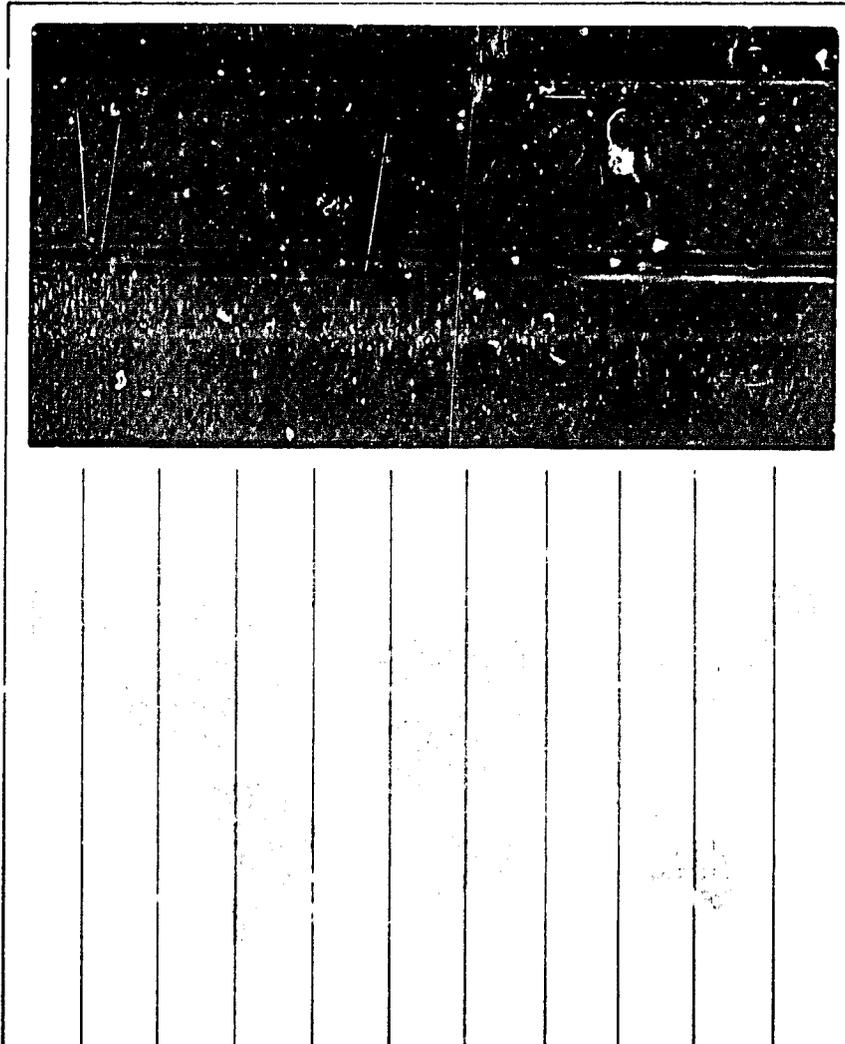


UNITED STATES  
AGENCY FOR INTERNATIONAL DEVELOPMENT

THE  
INSPECTOR  
GENERAL



Regional Inspector General for Audit  
NAIROBI

MOROCCO POPULATION AND FAMILY  
PLANNING SUPPORT, PHASE II,  
PROJECT (NO. 608-0155) NEEDS GREATER  
COMMITMENT BY THE GOVERNMENT OF MOROCCO

Audit Report No. 3-608-83-5  
January 14, 1983

MOROCCO POPULATION I. FAMILY  
PLANNING SUPPORT, PHASE II,  
PROJECT (No. 608-0155) NEEDS GREATER  
COMMITMENT BY THE GOVERNMENT OF MOROCCO

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## EXECUTIVE SUMMARY

### Introduction

The Morocco Population and Family Planning Support, Phase II, Project (No. 608-0155) began in September 1978. Total AID expenditures of about \$13 million (bilateral and centrally funded contraceptives) are planned by the Project Assistance Completion Date (PACD) of September 30, 1983.

The Project is a continuation of Phase I, Project 608-0112, Family Planning Support, which began in 1971. Phase II aims at establishing a solid base within the Government of Morocco (GOM) for the future planning and implementation of population programs. Specifically the project's three subpurposes are: (a) increasing contraceptive prevalence by 143 percent, (b) increasing awareness and commitment among key GOM officials and opinion leaders, and (c) generating new demand for contraceptive services.

### Purpose and Scope

The primary purposes of our audit were to determine whether (a) the GOM was using AID-provided resources effectively and efficiently, and (b) the program was meeting its objectives and goals as stated in program documentation.

Our review included an examination of project documents, discussions with USAID/Morocco and host government officials, and visits to selected project sites.

### Findings, Conclusions and Recommendations

Our review of the Morocco Population and Family Planning Support, Phase II Project showed that several sub-projects were completed late and some were not completed at all. Many of the sub-projects in the latter category probably will not be accomplished by the extended project completion date of September 30, 1983. The principal reason for the project's lack of progress was the continued reluctance of the GOM to fully support the family planning program.

Since 1969, AID had supported the GOM National Family Planning Program. Our Audit Report No. 3-608-77-31, issued August 2, 1977, cited a limited GOM effort due to the sensitive nature of family planning in the Moroccan political and religious setting. We believe that significant progress will not be achieved until the GOM fully supports family planning activities with adequate resources and resolution.

We recommend that USAID/Morocco review the project and take de-obligation action for those funds found surplus to remaining project needs. We also believe that the timing of the Phase III project should be reassessed in light of GOM's continued slow pace of implementing family planning subprojects (pages 3 to 7).

The report also discusses additional problem areas which need to be addressed by USAID/Morocco. Specifically, we recommend that:

- USAID/Morocco determine the amount contributed to date by the GOM, and ensure that by completion of the project the GOM contribution totals the \$32 million they agreed to provide (pages 7 to 9).
- USAID/Morocco assist the GOM to establish procedures to remove stocks of outdated contraceptives from use and dispose of them (pages 10 and 11).
- USAID/Morocco ensure that family planning activities are developed at MCH centers where PL 480 commodities are distributed (pages 11 to 13).

At the conclusion of our audit we discussed our findings with appropriate USAID/Morocco officials. A draft report was also submitted to USAID/Morocco. Their comments during our discussions and in response to the draft report were taken into consideration in the preparation of the final report.

## BACKGROUND

### Introduction

Morocco's population of 21.3 million is increasing at an annual rate of 3.25 percent <sup>1/</sup>. Left unchecked, this rate of increase will result in a population of about 42 million by the year 2000. Population growth, because it erodes many economic development gains, is identified as one of Morocco's most serious development problems.

In support of the Government of Morocco's (GOM) demographic goals, USAID/Morocco agreed in FY 1969 to provide technical assistance to family planning. The initial project was designed to help expand family planning activities and to devise and carry out a population census. In FY 1971 the project was redesigned. The focus was narrowed to cover only the census, and the project was phased out upon completion of a census in mid 1972.

In FY 1971 the Population and Family Planning Support Project was designed to integrate all family planning services within GOM provided general health services. The goal was to reduce the annual population growth rate from 3.2% in 1972 to 2.9% by 1977.

In September 1978 USAID/Morocco implemented a follow on project -- 608-0155. This project, known as Phase II, had a completion date of September 30, 1982; and its purpose was to strengthen the GOM's capacity to design, implement, and evaluate cost effective population and family planning programs on a country-wide scale. These targets were to be accomplished by:

- Raising the contraceptive prevalence rate by 143%.
- Assisting Moroccan leaders to be more aware of and committed to the program's objectives.
- Increasing the demand for contraceptive services.

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<sup>1/</sup> Source: United State Department of State  
Bureau of Public Affairs  
April 1982

AID's inputs to this project consisted of technical services, commodities, training and other costs in support of ten subprojects. These subprojects ranged from the expansion of a household distribution program to the construction and equipping of ten family planning centers. The project agreement has been amended seven times. Some of these amendments reflected changes in project direction by eliminating some and adding other subprojects. Also, the planned project completion date was extended to September 1983.

Total AID funding for Phase II was estimated at \$13 million. AID/W was centrally funding activities and contraceptives totaling \$6.3 million, and USAID/Morocco's bilateral costs totaled about \$6.7 million. As of September 30, 1982, USAID/Morocco had obligated approximately \$5 million, and disbursed \$1.6 million.

The GOM, acting through its Ministry of Public Health (MOPH), was to provide personnel, facilities, transportation, and expendable supplies estimated at \$6.5 million annually. The United Nations Fund for Population Activities (UNFPA) and the International Planned Parenthood Federation (IPPF) also supported complementary family planning activities.

As shown in the FY 1984 Annual Budget Submission, dated June 1983, a follow-on project to be known as Phase III has been planned. The proposed implementation date for Phase III is FY 1984. First year obligations are planned to be \$4.5 million with life of project funding estimated at \$18.6 million. The proposed project is to build on the foundation laid down by previous USAID population assistance activities. Its primary objective will be to extend and expand the availability of contraceptive information and services.

#### Purpose and Scope

The purpose of our audit was to determine whether (a) the GOM was using AID provided resources effectively and efficiently, (b) the program was meeting its objectives and goals as stated in program documentation, (c) USAID/Morocco personnel were effective in program monitoring, (d) applicable laws and regulations were being complied with, and (e) the intent of Congress was being followed.

We reviewed USAID/Morocco, host government, and AMPF [1] records, reports and correspondence; and held discussions with appropriate officials of these organizations. We made site visits to Rabat, Casablanca and el Jadida to inspect selected warehouse facilities, dispensaries, clinics, family planning referral centers, and the proposed National Training Centers. We also visited the AMPF Family Planning Headquarters in Casablanca.

[1] Association Marocaine de Planification Familiale, a member of the International Planned Parenthood Federation.

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

The Project was Not Meeting Its Stated Goals

The accomplishment of some project objectives was significantly behind schedule, and not all targets will be reached by the revised planned completion date of September 30, 1983. The principal reasons for the lack of progress were (a) an overly ambitious program, and (b) the reluctance or inability of the GOM to plan, internally support, and implement sensitive family planning activities.

The FY 1984 Annual Budget Submission provides \$4.8 million for a new Family Planning Project, Phase III, to be developed in FY 1983 to cover the period FY 1984-1988. We believe that implementation of this proposed project is premature because the track records for both Phase I and Phase II family planning programs indicate a lack of total GOM commitment to family planning activities.

Our Audit Report No. 3-608-77-31, issued August 2, 1977, cited ineffective GOM project management and other significant difficulties in meeting the Phase I targets. Our present review of Phase II activities showed that most subprojects are either late or had not been accomplished--primarily because of the GOM's reluctance or inability to move forward. The Phase II project has already been extended one year, and USAID/Morocco officials stated that they anticipate requiring another extension before project goals will be accomplished.

The goals of the Population and Family Planning Support, Phase II, project were to (a) increase contraceptive prevalence by 143 percent, (b) increase awareness and commitment among key GOM officials and opinion leaders, and (c) generate new demand for contraceptive services. The project agreement, after adding and deleting sub-projects, established objectives for ten interrelated subprojects. Each subproject and its progress are summarized in the following paragraphs:

| <u>Sub-Project Objective</u>  | <u>Status</u>  |
|---|--|
| 1. Completion of the Marrakech pilot household delivery program.                | Objective reached.   |
| 2. Expansion of the household delivery system to ten provinces. (VIMS)          | Only three provinces have been reached. This sub-project is estimated to be one and a half years behind schedule.  |
| 3. Addition of ten family planning referral centers                             | None were completed, but USAID/Morocco disbursed about \$150,000 for the construction of three centers.  |
| 4. Special Training Program   | Somewhat successful. Total success was limited by the GOM's reluctance to fund participant's travel costs.   |
| 5. Improved delivery of AID-funded contraceptives                               | Sufficient quantities of contraceptives were available for distribution at the MOPH sites visited.   |
| 6. Establishment of a National Information, Education and Communication Program | Family planning exhibits and efforts were on schedule. The equipping of the television studio, however, was one year behind.   |
| 7. National Fertility and Family Planning Survey                                | Though completed, survey results remain unknown. This sub-project, when completed, will become the Moroccan portion of the World Fertility Survey. It was 18 months behind schedule. |
| 8. Establishment of a National Training Center for Reproductive Health          | Due to be operational in late 1980. This facility was two years behind schedule although \$180,000 has been disbursed to the GOM. <u>1/</u>  |

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1/ USAID/Morocco subsequently advised us that the National Training Center for Reproductive Health became operational in November 1982

9. Resources for Awareness of  
Population Impact on  
Development (RAPID)

This sub-project did not accomplish its objective which was to inform and educate lesser developed country policy makers on the direct and indirect relationships between population dynamics and socio-economic development. The data which RAPID developed along with computer equipment has been put to use at the Mohamed V. University and the Maghrebian Association for the Study of Population.

10. Accomplishing a Contraceptive  
Prevalence Survey

Survey had been taken. The results though tabulated were not finalized. At the time of our review, 12 months after the survey was completed, USAID/Morocco did not have the status of the fertility situation in Morocco. We were subsequently advised that analyses of the survey data indicated that contraceptive practice in Morocco had more than doubled.

Despite the limited success of Phase I, and the small amount of emphasis placed on family planning programs by the GOM, USAID/Morocco proceeded to design and implement Phase II. As of September 1982, only one (VDMS-Marrakech) of ten subprojects of Phase II had been completed by the original project completion date. The subprojects, as discussed, were in varying degrees of completion. The Phase II completion date has already been extended one year, and USAID/Morocco officials stated that they anticipate the need to request another extension. Further, because of lack of implementation of some subprojects, any surplus funds which are determined to be available should be deobligated. Examples are funding for the Special Training Program and the VDMS of the Ministry of Public Health.

USAID Morocco has already planned a Phase III project for FY 1984, with estimated life of project funding for Phase III to be \$18.6 million. Most of the specific activities to be undertaken by the proposed project resulted from an intensive evaluation of the Phase II project. We believe that USAID/Morocco is again overly optimistic.

From the very beginning, family planning activities in Morocco were hindered significantly by the GOM's glacial pace and indifferent attitude. The Phase II project paper identified GOM's slowness toward accomplishing the goal of reducing the Moroccan birth rate as a problem. In fact, the paper cited a senior GOM official as remarking in 1978 that population growth was not a problem as Morocco needs more people to realize its development potential.

Conclusion, USAID/Morocco Comments, RIG/A/Nairobi Response, and Recommendations

In sum, the Phase II objective of establishing a solid base within the GOM for future planning and implementation of population programs was not accomplished. Slow progress was evidenced by the vast majority of subprojects being incomplete. We believe that the Phase II project results should be implemented before Phase III is started. Further, Phase II project funds are apparently not required for certain subprojects, and should be deobligated.

USAID/Morocco Comments

"The audit missed the fact that USAID compensated for the slow pace of project activity by declining to obligate \$1.7 million of bilateral funds available for commitment in FY 1982. That is, USAID followed the more prudent equivalent of de-obligation by not obligating unnecessary funds in the first place."

RIG/A/Nairobi Response

We agree that USAID/Morocco acted prudently by not obligating unneeded funds. We believe, however, there may be additional funds available in Phase II that could be de-obligated for the reasons before cited. We are asking the USAID to make that determination.

Recommendation No. 1

USAID/Morocco revise the timing of Phase III project implementation until Phase II project activities are completed, or there is a certainty that the overall goals of the Phase II project will be achieved.

Recommendation No. 2

USAID/Morocco reassess Phase II program funding needs, and deobligate funds found to be in excess of requirements.

The GOM Agreed To Financial Contribution For The Project Needs To Be Determined

USAID/Morocco did not know the value of the GOM's contribution to the project. The project agreement states that the GOM was to provide about US\$6.5 million annually in personnel, facilities, transportation and expendable supplies. We noted, however, that the project paper required \$6.5 million annually as a GOM contribution for specific subprojects. We could find no evidence in the project files to show what the GOM had contributed to date.

The USAID/Morocco Population officer said that while the GOM's contribution had not been tabularized, he felt certain that the agreed to figure of US\$6.5 million annually was reached. Without evidence of the GOM's contribution, or at least an attempt by the USAID to compute the estimated value, we do not understand how USAID/Morocco can be so certain.

According to the project agreement, after four years the GOM should have contributed about US\$26 million for assistance-in-kind. We noted that the project paper provided for the GOM to contribute a stated amount for each of the sub-projects. The majority of the sub-projects had barely moved from ground zero or had not moved at all, therefore the GOM's contribution in these areas had not been used or needed.

According to the grant agreement, which in our view is the controlling document, the GOM was obliged to contribute US\$6.5 million annually irrespective of the status of the sub-projects.

Conclusion, USAID/Morocco Comments, RIG/A/Nairobi Response, and Recommendation

The grant agreement as written required the GOM to contribute US\$6.5 million annually in assistance-in-kind to the project. By the end of the project in 1983 the GOM should have contributed a total of US\$32 million. There was no documentary evidence to show what the GOM had actually contributed to the project, and whether these contributions met the statutory and grant requirements.

USAID/Morocco Comments

"The audit misrepresents USAID's concerns regarding accountability of GOM contributions to the project. The auditor was told that USAID was not able to reconstruct the basis for USAID's 1977 estimate of a \$6.5 million annual GOM contribution of the project. Given the way the MOPH budget is prepared, moreover, any such determination of a specific contribution must be treated with great caution. The annual MOPH budget includes two broad categories -- 'operations' and 'investment' (construction), and is not further differentiated into sub-subjects for specific activities as family planning, MCH, malaria eradication, immunization campaigns, etc. Therefore, any effort to affix a GOM contribution in support of the FP program must involve a rather daring attempt to attribute a prorata portion of the total MOPH budget to the FP program. The Population Officer's confidence that the \$6.5 million annual figure was being reached was derived from two considerations. Firstly, FP services are offered in virtually every one of the Health Ministry's 1000 health facilities (plus 13 Family Planning Reference Centers devoted exclusively to FP) -- most usually by the 8000 MOPH personnel assigned to the Ministry's MCH and primary health care programs. Given the Ministry's annual budget of \$165,000,000, and on the basis of reasonable attributions of salaries, benefits, training costs, clinic construction and running costs, etc... one can safely presume a substantial, if not specific allocation of GOM resources in support of FP. Secondly, and less arbitrary, USAID and the MOPH have reached agreement on specific MOPH budgets in support of the recently-launched VDMS/Expansion Project and the National Training Center for Reproductive Health Project -- which together represent over 50% of our bilateral assistance budget. Contrary to the draft audit report, GOM commitments to these projects have been tabulated, are in our project files, and were in fact specifically pointed out to the auditor, in the working files he had removed and retained during his visit here. Copies of these detailed budgets, reflecting annual GOM contributions of approximately \$5.0 million\* are enclosed herewith."

\* National Training Center: \$1,490,000  
VDMS/Expansion: 1st three provinces: \$700,000  
VDMS/Expansion: 2nd eight provinces: \$2.8 million

RIG/A/Nairobi Response

Regarding USAID/Morocco's comment that GOM commitments had been tabulated and shown to the auditors, we wish to note that family planning is only one of five services which the MOPH provides. This report deals solely with contributions to the family planning project. Further, our concerns are with actual contributions that have been made, not with budgeted amounts for the future. These amounts may meet future commitments if spent as budgeted, however, they do not substitute for prior commitments.

The Foreign Assistance Act of 1961, as amended, is quite clear in this regard and is quoted in part:

"Sec. 110. Cost-Sharing and Funding Limits. (a) No assistance shall be furnished by the United States Government to a country under sections 103 through 106 of this Act until the country provides assurances to the President, and the President is satisfied, that such country provide at least 25 per cent of the costs of the entire program, project, or activity with respect to which such assistance is to be furnished, except that, such costs borne by such country may be provided on an "in-kind basis."

Of equal importance is the AID-GOM mutually agreed-to project grant agreement. In this project, the GOM agreed in writing in the Project Agreement (a legally bilateral document) to provide \$6.5 million annually to support this activity. In order to know if the GOM has fulfilled this part of the agreement, the actual contribution must be determined. It is the USAID's responsibility to see that its program is in compliance with 110(a) of the Foreign Service Assistance Act, and the legal bilateral agreement between the U.S. and host government. To ensure that the law and the bilateral agreement have been complied with, we have retained our recommendation.

Recommendation No. 3

USAID/Morocco (a) determine the amount which the GOM has contributed to date to the Family Planning Phase II project; and (b) if appropriate, take whatever action is necessary to ensure that prior to completion of the project the GOM contributes at least the \$32 million stipulated in the project agreement.

Other Matters Requiring Management Attention

Our review also surfaced two other areas requiring management attention. They are the need for improved control over commodities and the utilization of PL 480 commodities as an aid in promoting family planning.

The Shelf-Life of Some AID-Funded Contraceptives Had Expired

We visited a MOPH warehouse, selected referral centers, urban and rural dispensaries and medical clinics in Casablanca, Rabat, and El Jadida. At each location we noted that there were birth control pills and condoms whose shelf life had expired. Accordingly, contraceptives that have become outdated should be removed from stock and disposed of.

The following shelf life guidelines are based on manufacturers recommendations: 1/

Pills 5 years from the date of manufacture, providing the storage temperature does not exceed 24 degree Centigrade (75 degree Fahrenheit). The date of manufacture is printed on the cartons as well as on the individual pill-cycle package.

Foam Expiration date (month/year) is indicated on each container.

Jelly At least 5 years, if stored according to instructions furnished with jelly containers. Date of manufacture is on each tube.

Condoms 3 years from the date of manufacture. The date of manufacture is printed on the condom box as well as on individual condoms.

Diaphragms Last indefinitely, but probably only about 5 years in a hot, humid climate.

IUDs No time limitation.

We found quantities of pills manufactured in 1977, and also noted large quantities of condoms that were procured early-on in the project. The three year life of these condoms had expired.

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1/ Source: International Division of Planned Parenthood Federation of America

The main reason for the over supply of contraceptives was due to procuring more of one type of commodity than usage warranted. Another reason was that the estimated usage may have been imprecise even though the type of contraceptive ordered was the preferred one.

Conclusion, USAID/Morocco's Comments, RIG/A/Nairobi Response, and Recommendation

Outdated contraceptives generally should not be used and efforts should be made to identify and dispose of them.

USAID/Morocco's Comments:

"...Audit comments would be more to the point if they put the small quantities of 1977 pills and other stocks in perspective, in lieu of 'we found quantities of pills manufactured in 1977, and also noted large quantities of condoms that were procured early in the project.' In fact, the auditor observed one pallet-load (approx. 60 cartons, or 36,000 monthly cycles) of 1977 pills in Casablanca, equivalent to about 1% of Morocco's annual requirement; and four boxes of 60 monthly cycles each in El Jadida."

RIG/A/Nairobi Response

Although we did not visit all MOPH facilities, based on the quantities found at the few locations visited, it is probable that there are considerably more outdated contraceptives scattered around the country. Therefore, we are asking USAID/Morocco to assist the GOM to remove outdated or unfit contraceptives from MOPH facilities.

Recommendation No. 4

USAID/Morocco assist the GOM to (a) establish procedures to remove stocks of outdated contraceptives from MOPH facilities, and (b) dispose of any found to be unfit.

P.L. 480 Activities Should Be Used As A Tool To Promote Family Planning

We found that no family planning literature or counseling was made available to participants at the PL 480 Maternal Child Health (MCH) distribution centers. However, USAID/Morocco had been working for over two years to introduce distribution of family planning materials into the Catholic Relief Services supported MCH system.

Our experience has shown that usually the poorest people have the least opportunity to obtain family planning information and contraceptive devices. The MCH program, by its structure, subsidizes families with children, and unless a participant is given a chance to learn the benefits of family planning the program has lost a significant population training opportunity. Also, the once a month attendance of mothers at MCH centers is an ideal opportunity to promulgate family planning information and contraceptives.

We queried USAID/Morocco officials to determine why no family planning literature was distributed at PL 480 food distribution centers. USAID/Morocco officials told us that in the past Catholic Relief Services (CRS), the cooperating sponsor, would not permit any family planning activities to be conducted at its distribution centers. The subject had not been advanced recently to CRS because of their inflexible stance in this regard.

Conclusion, USAID/Morocco's Comments, RIG/A/Nairobi Response, and Recommendation

We believe that the PL 480 program offers USAID/Morocco a vehicle to promote family planning by disseminating literature and information, and when requested, contraceptives as part of the PL 480 Title II food distribution program.

USAID/Morocco Comments

"...The recommendation is mis-worded. USAID could not 'instruct CRS/Morocco' to develop FP activities at the MCH centers supported by CRS. These centers are the responsibility of the GOM Ministry of Handicrafts and Social Affairs (MAAS). The introduction of FP activities into these centers will be the result of USAID agreement with MAAS, not CRS. Such agreement in fact exists under a proposed Nutrition Development Project; and MAAS MCH personnel are currently being trained in family planning by AMPF and the MOPH under the USAID population project."

RIG/A/Nairobi Response

In 1961 the population growth rate in Morocco was estimated at 3.1% by the Washington D.C. based Population Reference Bureau, while 20 years later (in 1981) the United States Department of State estimated the growth rate to be 3.25%. Thus, it appears to us that every vehicle to promote family planning, and any innovation that could reduce the growth rate, should be explored. We welcome USAID/Morocco's advice that the proper way to introduce family

planning activities into the PL 480 Title II distribution centers is through the GOM's MAAS. We have therefore revised the recommendation which appeared in our draft report.

Recommendation No. 5

USAID/Morocco take the necessary action through GOM Ministry of Handicrafts and Social Welfare to implement family planning activities in conjunction with PL 480 commodity distributions.

List of Report Recommendations

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| USAID/Morocco revise the timing of Phase III project implementation until Phase II project activities are completed, or there is a certainty that the overall goals of the Phase II project will be achieved.  |             |
| <u>Recommendation No. 2</u>  | 7           |
| USAID/Morocco reassess Phase II program funding needs, and deobligate funds found to be in excess of requirements.   |             |
| <u>Recommendation No. 3</u>  | 9           |
| USAID/Morocco (a) determine the amount which the GOM has contributed to date to the Family Planning Phase II project; and (b) if appropriate, take whatever action is necessary to ensure that prior to completion of the project the GOM contributes at least the \$32 million stipulated in the project agreement. |             |
| <u>Recommendation No. 4</u>  | 11          |
| USAID/Morocco assist the GOM to (a) establish procedures to remove stocks of outdated contraceptives from MOPH facilities, and (b) dispose of any found to be unfit.   |             |
| <u>Recommendation No. 5</u>  | 13          |
| USAID/Morocco take the necessary action through GOM Ministry of Handicrafts and Social Welfare to implement family planning activities in conjunction with PL 480 commodity distributions.   |             |

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