

AID 1020-25 (7-68)			SECURITY CLASSIFICATION			001 PROJECT NUMBER		
<b>PROJECT APPRAISAL REPORT (PAR)</b> (U-446) See M.O. 1026.1			UNCLASSIFIED			664-11-580-224		
002 PAR		MO.	DAY	YR.	003 U.S. OBLIGATION SPAN		004 PROJECT TITLE	
AS OF:		06	01	70	FY 68	Thru FY 72	Family Planning	
005 COOPERATING COUNTRY - REGION - AID/W OFFICE								
Tunisia								

**006 FUNDING TABLE**

AID DOLLAR FINANCING-OBLIGATIONS (\$000)	TOTAL	CONTRACT (NON-ADD)	PERSONNEL SERVICES			PARTICIPANTS		COMMODITIES		OTHER COSTS	
			AID	PASA	CONTRACT	DIR. PASA	CONTRACT	DIR. PASA	CONTRACT	DIR. PASA	CONTRACT
CUMULATIVE NET THRU ACTUAL YEAR (FY 19 70 )	759	-	61	30	-	110	-	558	-	-	-
PROPOSED OPERATIONAL YEAR (FY 19 71 )	350	-	90	*	-	90	-	170	-	-	-

CCC VALUE OF P.L. 480 COMMODITIES (\$000) → Thru Actual Year : Operational Year Program :

**007 IMPLEMENTING AGENCY TABLE**

If contractors or participating agencies are employed, enter the name and contract or PASA number of each in appropriate spaces below; in the case of voluntary agencies, enter name and registration number from M.O. 1551.1, Attachment A. Enter the appropriate descriptive code in columns b and c, using the coding guide provided below.

TYPE CODE b	TYPE CODE c	a. IMPLEMENTING AGENCY	TYPE CODE		d. CONTRACT/ PASA/ VOLAG NO.	e. LEAVE BLANK FOR AID/W USE
			b.	c.		
1. U.S. CONTRACTOR	0. PARTICIPATING AGENCY					
2. LOCAL CONTRACTOR	1. UNIVERSITY					
3. THIRD COUNTRY CONTRACTOR	2. NON-PROFIT INSTITUTION	1.				
4. PARTICIPATING AGENCY	3. ARCHITECTURAL & ENGINEERING					
5. VOLUNTARY AGENCY	4. CONSTRUCTION	2.				
6. OTHER:	5. OTHER COMMERCIAL					
	6. INDIVIDUAL	3.				
	7. OTHER:					

**PART I - PROJECT IMPACT**

**I-A. GENERAL NARRATIVE STATEMENT ON PROJECT EFFECTIVENESS, SIGNIFICANCE & EFFICIENCY.**

This summary narrative should begin with a brief (one or two paragraph) statement of the principal events in the history of the project since the last PAR. Following this should come a concise narrative statement which evaluates the overall efficiency, effectiveness and significance of the project from the standpoint of:

- (1) overall performance and effectiveness of project implementation in achieving stated project targets;
- (2) the contribution to achievement of sector and goal plans;
- (3) anticipated results compared to costs, i.e., efficiency in resource utilization;
- (4) the continued relevance, importance and significance of the project to country development and/or the furtherance of U.S. objectives.

Include in the above outline, as necessary and appropriate, significant remedial actions undertaken or planned. The narrative can best be done after the rest of PART I is completed. It should integrate the partial analyses in I-B and I-C into an overall balanced appraisal of the project's impact. The narrative can refer to other sections of the PAR which are pertinent. If the evaluation in the previous PAR has not significantly changed, or if the project is too new to have achieved significant results, this Part should so state.

**008 NARRATIVE FOR PART I-A (Continue on form AID 1020-25 I as necessary):**

PRM The stated objective of the Tunisian family planning program is to reduce the crude birth rate from the 1968 estimated rate of 45 per 1000 to 34 per 1000

HUR in 1975, i.e. reduce the annual population growth rate from about 2.8% to 2.3%.

MEO \* Forward funded in FY 1970.

MISSION DIRECTOR APPROVAL →	SIGNATURE	DATE
	Stuart T. Baron, Director, USAID/Tunisia	July 10, 1970

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## PAR CONTINUATION SHEET

This sheet is to be used for any Narrative Sections for which sufficient space has not been provided on the form. Identify each narrative by its Part and Section Designation.

## 008 NARRATIVE FOR PART I-A (Cont'd)

It is now USAID's opinion that this GOT target of an annual population growth rate of 2.3% is unlikely to be achieved until the late 1970s. Considerable further efforts will then have to be made by GOT and donors assisting with population and family planning programs to stabilize the annual population growth rate at or below this level.

The GOT is genuinely interested in keeping the rate of population growth in balance with the economic growth rate in order to ensure social and economic development. As an initial step towards this goal, the GOT is endeavoring, with the support of USAID, to develop the institutions and personnel essential to plan and carry out family planning programs so as to efficiently bring about the desired reduction in the population growth rate.

USAID is presently providing commodities including statistical, audiovisual and printing equipment, vehicles, laboratory equipment and supplies, and contraceptives. A full-time health educator and a public health administrative advisor are at post. A public health physician and a nurse-midwife educator are being recruited.

The preparatory phase of the family planning program is nearly completed. A national Family Planning Service has been established, although the structure is presently undergoing some changes.

The regional organizational structure has been put into place, personnel recruited and trained, and equipment and material procured. Public educational programs and mass education campaigns are being provided on a regional basis. An active training program, though limited, is in operation, teaching and informational materials are being produced and put into use, evaluation and research activities are underway, and critically needed technical assistance personnel are on board or under active recruitment. The availability of family planning services throughout Tunisia is expanding and their quality is improving. Nine participants are studying health education (family planning) in the U.S. and short-term observation tours are provided for key personnel. Coordination between bilateral and multilateral donors is improving at all levels. In keeping with the USAID policy of encouraging as many donors as possible to participate in the Tunisian Government's efforts in population and family planning, the most recent development is a proposal by the World Bank to provide nearly \$3.3 million to improve and expand family planning facilities not available from other sources. In the short time that the national program has been operational, there has been an increase in the number of Tunisian men and women who seek information and are using contraceptive methods.

This is, of course, not to say that the program is without problems. The Ministry of Public Health is in the process of reorganizing all health services and no definite decision has as yet been made on the appointment of a new Director of the National Maternal and Child Health (MCH) and Family Planning (FP) Services. The role of the Administrator of the Services is not clear, nor is the responsibility of the health education workers assigned to the regions.

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008 NARRATIVE FOR PAR I-A (Cont'd)

USAID and other donors have identified fundamental weaknesses to be corrected. Problems identified are in the fields of inter and intraministerial coordination, top leadership requirements and continuity of policies, administration and management, procurement, commodity distribution and control systems, personnel recruitment and training, attitudes of service dispensers toward clients, coverage by mobile units (clinical and educational), service statistics, and in-country research on the causes of specific operational problems. Improvements are needed in these fields in order to get more satisfied family planning acceptors who will continue to use a method of family planning and also encourage others to do so.

The modest degree of success in the use of family planning services is indicated by the following statistics covering the program 1968/69.

Estimates of Number of Women Provided Contraceptive Services through GOT MCH and FP Facilities.

<u>Type of Service</u>	<u>1968</u>	<u>1969</u>
IUD (Primary)	9,304	8,696
Sterilization (female)	1,610	2,514
Social abortion	<u>2,211</u>	<u>2,860</u>
	<u>13,125</u>	<u>14,070</u>
	=====	=====
Pills *	1,779	4,175
Condoms *	928	1,570
F.P. Consultations**	68,086	127,700

At this juncture, USAID sees that many more field workers, including midwives, are going to be needed. It is neither realistic nor advisable for the GOT to depend on the voluntary agencies to provide the necessary sustaining efforts to recruit, train and provide guidance to field workers. Experience has shown that these agencies are not inclined to carry out long-term commitments of the type needed for the success of this activity. The GOT and the other donors consider USAID as the agency best prepared to provide this type of technical assistance and guidance to the family planning program and if the GOT is going to meet its commitments to the population and family planning programs, AID assistance will be needed beyond FY 1972 as originally planned. This PAR therefore proposes extending the U.S. obligation span at least through FY 1975.

Other donor assistance to the Tunisian Family Planning Program continues to be significant. The U.S. Population Council continues to provide the advisory services of a public health physician, a demographer and a public health educator.

\* Average number of women receiving monthly supplies.

\*\* Each F.P. visit (primary and return visits) counted.

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008 NARRATIVE FOR PART I-A (Cont'd)

The public health educator is assigned to the Ministry of Education, assisting with the development of sex education programs. The Population Council also administers the Ford Foundation grant to family planning.

The Government of Sweden is providing a communications expert to the Family Planning Service, staff and operational expenses for a district health center in Cap Bon and a team of midwives to work in rural areas. The Government of Sweden has also provided experts to assist GOT in setting up papanicolaou smear facilities.

The Government of the Netherlands has agreed to provide a team consisting of a gynecologist, a public health physician, a midwife and social worker. The doctors are expected to join the midwife and social worker later this year.

The International Planned Parenthood Federation (IPPF) gave international recognition to the Tunisian Family Planning Program by holding its governing board meeting in Tunis last November. Local planned parenthood chapters exist in each "governorat" (region). However, the groups have not yet mounted "grass root" family planning education activities.

IBRD consultants recently returned to Tunis to examine with the GOT IBRD's proposal to assist the MCH and FP Services in the expansion and improvement of service and training facilities. The principle provisions are to build and equip some 21 maternal and child health centers, three maternity hospitals (340 beds) and to increase the training capacity of the School of Public Health. These facilities would not be completed prior to CY 1973-1974.

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## 008 NARRATIVE FOR PART 1-A (continued)

NUMBER OF TUNISIAN WOMEN USING THE  
GOVERNMENT FAMILY PLANNING SERVICES  
1968 through January, 1970  
BY TYPE OF SERVICE AND MONTH (a)

1968 Month	Contraceptive Services (given by number of women)				Other Services			
	IUD Primary Insertions	IUD Reinsertions	Pills	Condoms	Jellies Foams etc.	Tubal Liga- tions	Social Abor- tions	Con- sultation TOTAL
Jan	836	29	601	502	127	77	115	3,622
Feb	1,076	76	644	728	180	121	113	4,503
Mar	768	34	841	446	213	66	117	4,110
Apr	919	45	1,153	586	269	130	156	5,382
May	963	62	1,334	821	264	153	205	5,633
June	745	40	1,493	1,023	277	160	222	5,645
July	782	32	2,034	912	247	172	271	5,713
Aug	733	25	2,257	890	182	125	202	5,435
Sept	598	27	2,442	1,170	127	124	208	5,896
Oct	743	48	2,882	1,305	235	185	209	7,974
Nov	713	30	2,792	1,459	170	197	227	7,824
Dec	428	27	2,884	1,295	147	100	166	6,319
Total 1968	9,304	475				1,610	2,211	
1969								
Month								
Jan	963	59	3,514	1,815	266	242	198	11,372
Feb	676	51	3,246	1,238	167	165	191	8,780
Mar	920	48	3,657 (b)	1,590	305	262	271	10,923
Apr	1,016	33	4,315 (c)	1,652	364	250	235	11,300
May	990	65	4,088 (d)	1,440	324	319	310	11,402
June	834	50	4,212 (e)	1,654	283	240	269	10,859
July	741	40	4,309 (f)	1,385	321	160	231	10,700
Aug	492	25	3,870 (g)	1,601	264	99	241	9,585
Sept	565	26	4,164 (h)	1,601	255	141	213	10,489
Oct	512	30	4,584 (i)	1,384	302	232	247	10,434
Nov	518	30	4,790 (j)	1,608	328	162	202	10,823
Dec	469	51	4,996 (k)	1,882	253	242	252	11,033
Total	8,696	508				2,514	2,860	

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## 008 NARRATIVE FOR PART 1-A (continued)

1970 Month	IUD Primary Insertions	IUD Reinsertions	Pills	Condoms	Jellies Foams etc.	Tubal Liga- tions	Social Abor- tions	Consul- tations TOTAL
Jan	924	56	5,300(1)	2,152	306	292	228	10,877
Feb	1,016	46	5,505(m)	1,901	288	202	219	13,824
March	1,110	74	6,315(n)	2,285	380	344	259	16,050

- (a) Does not include under consultation those coming for routine examinations or women who do not accept a family-planning method.
- (b) 3,657 women received a total of 3,865 cycles of pills.
- (c) 4,315 women received a total of 4,443 cycles of pills.
- (d) 4,088 women received a total of 4,235 cycles of pills.
- (e) 4,212 women received a total of 4,377 cycles of pills.
- (f) 4,309 women received a total of 4,464 cycles of pills.
- (g) 3,870 women received a total of 3,943 cycles of pills.
- (h) 4,164 women received a total of 4,286 cycles of pills.
- (i) 4,584 women received a total of 4,774 cycles of pills.
- (j) 4,790 women received a total of 4,994 cycles of pills.
- (k) 4,996 women received a total of 5,097 cycles of pills.
- (l) 5,300 women received a total of 5,323 cycles of pills.
- (m) 5,505 women received a total of 5,610 cycles of pills.
- (n) 6,315 women received a total of 6,472 cycles of pills.

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PART I-B - PROJECT EFFECTIVENESS

I-B-1 - OUTPUT REPORT AND FORECAST - (See detailed instructions)

2.	ACTUAL AND PLANNED OUTPUTS (ALL DATA CUMULATIVE)				
	3 1/ ACTUAL CUM. TO DATE	4. AS OF PRIOR JUNE 30 1969		5 PLANNED BY NEXT JUNE 30 1970	6. PROJECTED TOTAL FOR PROJECT LIFE
		a. PLANNED	b. ACTUAL		
<p>This section is designed to record progress toward the achievement of each project output target which was scheduled in the PIP, Part II. Where progress toward a target is significantly greater or less than scheduled, describe reason(s) beneath the target.</p>					
<p>1. Number of IUD insertions:</p> <p>New IUD insertions remain low; for example, 542 in October 1969, 548 in November and 520 in December. Educational campaigns were launched in key governorates including Tunis and Bizerte to increase family planning acceptors. However, these campaigns are now emphasizing a choice of family planning methods. This is a step towards a wider use of oral contraceptives. The observed larger number of pill and condom users may well be at the expense of IUDs. In spite of this, IUD insertions increased to 1,062 in February and 1,184 in March.</p>	60,756	55,000	54,000	63,500	85,500
<p>2. Number of condoms distributed:</p> <p>In CY 1969, 230,029 condoms were issued. The 2,285 users recorded for March 1970, were the highest on record. In March 1968, 613 condom users were reported and 1,591 for March 1969. Sales by the Central Pharmacy to wholesalers amounted to some 350,000 in 1967, 100,000 in 1968 and about 250,000 in 1969. Condoms are reported by GOT monthly based on the number of persons receiving condoms and information on the number of condoms issued per person shows a wide variation. The unit of measurement should be changed to the number of condoms users and not the number of condoms issued.</p>	572,000	435,000	430,500	630,000	1,200,000
<p>3. Number of tubal ligations:</p> <p>Tubal ligation is proving a popular method in Tunisia. The number is up from 1,610 in 1968 to nearly 2,500 for 1969. Population Council arranged for a specialist who came to Tunisia in late April for demonstrating the Culdoscopy method. There is a backlog of women awaiting tubal ligations. This method will reduce the stay in the hospital, making for a greater use of limited facilities. GOT is also attempting to increase the number of centers where tubal ligations may be obtained.</p>	7,139	-	5,300	8,500	29,500
<p>4. Number of pill cycles distributed:</p> <p>Persons supplied pills through GOT facilities are increasing. In December, 1969, 4,996 persons received 5,097 pill cycles. In December, 1968, only 2,884 persons were supplied pills. (The above figures do not include commercial purchases. In 1968, 87,000 and in 1969, 110,000 pill cycles were purchased through commercial channels</p>	92,000	52,000	51,200	120,000	360,000
<p>1/ March, 1970</p>					

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## PART I-B - PROJECT EFFECTIVENESS

## I-B-1 - OUTPUT REPORT AND FORECAST - (See detailed instructions)

2.	ACTUAL AND PLANNED OUTPUTS (ALL DATA CUMULATIVE)				
	3 1/ ACTUAL CUM. TO DATE	4. AS OF PRIOR JUNE 30 1969		5 PLANNED BY NEXT JUNE 30 1970	6. PROJECTED TOTAL FOR PROJECT LIFE
		a. PLANNED	b. ACTUAL		
This section is designed to record progress toward the achievement of each project output target which was scheduled in the PIP, Part II. Where progress toward a target is significantly greater or less than scheduled, describe reason(s) beneath the target.					
The Government of Sweden is providing technical assistance to the GOT in developing papanicolaou smear facilities. The HOPE Ship laboratory specialist is training laboratory technicians. This program does not appear to have been seriously affected by the unfavorable publicity on oral contraceptives.					
5. Number of social abortions:	8,600	-	6,600	10,800	34,000
In practice, gynecologists are making more liberal interpretation of the abortion laws. For example, the law states that social abortion may be performed when desired, if a woman has five or more living children; however, social abortions are available for women with less than five living children. Therapeutic abortions may be performed on the decision of the attending specialist. As operating facilities are expanded, it is reasonable to assume that the number of abortions will increase.					
6. Family planning Service completely organized, staffed and equipped: Further development will depend on returning participants and stability within the Ministry of Public Health.	80%	90%	75%	80%	100%
7. Integration of Family Planning and MCH: Until the first of March, the full integration of Family Planning and MCH was proceeding according to previous plans. The reorganization of the technical services within the Ministry of Public Health effective March 16 has clouded the integration picture considerably. It is not possible to predict if Family Planning and MCH will remain integrated even though a new decree (May 6) was issued to this effect.	75%	90%	75%	80%	100%
8. Number of full-time, post-partum workers on job: Peace Corps Volunteers working in post-partum have fallen to six. None of those leaving the program have been replaced and it is not believed that the Peace Corps is planning to replace them. GOT has trained a sufficient number of Tunisian women to fill the vacancies, but these women have been assigned only part-time basis.	41	45	42	42	60
9. Number of mobile education teams operational: GOT has not agreed to employing full-time specialists for the mobile educational teams as originally planned.	8	10	-	-	13

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## PART I-B - PROJECT EFFECTIVENESS

## I-B-1 - OUTPUT REPORT AND FORECAST - (See detailed instructions)

2.	ACTUAL AND PLANNED OUTPUTS (ALL DATA CUMULATIVE)				
	3. 1/ ACTUAL CUM. TO DATE	4. AS OF PRIOR JUNE 30 1969		5. PLANNED BY NEXT JUNE 30 1970	6. PROJECTED TOTAL FOR PROJECT LIFE
		a. PLANNED	b. ACTUAL		
<p>This section is designed to record progress toward the achievement of each project output target which was scheduled in the PIP, Part II. Where progress toward a target is significantly greater or less than scheduled, describe reason(s) beneath the target.</p> <p>Instead, the Family Planning secretaries and health education workers are carrying out this function in some areas, Peace Corps Volunteers and educators assigned to the clinic mobile teams in others.</p>					
10. Attendance at seminars and short courses (man weeks):	740	600	540	770	1200
<p>Family Planning and MCH Services are now providing continuous training opportunities for those engaged in F.P. and MCH through conferences, workshops, monthly discussions groups, etc.</p>					
11. Introduction of courses on public health (family planning) into curriculum of School of Public Health:	50%	-	40%	50%	100%
<p>Introduction made, but it is not practicable to carry out this activity on a regular basis until more personnel are available. The World Health Organization promised an instructor several years ago who has not been provided. The first Tunisian health educator is expected back next year, from participant training in the U.S.</p>					
12. Departure of Tunisians for U.S. for training as Health Educators:	9	6	6	9	12
13. Number of Tunisian Health Educators entering on duty after U.S. degree training:	-	-	-	-	12
14. Completion of national demographic survey:	85%	85%	80%	85%	100%
15. Completion of demographic projections:	100%	100%	80%	100%	100%
16. Installation of statistical evaluation system:	50%	20%	20%	90%	100%
<p>Population Council advisors agreed to assist GOT in making this unit operational. It is lagging. USAID has assisted with needed procurement and identifying problems, but it seems that Population Council might need to call in additional technical help. Renovation work is nearing completion, IBM has contract to install equipment and a chief of the section was employed in May, 1970.</p>					

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## PART I-B - PROJECT EFFECTIVENESS

## I-B-1 - OUTPUT REPORT AND FORECAST - (See detailed instructions)

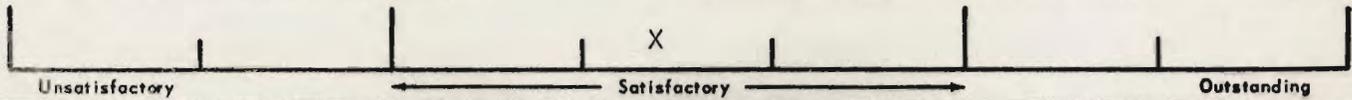
2.	This section is designed to record progress toward the achievement of each project output target which was scheduled in the PIP, Part II. Where progress toward a target is significantly greater or less than scheduled, describe reason(s) beneath the target.	ACTUAL AND PLANNED OUTPUTS (ALL DATA CUMULATIVE)				
		3 1/ ACTUAL CUM. TO DATE	4. AS OF PRIOR JUNE 30 1969		5 PLANNED BY NEXT JUNE 30 1970	6. PROJECTED TOTAL FOR PROJECT LIFE
			a. PLANNED	b. ACTUAL		
17.	Completion of benefit/cost study (University of Pennsylvania study):	100%	-	-	-	100%
18.	Number of F.P. consultations by women accepting a family-planning method (1st visits):	113,500	-	190,600	128,300	272,000
19.	Return visits to clinics of family-planning acceptors (follow-up visits):	261,800	-	177,800	271,700	673,200
20.	Introduction of Family Life Education program into education system:	20%	-	-	25%	100%
21.	Complete comprehensive review of administrative unit, with specific references to commodity procurement, inventory and distribution.	20%	-	-	25%	100%
	<u>1/</u> March, 1970					

PART I-B - Continued

010

B.2 - OVERALL ACHIEVEMENT OF PROJECT TARGETS

Place an "X" within the bracket on the following seven-point scale that represents your judgment of the overall progress towards project targets:



PART I-C - PROJECT SIGNIFICANCE

011

C.1 - RELATION TO SECTOR AND PROGRAM GOALS (See detailed instructions M.O. 1026.1)

This section is designed to indicate the potential and actual impact of the project on relevant sector and program goals. List the goals in col. b and rate potential and actual project impact in cols. c and d.

a. CODE NO. (AID/W USE ONLY)	SCALE FOR COLUMN c: 3= Very Important; 2= Important; 1= Secondary Importance SCALE FOR COLUMN d: 3= Superior/Outstanding; 2= Adequate/Satisfactory/Good; 1= Unsatisfactory/Marginal	c. POTENTIAL IMPACT ON EACH GOAL IF PROJECT ACHIEVES TARGETS	d. ACTUAL IMPACT ON GOAL TO DATE RELATIVE TO PROGRESS EXPECTED AT THIS STAGE
	b. SECTOR AND PROGRAM GOALS (LIST ONLY THOSE ON WHICH THE PROJECT HAS A SIGNIFICANT EFFECT)		
(1)	Reduce the population growth rate from the current estimated rate of 2.8% to 2.3% in the late 1970s.	3	2
(2)			
(3)			
(4)			

For goals where column c. is rated 3 or 2 and column d. is rated 1, explain in the space for narrative. The narrative should also indicate the extent to which the potential impacts rated 3 or 2 in column c. are dependent on factors external to the achievement of the project targets, i.e., is there a substantial risk of the anticipated impact being forestalled by factors not involved in the achievement of project targets. If possible and relevant, it also would be useful to mention in the narrative your reading of any current indicators that longer-term purposes, beyond scheduled project targets, are likely or unlikely to be achieved. Each explanatory note must be identified by the number of the entry (col. b) to which it pertains.

012 NARRATIVE FOR PART I-C.1 (Continue on form AID 1020-25 I):

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## PART I-C - Continued

## C.2 - GENERAL QUESTIONS

These questions concern developments since the prior PAR. For each question place "Y" for Yes, "N" for No, or "NA" for Not Applicable in the right hand column. For each question where "Y" is entered, explain briefly in the space below the table.	MARK IN THIS COL.
013 Have there been any significant, unusual or unanticipated results not covered so far in this PAR?	N
014 Have means, conditions or activities other than project measures had a substantial effect on project output or accomplishments?	Y
015 Have any problems arisen as the result of advice or action or major contributions to the project by another donor?	N
016 If the answer to 014 or 015 is yes, or for any other reason, is the project now less necessary, unnecessary or subject to modification or earlier termination?	N
017 Have any important lessons, positive or negative, emerged which might have broad applicability?	N
018 Has this project revealed any requirement for research or new technical aids on which AID/W should take the initiative?	Y
019 Do any aspects of the project lend themselves to publicity in newspapers, magazines, television or films in the United States?	N
020 Has there been a lack of effective cooperating country media coverage? (Make sure AID/W has copies of existing coverage.)	N
021 <u>NARRATIVE FOR PART I-C.2</u> Identify each explanatory note by the number of the entry to which it pertains. (Continue on form AID 1020-25 I as necessary):	

014 Training schedules and family planning operations were affected by the emergency conditions created by the 1969 floods; i.e. 14 senior nurses who were in the process of being transferred to family planning as inspectors were assigned to vaccination teams and have now been reassigned to other services. IPPF governing board meeting held in Tunis in November, 1969, gave international recognition to the Tunisian population and family planning program, thereby calling the attention of possible future donors to Tunisia, as well as providing an opportunity to gather the latest information on family planning programs worldwide. Tunisian gynecologists and policy makers while not restricting the use of oral contraceptives, in view of the unfavorable publicity, have not been willing to encourage wider use of pills.

018 The need for further research to develop a simple, safe and inexpensive method of contraception hardly needs to be restated.

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## PART II - IMPLEMENTATION REPORT

## II-A - STATUS OF SCHEDULE

022 A-1 - INDIVIDUAL ACTIONS (See detailed instructions M.O. 1026.1). This is a listing of major actions or steps which were scheduled for physical start or continuing implementation in the reporting period as reflected in the Project Implementation Plan, Part I.

(a)		(b) STATUS - PLACE AN "X" IN, ONE COLUMN		
PIP ITEM NO.	MAJOR ACTIONS OR STEPS; CAUSES AND RESULTS OF DELAYS; REMEDIAL STEPS	(1)	(2)	(3)
		BEHIND SCHEDULE	ON SCHEDULE	AHEAD OF SCHEDULE
1.	Start and complete the renovation of the permanent quarters for the Directorate of Maternal and Child Health and Family Planning Services.		X	
2.	Install the special equipment and machines for use by the Research and Evaluation Section.	X		
3.	Relocate the Communications Section and set up the following units:			
	a. Photographic (including laboratory facilities)			X
	b. studios (television, art and exposition)			X
	c. Information and distribution		X	
	d. Material production (off-set and duplication, etc.)	X		
4.	Complete job descriptions and work manuals for Family Planning specialists (inspectors, nurse/midwives, regional secretaries and information officers/educators).	X		
5.	Establish a materials/supply management system that provides: written procedures for commodities to include - handling of documents, clearances, removal from port, checking and registration, storage, distribution and maintenance of stock levels.		X	
6.	Arrival of AID provided new personnel:			
	a. Public Health Officer, Physician	X		
	b. Public Health Officer, Non Physician		X	
	c. Public Health Nurse/Midwife Educator	X		
7.	Arrival of Ford Foundation/Population Council Demographer/Evaluator.		X	
8.	Selection, language, orientation and departure:			
	a. First six participants for Public Health Education and Family Planning training in U.S.		X	
	b. Second group of participants to U.S.		X	
	c. Third group of participants to U.S.		X	

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## PART II - IMPLEMENTATION REPORT

## II-A - STATUS OF SCHEDULE

022 A-1 - INDIVIDUAL ACTIONS (See detailed instructions M.O. 1026.1). This is a listing of major actions or steps which were scheduled for physical start or continuing implementation in the reporting period as reflected in the Project implementation Plan, Part I.

(a)		(b) STATUS - PLACE AN "X" IN, ONE COLUMN		
PIP ITEM NO.	MAJOR ACTIONS OR STEPS; CAUSES AND RESULTS OF DELAYS; REMEDIAL STEPS	(1)	(2)	(3)
		BEHIND SCHEDULE	ON SCHEDULE	AHEAD OF SCHEDULE
9.	Arrival of the balance of FY 1968 financed U.S. commodities and shipment of FY 1969 financed U.S. commodities	X		
10.	Sign FY 1970 ProAg, amendments for commodities, and prepare worksheet PIO/C		X	
11.	Order FY 1970 financed U.S. commodities		X	
12.	Complete the Pilot Study and evaluation of oral contraceptives.		X	
13.	Complete National Demographic Survey.	X		
14.	Organize, recruit and train personnel and launch national survey on contraceptive users.	X		
15.	Approval of dinar budget for CY 1970.		X	
16.	Sign CY 1970 dinar ProAg.	X		
17.	Set up Central Family Planning Library.			X
18.	Organize and carry out six regional-wide family planning campaigns and seminars.			X
19.	Provide a course in Health Education for the students at the Hygiene School.		X	
20.	Introduce a pilot course in Human Reproduction and Development for the Tunisian school system.		X	
21.	Approval of education information material production schedule for CY 1970.		X	
22.	Approval of conferences, short courses/seminars and other in-service training schedules for CY 1970.			X
23.	Complete the recruitment and the orientation and training for personnel for Research and Evaluation and Training Sections.	X		

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## PART II - IMPLEMENTATION REPORT

## II-A - STATUS OF SCHEDULE

022 A-1 - INDIVIDUAL ACTIONS (See detailed instructions M.O. 1026.1). This is a listing of major actions or steps which were scheduled for physical start or continuing implementation in the reporting period as reflected in the Project implementation Plan, Part I.

(a) PIP ITEM NO.	MAJOR ACTIONS OR STEPS; CAUSES AND RESULTS OF DELAYS; REMEDIAL STEPS	(b) STATUS - PLACE AN "X" IN, ONE COLUMN		
		(1) BEHIND SCHEDULE	(2) ON SCHEDULE	(3) AHEAD OF SCHEDULE
24.	Approval of Family Planning forms.			X
25.	Make available papanicolaou testing facilities for users of oral contraceptives		X	
26.	Arrival of family-planning team provided by the Dutch Government.	X		
27.	Arrival of SIDA nurse/midwives and nurses for work in rural family-planning activities		X	
28.	Provide supervision for home visits and work of mobile clinics (Family Planning).	X		
29.	Complete recruitment of field personnel	X		
30.	Approval of activities of Research and Evaluation Section for CY 1970.	X		

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## PART II - Continued

023

## II-A.2 - OVERALL TIMELINESS

In general, project implementation is (place an "X" in one block):

(a) On schedule	X
(b) Ahead of schedule	
(c) Behind schedule	
(1) AID/W Program Approval	
(2) Implementing Agency (Contractor/Participating Agency/Voluntary Agency)	
(3) Technicians	
(4) Participants	
(5) Commodities (non-FFF)	
(6) Cooperating Country	
(7) Commodities (FFF)	
(8) Other (specify):	

BLOCK (c): If marked, place an "X" in any of the blocks one thru eight that apply. This is limited to key aspects of implementation, e.g., timely delivery of commodities, return of participants to assume their project responsibilities, cooperating country funding, arrival of technicians.

## II-B - RESOURCE INPUTS

This section appraises the effectiveness of U.S. resource inputs. There follow illustrative lists of factors, grouped under Implementing Agency, Participant Training and Commodities, that might influence the effectiveness of each of these types of project resources. In the blocks after only those factors which significantly affect project accomplishments, write the letter P if effect is positive or satisfactory, or the letter N if effect is negative or less than satisfactory.

## 1. FACTORS-IMPLEMENTING AGENCY (Contract/Participating Agency/Voluntary Agency)

024 IF NO IMPLEMENTING AGENCY IN THIS PROJECT. PLACE AN "X" IN THIS BLOCK:	032 Quality, comprehensiveness and candor of required reports	
	033 Promptness of required reports	
025 Adequacy of technical knowledge	034 Adherence to work schedule	
026 Understanding of project purposes	035 Working relations with Americans	
027 Project planning and management	036 Working relations with cooperating country nationals	
028 Ability to adapt technical knowledge to local situation	037 Adaptation to local working and living environment	
029 Effective use of participant training element	038 Home office backstopping and substantive interest	
030 Ability to train and utilize local staff	039 Timely recruiting of qualified technicians	N
031 Adherence to AID administrative and other requirements	040 Other (describe):	

## 2. FACTORS-PARTICIPANT TRAINING

041 IF NO PARTICIPANT ELEMENT IN PROJECT. PLACE AN "X" IN THIS BLOCK:	TRAINING UTILIZATION AND FOLLOW UP	
	052 Appropriateness of original selection	
PREDEPARTURE		
042 English language ability	N	053 Relevance of training for present project purposes
043 Availability of host country funding	P	054 Appropriateness of post-training placement
044 Host country operational considerations (e.g., selection procedures)	N	055 Utility of training regardless of changes in project
045 Technical/professional qualifications	N	056 Ability to get meritorious ideas accepted by supervisors
046 Quality of technical orientation	P	057 Adequacy of performance
047 Quality of general orientation	P	058 Continuance on project
048 Participants' collaboration in planning content of program	P	059 Availability of necessary facilities and equipment
049 Collaboration by participants' supervisors in planning training		060 Mission or contractor follow-up activity
050 Participants' availability for training	N	061 Other (describe):
051 Other (describe):		

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## PART II-B - Continued

## 3. FACTORS-COMMODITIES

PLACE AN "X" IN APPROPRIATE BLOCK:	062 FFF	063 NON-FFF	X	064 NO COMMODITY ELEMENT	072 Control measures against damage and deterioration in shipment.	
065 Timeliness of AID/W program approval (i.e., PIO/C, Transfer Authorization).					073 Control measures against deterioration in storage.	P
066 Quality of commodities, adherence to specifications, marking.					074 Readiness and availability of facilities.	
067 Timeliness in procurement or reconditioning.				N	075 Appropriateness of use of commodities.	P
068 Timeliness of shipment to port of entry.				N	076 Maintenance and spares support.	
069 Adequacy of port and inland storage facilities.					077 Adequacy of property records, accounting and controls.	
070 Timeliness of shipment from port to site.				N	078 Other (Describe):	
071 Control measures against loss and theft.						

Indicate in a concise narrative statement (under the heading a. Overall Implementation Performance, below) your summary appraisal of the status of project implementation, covering both significant achievements and problem areas. This should include any comments about the adequacy of provision of direct hire technicians as well as an overall appraisal of the comments provided under the three headings (b, c & d) which follow. For projects which include a dollar input for generation of local currency to meet local cost requirements, indicate the status of that input (see Detailed Instructions).

Discuss separately (under separate headings b, c & d) the status of Implementing Agency Actions, Participants and Commodities. Where above listed factors are causing significant problems (marked N), describe briefly in the appropriate narrative section: (1) the cause and source of the problem, (2) the consequences of not correcting it, and (3) what corrective action has been taken, called for, or planned by the Mission. Identify each factor discussed by its number.

079 NARRATIVE FOR PART II-B: (After narrative section a. Overall Implementation Performance, below, follow, on form AID 1020-251 as needed, with the following narrative section headings: b. Implementing Agency, c. Participants, d. Commodities. List all narrative section headings in order. For any headings which are not applicable, mark them as such and follow immediately below with the next narrative section heading.)

a. Overall Implementation Performance.

The basic objectives during the period covered by this report were met. These were to continue the development of the infrastructure, obtain and provide initial training for personnel, order and put into use commodities, recruit additional advisory personnel and work closely with other donors to fill the existing gaps in program operation. In spite of the emergency conditions caused by the fall floods, and administrative problems resulting from top-level changes in the Ministry, reorganization of the services and the many difficulties in the procurement of U.S. commodities, USAID considers the project essentially on schedule. In summary, the National Maternal and Child Health and Family Planning Services have moved into suitable quarters, has employed over 60% of their programmed central office staff (55 out of 90) and 45% of their field staff (145 out of 315). Nine participants are now in long-term training in the U.S. and have attended the Sixth World Congress of Gynecology and Obstetrics.

The GOT needs USAID assistance in the further development of those Tunisian institutions that are responsible for the implementation of population and family planning policies and programs. To achieve this, USAID goals are to continue to provide training for appropriate local personnel, to improve administrative and managerial operations, to improve statistical gathering and evaluating capabilities, and to expand and improve the delivery of family planning services—all these to increase the number and continuation rate of family planning acceptors, and to encourage research in this regard. To achieve these long term objectives GOT will require external financial and technical assistance through FY 1980. This PAR

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## PAR CONTINUATION SHEET

This sheet is to be used for any Narrative Sections for which sufficient space has not been provided on the form. Identify each narrative by its Part and Section Designation.

079 NARRATIVE FOR PART 11-B: (Cont'd)

proposes project extension at least through FY 1975.

B. Status of Implementing Agency Action.

039. The U.S. Public Health Service, is to provide for the project services of a public health nurse-midwife educator under PASA. Her arrival is behind schedule. However, active recruitment is being pursued, and USAID and GOT have reviewed the biodata of the candidate and concur in the assignment. The candidate is now expected to arrive in August.

C. Participants.

Qualified candidates are difficult to find. However, of the nine presently studying in the U.S.; the first one to complete his training is scheduled to return to Tunisia next January.

042. The number of Tunisians graduating from college is increasing. However, finding Tunisian graduates with English language ability will continue to be a major problem. It is possible to arrange English studies at the local Bourguiba Institute, but qualified candidates prefer to continue their university studies or accept scholarships in a French-speaking area to English studies.

044. Selection procedures are improving. However, additional attention must be given by GOT and USAID to improving the procedures.

045.) There is a critical shortage of qualified personnel for U.S. training.  
 ) To recruit less qualified candidates and give necessary on-the-job  
 050.) training is not favored by the GOT.

D. Commodities.

The use of commodities as a principal factor affecting project success is improving. The basic remaining problem in this regard continues to be procurement time lag.

067 and 068. The time lag for the procurement of U.S. commodities is still unsatisfactory. USAID is making all possible efforts to cut down on the time it takes from procurement action to arrival of commodities, but too much time is required to process and receive U.S. commodities, i.e. two standard U.S. vehicles ordered through GSA on 5/27/69 were not received until almost a year later and it has taken many months to get an AID/W waiver to purchase a reconditioned piece of machinery that is not sold new.

070. Family Planning Service has taken steps to clear its commodities from the port expeditiously. One problem in the past has been the non-receipt of shipping documents needed to clear from customs. All shipping documents are in English.

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## PAR CONTINUATION SHEET

This sheet is to be used for any Narrative Sections for which sufficient space has not been provided on the form. Identify each narrative by its Part and Section Designation.

079 NARRATIVE FOR PART 11-B. (Cont'd)

USAID has added a direct-hire advisor to help improve all administrative and managerial aspects of family planning. High priority is given to procurement, storage and distribution.

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## PART III - ROLE OF THE COOPERATING COUNTRY

The following list of illustrative items are to be considered by the evaluator. In the block after only those items which significantly affect project effectiveness, write the letter P if the effect of the item is positive or satisfactory, or the letter N if the effect of the item is negative or less than satisfactory.

SPECIFIC OPERATIONAL FACTORS:	
080 Coordination and cooperation within and between ministries.	N
081 Coordination and cooperation of LDC gov't. with public and private institutions and private enterprise.	N
082 Availability of reliable data for project planning, control and evaluation.	-
083 Competence and/or continuity in executive leadership of project.	N
084 Host country project funding.	P
085 Legislative changes relevant to project purposes.	-
086 Existence and adequacy of a project-related LDC organization.	P
087 Resolution of procedural and bureaucratic problems.	-
088 Availability of LDC physical resource inputs and/or supporting services and facilities.	P
089 Maintenance of facilities and equipment.	P
090 Resolution of tribal, class or caste problems.	
091 Receptivity to change and innovation.	P
092 Political conditions specific to project.	P
093 Capacity to transform ideas into actions, i.e., ability to implement project plans.	P
094 Intent and/or capacity to sustain and expand the impact of the project after U.S. inputs are terminated.	
095 Extent of LDC efforts to widen the dissemination of project benefits and services.	P
096 Utilization of trained manpower (e.g., participants, counterpart technicians) in project operations.	P
097 Enforcement of relevant procedures (e.g., newly established tax collection and audit system).	
098 Other:	
HOST COUNTRY COUNTERPART TECHNICIAN FACTORS:	
099 Level of technical education and/or technical experience.	N
100 Planning and management skills.	
101 Amount of technician man years available.	
102 Continuity of staff.	
103 Willingness to work in rural areas.	N
104 Pay and allowances.	
105 Other:	

in the space below for narrative provide a succinct discussion and overall appraisal of the quality of country performance related to this project, particularly over the past year. Consider important trends and prospects. See Detailed Instructions for an illustrative list of considerations to be covered.

For only those items marked N include brief statements covering the nature of the problem, its impact on the achievement of project targets (i.e., its importance) and the nature and cost of corrective action taken or planned. Identify each explanatory note.

106 NARRATIVE FOR PART III (Continue on form AID 1020-25 I):

080, 081 and 083. See narrative of Part I-A (008 above) for a discussion of these factors.

099. There is a shortage of all types of personnel. The medical school in Tunisia will graduate its first 24 doctors in 1970. Midwives, para-medical personnel and medical administrators are in short supply and lack public-health experience.

103. GOT has a problem getting doctors and other professional personnel assigned to rural areas. The problem is made less severe by the network of regional hospitals and local centers. However, the unwillingness of health personnel to live and work in rural areas makes it more difficult to improve family planning and related services. For example, the ratio of physicians to population is 1 to 7,500, but in rural areas the ratio is about 1 to 25,000.

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## PART IV - PROGRAMMING IMPLICATIONS

## IV-A - EFFECT ON PURPOSE AND DESIGN

Indicate in a brief narrative whether the Mission experience to date with this project and/or changing country circumstances call for some adjustment in project purposes or design, and why, and the approximate cost implications. Cover any of the following considerations or others that may be relevant. (See Detailed Instructions for additional illustrative considerations.) Relevant experience or country situations that were described earlier can simply be referenced. The spelling out of specific changes should be left to the appropriate programming documents, but a brief indication of the type of change contemplated should be given here to clarify the need for change.

For example, changes might be indicated if they would:

1. better achieve program/project purposes;
2. address more critical or higher priority purposes within a goal plan;
3. produce desired results at less cost;
4. give more assurance of lasting institutional development upon U.S. withdrawal.

107 NARRATIVE FOR PART IV-A (Continue on form AID 1020-25 I):

Indications are that the project must address itself more specifically to increasing the number of women accepting family planning methods and finding ways of encouraging acceptors to continue the use of an effective method. Other areas of major concern are continuity of leadership, establishment of effective inter- and intra-ministerial coordination, and the quantification of family planning objectives. An adjunct to better management and evaluation is improvement of the collection and evaluation of statistical and demographic data. The Family Planning Services needs policy changes that would allow Tunisian personnel other than gynecologists to prescribe pills and insert IUD's in GOT F.P. facilities. Follow-up services need to be greatly expanded and the quality of family planning services, especially in rural areas, needs improving. These and other identified problems point up the need for an extension of external assistance through the 1970's of the GOT is to achieve its objective of a population growth rate of 2.3% in the late 1970s and to stabilize it at this or a lower level thereafter. In order to provide for reappraisal of project directions at mid-course over the next decade, this PAR proposes project extension to FY 1975. This proposed revision will be the subject of a revised PROP and will be referenced in the FY 1972 PBS.

## IV-B - PROPOSED ACTION

108 This project should be (Place an "X" in appropriate block(s)):

1. Continued as presently scheduled in PIP.	
2. Continued with minor changes in the PIP, made at Mission level (not requiring submission of an amended PIP to AID/W).	
3. Continued with significant changes in the PIP (but not sufficient to require a revised PROP). A formally revised PIP will follow.	
4. Extended beyond its present schedule to (Date): Mo. 6 Day 30 Yr. 1975 Explain in narrative, PROP will follow.	X
5. Substantively revised. PROP will follow.	
6. Evaluated in depth to determine its effectiveness, future scope, and duration.	
7. Discontinued earlier than presently scheduled. Date recommended for termination: Mo. Day Yr.	
8. Other. Explain in narrative.	

109 NARRATIVE FOR PART IV-B:

See Part IV-A above.

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