

Individual Report

Health Management Specialist

EVALUATION OF TUNISIAN FAMILY PLANNING PROGRAM:

PHASE TWO

March 1980

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I. INTRODUCTION AND SUMMARY RECOMMENDATIONS

Introduction: This report was prepared as a part of the Phase II evaluation of the Tunisian Family Planning Program. Its contents are drawn from numerous visits, work sessions, discussions, printed materials, etc. encountered by the Health Management Specialist during a two-week visit March 12-27, 1980. The observations and recommendations herein draw heavily upon the work of other team members, both Tunisian and foreign, and by and large reflect common understandings and agreements. Due to extreme time pressure, however, this report has not been fully studied by other team members or others having a particular interest in its contents. Nevertheless, it is believed that the findings and recommendations correspond rather closely with the views of both Tunisian and foreign counterparts.

Portions of this report are to be included in a combined Phase II Evaluation Report, the latter to include the synthesized findings of all team members in their respective areas of interest. Thus this report should be read together with the combined report to obtain an overall perspective of the Phase II evaluation.

Summary Recommendations:

## II. ONPFP GOALS AND OBJECTIVES

### A. Concerns:

- (1) Program appears to have reached a plateau or even a decline in terms of new acceptors or new protection provided in public sector;
- (2) ONPFP needs to set ambitious but realistic demographic goals for 1980-81 and for next plan period (1982-86);
- (3) ONPFP needs to formulate series of intermediate goals which will facilitate attainment of overall demographic objective; and
- (4) ONPFP needs to undertake an intensive planning effort aimed at structuring field activities commensurate with the intermediate and overall demographic goals.

### B. Observations:

There is little question that the public sector program has stagnated in terms of attracting new acceptors and providing new contraceptive protection. The two primary program methods are IUDs and tubal ligation, with orals running a poor third. For the years 1974-1979, couple-years of protection (CYP) afforded by IUDs and sterilizations combined ran at the following levels: 128,388; 117,488; 114,093; 119,600; 131,923; and 125,448. \* Thus the level of protection afforded by new entrants to the program in 1979 was <sup>than</sup> actually lower/~~that~~ provided in 1974. The trend of oral contraceptives in the public sector has been sharply downwards since 1977 as well. It is the general opinion of evaluation team members that the downward trend in new acceptors is explainable in terms of service deficiencies, rather than in terms of client demand or other factors.

\* calculated on basis of one IUD insertion = 2.5 yrs & one sterilization = 7.5 ye

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This implies strongly that the problems are more of a managerial and administrative nature than of a basic technical or policy nature.

As a result of trends identified during the Phase I evaluation and during the course of the Phase II evaluation, intensive discussions were held regarding the nature and level of program objectives, and the means available to assure increased program performance. (In the interval of six months between the two phases, the ONFPF took strong remedial action to correct many of the deficiencies which had been identified; these are discussed in a subsequent section). As a result of intensive deliberations during Phase II, the ONFPF set out to overhaul its demographic and program goals over the next seven-year period. In terms of CYP -- the index used in the earlier example -- the new goals for IUD and tubal ligation combined will likely follow a progression such as 145, 169, 180, 191, 206, 221, 237 thousand couple-years of protection respectively for the years 1980 through 1986. Total CYP will be further augmented by the planned introduction on a broad scale of injectable contraceptives beginning in 1980-81, and by the increasing importance of the private sector program which in 1979 alone involved oral contraceptive sales totaling about 37,000 CYP. Thus it would appear that the goals now being established by the ONFPF for the next seven-year period are both modestly ambitious and attainable.

One of the key factors which will govern the attainment of these goals will be the success of the ONFPF in penetrating deeply into the rural areas to provide high-quality services to rural dwellers heretofore largely excluded from the program. Another important ingredient will be the success of the ONFPF in assuring the participation of an adequate number of OB-GYNs and nurse-midwives who make up the backbone of the service delivery program.

The ONFPF is acutely aware of the importance of these two factors and is in the process of carefully examining program and service alternatives.

Considerable progress was made during the course of the Phase II evaluation in terms of identifying intermediate objectives and specific program elements which require introduction or reinforcement. But the job is far from completed.

C. Recommendations:

The ONFFP should continue its study of overall demographic goals and finalize these within the next few weeks. Concurrently, the ONFFP should continue to formulate a series of intermediate goals centered around program elements required to infuse new life into the program and assure the attainment of the overall demographic objective. Finally, and most importantly, the ONFFP needs to develop DETAILED IMPLEMENTATION PLANS covering each major activity. These implementation plans should include quantified, time-phased inputs from all sources (human, material, logistic, and supporting activities such as I,E&C) and should assign specific responsibility to officers charged with program execution, monitoring, and supervision. Key elements of the field program should be covered by such plans, including at least the following:

- post-partum and post-abortum program
- introduction of injectables
- rural outreach program (mobile units plus Aide Familiale)
- tubal ligation program (with particular attention to medical personnel and logistics)
- IE&C activities linked to field program
- training activities supportive of field program

The meticulous development of detailed implementation plans will assist the ONFFP to maximize its present resource potential and to better identify its needs for the future.

III. ONPFP MANAGEMENT AND ADMINISTRATION

A. PERSONNEL

1. Concerns: The overall concern is that the ONPFP organize itself in such fashion as to be fully responsive to the needs of supporting the field program, in addition to carrying out important planning and evaluation functions.

2. Observations:

- (a) there is a great shortage of middle-level personnel, particularly those needed to monitor and to support field activities;
- (b) there is an acute shortage of medical and paramedical personnel required to carry out the existing IUD and tubal ligation program;
- (c) the newly created Aides Familiales appear to be doing an excellent job in areas where they have been deployed.

In the interval between the Phase I evaluation in the fall of 1979 and the startup of the Phase II evaluation in March 1980, the ONPFP has effected a reorganization of the central office aimed at strengthening its ability to support the field program and to activate a sluggish field structure. The new head of the Family Planning Directorate has undertaken a thorough revision of the program activities reporting and accountability system, insisting on quantitative measurements of the level of field activity each month rather than "literature". This new system has been launched, bringing squeals from some Regional Delegates but general acceptance and recognition of the value of such a system in helping to structure field activities. At the central level, an ingenious analog method of monitoring actual funds disbursement in the regions has been developed and affectionately termed "ordinateur artisanale" ....see example in Annex 1.

A young, energetic, and enthusiastic physician has been appointed as head of the Medical Services Division, one of the most important Divisions of the ONFPF as it is responsible for all field services. The new head, Dr. Daly, has an excellent grasp of the problems faced and has already begun to tackle these with vigor. These changes are all positive, but do not correct the problems entirely.

At present the ONFPF employs full and part-time a total of 525 persons, of which 32% are assigned to the central office and 68% are assigned in the regions. This staffing includes:

- 5 senior-level executives
- 8 middle-level executives (Division Heads)
- 29 senior administrators (Chiefs of Service and Regional Delegates)
- 27 physicians
- 32 nurse-midwives
- 63 aides familiales
- 10 middle-level administrators and technicians
- 20 regional secretaries (accountants)
- 60 clerks, typists, secretaries
- 58 drivers and mechanics
- 140 laborers and maintenance workers
- 73 miscellaneous others (photographers, equip. technicians, etc.)
- 525 total

This is an impressive lineup, but it should be remembered that about half of the total consists of laborers, drivers, and clerk/typists, and that many of the staff are employed only part time.

Particular shortages are evident in the following areas:

- personnel assigned to monitor field programs
- research and analysis categories
- IE&C production personnel
- OB-GYNs and nurse-midwives
- aides familiales/animatrices

3. Recommendations:

In concert with the formulation of detailed implementation plans (Section II.C.) the ONFPF should undertake a thorough analysis of its personnel requirements to carry out the field program, with particular attention to needs in the above-listed categories.

## B. Budget and Fiscal Administration

### 1. Concerns:

- (a) that the ONFPF have sufficient flexibility to be responsive to the field program;
- (b) that the ONFPF have sufficient flexibility to effectively accommodate the needs of various donor agencies;
- (c) that the overall level of funding and the allocation of funding among program activities be appropriate to the ONFPF overall program.

### 2. Observations:

The ONFPF enjoys, by statute, a degree of financial independence and flexibility which is rare in the family planning world. It is empowered to receive funds directly from a variety of donor agencies and from the GOT itself, and to deploy these funds according to good management practice but without the burden of following the regular GOT procedures.

This observer was most impressed with the style of <sup>financial</sup> management exhibited by the ONFPF. Figures for any desired year, any desired donor, and any desired line item are readily at hand. These are tracked by budgeted amount, allocation, actual expenditure, accrued expenditure, and remaining balance. These are assembled and presented in two basic publications: the Projet de Budget and the Situation des Operations Comptables at regular intervals. Copies of these publications are available in the ONFPF and in USAID.

A burdensome problem encountered by the ONFPF is the need to provide separate reports for all donors, each of which has its own preferred format and timing. At present, the Office prepares 144 regular reports for donors. This is extremely time consuming, but for the present seems necessary. A possibility for the future might be to lessen the reporting burden by adapting the B&A

activity, including the payroll, to electronic data processing. There are a series of micro-computers presently on the market at very favorable cost (less than \$2,000) which could conceivably handle much of the payroll and the reporting functions.

A somewhat cursory examination of the ONFFP budget for years 1974-80 indicated that, in general, the ONFFP appears to be sufficiently funded to carry out its intended functions at the levels previously targeted. However, the ONFFP appears to have much greater potential than has been heretofore realized and could, with increased funding and better targetting of program effort, achieve a much higher demographic impact over the coming (Sixth) five-year plan period.

3. Recommendations:

None, except to examine the possibility of adapting some payroll and reporting functions to micro- or mini-computer processing. AID could and should assist in this study, in the context of a broader study of program monitoring and information systems (see section III. G.).

C. REAL PROPERTY (INCLUDING VEHICLES)

1. Concerns:

(a) that medical/surgical equipment and supplies  
-----  
are adequate for program needs; and

(b) that adequate transport system exists to fully  
support field program.

@. Observations:

In field visits and in discussions with service personnel it was believed that the present situation with respect to equipment and supplies is roughly adequate. Two notable exceptions are: locally-procured medical equipment and locally-procured drugs, for which the present budgetary provision is inadequate.

The situation regarding vehicles is far more troublesome. Vehicles are the backbone of any effective outreach program. Their extreme importance has been repeatedly demonstrated in successful programs throughout the developing world, including the star performers: Thailand and Indonesia. The vehicle situation of the ONPFP can best be described as marginal with respect to present needs and inadequate with respect to the needs of an expanded, intensified field program.

The ONPFP presently has control of 170 vehicles, of which 139 (82%) are on the road and 31 (18%) are deadlined as a result of accident, serious breakdown, old age, etc. Fifty-five vehicles (32% of fleet) are in mediocre or bad condition and will need replacement in the near future, in addition to the 31 already deadlined. Thus 86 vehicles or 51% of the entire fleet will require replacement soon. The fleet includes 34 Land Rovers of which 8 are deadlined and 8 more are in bad condition. A full listing of ONPFP vehicles by license number, type, date of acquisition, present condition, and present location is given in appendix 2.

The importance of adequate transport to the conduct of the field programs is difficult to overstate. One example among many: the Governorate of Kairouan was without outreach services for more than half of 1979, due principally to vehicle breakdown. This resulted, among other things, in Kairouan turning in a very poor performance (in 17th of 18 places) with regard to the recruitment of new family planning acceptors. The ONPFP has recently taken steps to ensure that this type of problem does not occur in the future. It is now Office policy to replace a seriously broken-down vehicle in the field with one from the central office within a maximum period of two days, meanwhile bringing the deadlined vehicle back to Tunis for repair or disposal/replacement.

The vehicle situation is considerably complicated in Tunisia due to an acute shortage of good mechanics and spare parts. It seems likely that these problems will persist in the foreseeable future.

3. Recommendations:

The ONFFP should, in addition to the positive steps already taken to assure vehicular support of its field programs, undertake a thorough analysis of vehicle needs and utilization in the field, particularly with a view toward the new efforts aimed at obtaining greater coverage in rural areas. In addition to needs for 4-wheel vehicles, the ONFFP should thoroughly examine the possibility of using sturdy motorbikes to support the outreach program, as has been successfully done elsewhere including in North Africa. Once vehicular needs have been carefully identified, these should be discussed with the several donor agencies and with the GOT itself to determine the most satisfactory means of meeting those needs.

D. CONTRACEPTIVES

1. Concerns:

The primary concern is the identification of recent trends in the utilization of contraceptives in both the public and private sectors, and the forecasting of likely trends over the next Plan period. A corollary concern is in ensuring an adequate stock level and pipeline to meet anticipated demands. A third concern is the need to consider alternative sources, particularly for orals, after the termination of AID assistance.

2. Observations:

Orals: Overall distribution of oral contraceptives in the public and private sectors for the years 1975-1979 is shown in Table 1 and Chart 1.

AND COUPLE-YEARS OF PROTECTION (CYP)

1975

1976

1977

1978

1979

	Pub.	Pri	TOT	Pub	Pri	TOT	Pub	Pri	TOT	Pub	Pri	TOT	Pub	Pri	TOT
<u>ORALS</u>															
ANOVLAR	29143	10002	39145	51661	90204	141865	52313	101000	153313	44500	158950	203450	42169	203000	245169
NORINYL	46812	25002	71814	232638	27750	260388	140317	37000	177317	328980	92050	421030	53149	101000	154148
NEOGYNON	11500	10000	21500	73252	29000	102252	93053	76700	169753	71884	149950	221834	74208	173000	247208
OTHERS	13770	2000	15770	11190	48000	59190	8356	11000	19356	17287	-	17287	17742	-	17742
TOTAL	101225	47004	148229	368741	194954	563695	294039	225900	519939	462651	400950	863601	187267	477000	664267
<u>CONDOMS</u>	682776	-	682776	735408	172800	908208	860400	852480	1712880	4005616	582336	4587952	180700	840000	1020700

CYP

ORALS	7787	3616	11403	28365	14996	43361	22618	17377	39995	35589	30842	66431	14405	36692	51097
CONDOMS	6828	0	6828	7354	1728	9082	8604	8525	17129	40056	5823	45879	1807	8400	10207
TOTAL	14615	3616	18231	35719	16724	52443	31222	25902	57124	75645	36665	112310	16212	45092	61304

Source: OFFICIAL ONPFR FIGURES

TUNIS: W Trayfors: 3/25/80

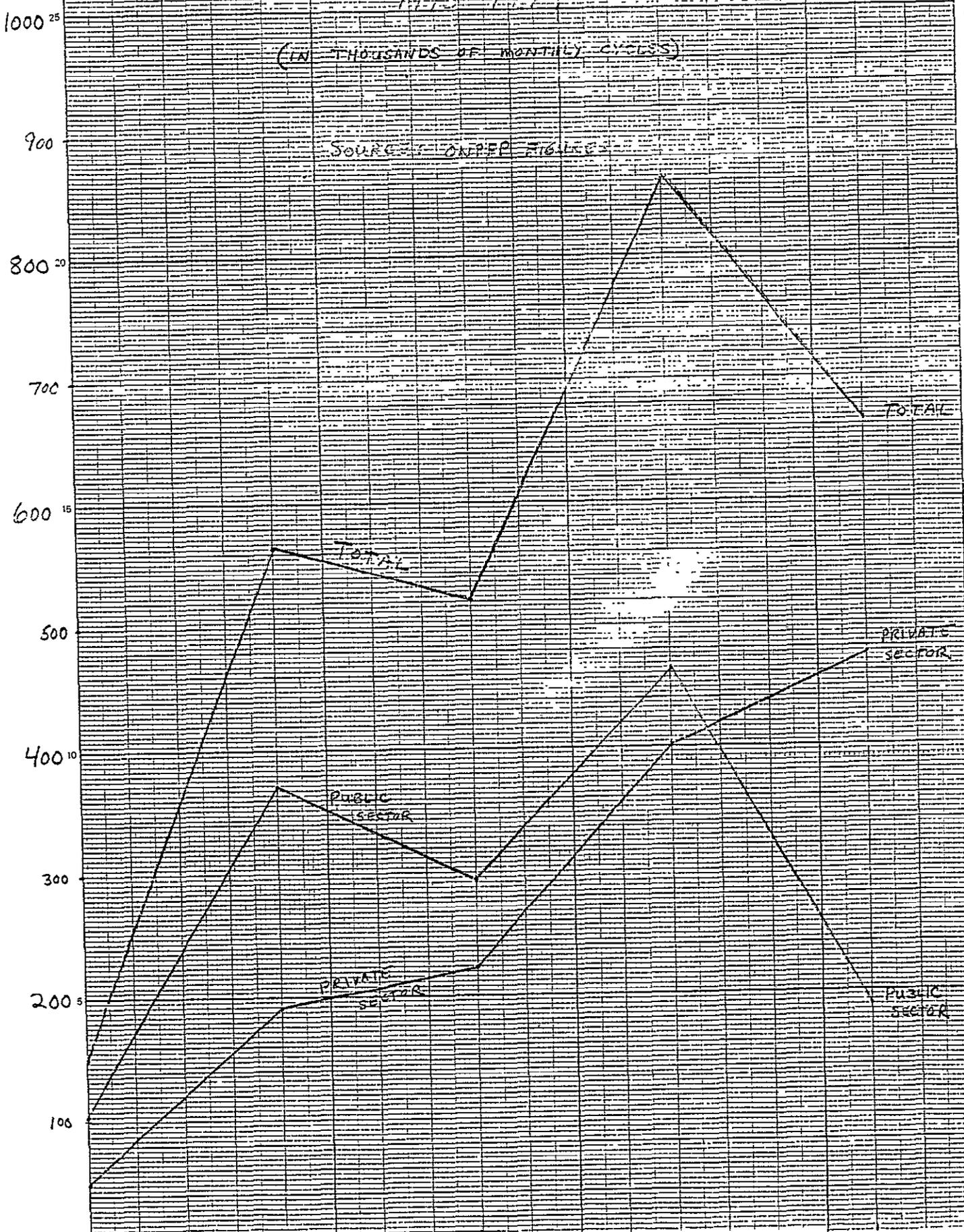
TABLE 1

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# TUNISIA: DISTRIBUTION OF ORAL CONTRACEPTIVES IN PUBLIC AND PRIVATE SECTORS 1975-1979

(IN THOUSANDS OF MONTHLY CYCLES)

SOURCE: UNFPA FIGURES



TUNISIA: TOTAL DISTRIBUTION OF CONDOMS 1975-1986  
SECTORS, AND LINEAR PROJECTION 1980-86

6000

(IN THOUSANDS OF PIECES)

REAL DATA

LINEAR PROJECTION

4000

2000

1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986

CAUTIONARY NOTE: THE CORRELATION  
FACTOR FOR THIS PROJECTION IS VERY  
LOW (R= .48) DUE TO EXTREMELY  
FUNCTIONAL OF CONDOM DISTRIBUTION  
FOR YEARS 1975 TO 1978. THIS  
PROJECTION IS INDICATIVE AT  
BEST.

Source: UNICEF, Tunisia

TUNISIA: TOTAL DISTRIBUTION OF SOCIAL CONTRIBUTIVES IN  
 PUBLIC AND PRIVATE SECTORS COMBINED: 1975-79  
 AND LINEAR PROJECTION 1980-86  
 (IN THOUSANDS OF MONTHLY CENTS)

1500

1000

500

125

REAL DATA

LINEAR PROJECTION

1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986

15

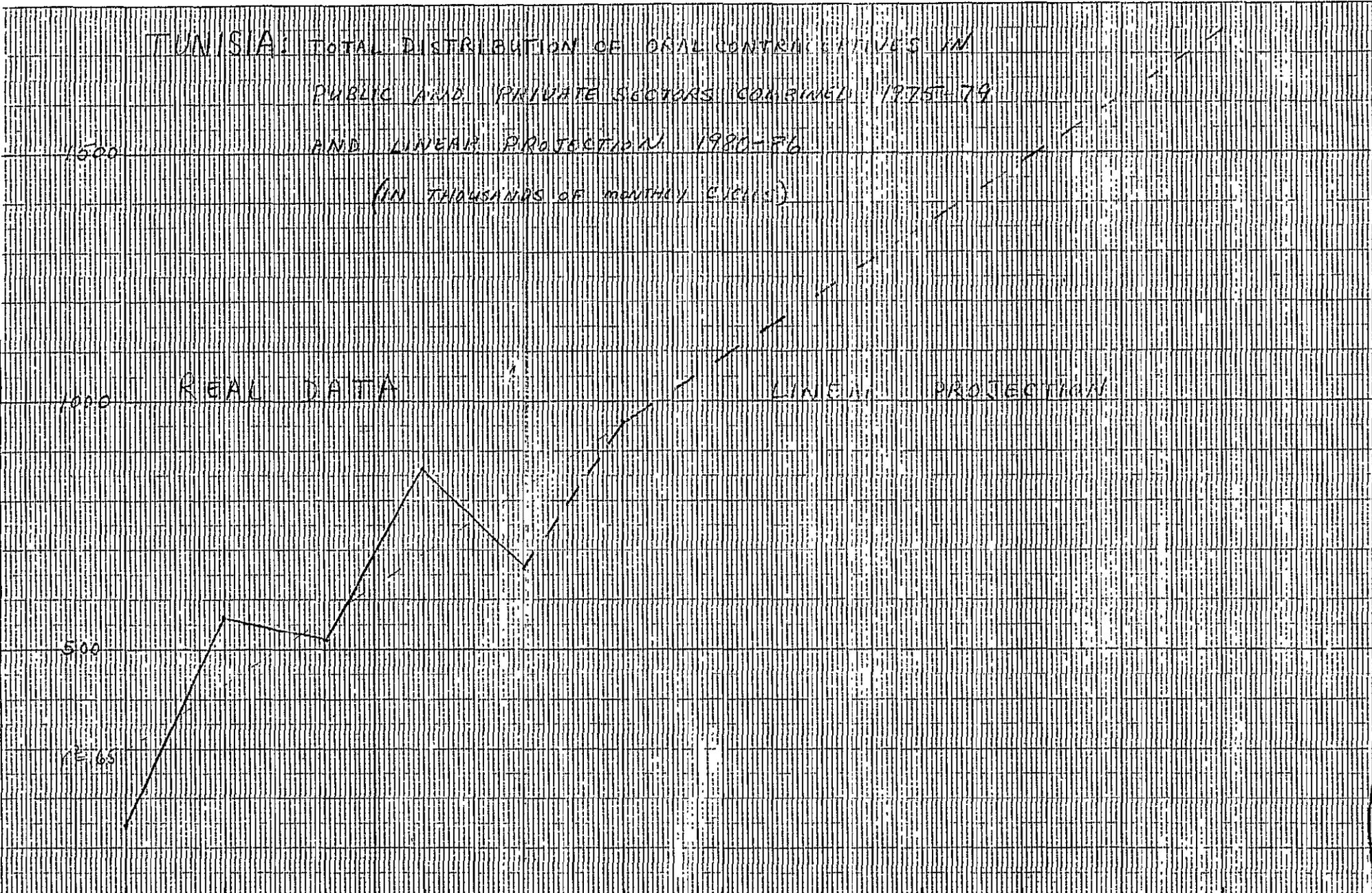
10

5

0

15

CHART 3



Overall distribution of condoms in the public and private sectors in the period 1975-1979 is shown in Table 1. and in Chart 2. Total contraceptive protection for these years as a result of orals and condom distribution is estimated in Table 1. Trends in the private sector are discussed separately in Section III.F. As is readily seen from the tables and charts, overall distribution of both orals and condoms has shown a marked increase since 1975, although in the case of condoms the growth has been erratic. Condom growth in the private sector appears to have been more even than in the public sector. This is also true for orals, which have shown a steady and marked growth in the private sector.

In an attempt to estimate future demand for condoms and orals, a linear projection has been constructed showing plausible growth for the years 1980-86 (charts 2 and 3). These should be viewed with considerable caution as the input data points are few and, in the case of condoms, the regression correlation is very low ( $r^2 = .18$ ). Nevertheless, it appears likely that demand for both orals and condoms will continue to grow, particularly in the private sector.

Present stock levels of orals and condoms are as follows:

Noriday	2,000,000 mcs
Anovlar	214,000 mcs
Neogynon	184,000 mcs
Condoms	9,000,000 pieces.

An initial shipment of the minipill (30mcg estrogen) has just arrived in country. USAID presently has a pipeline of about 1.5 million cycles of Noriday. It is believed that stock on hand, ~~xx~~ plus pipeline will be sufficient to cover both public and private sector needs until well into the Sixth Plan period, barring unforeseen growth in demand for Noriday. On the other hand, stock levels of Anovlar and Neogynon are

lower than desirable, representing only a seven- to nine-month supply at anticipated offtake rates for 1980. Condom offtake rates for the period 1980-86 are, for reasons previously mentioned, extremely difficult to predict. However, as a reference figure it would appear that as many as 30 million pieces (208,333 gross) may be required. Present stock level (January 1980) is about 9 million pieces (62,500 gross) or about 30% of the anticipated requirement through the end of the Sixth Plan period. These figures are extremely tentative, and should be re-evaluated at regular intervals of not more than one year to more closely estimate trends and future requirements.

With regard to the question of phaseover from donor financing of contraceptives to GOT financing, it would appear that USAID, for its part, should continue to explore possible formulae under which the ONFPF might procure contraceptives at rates similar to those enjoyed by AID under worldwide contracts. The ONFPF, for its part, should begin making budgetary provisions for the procurement of some contraceptives beginning in the next Plan period. What is important here is establishing the channels of communication, the commercial arrangements, and the principle of GOT self-help financing, rather than the absolute levels of funding involved as these are relatively unimportant.

K 3. Recommendations:

Due to the relatively low offtake rates for Noriday 1 + 50, USAID should reschedule additional shipments for somewhat later than now planned. Additionally, USAID should review with the ONFPF the issue of shelf-life of orals and condoms to be certain that stock is being rotated on a first-in first-out basis. USAID and the ONFPF should also review means by which Noriday could be promoted on the local market, to offset the bad press which apparently has been generated by competitors.

E. PUBLIC SECTOR FAMILY PLANNING SERVICES

1. Concerns: The chief interest with regard to public sector services is to ensure that the ONPFP establishes adequate ~~manicuring~~ planning, monitoring, support, and evaluation systems to fully carry out its service programs in the field.

2. Observations:

The area of public sector services will be fully treated by another team member. The only pertinent observation to be made, therefore, concerns the evident need for the ONPFP to further strengthen its planning and managerial/administrative capacity to support and fully implement field programs. As previously noted, the new FP Directorate Chief and the new Medical Services Division Head have both taken steps to tighten up overall surveillance of the field programs. These steps are important, but seem not fully sufficient. In particular, it seems highly desirable if not mandatory that specific project monitors be appointed at central and perhaps regional levels, charged with the responsibility of ensuring the success of individual programs. For example, the ONPFP might appoint one individual to closely monitor and report on the FPIA-sponsored mobile clinic program; another to be responsible for the injectables program; a third to be primarily responsible for the post-partum/post-abortion program; etc.

3. Recommendations:

The ONPFP should continue to strengthen its planning, monitoring, and support functions and should carefully consider fail-safe schemes to ensure that such all-too-common phenomena as illnesses, vehicle breakdowns, logistical snags, etc. do not jeopardize the full availability of FP services on a planned and consistent schedule.

## F. COMMERCIAL RETAIL SALES

### 1. Concerns:

The primary interest here is to determine the nature of the present private sector program supported by the ONFFP, and to estimate trends and future growth.

### 2. Observations:

The commercial retail sales program was launched in January of 1976. This program provides orals and condoms at highly subsidized rates (e.g., one monthly cycle of Noriday or Anovlar or Neogynon oral contraceptives for 50 millimes -- about \$ .13) in the nation's 400 pharmacies. At the time of program startup there were only about 200 pharmacies (the number has doubled in four years) and there were a variety of brands and formulae of orals offered. The Tunisian Council of Physicians undertook a study to determine whether there were in fact ~~ki~~ any identifiable side-effects attributable to one brand/formula or another in the Tunisian context. It was reportedly concluded that in fact no such linkages could be identified. It was therefore decided to reduce the number of brands available to six. This was later revised further downward, in 1978, to three brands only: Noriday, Anovlar, and Neogynon. The first of these is manufactured by Syntex Laboratories in Palo Alto, Calif.; the remaining two by Schering, AG (Germany). Noriday 1+50 is provided in 28-day plaquettes by USAID; the other two brands are provided in 21-day plaquettes by UNFPA. Noriday plaquettes are repackaged and re-named "OP-50" in a promotional attempt to overcome what has been a very slow acceptance in the Tunisian market. It is suggested that one reason for the poor performance of Noriday or "OP-50" as compared to the ~~Syntex/Neogynon~~ other two pills is the strong promotion given the competitors by pharmaceutical detail men from Schering, while Syntex has no such personnel.

AID had earlier contracted with the Syntex Corporation to undertake a commercial marketing program in Tunisia, but the effort went sour almost from its beginning due to unfortunate misunderstandings regarding the nature of advertising which is legally allowable in Tunisia. It is, for example, said to be illegal to promote any single brand of pharmaceutical, be it aspirin or oral contraceptives. Since the marketing strategies generally associated with commercial retail sales programs are heavily dependent on some form of promotional advertising, this local situation renders them virtually impotent.

Despite these and other drawbacks, commercial sales of both orals and condoms have been showing a marked increase since the program began. Chart 5 traces the evolution of commercial sales of orals during the period 1975-79, by brand. Chart 5 shows total actual sales 1976-79 and provides two "projections" of possible trends in sales during the period 1980-86. Chart 6 attempts to analyze the possible future trends in oral contraceptive sales during the period 1980-86, according to brand.

### 3. Recommendations:

None.

# TUNISIA: EVOLUTION OF COMMERCIAL SALES OF DURAL CONTRACTIVES 1975 - 1979

(IN THOUSANDS OF MONTHLY CYCLES)

NOTE: IN 1975-77 OTHER BRANDS WERE OFFERED IN ADDITION TO THE THREE SHOWN HERE. THEY ARE INCLUDED IN THE TOTAL, BUT ARE NOT SHOWN SEPARATELY. THEY REPRESENTED A TOTAL OF 2,000, 43,000 AND 11,000 CYCLES RESPECTIVELY IN 1975, 1976, AND 1977.

SOURCE: OMDP FIGURES

500<sup>25</sup>

400<sup>20</sup>

300<sup>15</sup>

200<sup>0</sup>

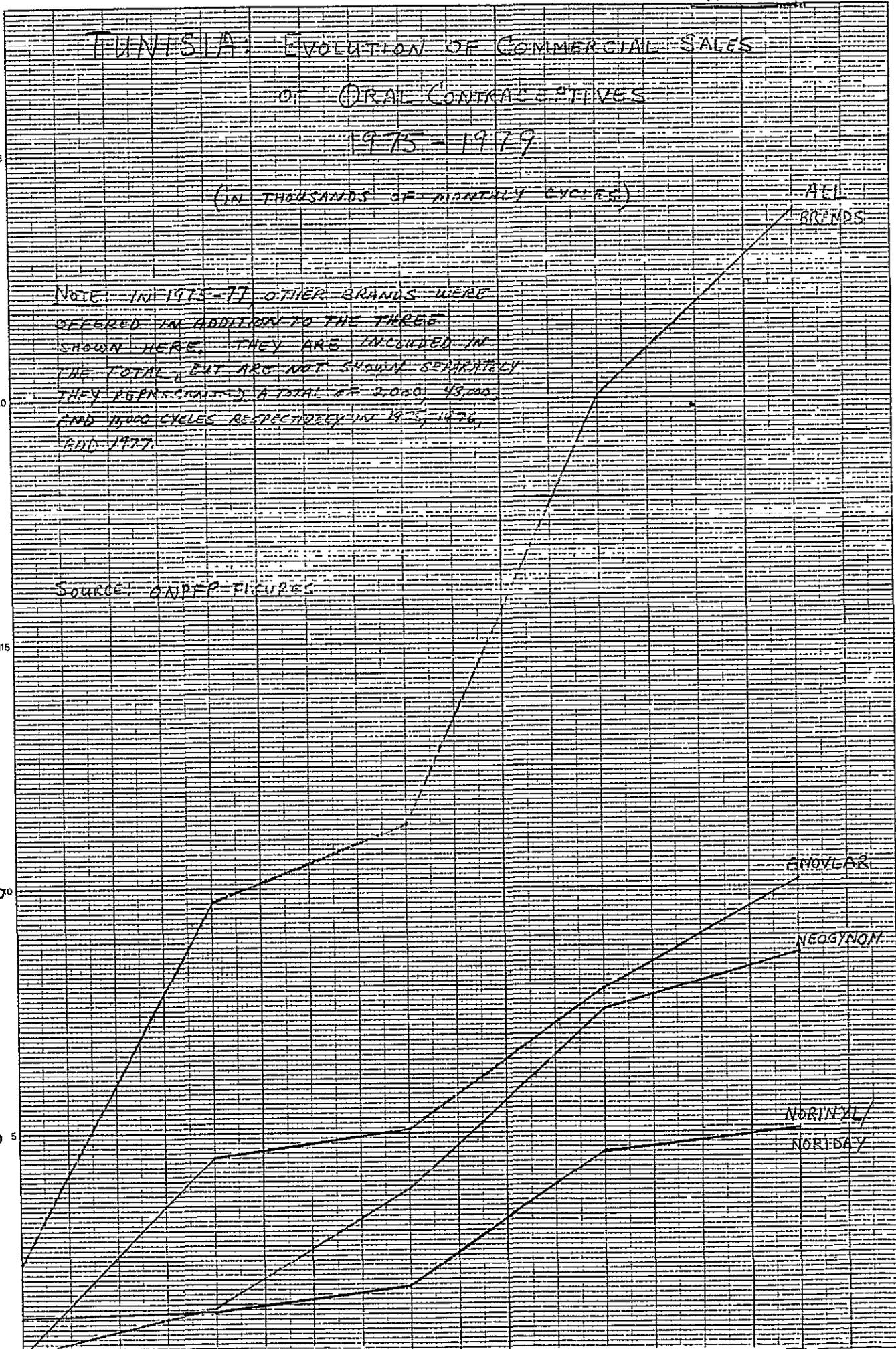
100<sup>5</sup>

ALL BRANDS

ANOLCAR

NEOGYNOM

NORINYL  
NORIDAY



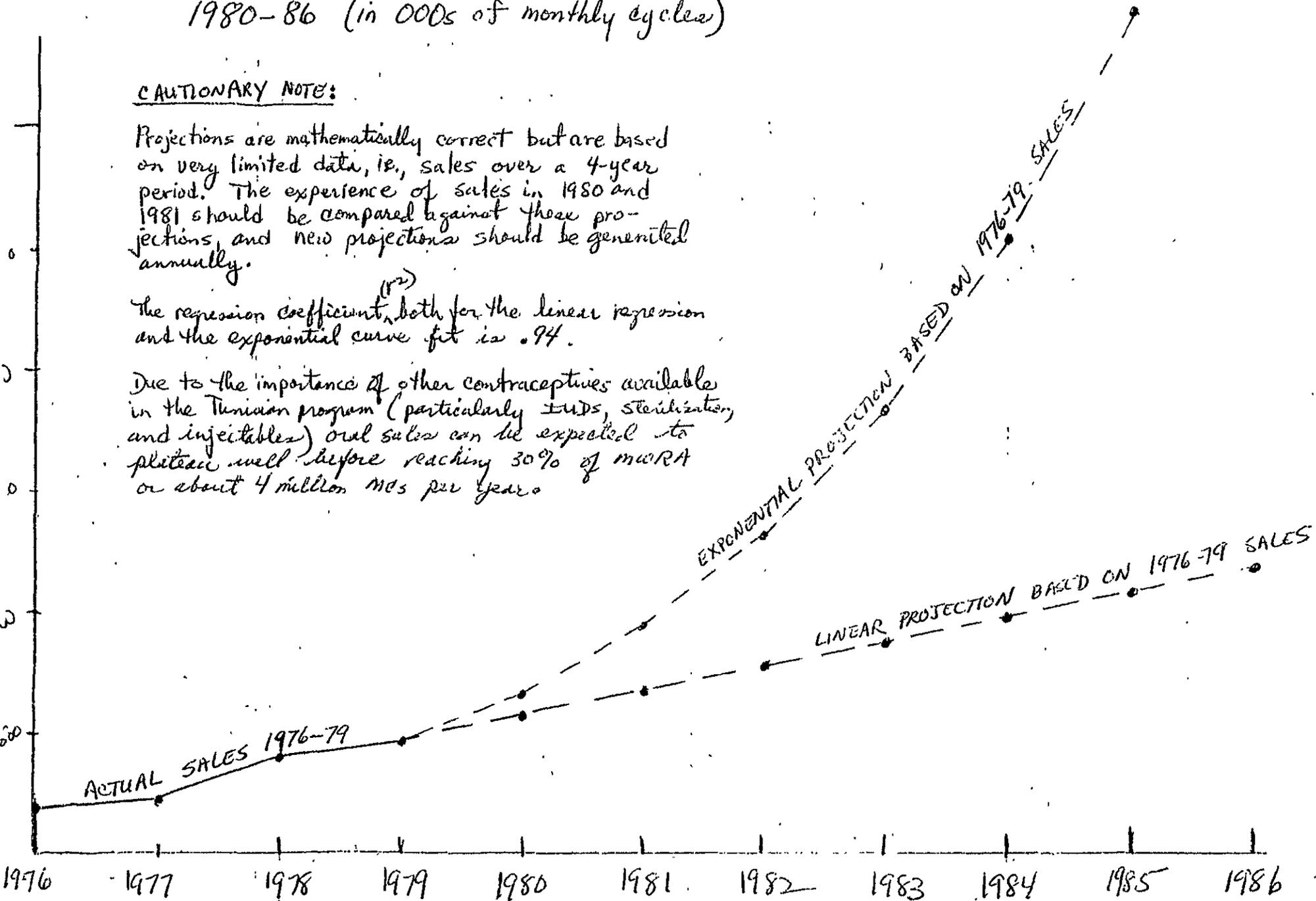
# TUNISIA: ORAL CONTRACEPTIVE SALES 1976-79 AND PROJECTIONS 1980-86 (in 000s of monthly cycles)

## CAUTIONARY NOTE:

Projections are mathematically correct but are based on very limited data, i.e., sales over a 4-year period. The experience of sales in 1980 and 1981 should be compared against these projections and new projections should be generated annually.

The regression coefficient<sup>(r<sup>2</sup>)</sup> both for the linear regression and the exponential curve fit is .94.

Due to the importance of other contraceptives available in the Tunisian program (particularly IUDs, sterilization, and injectables) oral sales can be expected to plateau well before reaching 30% of MORA or about 4 million MOCs per year.

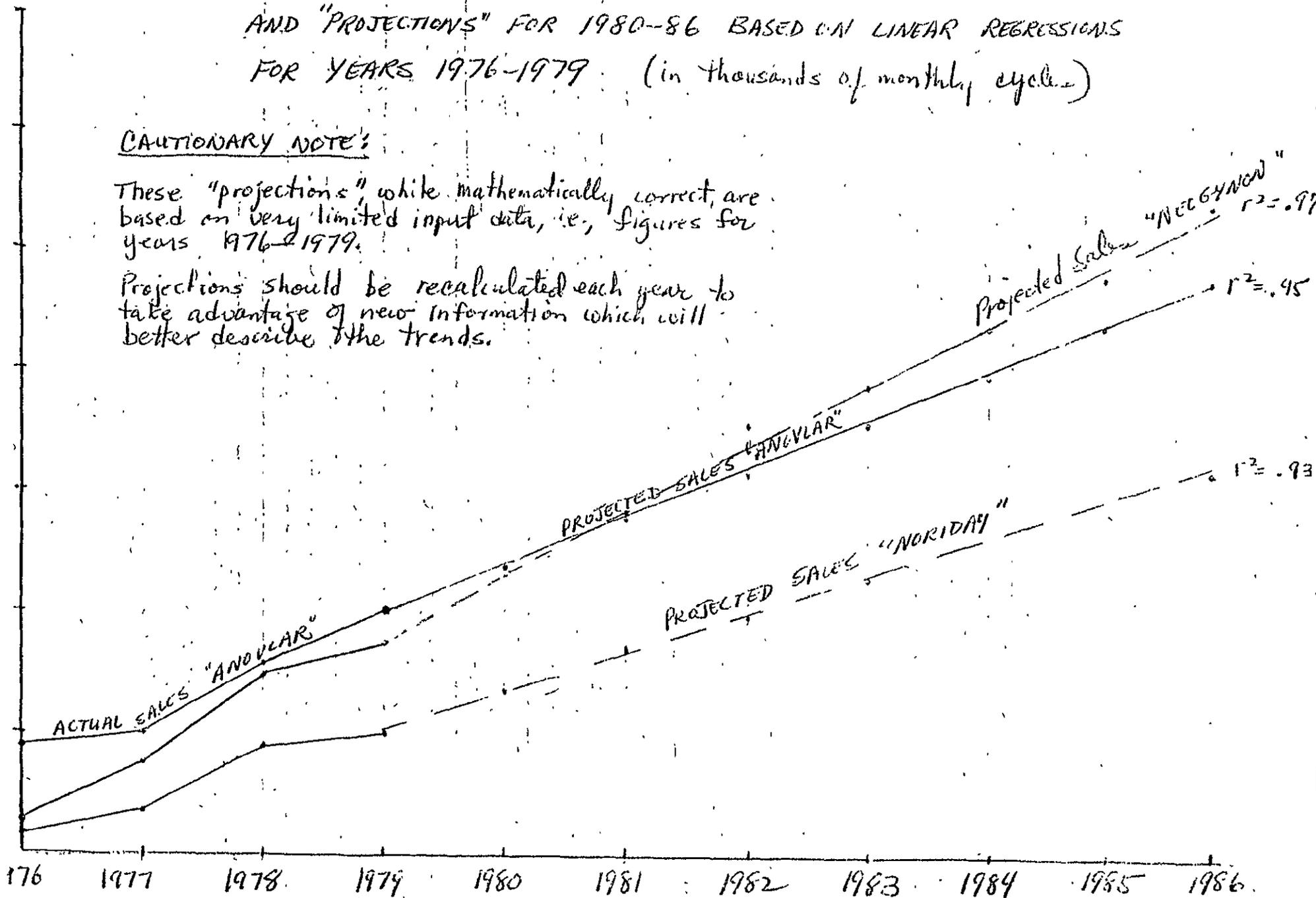


TUNISIA: COMMERCIAL RETAIL SALES OF ORAL CONTRACEPTIVES. 1976-79  
 AND "PROJECTIONS" FOR 1980-86 BASED ON LINEAR REGRESSIONS  
 FOR YEARS 1976-1979. (in thousands of monthly cycles)

CAUTIONARY NOTE:

These "projections" while mathematically correct, are based on very limited input data, i.e., figures for years 1976-1979.

Projections should be recalculated each year to take advantage of new information which will better describe the trends.



G. PROGRAM MONITORING AND INFORMATION SYSTEMS

1. Concerns:

The primary concern is with the establishment of a management information system within the ONPFP which will ensure a closer monitoring and support of field activities.

2. Observations:

The ONPFP has, already, one of the best data collection systems in the developing world. Its data handling capability is somewhat limited, due to outdated equipment and to the lack of access, at present, to a convenient and responsive EDP facility. In 1967 AID provided mechanical ADP ~~xxx~~ equipment consisting of keypunches, verifiers, sorters, and the like. This equipment is in poor repair at present and has been largely passed by in terms of the revolution in the data processing field. The ONPFP would like to have its own computer, and a first response is likely to be: "why not use commercial sources or link into CIS computer facilities?" The ONPFP is, at present, using commercial sources but has found these very expensive and not satisfactory in terms of service rendered. The linkin with the CIS computer is a possibility which needs exploration. Another possibility which should not be rejected out of hand is the acquisition of a mini-computer (central processor, disc drives, printer, and video monitor) which could serve most or all of ONPFP's needs and which could, additionally, serve as a terminal to the CIS computer. The cost of such systems has been sharply reduced in the past few years and it may be cost-effective for the ONPFP to have its own EDP capability, depending on the applications intended. The range is broad: payroll, fiscal control, survey processing, stock management, and a management information system geared to field performance. The real problems in installing such a system are likely to be on the software rather than the hardware side.

3 Recommendations:

Due to the special competence of the U.S. in the field of microprocessor technology and the application of this technology, it would appear that USAID is better placed than other donors to advise and assist in this area. USAID should, therefore, undertake to provide in the near future a systems analyst/systems application team for a period of at least one month to assist the ONPFP to determine its possibilities and its needs, particularly in the software area. Following this visit, USAID should be prepared to provide additional assistance as required to followup on the team's recommendations. The initial team visit might conveniently be scheduled under APHA.

#### IV. IMPLEMENTATION PLAN FOR 1980-81

##### A. Concerns:

- (1) to strengthen the ONFPF/USAID Implementation Plan in accordance with discussions and decisions resulting from Phase II evaluation; and
- (2) to finalize this plan at the earliest possible time so as to permit USAID to seek FY1980 funding sufficient for needs in FY1981, thereby placing USAID in a relatively advantageous position in terms of seeking follow-on funding for the ONFPF, if any.

##### B. Observations:

Weaknesses in the 1980-81 Implementation Plan were discussed in several group sessions. These involve the need to incorporate revised targets, to strengthen the commentary on rural outreach programs, include mention of the strategy to be built around injectables, etc.

In the course of budgetary planning sessions it was noted that the ONFPF has certain additional budgetary needs for 1980-81 over and above those now planned. These should be carefully reviewed and quantified in the next few weeks, and where appropriate should be included in the revised Implementation Plan.

##### C. Recommendations:

The ONFPF and USAID should work together closely to revise the Implementation Plan within the next few weeks. USAID should seek clarification from AID/W regarding its overall Project Authority in terms of possible shifts in contraceptive deliveries and substitutions of other more pressing items.

V. PROGRAM ACTIVITIES PLANNED FOR 1982-86

A. Concerns:

- (1) the identification of major shifts in program emphasis, policy, and management;
- (2) the quantification of overall budgetary requirements during the Sixth Plan period; and
- (3) further clarification of the role of foreign assistance, particularly AID, during this period.

B. Observations:

In the summer of this year the ONFFP will begin to develop its detailed plans for the coming Five-Year Plan Period, 1982-86, for incorporation into the overall GOT Plan. The Phase I and Phase II evaluations afforded an opportune time to review past performance and to discuss strategies for the future.

The basic points of agreement seem to center around:

- (1) the setting of ambitious, but attainable demographic goals;
- (2) greatly increased emphasis on rural outreach;
- (3) the continued provision of all FP methods, but with emphasis on the injectable contraceptive for rural areas;
- (4) a revitalized post-partum, post-abortum program;
- (5) greatly increased numbers of outreach workers (Aides Familiales);
- (6) reinforcement of program monitoring and support systems; and
- (7) a strengthened and re-directed IE&C effort to directly support the field program, particularly as concerns the introduction of injectables.

There is absolutely no question that the ONFFP is thinking along the lines of a significantly broader and more intense effort to gain new acceptors and to maintain those already recruited. This implies both redirected resources and

an important infusion of new resources needed to raise the level of performance.

During the course of the Phase II evaluation an intense effort was made to quantify the demands of a newly strengthened program in terms of human, material and financial resources. Budgetary estimates were drawn up for each activity, covering the seven-year period 1980-86. It was determined that a higher level of effort in the 1982-86 period implies certain inputs in the 1980-81 period; these were identified and roughly quantified. The resultant tables -- which are but a first effort -- have been provided to USAID for study. At first glance, it would appear that the budgetary support being sought from USAID by the ONPFP well exceeds what is plausible, though this does not imply that the needs are not real.

C. Recommendations:

USAID should continue the dialogue with the ONPFP over the next few months and should examine the proposed assistance levels with a careful view of what seems realistic. The case for AID funding should be made in terms of incremental effects and, to the extent possible, in modular form since the prospects for AID funding during the coming Plan period are uncertain. The ONPFP should continue to develop its plans and estimates for the coming Plan period, based on achieving a maximum impact from resources committed and without prejudging too much USAID inputs. In other terms, the ONPFP should plan to carry out a ~~xxx~~ strong program with or without AID assistance while identifying, insofar as possible, incremental program impacts which could be realized from AID assistance, should it be made available. USAID should seek to determine the real prospects for funding availabilities in FY81 and FY82 within the context of worldwide population funds, and should make its pitch as early as possible, with or without a fully developed Project Paper.

VI. FOREIGN ASSISTANCE

A. Concerns:

- (1) identification of the role of foreign assistance in supporting the Tunisian population/family planning effort; and
- (2) crystal-balling the future in terms of AID and other donor participation.

B. Observations:

Chart 7 traces the history of AID and other donor assistance to the ONPFP during the period 1974-1980. While AID has been and remains the largest single donor agency, providing some 31% of the ONPFP Operating Plus Activities Budget over this period, its percentage contribution has been dropping sharply (from 43% in 1977 to 28% in 1980) as other donor contributions and the contribution of the Tunisian Government itself have increased. Overall, AID has contributed about equally over the past seven years with the GOT and UNFPA (31%, 30% and 29% respectively), with all other donors accounting for 11% of the ONPFP budget.

Chart 8 contrasts the ONPFP budget with estimated expenditures for family planning in the ONPFP and the Ministry of Health combined, by funding source. Using a very conservative figure of 2.5 million dinars as the MOH expenditure for family planning services in 1980, it can be seen that the Government of Tunisia is providing a minimum of 66% of all funds for family planning services, while AID provides a maximum of about 14% and the UNFPA provides a maximum of about 12%. These figures do not include GOT expenditures for population activities in other ministries such as Youth and Sports, Agriculture, Education, Information, etc.

Table 2 shows the 1980 budget of the ONPFP by funding source, including the Investment Budget which is funded principally by IBRD and which involves construction activities largely destined for the Ministry of Health.

# ONPFA BUDGET (CONTINUÉ DE LA PAGE 6)

## 1974-80 BY SOURCE OF FINANCING

(IN DINAR 100,000,000)

1974-80 TOTALS	GAT	AID	UNFIN.	ALL OTHERS	GRANTS
	3,702,630 (20%)	3,796,125 (21%)	3,407,881 (19%)	1,818,573 (10%)	12,510,825 (69%)

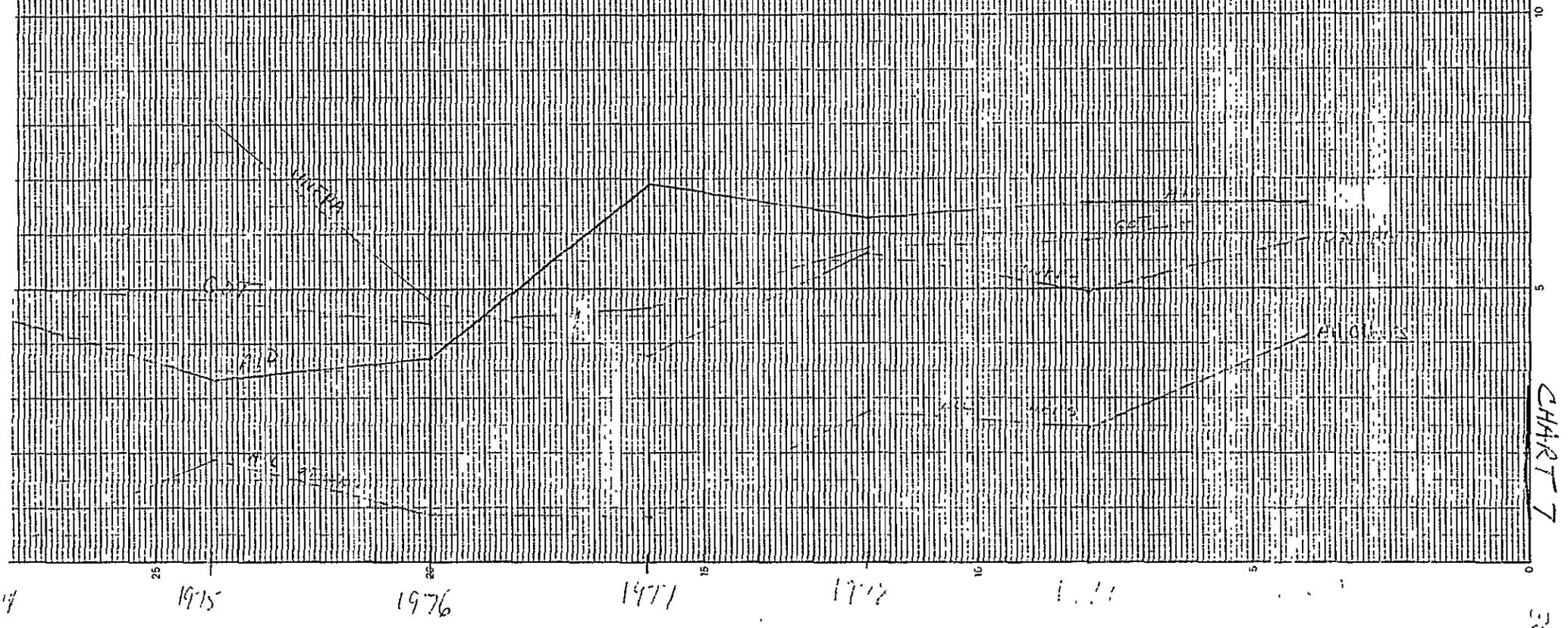
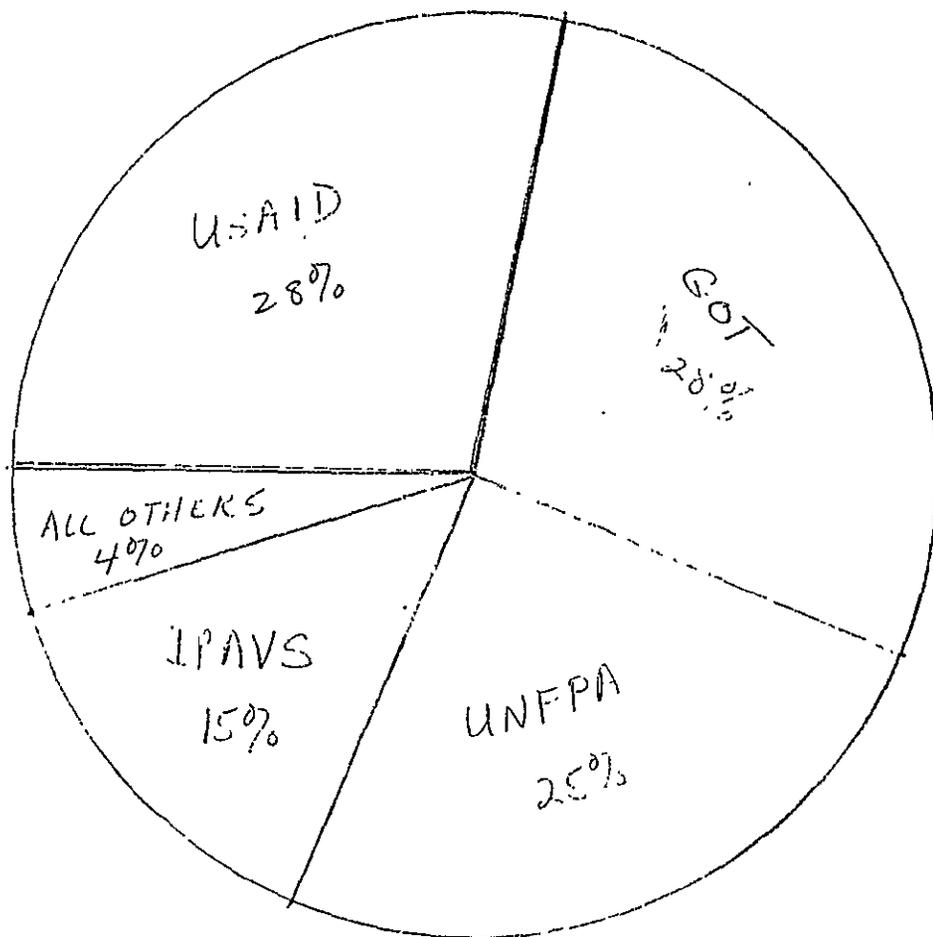


CHART 7

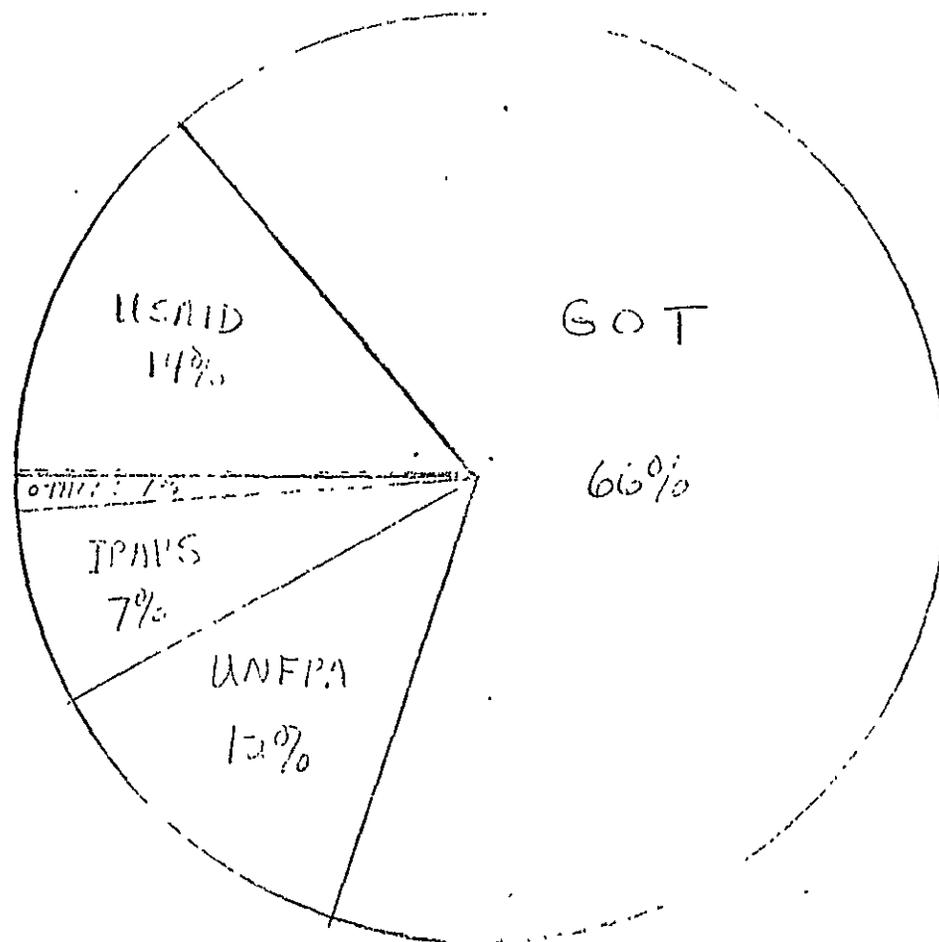
ESTIMATED TOTAL GOVERNMENT OF TUNISIA FAMILY PLANNING EXPENDITURES, 1980

BY FUNDING SOURCE

A. ONFPF Operating/Activities Budget



B. ONFPF Budget Plus MOH Expenditures\*



\* Ministry of Health FP expenditures very conservatively estimated at 2.5 million Dinars

Note: These estimates do not include family planning expenditures in various GOT ministries

Table 2

## TUNISIA: ONFPF BUDGET FOR 1980, BY FUNDING SOURCE

(in U.S. \$ 000s)

<u>Source</u>	<u>Operating Budget</u>	<u>Activities Budget</u>	<u>Investment Budget</u>	<u>Total Budget</u>
GOT	1485 (100%)	150 (3.5%)	-	1635 (15.9%)
USAID	-	1633 (37.9%)*	-	1633 (15.9%)
UNFPA	-	1475 (34.3%)	-	1475 (14.3%)
IPAVS	-	875 (20.3%)	-	875 (8.5%)
IBRD	-	-	4235 (94.1%)	4235 (41.2%)
WHO	-	95 (2.2%)	-	95 (0.9%)
FPIA	-	45 (1.0%)	-	45 (0.4%)
IIS/WFS	-	28 (0.6%)	-	28 (0.3%)
Tuniso-American "Trust Fund"	-	-	115 (2.6%)	115 (1.1%)
GOT - Amenagement des Centres	-	-	150 (3.3%)	150 (1.5%)
<b>TOTALS</b>	<b>1485 (100%)</b>	<b>4303 (100%)</b>	<b>4500 (100%)</b>	<b>10,288 (100%)</b>

\* includes local currency components (1,137); contraceptives, equipment (388); participants, consultants (107.5)

Source: ONFPF Figures

W. Trayfors 2/26/80

The figures indicate clearly that foreign assistance has played a vital funding role in the program of the ONFPF. But the figures do not tell the whole tale.

It seems clear now that the Tunisian Family Planning program is entering a transitional stage. During the next Plan period the program will be reaching out into new areas, experimenting on a large scale with various delivery systems, testing new contraceptive methods~~st~~ (New-Sampoon loop tablets and mini-pills), introducing a new contraceptive on a broad scale (injectables), and building the management capability to mount and sustain a high level of ~~by~~ program effort and performance. Since it is by now abundantly clear that no one has the ultimate wisdom with respect to ~~ix~~ the organization and conduct of national family planning programs, and certainly ~~not~~ even less so in the area of population planning, it follows that these programs require careful attention, innovation, testing, and evaluation. This would appear to be the real role of donor agencies, in helping the ONFPF to adapt its approaches and methodologies to changing situations and technologies, drawing from lessons learned elsewhere and moving to rapidly integrate new technologies into the national program. The need is evident, and it will not disappear because we will it to or because Tunisia passes, by someone's reckoning, from the needy to the less needy or "graduate" category. AID, because of its unique experience over a period of more than a decade in supporting all aspects of large, medium, and small family planning programs throughout the developing world, is particularly well-placed to provide the type of technical as well as financial and material support which will be critical to achieving a quantum leap in the performance of the Tunisian family planning program in the coming Plan period. We ought not to let the opportunity pass by.

VII. LIST OF PRINCIPAL CONTACTS

Tunis

Mr. Mezri Chekir, President/Director-General, ONPFP  
Mme. R. Moussa, Director, Population Directorate  
Mr. Mongi Bchir, Director, Family Planning Directorate  
Mr. Dimassi, Director, Administrative and Financial Directorate  
Dr. Refaat Daly, Head of Medical Division  
Mr. Gribaa, Family Planning Directorate (Equipment)  
Dr. Stamboli, Head of Commercial Retail Sales Activities  
Mr. Khouniali, Head of IE&C Division  
Mr. Benzarti, Administrative and Financial Division  
Mr. Mourad Ghachem, Head of Foreign Liaison  
Mr. Chaffradine, Head of Statistics  
Mr. Md. Ayad, Head of Research  
Ms. Ghedira, Chief of Personnel Division  
Mr. Jelassi, Chief of Administration Division  
Mr. Masudi, Chief of Finance Division

~~SECRET~~ Kairouan

Mr. Daachoucha Taoufik, Regional Delegate  
Mr. Youssfi Md., Regional Secretary  
Mr. Md. El Aloui, Hospital Administrator  
Ms. Ben Halima Arbia, Supervisory Nurse-midwife

Siliana

Mr. Ben Amor Abdelmajid, Regional Delegate  
Mr. Md. Ben Bechir, Regional Secretary  
Mr. Sakli Md., Hospital Administrator  
Ms. Rouabeh Rachida, Supervisory Nurse-midwife  
Dr. \_\_\_\_\_, OB-GYN

SITUATION DES CREDITS AU 1-Mars 1980

DIRECTION DU PLANNING  
FAMILIAL

Crédits / UNFPA : Participation au fonctionnement des Centres Régionaux. (P05)

Tunisie / Gouvernorat de : **Gafsa**

RUBRIQUES	Cré. pré-y compris reprogram.	Dépenses et engage- ments	Solde disponible	% disponibles				
				0	25	50	75	100
- C1 Frais de première installation	1.000.000	—	1.000.000	100				
- C2 Nourriture	1.500.000	10.653	1.489.350	99				
- C3 Frais d'entretien (Personnel occasionnel)	700.000	92.800	607.200	87				
- C4 Réparation et entretien	1.500.000	60.204	1.439.796	96				
- C5 Fournitures extérieures (Téléph. etc)	1.500.000	301.174	1.198.826	80				
- C6 Fournitures de Bureaux	300.000	70.070	229.930	77				
- C7 Loyer	—	—	—	100				
- C8 Entretien matériel médical et instruments	200.000	3.224	196.776	98				
- C9 Matériel mobilier	200.000	—	200.000	100				
- C10 Linge	500.000	18.700	481.300	96				
- C11 Divers et imprévus	250.000	28.680	221.320	89				
<b>/// TOTAL / :</b>	<b>8.350.000</b>	<b>504.225</b>	<b>7.845.775</b>	<b>94</b>				

ANNEX

9, 2007-10

ETAT DES VEHICULES DE  
L'OFFICE NATIONAL DU PLANNING FAMILIAL ET DE LA  
POPULATION

REGION	MARQUE ET TYPE	MATRISULE	DATE ACQUISITION	ETAT VOITURE	AFFECTATI
Bordj	PEUGEOT 504	7171 TU 29	1978	BON ETAT	EQUIPE MOBILE 1
	" "	1202 TU 31	1979	" "	EQUIPE MOBILE 2
	L.R	1719 TU 31	1979	" "	TRANSP.ET EDUC
	RENAULT 4L	1273 TU 31	1979	" "	DELEGUE
	CITROEN AMI 8	9437 TU 28	1977	" "	S.F.S
Boumerdes	PEUGEOT 504	1283 TU 31	1979	BON ETAT	EQUIPE MOBILE
	" "	7172 TU 29	1978	" "	EQUIPE MOBILE
	L.R	1720 TU 31	1979	" "	TRANSP.ET EDUC
	CITROEN DYANE	736 TU 29	1977	" "	S. F. S.
	RENAULT R.4	6974 TU 24	1974	MAUVAIS ETAT	CLINIQUE
	L.R	4314 TU 29	1978	ETAT MOYEN	FPIA.
Boumerdes	PEUGEOT 504	1285 TU 31	1979	BON ETAT	EQUIPE MOBILE
	" "	1286 TU 31	1979	" "	EQUIPE MOBILE
	L.R	1721 TU 31	1979	" "	TRANSP.ET EDUC
	RENAULT 4.L	1275 TU 31	1979	" "	DELEGUE REGION

.../...

	RENAULT	4.L	7133	TU 29	1978	BON ETAT	EQUIPE MOBIL
	CITROEN	DYANE	6983	TU 25	1975	MAUVAISE ETAT	S. F. S.
-Jendouba	PEUGEOT	504	7178	TU 29	1978	BON ETAT	EQUIPE MOBIL
		L.R	6974	TU 26	1976	MAUVAIS ETAT	EQUIPE MOBIL
		L.R	1722	TU 31	1979	BON ETAT	TRANSP.ET ED
		L.R	1718	TU 31	1979	" "	PFPC
	CITROEN	DYANE	6990	TU 25	1975	HOYEN ETAT	S.F.S
	OPEL		5583	TU 29	1978	BON ETAT	PFPC
	RENAULT	4.L	1276		1979	" "	DELEGUE REGI
-Kef	PEUGEOT	504	7173	TU 29	1978	BON ETAT	EQUIPE MOBIL
		L.R	4043	TU 26	1978	" "	EQUIPE MOBIL
		L.R	6977	TU 26	1976	MAUVAIS ETAT	TRANSP.ET ED
		L.R	4313	TU 29	1978	" "	EQUIPE NEERL
	RENAULT	R.4	6981	TU 24	1974	" "	CLINIQUE
	"	4.L	5556	TU 28	1977	BON ETAT	EQUIPE NEERL
	CITROEN	DYANE 6	6981	TU 25	1975	MAUVAIS ETAT	DELEGUEE REC
-Silliana		L.R	6976	TU 26	1976	BON ETAT	TRANSP.ET ED
		L.R	1723	TU 31	1979	" "	EQUIPE MOBIL
	RENAULT	4.L	9200	TU 26	1976	ETAT HOYEN	EQUIPE MOBIL
	"	"	1278	TU 31	1979	BON ETAT	DELEGUE
	"	"	9196	TU 31	1976	HOYEN ETAT	EQUIPE MOBIL

	PEUGEOT 504	1237 TU 31	1979	BON ETAT	EQUIPE MOBILE
	CITROEN DYANE	737 TU 29	1977	" "	S. F. S.
	W. V.	4549 TU 26	1976	TRES MAUVAIS ETAT.	FPIA
GAFSA	PEUGEOT 504	7176 TU 29	1978	BON ETAT	EQUIPE MOBILE
	L.R	1724 TU 31	1979	" "	EQUIPE MOBILE
	RENAULT 4.L	1593 TU 31	1979	" "	DELEGUE REGIO
	" "	9201 TU 26	1976	MAUVAIS ETAT	EQUIPE MOBILE
	CITROEN DYANE	6985 TU 25	1975	MAUVAIS ETAT	S. F. S.
SIDI-BOUZZID	L.R	6978 TU 26	1976	MAUVAIS ETAT	TRANSP.ET EDU
	L.R	1726 TU 31	1979	BON ETAT	EQUIPE MOBILE
	RENAULT 4.L	9206 TU 26	1976	MAUVAIS ETAT	EQUIPE MOBILE
	" "	1279 TU 31	1979	BON ETAT	DELEGUE REGIO
	CITROEN DYANE	6986 TU 25	1975	MOYEN ETAT	S. F. S.
	W. V.	4550 TU 26	1976	TRES MAUVAIS ETAT	FPIA
MEDNINE	PEUGEOT 504	1288 TU 31	1979	BON ETAT	EQUIPE MOBIL
	L.R	1727 TU 31	1979	" "	EQUIPE MOBIL
	L.R	6979 TU 26	1976	ETAT MOYEN	EQUIPE MOBIL
	RENAULT 4.L	9198 TU 26	1976	MAUVAIS ETAT	EQUIPE MOBIL
	" "	7131 TU 29	1978	MAUVAIS ETAT	EQUIPE MOBIL
	" "	2236 TU 25	1975	MAUVAIS ETAT	TRANSP.ET ED
	" "	1292 TU 31	1979	BON ETAT	DELEGUE REGI

-GABES	PEUGEOT	504	7169 TU 29	1978	BON ETAT	EQUIPE MOBIL
	"	"	1291 TU 31	1979	" "	EQUIPE MOBIL
	RENAULT	4.L	9202 TU 26	1976	MAUVAIS ETAT	EQUIPE MOBIL
	"	"	1668 TU 31	1979	BON ETAT	DELEGUE REGI
	CITROEN	DYANE 6	6994 TU 25	1975	MAUVAIS ETAT	S. F. S.
		L.R	6900 TU 26	1976	MAUVAIS ETAT	TRANSP.ET EC
-SFAX	RENAULT	4.L	7135	1978	BON ETAT	EQUIPE MOBIL
	"	"	7137 TU 29	1978	" "	EQUIPE MOBIL
	"	"	1601 TU 31	1979	" "	DELEGUE REGI
	PEUGEOT	504	1293 TU 31	1979	" "	EQUIPE MOBIL
	"	"	1294 TU 31	1979	" "	EQUIPE MOBIL
	"	"	1295 TU 31	1979	" "	EQUIPE MOBIL
		L.R	4044 TU 30	1978	" "	EQUIPE MOBIL
		L.R	4042 TU 30	1978	" "	EQUIPE MOBIL
	CITROEN	DYANE	733 TU 29	1977	" "	S. F. S.
	RENAULT	R.4	6984 TU 24	1974	MAUVAIS ETAT	CLINIQUE
-KAIROUAN	PEUGEOT	504	7174 TU 29	1978	BON ETAT	EQUIPE MOBIL
		L.R	1728 TU 31	1979	" "	EQUIPE MOBIL
		L.R	6982 TU 26	1976	" "	TRANSP.ET EC
	RENAULT	4.L	7136 TU 29	1978	" "	DELEGUE REGI
	CITROEN	DYANE	734 TU 29	1978	" "	S. F. S.

.../...

.../...

-MAHDIA	PEUGEOT	504	7177	TU	29	1978	BON ETAT	EQUIPE MOBIL
	"	"	1296	TU	31	1979	" "	EQUIPE MOBIL
	RENAULT	4.L	7140	TU	29	1978	" "	DELEGUE
		L.R	1725	TU	31	1979	" "	TRANSP. ET ED
-KASSERINE	PEUGEOT	504	1289	TU	31	1979	BON ETAT	EQUIPE MOBIL
		L.R	3701	TU	26	1975	MAUVAIS ETAT	TRANSP. ET E
		L.R	6981	TU	26	1976	" "	EQUIPE MOBIL
	RENAULT	R.4	6980	TU	24	1974	" "	CLINIQUE
	"	4.L	9199	TU	26	1976	" "	DELEGUE REGI
	V.V		4548	TU	26	1976	TRES MAUVAIS ETAT	CLINIQUE-MOI
-MONASTIR	PEUGEOT	504	7170	TU	29	1978	BON ETAT	EQUIPE MOBIL
	"	"	1297	TU	31	1979	" "	EQUIPE MOBIL
	RENAULT	4.L	1594	TU	31	1979	" "	DELEGUE REGI
	CITROEN	DYANE	6987	TU	25	1975	MAUVAIS ETAT	S. F. S.
	RENAULT	R.4	6983	TU	24	1974	" "	CLINIQUE
-SOUSSE	PEUGEOT	504	1280	TU	31	1979	BON ETAT	EQUIPE MOBI
	"	"	1281	TU	31	1979	" "	EQUIPE MOBI
	RENAULT	4.L	1610	TU	31	1979	" "	DELEGUE REG
	CITROEN	DYANE	6991	TU	25	1975	MAUVAIS ETAT	S. F. S.
	RENAULT	4.L	1270	TU	31	1979	BON ETAT	FACULTE DE



Region.	Marque et Type.	Matricule	Date Acquisition	Etat	Voiture	Application.
1 Tunisie	Peugeot 57.	1975 Tu 23	1973	Nouveaux	Etat	Chargé d'Administration.
2	Peugeot Amis 8	7430 Tu 28	1977	"	"	Jeunesse. Clinique
3	Renault 1320LS	7357 Tu 26	1976	"	"	Recherche. Institut de
4	Peugeot 104	1471 Tu 30	1978	Bon	Etat	Direction.
5	" 304	2477 Tu 31	1979	"	"	Centre de Recherches
6	VW	545 Tu 21	1972	Nouveaux	Etat	Direction Centre de Recherches
7	"	4347 Tu 26	1976	"	"	Centre de Formation
8	Peugeot 504	1137 Tu 31	1979	Bon	Etat	" " "
9	" 57	1177 Tu 23	1973	Nouveaux	Etat.	Transport. Signaux + F
10	Opel	5611 Tu 27	1978	Bon	Etat	USAID
11	Renault 12S	1774 Tu 30	1978	"	"	"
12	Peugeot 4L	1277 Tu 31	1979	"	"	Equipe. Mobile.
13	" 4L	4203 Tu 26	1976	Nouveaux	Etat	S.F.S.
14	" 4L	7134 Tu 29	1978	Bon	Etat	Dr. Cofer. Recherche.
15	Peugeot 504.	9313 Tu 25	1975	Nouveaux	Etat.	Supérieur. Control. Control
16	VW	4451 Tu 26	1976	Nouveaux	Etat.	Projet. ex. sec. / PE. ex. sec.
17	Renault 4L	6740 Tu 26	1976	"	"	" " "
18	" 4L	8193 Tu 26	1976	"	"	ATPF.
Tot 18		503	1100	11		

Region.	Design et Type.		N°			Date	Etat	viture.	Affectations.	
			Motos 100 cc							Registration
1	Siège.	Remont	4L	1271	Tu	31	1979	Bon	Etat	bedains ...
2		"	"	1272	Tu	31	"	"	"	"
3		"	"	"	1211	Tu	31	"	"	"
4		Remont	404C	9898	Tu	24	1974	Remont	Etat.	Transport ...
5		"	"	1.24	Tu	30	1978	Bon	Etat.	"
6		Remont	International	9153	Tu	31	1979	"	"	"
7		Remont	RE	4011	Tu	22	1973	Remont	Etat	Remont ...
8		"	RY.	6912	Tu	24	1974	"	"	"
9		"	RY	6977	Tu	24	1974	"	"	Imprimerie
10		"	establi	4070	Tu	26	1976	"	"	Petit ...
11		Remont	504	7175	Tu	29	1978	Bon	Etat	Act ...
12		"	504	1281	Tu	31	1979	"	"	"
13		"	504	1301	Tu	31	1979	"	"	"
14		Opel		4053	Tu	30	1978	"	"	"
15		CEA	DS	3580	Tu	22	1973	Remont	Etat.	"
16		Remont	4L	9211	Tu	20	1976	Remont	Etat.	STB / ...
17		"	4L	9213	Tu	20	1976	"	"	" / ...
18		VW	Golf	6134	Tu	32	1980	Bon	Etat	DC / ...
19		Remont	304	503	Tu	29	1978	"	"	Veh ...
20		Remont	4L	9217	Tu	20	1976	Remont	Etat.	"
21		Remont	504	7172	Tu	25	1975	"	"	"
22		"	100	814	Tu	29	1978	"	"	"
		Tot		60						
		22		11						

