

UNITED STATES GOVERNMENT

Memorandum

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DATE: March 26, 1981

FROM : NE/TECH/HPN, Lea Dunston



SUBJECT: Project Evaluation Summary Report

COUNTRY: MOROCCO

PROJECT: 608-0155 - Population and Family Planning Support

EVALUATION NO. 1

The attached document was received in AID/W on February 3, and logged in on March 20, 1981.

Attachment:

PES Morocco Population and Family Planning Support

1/6

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PROJECT EVALUATION SUMMARY (PES) -- PART I

1. PROJECT TITLE Morocco Population and Family Planning Support	2. PROJECT NUMBER 608-0155	3. MISSION/AID/W OFFICE USAID/Morocco
	4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <u>1</u>	
<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION		

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING A. Total \$45,000,000 B. U.S. \$13,017,000	7. PERIOD COVERED BY EVALUATION From (month/yr.) August, 1978 To (month/yr.) January, 1981	
A. First PRO-AG or Equivalent FY 78	B. Final Obligation Expected FY 82	C. Final Input Delivery FY 83		Date of Evaluation Review	

B. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Revise project implementation plan to reflect delays in initiation of various subprojects.	Gerard Bowers Pop, OFF.	2/28/81
2. Revise project budget to reflect possible decrease for U.S. long-term training, and increase for F.P. Referral Centers and incountry F.P. training.	G. Bowers	3/31/81
3. Downgrade subproject no...6, Commercial Distribution of Contraceptives, to "exploratory" status. Determine interest of non-MOPH agencies as possible sponsors for this activity.	G. Bowers	5/31/81
4. Determine specific amount of funds required for FY 1981 obligation.	G. Bowers/ Min. Pub. Health	4/30/81
5. Intensive evaluation of project.	G. Bowers/MOPH, outside consultants	8/81 - 9/81
6. Prepare new Project Paper for project activities beginning FY 1983	Gerard Bowers	11/81 - 2/82

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS			10. ALTERNATIVE DECISIONS ON-FUTURE OF PROJECT	
<input type="checkbox"/> Project Paper	<input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify)	A. <input type="checkbox"/> Continue Project Without Change	
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T		B. <input type="checkbox"/> Change Project Design and/or	
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> Change Implementation Plan	
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P		C. <input type="checkbox"/> Discontinue Project	

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)		12. Mission/AID/W Office Director Approval	
Gerard R. Bowers, Chief Population/Health/Nutrition	<i>Gerard R. Bowers</i>	Signature	<i>Harold S. Fleming</i>
M. Ward, USAID Evaluation Officer	<i>M. Ward</i>	Type	Harold S. Fleming
		Date	Jan. 26, 1981

PROJECT EVALUATION SUMMARY (PES)

PART II

SUMMARY

The Morocco Population and Family Planning Support Project (608-0155) was authorized in August, 1978 as a five year (FY 1978-82) project with an approved life-of-project cost of \$13,017,000 ^{1/}. To date a total of \$6,977,000 has been obligated to finance activities under a set of ten interrelated subprojects. These include:

- 1) The Marrakech Province Pilot, VDMS^{2/} Project
- 2) VDMS Expansion to 10 Additional Provinces
- 3) Construction + Equipping of 10 Family Planning (FP) Referral Centers
- 4) Training (U.S., 3rd country, in-country)
- 5) Improved FP Services (Commodity Support)
- 6) Commercial Distribution of Contraceptives
- 7) Information, Education and Communication (IE&C) Program
- 8) National Fertility Survey (Moroccan portion of the WFS)
- 9) National Training Center for Reproductive Health
- 10) RAPID

As a package, these subprojects represent a coherent, well-designed approach toward reducing Morocco's high rate (3% per year) of population growth. The primary problem in the implementation of the above activities has been the Government of Morocco's (GOM) inability or reluctance to move ahead with many of these activities at the pace envisioned during the AID/GOM project design process. Consequently, many of the subprojects are between one to two years behind the schedule indicated in the Project Paper (PP). This is not to say that the GOM is necessarily any less committed to population planning or to the overall project, than was indicated in the PP. It is^{1/} acknowledge, however, the combined effects of extreme GOM caution in undertaking new programs; and a badly over-extended, but highly centralized leadership in the Ministry of Public Health (MOPH), absorbed in administrative minutia; with little remaining time for the planning, internal promotion and implementation of often sensitive programs. Indeed, the Health Ministry's own recognition of these problems was an important factor in the Ministry's recent request to USAID for assistance in improving the overall management of the MOPH.

^{1/} Including AID/W centrally-funded activities and contraceptives (\$6,315,000) and bilateral costs (\$6,702,000).

^{2/} Visites à Domicile de Motivation Systématique.

As mentioned, these delays have resulted in only a few-subprojects ongoing, and only one completed, more than two years after approval of the PP. Yet with the possible exception of one subproject (commercial distribution of contraceptives), the MOPH remains insistent in its intention to move ahead. In USAID's judgement, we should continue to work with the Ministry, even if at a more ponderous pace than planned, to ensure effective implementation of the project. As a practical matter, and in view of the substantial (approximately \$2,500,000) project pipeline resulting from these delays, USAID is considering a reduction in FY 1981 project obligations, depending on the rate of progress over the next six months.)

EVALUATION METHODOLOGY

The Evaluation Plan of the Project Paper called for a regular evaluation in November 1978, and an intensive evaluation in October 1980.

The regular evaluation was never conducted in view of the limited progress in implementation at that early date.

This evaluation is being prepared in much the same environment, albeit with some notable progress in a number of subprojects. This evaluation (PES) is based on consultations with MOPH and other-donor personnel, USAID staff examination of project records, and personal observation of project status. Some impressions of the project officer are subjective, and are noted as such in the narrative.

EXTERNAL FACTORS

Several factors impact on the project--some positive, some negative. On the positive side, both the King and the Prime Minister have made public pronouncements in support of a positive population policy for Morocco; family planning features prominently in the Health section of the Five-Year Plan (1981-1985); the successful execution of the Marrakech Pilot VDMS Project has apparently diminished the concern of more conservative parties within the MOPH; senior MOPH personnel have steadfastly maintained their intention to pursue project objectives.

On the negative side, the MOPH remains cautious as an institution; is slow to make decisions prior to obtaining broad consensus among Ministry (and often Cabinet) leadership; and is even slower to act due to its cumbersome system of management. Moreover, Ministry personnel--especially senior officials who best understand and optimize the Ministry's management and decision making process--

do not necessarily attribute the same significance to jointly-prepared project timetables as does USAID. Rather, there is an expectation that individual activities can and will be undertaken according to a more-or-less flexible schedule, continually adapted to reflect changing conditions. Another possible factor contributing to slipped timetables is more conjectural: a perception, in the MOPH as well as other parts of the GOM, that U.S. assistance to Morocco is rooted in political, as much as economic considerations--such that Morocco's continued access to U.S. assistance is not conditioned on rigorous adherence to project schedules. Regardless of the accuracy of this perception, its apparent existence affects the credibility of any joint implementation plan subsequently asserted by USAID.

On balance, the effect of these factors has been to delay the project. We would nonetheless emphasize that we have not observed any reasons to doubt the GOM's continuing commitment to the overall project, nor to most (see "Outputs", below) of the individual sub-projects.

INPUTS

The project has not been constrained for lack of U.S. financial, technical or commodity assistance.

Local currency obligated in support of the various subprojects in largely unexpended, due to the slow pace of project implementation.

Oral contraceptives and condoms were ordered in quantities consistent with USAID expectation of project activity. Previously scheduled deliveries for 1981 thru 1982 have subsequently been reduced to avoid over-supply. At 1981-1982 anticipated usage levels, Morocco currently has about three years supply of contraceptives in stock or on order.

USAID financed consultant assistance has contributed importantly to the development of several of subprojects, including the Marrakech VDMS project; the MOPH Manpower Training Plan; the IE&C project with the local IPPF affiliate; the National Fertility Survey (Morocco component of the World Fertility Survey-WFS) and the National Training Center for Reproductive Health. The MOPH has not acted further on a generally positive consultant report (January, 1979) on the feasibility of marketing contraceptive products. For local political/presentational reasons, the MOPH has not yet chosen to take advantage of consultant services available under the RAPID subproject. The effectiveness of RAPID/Morocco has consequently been very limited.

Financial and contraceptive assistance was necessarily provided in advance of other project implementation activities. However, the slower than expected pace of many project activities has resulted in a large pipeline, as well as the adjustments, mentioned above, in the contraceptive delivery schedule.

OUTPUTS

The current status of implementation for each subproject as of December 20, 1980 is indicated in the attached table (att. # 1). Also shown in the originally-scheduled (PP) date for attainment of this status. The Training Center subproject was approved by Action Memorandum for AA/NE, dated April 10, 1980. RAPID was centrally-funded by AID/W.

Two subprojects, RAPID, and the National Training Center for Reproductive Health, were not included in the original PP, but were determined by USAID and AID/W to be consistent with the PP.

Following several delays in establishing acceptable funding procedures, the National Training Center is proceeding well. An initial training program took place subproject in December, 1980. A Morocco RAPID presentation was made to MOPH personnel in the spring of 1980, but the MOPH has not yet followed through on its stated intention to conduct RAPID sessions for a broader audience.

The Marrakech Pilot VDMS project has been completed, except for a final evaluation tentatively scheduled for February-March, 1981.

USAID has recently (December 18, 1980) received from the MOPH a detailed budget for the VDMS Expansion project. This document will provide the basis, following USAID analysis of the budget, for a USAID/MOPH Letter of Implementation with which the Health Ministry can claim previously-obligated USAID funds from the Ministry of Finance. Several preliminary tasks remain to be done at the MOPH and provincial levels prior to implementation of this subproject. These include, inter alia, preparation of a training manual, course outline and schedule for home visitors; scheduling immunization camps; provincial stocking of weaning food, oral rehydration salts and other supplies, and preparation of project forms, questionnaires, etc. The MOPH has indicated informally that these tasks can be completed in 3-4 months, thereby suggesting a possible initiation of the VDMS project in April or May, 1981.

The MOPH has also included future VDMS requirements, particularly vehicles, in its draft proposals to the UNFPA. This assistance

will compliment GOM and USAID inputs to the project.

We should note the very time-consuming process involved in determining--between USAID and several concerned parties within the MOPH--a final "package" of VDMS FP/Health/Nutrition components to be included in the expanded project. The identification of specific subproject elements was a lengthy process, requiring the resolution of strongly held views within both our agencies. This process has been virtually completed; and the Ministry now seems prepared to proceed from the more delicate policy considerations to the more specific elements of project implementation. This next phase will also require more time than was envisaged in the original PP.

In USAID's judgement, however, our correct position should be one of supportive patience, including the provision of whatever technical assistance may be required/requested to expedite the implementation process.

In December, 1980, USAID informed the MOPH that further Ministry delays in preparation of construction plans for the 10 FP Referral Centers would jeopardize the availability of USAID funds for this purpose. The MOPH has subsequently provided to USAID blueprints and technical specifications for the facilities, and has committed itself to build nine of the Centers in CY 1981. In addition to Fixed Amount Reimbursable (FAR) funding for construction costs, USAID has also agreed to provide equipment for the ten centers.

Whereas construction and equipment costs have increased since the PP was prepared thirty months ago, it may be necessary to increase the amount of funds earmarked (\$650,000) for this subproject.

Similarly, USAID had informed the MOPH in December, 1980 of its intention to begin a gradual de-obligation of participant training funds initially obligated in FY 1979 pending identification by the MOPH of specific candidates for U.S. training to begin in the fall of 1981. In-country training activities, including those sponsored by INTRAH and PIEGO, are proceeding well.

Following some initial delays, the National Fertility Survey (NFS/Morocco), is generally back on schedule. Field work has been completed and data are being tabulated. The first Country Report should be available in September, 1981.

USAID and the IPPF-obligated Association Marocaine de la Planification Familiale (AMPF) have recently (November, 1980) signed an assistance agreement to build up that organization's IE&C capacity, and to produce FP print and broadcast materials. Actual

production activity will not start for another six-months, i.e., until project equipment arrives.

The Contraceptive Retail Sales subproject was never enthusiastically received by the MOPH, despite a generally favorable feasibility study conducted two years ago by a team of AID/W-funded consultants. Advertising and liberalized pill distribution remain the two most unsettling prospects in the Ministry's view. In USAID's judgement, a commercial program devoid of pills could still work, i.e., with condoms and foam. However, a "commercial" project consisting solely of product cost subsidization, without even modest advertising, would be impractical and unsuccessful.

Given current and prospective thinking on this activity in the MOPH, a commercial project under Ministry sponsorship may not be a likely prospect. USAID nonetheless intends to underscore our continuing receptivity to a commercial project--in cooperation with the MOPH or another GOM or non-government agency. However, in view of the MOPH's jurisdiction over contraceptive distribution in Morocco, the possibility of non-MOPH sponsorship is remote.

As noted above, the Commodity Support component of the project has already provided sufficient oral contraceptives and condoms to supply more than three years of public sector program requirements at anticipated 1981-1982 usage rates (300,000 - 350,000 users/year)

Other outputs not specific to the project but to some extent flowing from it include recent MOPH decisions to allow-nurses to prescribe oral contraceptives (previously limited to physician - prescription only); and to train Ministry nurses to insert IUD's. Although nurses will still be required to perform physical examinations and urinalyses for each potential pill acceptor, implementation of this decision will make pills more readily available to women in rural areas. USAID is assisting in the nurse IUD-insertion training program via PIEGO-sponsored training courses at the National Training Center for Reproductive Health.

CURRENT FAMILY PLANNING PRACTICE

Reasonably accurate estimation of contraceptive prevalence in Morocco must await NFS/WFS data which will be available in the fall of 1981. Moreover, FP service statistics assembled by the MOPH are not reflective of the actual extent of FP practice. Analysis of most-recently available MOPH service statistics (thru June, 1980) indicates, for example, that the MOPH was serving about 100,000 continuing users of contraceptives. These data are compiled from FP statistics

forwarded to the Ministry by individual health facilities; yet field observation of the reporting system reveals that a large, but unknown proportion of health facilities do not maintain or forward FP data. Actual prevalence is therefore an educated guess, based mostly on contraceptive re-supply data, i.e., shipments to provincial distribution points. USAID estimates, in fact, that actual public sector usage is about double the reported figure, or 200,000 users (see graphs, att. # 2 and 3).

However, perhaps more significant than this notional usage figure is the slope of the plotted data. Both contraceptive distribution records and official MOPH service statistics show a steady upward trend in contraceptive acceptance and use. USAID believes that this trend is real, and that it can be attributed largely to the ready availability of pills and condoms in virtually all of the Ministry's 1000 health facilities.

Private sector sales (mostly pills) serve an additional 200,000 persons in Morocco. All users (400,000) therefore represent a contraceptive prevalence of about 15% of married women ages 15-49.

The projected near-doubling of public-sector users anticipated by the end of 1982 assumes that 1) the VDMS expansion effort will be underway in three provinces; and 2) ready availability of contraceptives in all MOPH facilities--plus liberalized distribution of pills by non-physicians (see above)--will significantly increase contraceptive usage. We further expect that AMPF's planned IE&C campaign will contribute to broader public awareness and acceptance of MOPH family planning services.

PURPOSE

The project's purpose (to establish and to demonstrate within both the public and private sectors a capability to plan, implement and evaluate cost-effective FP programs) has obviously been only partially achieved, thus far. It nonetheless remains a valid and attainable purpose, even if over a longer time frame. The Marrakech pilot project has contributed significantly to the development of the Ministry's planning and execution capacity, and diminished the political sensitivity previously associated with family planning within the MOPH. Further, the Marrakech project, the liberalized pill distribution policy, the nascent IE&C program and VDMS expansion effort have all set the stage for significant increases in contraceptive prevalence, (subpurpose # 1). Raised awareness levels/commitment on the part of key GOM officials, (subpurpose # 2) is not yet readily apparent--but its existence must be presumed if an

expansive VIMS program is allowed to go forward, as we believe it will be. The generation of new demand for FP services (subpurpose # 3) is also anticipated, pending effective implementation of the various subprojects.

As stressed earlier, the project design and project objectives appear to be, for the most part, sound and achievable. The implementation timetable for attainment of these objectives is, however, too optimistic and is in need of adjustment. USAID expects to complete this process by the end of February, 1981.

GOAL

Unchanged.

BENEFICIARIES

Unchanged.

UNPLANNED EFFECTS

The vigor and interest with which the MOPH is developing the National Training Center for Reproductive Health is an unanticipated element of the project. Sterilization was, and is, a particularly sensitive issue within the GOM. Yet the Health Ministry is moving rapidly to put in place an infrastructure of trained, equipped physicians, assigned to hospitals throughout the country, which will be able to respond to the large but "quiet" demand for sterilization services.

A second effect, although not entirely unplanned, was the development of a health (Health Management Improvement) project built upon USAID/MOPH working relationships established through the implementation of this population project. Indeed, as noted above, the experience of this project figured prominently in USAID's decision to support a management improvement activity within the MOPH.

LESSONS LEARNED

As stated earlier, the design of this project was--and is--generally sound. Its major problem has been an unexpectedly ponderous pace of implementation. Looking back to the PP process, we detect an inclination on the part of both USAID and the MOPH to establish "hoped for" or ideal target dates as relatively firm. Time-consuming contingencies were not adequately factored into project timetables; not was the reality of the GOM/MOPH decision making and project-implementation process.

The large financial and contraceptive pipeline established for the project was largely unavoidable. USAID acted correctly in placing project funds and commodities "up front" in order to avoid any breaks in project momentum. Moreover, the generous supply of contraceptives now available in Morocco has resulted in continuous movement of these supplies to rural health facilities--virtually all of which have an ample stock of pills and condoms on site.

Hindsight also serves to remind USAID that our project assistance activities place considerable administrative burdens on already over-extended host country counterparts. This project, plus other-donor assistance programs managed by the same small group of MOPH personnel, have strained the Ministry's carrying capacity. Retrospect suggests that the project should have included a staff support component, whereby the Ministry could have recruited additional personnel to reinforce relevant divisions of that organization. Such assistance might have been temporary, but allowing sufficient time for the Ministry to establish the necessary personnel funds in its regular budget. Alternatively, USAID could have focussed more closely on concomitant assistance activities which might have strengthened, rather than supplement, MOPH management systems. This latter course of action is being pursued now via the new Health Management Improvement project (FY 1981-1983).

In a related sense, the scope of the project -- including nine subprojects directed through one Ministry -- may have tended to fragment and diffuse the attention of MOPH personnel to the extent that important project decisions or actions were delayed. USAID's plan to explore the potential interest of non-MOPH agencies in the contraceptive marketing subproject may ameliorate this problem somewhat. In addition, and if the MOPH poses no objection, USAID will also attempt to determine the receptivity of other non-MOPH agencies to the possible integration of FP activities into their ongoing programs. The Ministry of Social Affairs and the military establishment, for example, maintain separate, national networks for delivery of health and other social services. If feasible, these efforts will be more fully developed in a follow-on PP (1983-87) to the current project.

Finally, special note should be given to the VDMS Expansion subproject. As demonstrated by the Marrakech pilot project, as well as other "household delivery" projects around the world, contraceptive acceptance and usage increase dramatically when contraceptives are made directly available to potential users. (In Marrakech, approx. 60% of eligible persons accepted a contraceptive on the first household visit). The pilot project was a "family planning only" endeavor. The "expanded" VDMS project, however, was substantially re-designed to include several health/nutrition interventions not included in the original project design. Once USAID and the MOPH made this decision to integrate several new elements into the project.

VDMS reverted new to wide - ranging review and discussion concerning the specific, additional interventions to be included in the project. As mentioned previously, this process consumed the better part of a year. The original timetable for implementation of an expanded VDMS project did not anticipate such a significant re-working of the project. If it had been replicated and extended per the Marrakech model, VDMS would in all likelihood be functioning now in several provinces. In a real sense, the current delays in this project represent the price paid for an "integrated" as opposed to a "family planning" project.

Field observation of MOPH activities also points to the fact that an expanded VDMS program will not, by itself, substitute for further strengthening of the Ministry's "regular" FP service program. Even in Marrakech province, for example, most health service personnel are not adequately trained in techniques of FP motivation, follow-up and record keeping. VDMS will be a particularly potent means of extending FP/Health awareness and initial services to the Moroccan population. But the long-term ability of the Ministry to "hold" this clientele will depend heavily on the service and outreach capacity of the formal rural health system. USAID, in consultation with the MOPH and other donors, plans to give greater attention to needs in this area over the remaining life of the project.

SPECIAL COMMENTS

Significant program management implications suggested by this evaluation include:

- 1) A need to revise the implementation plans for eight of the 10 subprojects (WFS and National Training Center excluded).
- 2) The possible requirement, depending on progress over the next three months, to re-program or de-obligate some funds previously committed for U.S. long-term participant training.
- 3) Examination of interest by non-MOPH agencies in a contraceptive retail sales subproject. In the absence of any practical interest or viable sponsor, elimination of this subproject from the current population program.
- 4) Exploration, with the MOPH and other donors, of assistance requirements needed to reinforce the FP capacity of the existing provincial health network.

- 5) Re-consideration, depending on 1-4 above, of the amount of funds needed for obligation in FY 1981.
- 6) Preparation of a new Project Paper (PP) in late CY 1981, preceded by an intensive project evaluation in the summer of 1981.

Attachments: Contraceptive Acceptance and Usage

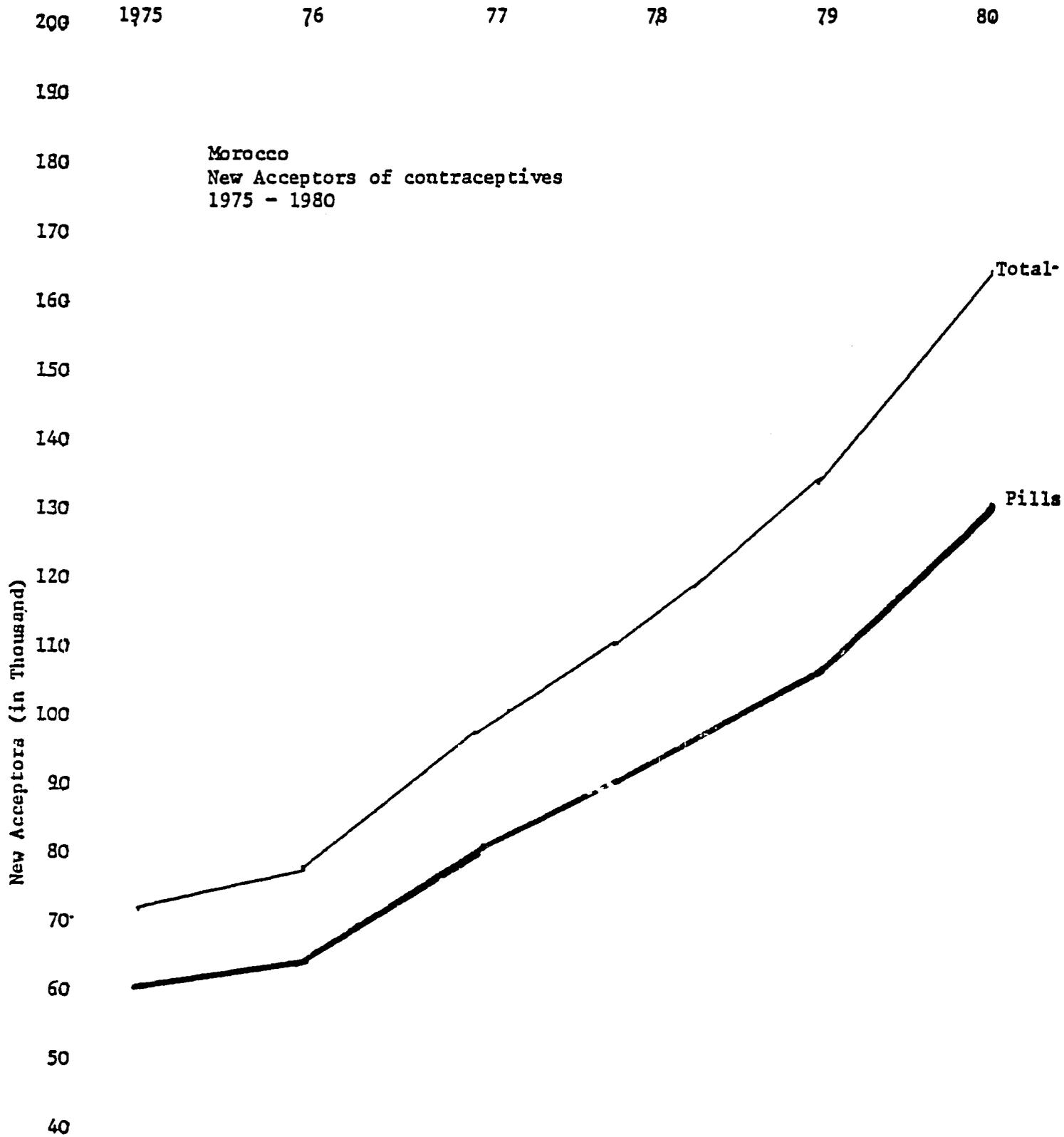
PROJECT 608-0155 - POPULATION AND FAMILY PLANNING SUPPORT

STATUS OF IMPLEMENTATION FOR MAJOR ACTIVITIES (AS OF 1/20/80)

<u>ACTIVITY</u>	<u>STATUS</u>	<u>ORIGINAL TARGET</u>
Marrakech VDMS Project	Fieldwork and surveys completed; final evaluation in February - March 1981	2/80
VDMS Expansion	Budget for 3 province expansion received 12/18/80. Awaiting province-level implementation plans	5/79
FP Referral Centers (10)	MOPH construction plans received.	10/78
Training	MOPH approved overall training plan October 1980, some in -country training activities underway	9/78
National Fertility Survey	Household and individual survey completed; data being processed	8/79
IE&C Family Planning Association	MOPH approved IE&C plan October 1980. Initial release of funds to AMPF November 1980.	1/80
Contraceptive Retail Sales	No action since consultant feasibility report January 1979	6/78
Commodity Support	Contraceptives available; IE&C equipment for AMPF to be ordered December 1980; medical equipment pending MOPH action on FP Referral centers.	Variable
* National Training Center for Reproductive	JHPIEGO, IPAVS, and USAID have signed letters of agreement; renovation underway; most equipment delivered	N/A
* RAPID	Hardware and software delivered to MOPH Awaiting Ministry plan for its use	No target Date established

* Not noted in the original PP as specific subprojects, but within the overall scope of Project 608-0155.

YEAR



YEAR

75

76

77

78

79

80

Morocco
Users of contraceptives
1975 - 1980

250
240
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30

Active Users (in thousands)

Tota

Pi

IUB

