equipment to be used in Maternity Wards, or on loan to other health centers, etc.

- 1 8 mm cassette type movie projector w/sound
- 1 slide projector
- 1 portable movie screen (1 m x 1,5 m)

Audio-visual material will consist of: miscellaneous color-slide series on FP, copies of Walt Disney Film on FP, and of the Moroccan made FP film "La Choix" with French and Moroccan Arabic sound tracks. (The Min. Health will provide additional A-V material on FP as it becomes available).

Total estimated costs per center ..... \$ 9,000

3. Tentative construction schedule and cost estimates for the first 11 FP Reference Centers.

(Note: Final bids have not yet been submitted)

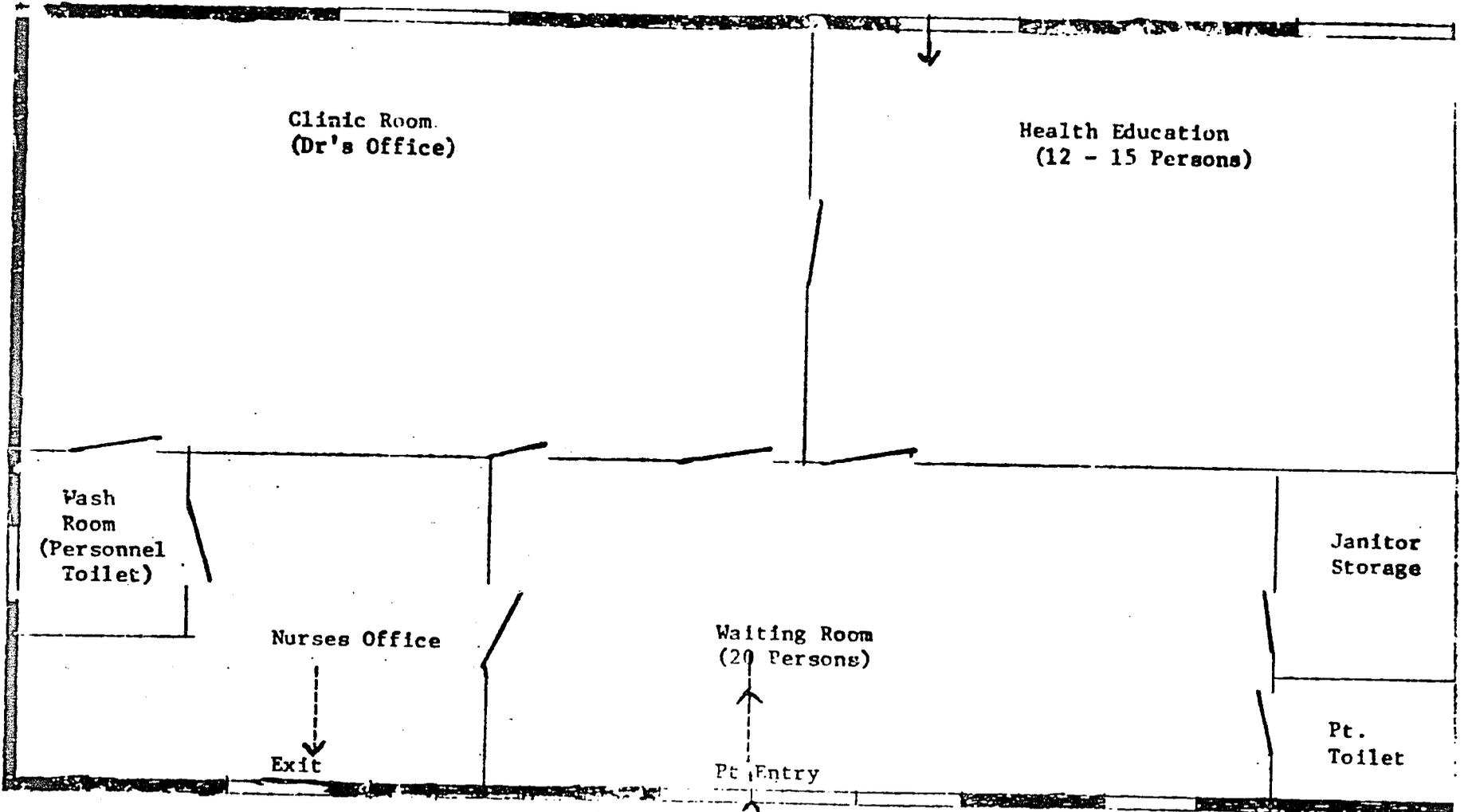
Province	Type of Work	Cost Estimate	Expected date of completion
Marrakech	New construction	\$ 20,000	April-May 1975
Safi	"	20,000	"
Meknes	"	20,000	"

(see cont'd next page)

Province	Type of Work	Cost Estimate	Expected date of completion
Fes	Renovation	\$ 5,000	Feb.-March 1975
El-Jadida	"	5,000	"
Agadir	"	5,000	"
Kenitra	"	5,000	"
Casablanca	"	5,000	"
Tanger	"	5,000	"
Rabat	"	5,000	"
Tetouan	"	5,000	"
<b>Total: 3 constructions .....</b>		<b>\$ 60,000</b>	
<b>8 renovations .....</b>		<b>40,000</b>	
<b>Grand total 11 Centers .....</b>		<b>\$100,000</b>	

Note: A construction schedule has not yet been established for the remaining 14 centers. It is expected that there will be fewer provinces with existing facilities suitable for renovation. Costs estimates for FYs 1975 & 1976 are also based on an increase of costs of construction and equipment.

Personnel Entry



Prototype FP Reference Center  
Approximately 12.5 x 8.5 m  
(106 m2) Scale 1:50

APPENDIX 2. IE&C and TRAININGI. IE&C1. Reaching the Target Groups

The GOM has found that the major problem causing the large acceptor drop-out rate and the gap between first visits to FP clinics and the actual number of new acceptors is lack of sufficient education in the FP technology and IE&C on the part of the para-medical personnel. To alleviate this need the GOM is conducting training of the service personnel in IE&C on three levels:

a. Inclusion of FP IE&C in the curricula of all para-medical schools.

b. On-the-spot training of all para-medical personnel by the responsible medical chiefs. For example, this in-service training is being done in certain provinces through tape recording of interviews conducted by para-medical personnel of patients seeking FP information. The play-back of such recordings often demonstrates where the personnel have failed to communicate with and motivate the patients to accept or continue using one or other FP method, etc. The GOM has been impressed with this technique (which was demonstrated during the National FP Seminar in Rabat in 1974) and will utilize it in all Reference Centers.

c. Conduct workshops and seminars. This has proved to be one of the most successful ways of teaching FP technology and motivation to medical and para-medical personnel, monitrices of Women Centers, etc. Of special importance is the opportunity of the field personnel to exchange experiences and discuss problems and successes with their colleagues. The GOM conducted a regional seminar in Marrakech in December 1974, attended by some 150 service personnel. The proceedings of the National FP Seminar in Rabat are now being printed and will serve as a manual for conducting further seminars.

The National FP Association is also showing initiative in reaching specific target groups by utilizing satisfied FP acceptors as motivators. Two such pilot projects are presently carried out in Casablanca. In one project, the "satisfied acceptors" are visiting all post-partum patients in the maternity wards, and in another project the motivators are visiting communal baths and other women gatherings to talk about their own satisfactory contraceptive experience.

The introduction of FP IE&C in the curricula of the Ministries of Interior and Youth & Sports women centers is another example of the GOM's interest in meeting the needs of and motivating an important target group of young married - or soon to be married women.

The GOM is also aware of the need for motivating and educating the husbands. The service personnel is instructed to emphasize the desirability of both husband and wife coming to the clinics for FP information and services.

Although the husband's consent is not a requirement for distributing pills or inserting IUDs the practical need of his interest and agreement in the Moroccan context is recognized.

The "Guide de la Planification Familiale" and the brochure "Planification Familiale" may serve as examples of the type of IE&C material produced by the GOM. Both have been pre-tested and widely distributed to medical, para-medical personnel, Women Centers, etc. Both need, however, to be updated and expanded to include information on the Reference Centers, the increased number of FP clinics and health centers, the role of the rural dispensaries, etc. The GOM is presently pretesting its "Fiche Pedagogique" - a brochure on FP and sex education developed in cooperation between the Ministries of Health and Education to be used for sex education in all secondary schools, and its "Fiche Technique", a similar paper on a more technical, less pedagogic, level to be used by lay practical nurses, monitrices in Women Centers, etc.

The above are examples of the content and use of FP brochures and manuals. The "quarterly bulletin" will be richly illustrated and bring Moroccan FP news as well as excerpts from other population publications and serve as a communication media between the Ministry of Health FP program, the National FP Association, and other social oriented ministries and organizations.

The GOM realizes, however, its need to improve both quality and quantity of its production of IE&C materials and is requesting technical and economic assistance from the UNFPA for this purpose.

The training of para-medical personnel in IE&C is described above. The Ministry of Health is responsible for the training of the Ministries of Interior and "Youth and Sports" monitrices. This is being carried out through:

- (a) Formal lectures to the monitrices by the Central FP Services.
- (b) Inclusion of FP IE&C curricula in the schools for monitrices and social workers in Rabat and Casablanca.
- (c) Participation in seminars and workshops as described above.

#### Training

The training of para-medical personnel in FP technology is carried out concurrent with the training in IE&C as described above.

1. The curricula of all para-medical schools include the following subjects:
  - a. Demography of the world.
  - b. Moroccan population growth, demographic and socio-economic problems.
  - c. Anatomy and Physiology of Reproduction.
  - d. Contraceptive technology. Traditional and modern methods of contraception).

- e. Islamic attitudes toward FP (abortion, sterilization, contraception).
- f. Communication and information techniques. (Besides the previously mentioned tape-recording techniques, role-playing is intensively used in schools and seminars as a means of teaching communication techniques.)
- g. Medical Indications for FP.
- h. FP and its relationship to Maternal Child Health and Nutrition.
- i. The Moroccan FP program, its goals, methods, statistics and evaluation.

The level of education is adjusted to the background of the students. In the "Ecole des Cadres" most of the courses are given by members of the medical faculty, the Central FP Services and the Division of Technical Services.

## 2. Adequacy of Training Institutions and Staff

As explained in the foregoing, the Reference Centers and other more formal training institutions are not solely responsible for training of medical, para-medical personnel in FP technology and IE&C, but should be looked upon as lending specialized support to the different in-service training efforts carried out by the provincial health services during the last 5-6 years. While the training efforts need qualitative as well as quantitative improvements, the GOM is not starting from "scratch" at this time and most of the 500 para-medical personnel have already had at least some basic training in FP technology and IE&C, and some experience with delivery of FP services. However, the quality of the provincial FP services and in-service training programs have varied considerably from province to province. The "Moroccanization" of the provincial health services with replacement of almost all French key personnel - provincial Medecin Chiefs and Chiefs of preventive medicine, etc. with younger Moroccan physicians who are showing more interest in and understanding of FP than their French predecessors, has already produced progress in this respect. With an additional 25 FP Reference Centers - each capable of providing refresher courses and short term training in FP technology to some 150-200 medical and para-medical personnel per year, the GOM's needs in this respect should be well covered.

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SUBMISSION

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Memo to the Files

APPENDIX 3

February 26, 1975

THROUGH: Miss Helen A. Wilcox, MEO

FROM : Dr. Niels Poulsen, MEO

SUBJECT: Upgrading of the "Central Family Planning Service"  
to a "Division of Family Planning & Maternal &  
Child Health" (FP-MCH).

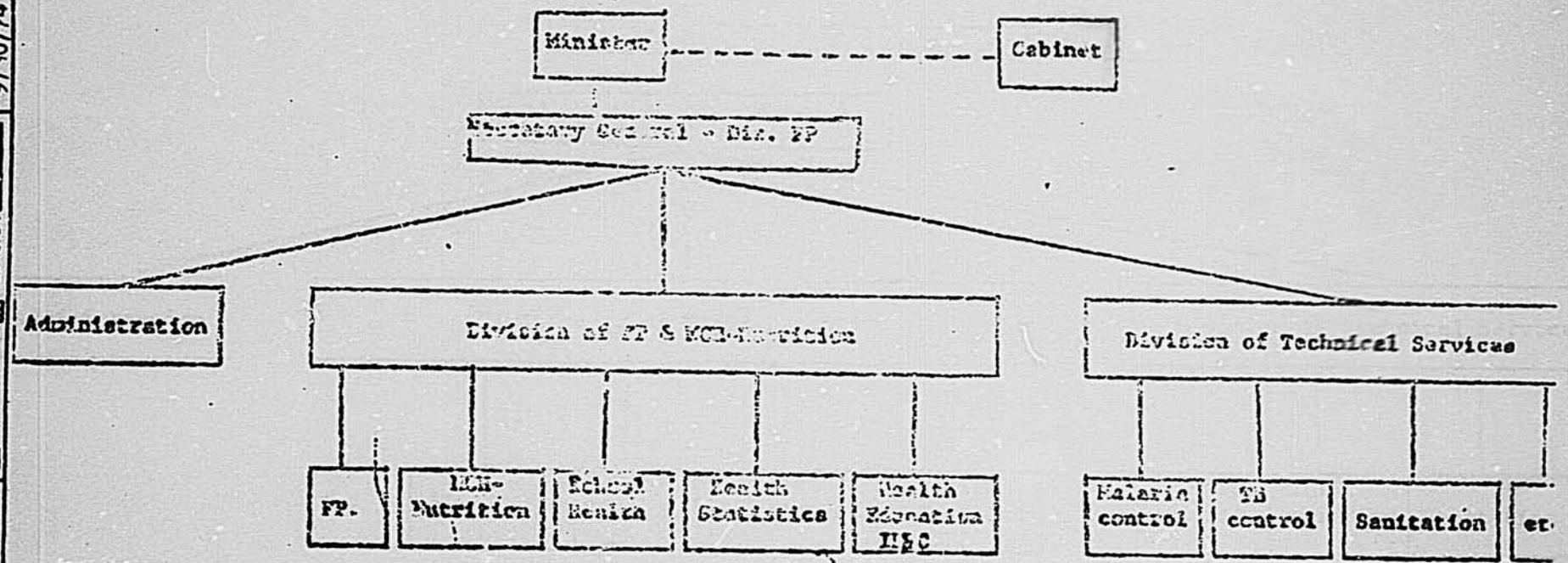
The establishment of a Division of FP-MCH within the Ministry of Public Health was officially announced by the Prime Minister in an inter-ministerial meeting on Feb 21, 1975. The Division will consist of the Central FP Service and the Sections of Health Education, Health Statistics, MCH-Nutrition and School Health Services which were all previously part of the Division of Technical Services. All sections of the new Division will be housed in the new National Family Planning Center due to open as soon as the UNFPA procured equipment for the Center has arrived - expected next month or early April.

This is probably the most important step in promoting the FP program ever taken by the GCM. Not only does it demonstrate a renewed dedication to and interest in the FP program, but it will have immense practical implications for the development and expansion of the delivery of FP Services.

As a Division or "Directorate" the FP Services will have its own operational budget, administrative and managerial services which will greatly enhance the timely procurement and distribution of contraceptive supplies, medical contraceptive equipment, audiovisual materials, etc., and accelerate the construction, renovation of the provincial FP Reference Centers and other FP-MCH facilities. The placement of the MCH-Nutrition Services in the new Division will further advance the integration of FP with MCH-Nutrition Services. The School Health Services - although only a small program - will provide further opportunity for the FP program to collaborate with the Ministry of Education; and most important, the placement of Health Education and Health Statistics in the FP Division will give the FP Services direct access to and supervision over these essential services.

While most of the credits for this important development should go to Dr. Laroqui who, since his appointment in 1969 to Director of Family Planning, has been the main advocate for the FP program within the GCM, the decision of establishing the new division within the Ministry of Public Health represents a break with the old rigid GCM policy under which the Division of Technical Services had complete authority over the FP program and all supportive services. The new "Division - status" of the FP program will further enhance the institutionalization of FP Services as an integral part of the general health services; and the new National Family Planning Center will better fulfill the role for which it was intended and thus further justify the US financial support to its construction.

Ministry of Public Health  
Proposed Central Organization, February 1975



PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Life of Project: 1969 to FY 1974  
Total U.S. Funding: 2,337,000  
Date Prepared: Sep 24 1974

Project Title & Number: Family Planning Support - 112

PRC CY NO. 608-11-500-112  
 ORIGINAL  REVISION  1  
 DATE 9/30/74  
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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>To reduce the annual population growth rate from 3.2% in 1972 to 2.9% in 1977.</p>	<p>Measures of Goal Achievement:</p> <p>Reduction of birth rates from 49 per thousand population in 1972 to 45 in 1977.</p>	<p>Census and sample surveys.</p>	<p>Assumptions for achieving goal targets:</p> <p>1. That the birth rates will be reduced faster (from 49 to 45) than the crude death rates (from 17 to 16) during the 1972-77 period.</p> <p>2. That Moroccans will want to plan the size of their families and increasingly seek FP services as they become available.</p>
<p>Project Purpose:</p> <p>To establish an institutional capability to provide FP services to three million couples of reproductive age throughout the country, by 1977.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> <li>1. A capability to effectively operate approximately 825 MCH-FP centers with trained medical &amp; para-medical staff.</li> <li>2. IE&amp;C, Medical, Nursing, Training, Statistical &amp; Admin. units established in National FP center, headed by 8 qualified professional staff.</li> <li>3. A total of 391,000 acceptors introduced to FP during the five year period 1973-77.</li> </ol>	<p>CUM records, reports, FP service statistics and field observations.</p>	<p>Assumptions for achieving purpose:</p> <p>Religious and political opposition to FP in Morocco will not adversely affect the project.</p>
<p>Outputs:</p> <ol style="list-style-type: none"> <li>1. One FP Reference Center established in each of 25 provinces, staffed with three especially trained para-med. personnel under OB-GYN specialists or surgeon supervision.</li> <li>2. Clinical FP Training Centers established in Casablanca and Rabat.</li> <li>3. Two National &amp; 12 regional or provincial FP seminars conducted during 1973-77.</li> <li>4. Analytical demographic evaluation unit established in Secretariat for Plan</li> </ol>	<p>Magnitude of Outputs:</p> <ol style="list-style-type: none"> <li>5. A total of 450 medical &amp; 5,000 para-medical personnel trained in FP staffing all FP service points.</li> <li>6. 600 municipalities in women centers trained in FP IE&amp;C.</li> <li>7. Six mobil educational units staffed and equipped to provide FP IE&amp;C services.</li> <li>8. IE&amp;C material produced: See 11.B.2a.</li> </ol>	<p>CUM and USAID records and reports - Field observations.</p>	<p>Assumptions for achieving outputs:</p> <p>That the Ministry of Health will get substantial priority to the program and receive the necessary cooperation from other ministries (Plan, Inter Information, Education, Youth &amp; Sports etc.)</p>
<p>U.S. Inputs:</p> <p>Technical Services: 1 DE (FP physician); two "OPEX" Demographic Analysts; short term TDY consultants. Participant Training: 2 long term; 5 short term.</p> <p>Commodities: Medical &amp; Audio-Visual Equipment; contraceptives.</p> <p>Other Costs: Support to FP seminar; construction and renovation of FP centers.</p>	<p>Implementation Target (Type and Quantity) See text and tables Section IV</p> <p>Total U.S. Inputs FY 71-77: 2,358,000</p> <p>Total CUM Inputs CY 71-77: (Estimated) 24,500,000</p> <p>Total Other Donors CY 71-77: (Estimated) 1,717,000</p> <p>(UNFPA-IPPF-Ford Foundation/Population Council)</p> <p>Total Project inputs 8,575,000</p>	<p>CUM and USAID records and reports - (and information obtained through cooperation with other donors).</p>	<p>Assumptions for providing inputs:</p> <p>That the CUM will provide for:</p> <ol style="list-style-type: none"> <li>(1) Timely completion of construction to provide space for U.S. commodities</li> <li>(2) Timely assignment of qualified staff to National FP center and all FP Reference Centers.</li> <li>(3) Timely distribution of contraceptive supplies to all Service points.</li> </ol>