

6640224 (2)

PD-AAC-033-B1

USAID .S

TOAID A 502

UNCLASSIFIED Attachment TOAID A ___ 1

27

NON CAPITAL PROJECT PAPER (PROP)

Country: TUNISIA

Project No. 664-11-820-224

Submission Date: January 9, 1968

Original

Project Title **Family Planning**

U.S. Obligation Span: FY 1968 through FY 1972

Physical Implementation Span: Fy 1968 through FY 1973
(cc)

For Gross life of project financial requirements
see page 10: Summary breakdown of Funding Requirements

UNCLASSIFIED

TABLE OF CONTENTS

	<u>Page</u>
I Summary Description	3
II Setting - Including GOT preparedness	11
III Strategy	15
IV Planned targets	16
V Course of Action Page	19
VI Cross Relationships	24
VII Identifying tables.	

1. Summary Description

The target of this activity is to reduce the rate of population growth in Tunisia. Population is currently increasing at 2.6% per year and the percentage rate of growth is continuing to rise towards a figure of over 3%. The program outlined in this PROP is designed not only to stop the upward trend but to reduce the current growth figure from 2.6% in 1968 to 2.3% in 1975. This will be accomplished through a series of interrelated activities which by 1975 will lower the birth rate from the current rate of 46 per thousand to 34 per thousand.

It is clear that unless an increased effort is undertaken to control the birth rate, the rise in population will constitute a serious threat to Tunisia's economic development effort. The high rate of growth, and consequent high percentage of young people in the population (approximately 40% of the Tunisian population of 4.5 million is under 15 years of age), requires the government to put a disproportionate amount of investment funds into the social sector at the expense of the productive sector of the economy. Between 1960 and 1967 total investment (in current prices) in Tunisia's socio-economic development amounted to D784.9 million (or roughly the equivalent of \$1.570 million). Even with this impressive rate of total investment, it was possible to increase per capita GDP by only 11% during this period. Since 1960, D177.6 million (or roughly the equivalent of \$355 million) have been invested by the government in the social sector (56% of total government investment) as compared to D548.6 million (approximately \$1.098 million) in the directly productive sectors by all investors, public and private. It is imperative that the GOT retain an equilibrium between the sectoral investments if the per capita GDP is to increase at a satisfactory rate.

Continued growth in per capita GDP will require an investment program correctly balanced between directly productive investments and social investments and this in turn will require reducing the birth rate. An accelerated birth rate, which will occur in the absence of a family planning program, will further increase the percentage of the young, non-productive portion of the population and require a high percentage of total investments in the social sector, thereby reducing the portion on the investments available for economic expansion.

The USG has contributed \$556.5 million towards the economic development of Tunisia since FY 1957. Accordingly, it is in the interest of the USG that this development be protected against the economic erosion resulting from a possible increase in the annual rate of birth to over 3 percent.

Following independence, the Tunisian Government demonstrated its concern for improved socio-economic conditions by emancipating women, abolishing restrictions on the sale of contraceptives, legalizing abortions for women with more than 5 living children and establishing a network of health centers, dispensaries, and child centers.

The GOT with the Ford Foundation introduced an experimental Family Planning project in 1962 utilizing I.U.D.'s, cycle pills, and condoms to assess the feasibility of organizing a full scale population control program.

The GOT in 1966 requested assistance from the USG in revamping the experimental Family Planning program. Based on studies and discussions with other assistance donors such as the Ford Foundation, the Swedish Government and the Peace Corps the Family Planning program outlined in this PROP is being proposed. It calls for the creation of strong institution, the National Family Planning Center, under the Ministry of Health, with an attached communications media center to undertake the educational and informational portions of commodities including contraceptives and medical supplies.

The combined GOT and Ford Foundation efforts during the experimental phase of the Family Planning project proved that a birth control program is acceptable to the Tunisians. It is urgent that the project emerge from its experimental stage and enter into a fully coordinated and carefully planned program benefiting from past experiences and drawing upon the expertise of foreign advisors.

The proposed Family Planning project provides also for demographic and clinical statistical surveys to assist the GOT and cooperating donors in evaluating the results on an on-going basis.

If the goal can be reached to protect the increased number of women of child-bearing age as implied in table a), the birthrate would come down from its present 46 to 34 thousand by 1975. Over 300,000 births that would otherwise have occurred between 1968 and 1974 would be avoided. 1/ Annual check points for progress towards this goal in terms of I.U.S. insertions achieved, cycles of pills and condoms distributed are provided in later sections of this paper.

~~xxxx~~ The plan of action worked out to achieve the above goal consists of ten separate but related actions, as follows:

1. Converting the present mobile family planning teams into units which will provide pre-and post-natal services as well as family planning and adding enough medical and par-medical personnel to the total complement so that the work on any individual unit will not be interrupted, as is now the case, when individuals are ill, on vacation, or otherwise absent.
2. Creating 13 mobile educational teams consisting of a communicator and a driver-projectionist, equipped with a light vehicle and with audio-visual aids and materials, These teams will coordinate closely with the

All demographic data projections and assumptions about the effect of different family planning measures on the birth rate are taken from an as yet unpublished study by a Ford Foundation demographer, Mr. J. Vallin.

mobile clinical teams, preparing each locality before their arrival, contacting village authorities, and conducting meetings in collaboration with the Destourian Party and the Women's Union.

3. Attaching to each maternity service having 50 or more deliveries a month (estimated at 30) a full-time social worker to carry out a post partum education program. She will assist the doctors and midwives in seeing that every woman delivered is educated in the various methods of family planning, make appointments for visits to clinics, handle record keeping, organize follow-up work, etc. Also incentives will be provided to have key hospital and regional health personnel take more of an interest in family planning.

4. Designating in each maternal and child health center a specific person to be responsible (part-time) for family planning equipment and materials who will dispense contraceptive products (e.g. pills, condoms) to the mothers who request them, see that stocks are kept at the required level, etc. He will also make appointments for services to be provided at the time of mobile team visits.

5. Starting an oral contraception program on a large scale. Pills will be made widely available, through all health services, at a token price. A medical prescription will be required for the first cycle only.

6. Distribution of condoms, also through all health services, and at a token price.

7. Establishment of a National Family Planning Bureau, with its own building and a full-time Director, which will serve as headquarters for administrative, training, materials production, and research activities.

8. Creation of an audio-visual materials production, and research activities to create, test, and produce the manuals, folders, brochures, flip-charts, posters, slides and films needed for the educational and training programs.

9. Organization and structuring of a training program consisting of:

a) basic training courses for the new communicators, projectionists, and post-partum social workers described under items Nos. 2 and 3 above.

b) periodic in-service training type seminars and short courses for medical, para-medical and educational personnel associated directly or indirectly with family planning services.

c) seminars for key communicators from political, social, women's and other organizations.

d) Introduction of courses on health education into the curriculum of the Tunisian school of public health.

UNCLASSIFIED

- e) out-of-country degree training for a group of social service graduates who will constitute a corps of graduate level health educators.
- f) short, practical training and observation trips for key personnel;
- g) annual medical meetings in Tunis on the technical aspects of family planning

10. Initiation of a program of clinical and demographic research in collaboration with hospital departments of obstetrics and gynecology, with CERES (the University of Tunis Center for Economic and Social Studies Research) and with the statistical service of the Ministry of Plan and National Economy.

Other Goals

The various inputs needed to achieve the 10 operational targets just listed will be provided from a variety of sources; i.e. Ford Foundation/ Population Council, the GOT, the Swedish Government; AID; and USPHS. The procedure used in developing the budget was to calculate total requirements for each function and then to distribute costs according to the following criteria:

1. For CY 1968 the GOT would cover all items for which Ministry of Health budget provision had been made and would, in successive years, take on responsibility for a progressively larger percentage of all local costs, becoming completely responsible for same by 1971.
2. USPHS would provide U.S. owned dinars under its control to cover the local costs of a national demographic survey being initiated in 1968 and might consider other research projects in future.
3. The Ford Foundation/Population Council would provide a resident medical advisor, his assistant, such short term consultants and lectures as might be needed, and such imported equipment and supplies as was needed early in CY 1968. The Ford Foundation would also continue to provide topping-off salary payments for expatriate medical personnel. Finally, the FF would stand ready to finance unexpected needs where speed and flexibility of action are important.
4. The Swedish government would provide the services of a full-time communications media expert.
5. AID would provide 104 (h) dinars to cover all local costs for which no GOT budgetary provision have been made, gradually reducing its share of these costs over successive years. AID would also finance most imported equipment and supplies needed after July 1968 through the termination of the project, with the Ford Foundation paying for certain items which can not be procured with AID funds. Finally, AID would provide technical assistance in the form of participant training and the services of a health educator. Although not charged to this project, AID would also have on board a Public Health Administrator who would ensure the Project Monitor Function.

Since the success of the family planning program depends on the support given to it by the government and various organizations within the country, the measures program outlined in the message requires that a large number of self-help be undertaken by governmental and private groups.

The legislative measures required for Family Planning activities have already been passed by the GOT. The composite project envisages growing self-help actions on the part of GOT and has been prepared with this view in mind. The GOT initiated the following actions during the experimental phase of the Family Planning Project with Ford Foundation: 1) training of local medical and para-medical personnel and 2) establishing a Family Planning Council and preparing local political and other organizations to assist in the effort. Limited budgetary resources curb the GOT's proportionate contribution during the first year of the proposed project and technical assistance is required to provide adequately trained personnel to service the enlarged effort. However, with the return of the Tunisians who will receive academic health education in the U.S., local seminars etc., the GOT's role in the project will constantly be strengthened. These self-help measures will be guided by the Central Family Planning Office created in January 1968.

27
 UNCLASSIFIED Attachment TOAID A
 503
 TOAID A
 TUNIS

Table 1
 Page 1 of 2
 COUNTRY

NON CAPITAL PROJECT FUNDING (OBLIGATIONS IN \$000)

Project Title: Family Planning

PROP DATE Mo/Day/Yr
 Original 1/8/68
 Project No 604-11-
 820-224

Fiscal Years	Ap	L/G	Total	Cont-	Personnel Serv.		Participants		Commodities		Other Costs	
					AID	PASA	CONT	U.S. AGENCIES	U.S. CONT	Dir. U.S. AC	Dir. U.S. AC	CONT
Prior through FY 1967		-	-	-	-	-	-	-	-	-	-	-
Open FY 1968		G	252	-	-	6	-	18	-	226	-	-
End FY 1969		G	259	-	-	30	-	33	-	196	-	-
B + 1 FY 1970		G	301	-	-	30	-	33	-	238	-	-
B + 2 FY 1971		G	334	-	-	30	-	30	-	274	-	-
B + 3 FY 1972		G	334	-	-	30	-	18	-	286	-	-
B + FY		-	-	-	-	-	-	-	-	-	-	-
All Subs.		-	-	-	-	-	-	-	-	-	-	-
Total Life		G	1,480	-	-	126	-	132	-	1,223	-	-

UNCLASSIFIED

UNCLASSIFIED
 Attachment TOAID A
 503
 TOAID A
 UNCLASSIFIED

Table 1 Exch. rate = 1 USD 0.525 All figures in thousands of dollar equivalents
 Page 2 of 2

Fiscal Years ^{1/}	Total	AID-controlled Local Currency		Other Cash Contribution Cooperating Country	Other donor funds			
		U.S. owned	Country owned		Ford Foundation	HPB	Peace Corps	Swedish Govt
Prior through Act FY 1967	500	-	-	N.A.	500	-	-	-
Oper. FY 1968	75	500	-	256	122	92	8	35
End. FY 1969	684	310	-	230	110	-	19	35
Op. 1 FY 1970	674	215	-	295	110	-	19	35
Op. 2 FY 1971	667	70	-	413	110	-	19	35
Op. 3 FY 1972	644	-	-	480	110	-	19	35
All Subs.	-	-	-	-	-	-	-	-
Total Life	4,840	955	-	1,404	1,062	92	54	175

^{1/} Costs shown correspond to calendar year requirements.

UNCLASSIFIED

Table I
Page 3 of 3

Gross life of project financial requirements:

Summary Breakdown of Funding Requirements:

U.S. dollars	\$ 1,486,000
U.S. owned local currency	955,000
Cooperating country cash contribution (0,525 Dinars = one U.S. dollar)	1,674,000
Other Donors	1,413,000
	<hr/>
	\$ 5,522,000

Notes re Tables 1:

The annual increases in total dollar costs from FY 1968 through 1971-72 from \$252,000 to \$334,000, respectively, is due to the sharp rise in utilization of contraceptives envisaged in Table 2 "Realistic Targets" namely an increase in I.U.D.'s from 25,000 to 36,000, in cycles of pills distributed from 162,000 to 1,008,000 and in number of condoms distributed from 500,000 to 1,950,000 between the years 1968 and 1972. It should be noted that in 1968 the dollar cost for commodities of \$228,000 includes purchases of durable equipment such as medical instruments, office machines, reproduction equipment and procurement of material needed by the mass educational office such as printing presses, film projectors, loudspeakers, etc., which explains the drop in commodity purchases to \$196,000 in 1969. The only funding which could come under "Balance of Payment" is the salary of the American health educator, less than 10% of the total dollar AID cost of the project.

The sharp rise in total dinar expenditures in 1968 is due to the initial investments in durable commodities manufactured locally such as office furniture, etc.. In addition, the Mission undertakes a modest "topping off" of salaries of Tunisian medical and para-medical government employees whose work load will increase substantially but for whom the GOT is legally prevented from giving this incentive. The Mission will procure with 104 (h) dinars the portions of drugs required which are manufactured in Tunisia. These expenditures with other recurring Dinar costs will be absorbed by the GOT at a rate of 25% annually until the Mission in 1972 ceases financing any Dinar costs. It is assumed that the Ford Foundation, the Swedish Government and the Peace Corps will continue their aid.

II. Setting

It is believed that few African countries offer such promising conditions for the implementation of a Family Planning project as does Tunisia. The Government has taken the legislative measures required and it is encouraged in its efforts by the President. The program also enjoys the support of local political groups. Politically and legally the road is clear, there are no serious sociological obstacles to the acceptance of the need to avoid too many births. Religiously there does not appear to be any hindrance to the practice of birth control. Geographically, the country has the advantage of a relatively good road network across a fairly flat country. Climatic conditions also permit the utilization of the roads all year around to reach the far corners of the country which is only 48,300 square miles. There are pockets of the nation, however, where the population needs frequent attention and follow-up actions if the program is to be accepted and understood. The key factors in understanding the setting in which this project is proposed are: (1) that there is in operation an experimental national family planning program but it is not producing the desired results; (2) that there is a national policy on population control, but it has been subject to misinterpretations and misunderstandings during the past 18 months; (3) that, consequently, the purpose of the project is to assist the GOT in

reactivating and improving its family planning program, rather than in starting a new undertaking.

A brief sketch of the history of family planning in Tunisia will illustrate the above statement.

Tunisia has been concerned about population growth and particularly its social effects since independence in 1957 and family planning has been considered by the Tunisian Government to be a logical extension of its effort to liberate the Tunisian woman from her traditional bonds.

In 1962 there were conversations between the Ford Foundation and the GOT which led in May 1963 to agreement on a two-year experimental family planning program. This began in June 1964, and included the use of 12 MCH centers as well as several hospital outpatient departments for IUD insertions. Condoms and vaginal creams were available in most centers, and some restricted use was made of oral contraceptive pills.

During this experimental program, full and unqualified support was given by all government and social organizations. President Bourguiba personally supported the effort at every public occasion, as did the Destourian Party, the Women's Union, and the provincial government authorities. To reinforce the family planning policy, welfare support was limited to the first four children in the family, and "social abortion" in the first three months of pregnancy was made legal on demand to any woman with five or more living children.

This period was notable for its lack of any voice of opposition, from religious or other sources. There was frank and enthusiastic acceptance of the idea of family planning by Tunisians of every cultural level. By April 1966 18,523 IUD's had been inserted.

Based on the above experimental results, the GOT decided to make family planning services available on a national basis, effective in mid-1966. A target of 60,000 insertions per year was set. To this end:

- a. Over 80 doctors were trained;
- b. Permanent loop centers were established at all major hospitals (10 maternal and child health centers and 14 hospitals now offer this service);
- c. 10 mobile teams which make periodic visits to MCHs in about 150 villages were created.

In the period May 1966 through October 1967 only 18,146 IUDs were inserted despite the fact that service facilities were available nationally. Also in 1967, under the Ford Foundation/Population Council Program, experimental amounts of condoms (5,000 gross) and pills (30,000 cycles) were introduced

UNCLASSIFIED

In selected family planning clinics. About 500 people per month have been receiving jellies and foams. Finally, social abortions and tubal sterilizations have been running at the rate of slightly over 200 per month.

It was recognized early that the medical services would have to be complemented by an educational program. In January 1966 the Ministry of Youth, Sports and Social Affairs contacted the AID Mission in this regard. This led to an exchange of letters on May 5, 1966 between the USAID and the Ministries of Public Health and Youth, Sports and Social Affairs, respectively, agreeing to the following:

- a. Establishment of a permanent inter-ministerial family planning education committee.
- b. Creation of "Bureau de Vulgarisation" in Ministry of Youth Sports and Social Affairs.
- c. A schedule of materials to be produced by the Bureau.
- d. Provision of Technical Assistance by AID (a communications media advisor for one year and a health educator as needed).

The committee and Bureau were created in early 1967, but never became fully operational. The AID Communications Media Advisor finished his tour and left in Spring 1967. No materials have yet been produced. To replace the AID advisor, the Swedish Government agreed to provide the services of a communications media specialist on a full tour basis, and he is now on board.

The AID health educator initiated a postpartum demonstration program during a 60 day TDY in October-November 1967 and is scheduled to return for an additional 90 days starting in late January 1968. Also seven Peace Corps Volunteers have been doing family planning education on the maternity services of several hospitals and MCHs and it is likely that their number will be substantially increased.

The various attempts to get an educational program going have thus far been unsuccessful because of split responsibility, lack of leadership, lack of face-to-face communication, lack of an organizational framework in which to operate, and similar deficiencies. This project should correct these deficiencies.
XXXXXXXXXXXXXXXXXXXX

On the policy front a key development was a major speech made by President Bourguiba on August 12, 1966 on the subject of "Birth Control as a Factor of Development" in which very broad and general policy lines about family size and population objectives were stated. This speech has since been subject to many and varying interpretations and while it is now clear that he did not intend it to be taken as a change in the previously enunciated population control policy, it did have the effect of slowing down the actions necessary to remedy structural defects already cited, e.g. the failure

UNCLASSIFIED

to get an educational program underway.

There has been a tendency to assume that the program was proceeding in satisfactory fashion until President Bourguiba made the August 12, 1966 speech. A careful examination of the monthly IUD insertion data (see Table below) indicates that there were structural defects already evident. This can be seen by comparing the total insertions for the first six months of 1965 with the totals for the first six months of 1966 (both periods before the President's speech). There was a 20% decrease from 8,089 to 6,763.

It was not until November 13, 1967 that the various interested GOT officials met formally to consider how to get the program moving again. The meeting which was presided by the Minister of Health was attended by representatives from the Ministry of Foreign Affairs, the Ministry of Social Affairs, and the Ministry of Planning and National Economy, as well as the Director of the Destourian Socialist Party, the President of the National Union of the Women of Tunisia, and several prominent doctors. The theme of the discussion was the "relaunching" of the national campaign, combined with the widespread use of oral contraceptives.

The meeting of course, had been preceded by many months of intensive behind the scenes work by many interested parties. It was followed by the arrival of the AID Population Project Survey Team which was able to contribute a series of ideas on how to proceed. This, in turn, led to an intensive and collective planning effort over the past month, with the lead taken by the GOT, the results of which are embodied in this PROP.

III. Strategy

Within the above broad strategy guidelines ~~xxxx~~ it is intended to adopt a flexible approach to individual operational targets. The steps described under "Course of Action" may require modifications e.g. substantial increases in the number of person-to-person communications. Before proposing this program, the Mission considered and rejected a number of alternative approaches: a possible compulsory program of birth control, a program which would distribute more birth control devices but place less emphasis on education, a program which would place greater stress on education and distribute fewer birth control devices, etc. The proposed utilization of the particular contraceptives outlined in this PROP does not exclude introduction of newer and better methods e.g. sub-cutaneous injections should they be perfected during the course of the activity and accepted by all cooperating parties.

The general strategy which it is proposed to follow has two key elements:

1. To approach family planning in a comprehensive fashion and as an integrated element in a broad maternal and child health, preventative medicine, improvement program.
2. To work with other donors in a multilateral framework as a means of assuring that the GOT develops the institutions and personnel needed to reduce the birth rate in Tunisia. This will be done by conditioning our provision of these resources on the GOT undertaking the institutional and structural reforms mutually agreed and described in this PROP.

We will also act as a catalyst with regard to other donor assistance, looking to such sources especially for the provision of technical assistance services.

IV. Planned Targets, Results and Outputs

The results sought under this project are both qualitative and quantitative. The qualitative target is to have in being by the end of 1972 an organization with well trained personnel, administrative arrangements, budget provisions etc. capable of carrying out unaided family planning work within the context of a maternal-child health program. The initial steps in structuring the organization (see especially items 2-4, and 7-9 of the course of action) should all be completed during 1968. From then on through 1972, the project will concentrate on training staff and on developing the program activities until they run smoothly.

The quantitative results looked for can best be described in numbers of births prevented, year by year, between now and 1975. In the following two tables which present these target figures, it is assumed that for every 1200 cycles of pills distributed, i.e. the quantity needed by 100 women during one year, 65 women will be "protected". It is also assumed that for every 15,000 condoms distributed, again the quantity needed to protect 100 women for one year, 50 will in fact be "protected". Finally, for the I.U.D., it is assumed that 80% of the insertions will remain in place by the end of the first year; 60% for the second year; 40% for the third year; 20% for the 4th year; and 5% for the 5th year. Thus, in a general way, one I.U.D. insertion has the same effect as 30 cycles of pills or as 300 condoms.

INITIAL I.U.D. INSERTIONS

<u>Month</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>
January	-	417	347	794
February	-	662	1323	1209
March	-	2053	1187	1086
April	-	1555	1196	1116
May	-	1859	1241	1005
June	11	1543	1469	501
July	103	1275	1824	636
August	147	666	1488	519
September	167	622	875	550
October	106	742	1227	941
November	255	1062	1127	-
December	362	859	751	-
Totals	1,151	12,315	14,055	8,357

TABLE A
Optimistic, Official Targets

YEARS	No. of I.U.D. Insertions	No. of pill cycles distributed	No. of condoms distributed	Birth prevented by:			
				I.U.D.	Pills	Condoms	Total
1968	70.000	162.000	900.000	15.000	3.000	3.000	21.000
1969	75.000	486.000	1.200.000	28.000	9.000	4.000	41.000
1970	77.000	756.000	1.500.000	38.000	14.000	5.000	57.000
1971	80.000	936.000	1.800.000	45.000	17.000	6.000	68.000
1972	82.000	1.008.000	1.950.000	48.000	19.000	6.500	73.500
1973	85.000	1.080.000	2.100.000	50.000	20.000	7.000	77.000
1974	88.000	1.152.000	2.100.000	52.000	21.000	7.000	80.000
Total	557.000	5.580.000	11.500.000	278.000	103.000	38.500	419.500

TABLE B
Realistic Targets

YEARS	No. of I.U.D. Insertions	No. of pill cycles distributed	No. of condoms distributed	Birth prevented by:			
				I.U.D.	Pills	Condoms	Total
1968	25.000	162.000	500.000	10.000	3.000	3.000	16.000
1969	27.000	486.000	1.200.000	14.000	9.000	4.000	27.000
1970	30.000	756.000	1.500.000	22.000	14.000	5.000	41.000
1971	33.000	936.000	1.800.000	25.000	17.000	6.000	48.000
1972	36.000	1.008.000	1.950.000	27.000	19.000	6.500	52.500
1973	40.000	1.080.000	2.100.000	27.000	20.000	7.000	54.000
1974	44.000	1.152.000	2.100.000	28.000	21.000	7.000	56.000
Total	235.000	5.580.000	11.500.000	153.000	103.000	38.500	294.500

As experience is gained, the ratio between quantities of I.U.D.s, pills and condoms programmed will be adjusted.

If the targets shown in table 7 are realized, the birth rate will drop to 38.5 per 1,000 and the rate of population increase will have averaged about 2.6% annually between 1968 and 1975. Should the more optimistic targets be reached the birth rate will drop to 34.5 per 1,000 and the annual average rate of population increase will be approximately 2.5%

V. Course of Action

The most useful way to describe what is planned in order to achieve the project targets is to elaborate upon each of the 10 actions listed in the Summary Section of this PROP, all of which are interrelated.

Action NO. 1

Converting the present mobile family planning teams into units which will provide pre- and post-natal services as well as family planning and adding enough medical and para-medical personnel to the total complement so that the work of any individual unit will not be interrupted, as is now the case, when individuals are ill, on vacation, or otherwise absent.

This action is already underway in a limited fashion as regards having the mobile teams provide pre- and post-natal services. However, certain amounts of drugs and equipment are needed and provision for same has been made in the A.I.D. dollar and dinar budgets (many needed pharmaceuticals are manufactured in Tunisia) This will be a recurring cost and, insofar as dinar items are concerned, it is planned to have the GOT progressively provide the financing with the U.S. share decreasing 25% each year, over the next four years. The same is true of maintenance and replacement costs for locally assembled vehicles.

The problem of medical personnel is much more difficult. Tunisia employs several hundred foreign physicians (over 50% of the total serving in the country). It has never been able to recruit as many as it wants. Therefore the only way the necessary number of gynecologists for the mobile teams can be assured is by the GOT giving this activity high priority relative to other needs. The continued willingness and ability of the Ford Foundation to provide salary topping off is an important consideration. It is hoped that by the end of 1969 the complement can be brought up to full strength and that arrangements will be in force for effecting a smooth turn over of personnel.

Action No. 2

Creating 15 mobile educational teams consisting of a communicator and a driver-protector, equipped with a light vehicle and with audio-visual aids and materials. These teams will coordinate closely with the mobile clinical teams, preparing each locality before their arrival, contacting village authorities, and conducting meetings in collaboration with the Destourian Party and the Women's Union.

UNCLASSIFIED

Plans are to recruit individuals with a junior high school education early in CY 1968 and give them a 3 month training course. The Swedish communications media expert, the AID health educator and the Population Council experts will all participate in this training. They are to become operational in the summer of 1968 and will continue to receive on-the-job training. The teams will operate initially in the towns where there are MCHs and/or hospitals and will gradually broaden their area of coverage to villages where only dispensaries are found. The teams will be expected to "discover" one or more local volunteer communicators resident in each community.

It is planned to have the teams fully equipped by the end of CY 1968. To this end, U.S. owned dinars are budgeted for the acquisition of locally assembled vehicles and dollars are also budgeted for procurement of the audio-visual aids they will need. The CY 1968 salary costs are also budgeted against U.S. owned local currency, with a progressive assumption of 25% annually of this cost by the GOT. Vehicle replacement costs are treated in the same fashion.

In the opinion of some of the Population Council experts, the number of personnel attached to mobile teams that is planned will prove insufficient to achieve program objectives. Much will depend on the success in getting effective voluntary communicators. By the end of CY 1969 it should be possible to have a clearer idea of needs and by 1970 or 1971 to have a well functioning group of teams.

Action No. 3

Attaching to each maternity service having 50 or more deliveries a month (estimated at 30) a full-time social worker to carry out a post-partum education program. She will assist the doctors and midwives in seeing that every woman delivered is educated in the various methods of family planning, make appointments for visits to clinics, handle record keeping, organize follow-up work, etc. Also incentives will be provided to have key hospitals and regional health personnel take more of an interest in family planning.

The work in initiating this action is well underway. (See TOAID A-405 for full description.) However, it will probably take until the end of CY 1969 before all 30 maternity services have their full time assistant social worker. In the interim, a part of the needs will be met by Peace Corps Volunteers who have already proven effective in this type of work. Both for Tunisians and PCVs it is planned to have very brief training courses, with most of the training on-the-job. For the social workers, salaries during their first year will be met from U.S. owned dinars, with the 25% per year assumption by the GOT formula applying to successive years.

As concerns the other medical and para-medical personnel whose attitude, the way they schedule their time, etc. can have a decided influence on the results of the family planning program it is planned to establish regional and/or individual hospital quotas and to pay modest salary supplements to

the key personnel who participate in the achievement of the quotas. The personnel under consideration are 30 Tunisian gynecologists and obstetricians, 60 mid-wives, and 13 regional health administrators. This is considered an important action. All of the personnel mentioned have calls upon their time which are much greater than they can possibly accomodate. There must be some incentive for a doctor to decide to cut back on, for example, his time in the operating room, so as to run a family planning clinic. Exhortation is insufficient. Since the GOT cannot budget for these salary supplements, they will be funded from U.S. owned dinars.

Action No. 4

Designating in each maternal and child health center a specific person to be responsible (part-time) for family planning equipment and materials, who will dispense contraceptive products (e.g. pills, condoms) to the mothers who request them, see that stocks are kept at the required level, etc. He will also make appointments for services to be provided at the time of mobile team visits.

This is a simple, but necessary administrative reform to be quickly put into effect in all 88 MCHs. There are no budgetary consequences at present. Later it may prove possible and desirable to have a full-time person in each MCH dealing with family planning.

Action No. 5 and 6

Starting an oral contraception program on a large scale. Pills will be made widely available, through all health services, at a token price. A medical prescription will be required for the first cycle only.

Distribution of condoms, also through all health services, and at a token price.

Initially, it is planned to distribute pills and condoms through approximately 175 outlets, i.e. the hospitals, MCHs and other services where there is either a regular clinic or where the unit receives visits by a mobile team. As resident communicators are established in other localities (see action No. 2 above), consideration will be given to progressively expanding the distribution network to include over 1,000 dispensaries.

It is planned to charge a token fee for the pills and condoms, perhaps the equivalent of 10 cents per month's supply. The disposition of the dinar proceeds has not yet been discussed.

The quantities of I.U.D.s, pills, and condoms which are presently estimated as needed for each of the following 5 years, starting with 1968, are shown on Table I of Section E above. It is proposed to fund these commodities via U.S. grants for the life of the project.

The condoms have been budgeted at the rate of 1 cent each, wrapped in tinfoil. This is the price at which the Ford Foundation is now procuring this item from Japan. If U.S. suppliers cannot come reasonably close to this price, a procurement source waiver should be considered.

Action No. 7

Establishment of a National Family Planning Bureau, with its own building and a full-time Director, which will serve as headquarters for administrative, training, materials production, and research activities.

This is a key action, for which the initial steps should take place early in 1968. The first step is the appointment of a full-time Director for the program. The GOT is now considering moving one of their better regional health administrators to this position. The Director will then have to locate, rent and furnish suitable space; recruit a staff composed of a demographer, a budget manager, a statistician, evaluation personnel, etc.; initiate recruitment and training actions for the personnel listed under actions 2 and 3; and in general get things moving. It is hoped that the Bureau can open its doors within a few months and be fully staffed and equipped by the end of CY 1968.

AID dollars are budgeted for imported office equipment, calculators, and audio-visual equipment to be used in the classroom. U.S. owned dinars are budgeted for all rent, salary, and locally procured office furniture costs in CY 1968. In future years, the 25% per year assumption of those costs by the GOT will apply.

Action No. 8

Creation of an audio-visual materials production unit to create, test, and produce the manuals, folders, brochures flip-charts, posters, slides, and films needed for the educational and training programs.

A Swedish technician has just arrived to assume responsibility for this unit. He will have to recruit and train a staff. Tentative production plans have already been developed. During an initial period, perhaps the first 9 months of CY 1968, the unit will have to contract out its printing and other work. This, however, is not felt to be a satisfactory long-term solution and it is planned to install an offset press, cameras, and all other necessary equipment for a fully self-contained operation.

The equipment necessary for the unit is included in the AID dollar budget. Dinar costs are to be totally covered from U.S. owned local currency for

CY 1968 and to be absorbed by the GOT at the rate of 25% per year in each succeeding year.

Action No. 9

Organization and structuring of a training program consisting of:

- a) basic training courses for the new communicators, projectionists and post partum social workers described under Items No. 2 and 3 above
- b) periodic in-service training type seminars and short courses for medical, para-medical and educational personnel associated directly or indirectly with family planning services.
- c) seminars for key communicators from political, social women and other organizations;
- d) introduction of courses on health education into the curriculum of the Tunisian school of public health;
- e) put-of-country degree training for a group of social service graduates who will constitute a corps of graduate level health educators.
- f) short, practical training and observation trips for key personnel;
- g) annual medical meetings in Tunis on the technical aspects of family planning

The different training courses will be conducted in Tunis for the new communicators, projectionists and post partum social workers. Training teams will be scheduled for regional visits to all provinces on a regular basis and conduct one-week seminars for all personnel directly or indirectly involved with family planning services as well as for the key communicators from political, women's and other organizations supporting the family planning activity. Intermittently, family planning personnel and other key personalities will be brought to Tunis for brief refresher seminars. It is hoped to cover between one and two thousand medical workers and key communicators in initial or repeat sessions each year. This will require a small staff of full-time people who do nothing but run seminars and short courses, week-in and week-out. This staff has to be selected and trained. An optimistic target date for beginning the seminar program is summer, 1968 and it will take some time before it is organized and running smoothly.

Except for a one-time provision of a limited amount of audio-visual equipment which is provided for in the FY 1968 dollar budget, the costs are in dinars and are relatively small. The same formula of total U.S. financing for 1968 and progressive assumption of responsibility by the GOT is applied here as elsewhere.

Items "d" and "e" are related. Together they constitute a major institutions building aspect of the project. With the help of the AID health educator, it is

planned to organize a curriculum within the school of Public Health (which now produces nurses, midwives, anesthetists and similar medical workers) under which a stream of middle-level health education personnel will be graduated annually, starting in 1969. After the curriculum is organized, the GOT will probably need some outside teaching personnel and it is hoped that the UN and/or other donors can be persuaded to provide same.

It is also felt that the middle-level health education personnel can only be effective if they are eventually taught and supervised by a truly professional corps of health educators. The GOT has agreed to establish a "statute" for such a corps and to send suitable candidates to the U.S. for M.S. training. It is hoped to send 2 or 3 per year until a nucleus of 12 such professional health educators are available. One or two would work in Tunis in the Ministry of Health and also teach in the school of Public Health. The remainder who are assigned regional responsibilities, including the supervision of mobile education teams, post-partum workers, etc.

The only costs budgeted at this time are the dollar participant costs. It is assumed that the GOT will cover salaries of the participants on their return. There may conceivably be costs relating to the School of Public Health, but these are not now identifiable.

Item "f" is a dollar cost item. Details have not yet been worked out.

With regard to item "g", the first such meeting is scheduled for April 6 and 7, 1968. The Population Council is bringing in two speakers. Dinar costs will be provided from U.S. owned local currency. This pattern of financing will continue in future years and the Population Council will continue to assume the responsibility for organizing the medical meetings which are considered important as a means of stimulating and maintaining the interest of the medical profession in the program.

Action No. 10

One major element of the demographic research has already been designed and will be started in January, 1968. This is a national demographic survey which will provide much needed data on the mortality rate, on the validity of the vital registrations, and on related matters. It is being financed in part by the Ford Foundation and MOSTLY by the USPHS from U.S. owned dinars appropriated to that agency.

The Demography Department of CERES, which has a relatively well trained staff has developed preliminary proposals for a continuing series of studies on attitudes, effectiveness of the program, economic consequences of different

population assumptions, and other subjects. It is intended to finance this activity from U.S. owned dinars on a continuing basis for the next several years.

Finally, the teaching hospital of the University of Tunis has expressed interest in developing a modest program of research on both contraceptive methods and on sub-fertility problems. Such an activity, if well integrated into the rest of the program, can be important both for training future Tunisian doctors and for ensuring the interest and cooperation of key medical personnel. There are some initial dollar costs for equipment and a continuing requirement for dinar expenses. In both cases, the requirements need to be studied and refined. Provisional amounts are, however, included in the budget under U.S. financing for the life of the project.

The attached detailed budget tables indicates in general orders of magnitude the financial implications and proposed financing arrangements for the above set of ~~activities~~ activities for 1968 and 1969.

IV Cross Relationships:

The revamped Family Planning Activity, spearheaded by a mass educational and information activity touching upon the majority of the populated centers, should also benefit the missions nutrition program and the nutrition program in turn should also assist the family planning program.

As the Family Planning activity progresses and its structure becomes stronger, it is conceivable that the Mission's nutritional improvement efforts could be promoted through the distribution of supplementary feeding which the Government sponsors at medical centers concerned with mother and child care, such as maternity wards, dispensaries, hospitals, etc..

The Mission is engaged in the first phase of protein enrichment program (lysine) which, if acceptable to the GOT, will expand into a five year project. In supporting the International Milling Company's efforts to establish a local wheat production manufacturing plant, the Mission could lead the interested parties to introduce inexpensive baby foods palatable to the Tunisians and used during the weaning period.

In addition, the Mission is launching a large scale wheat production activity in Tunisia, which if successful, could satisfy the raw material requirements of the GOT medical service in its mother-child care and be expanded through the activities of the strengthened Family Planning project.

Full milk from UNICEF donations is an integral part of the GOT's free distribution of supplemental foods to post-partum mothers with other children. If the popular demand for milk increases as a consequence of the Family Planning activity which relies on the post-partum health education efforts, it is likely that the Tunisian dairy industry would receive a boost.

The Mission's efforts to introduce better dairy cattle through artificial insemination might in the long run become more important through the education in better nutritional practices inherent in the Family Planning project as it is conceived.

As the proposed project in the field of population control expands, it would be of importance that the officials involved keep in mind the related Mission activities, as peripheral as they may appear today. It could well be that the Family Planning project would more aptly one day be termed "Family Protection" in the light of the nutritional and health improvement efforts built into it.

AIRGRAM

DEPARTMENT OF STATE

Proj: 6640224
PNL

UNCLASSIFIED
CLASSIFICATION

For each address check one ACTI

O - AID/W TO AID A 503
Peace Corps

X

EX. 105 26
DATE SENT
1/19/68

DISTRIBUTION
ACTION
WOF
INFO.
WOF
AWOlt
WCHp
BRPC
WC
65W
OTHER AGENCY
State
HEW

FROM - TUNIS

SUBJECT - Family Planning Project

REFERENCE - A) State 97071 (AIDTO 572)
B) State 98157 (AIDTO 579)
C) State 98311 (AIDTO CX) 3309

Jfu
664-11-820-224

1. Attached is the PROP on subject project.
2. All aspects of the PROP have been fully discussed with appropriate GOT officials, with Ford Foundation and Population Council representatives and with the Communications Media expert provided by the Swedish T.A. program. In November, 1967, the AID Population Project Survey Team visited Tunis and discussed with the interested parties the ideas and proposals presented to them by the GOT. Thanks to their expert guidance and advice, the PROP as presented in this paper should be considered a result of an intensive joint planning exercise.
3. The Mission's Project Agreement for Dinar requirements for Calendar Year 1968 obligates funds made available under the 104 h authority announced in Ref B). It covers expenditures consistent with table 1's 1968 Dinar budget requirements exhibited on page nine.

RUSSELL

PAGE 1 OF 1 PAGES

DRAFTED BY LKornfeld:HUR Hvoslef	OFFICE	PHONE NO.	DATE 1/18/68	APPROVED BY: Stuart T. Baron, Director
--	--------	-----------	-----------------	---

AID AND OTHER CLEARANCES
JTCraig, PRM (in Draft)
MLWhiting, CON (info)

UNCLASSIFIED

CLASSIFICATION