PD-AAU-107 PPC/CDIE/DI

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PD-AAU-107

INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

AGENCY FOR INTERNATIONAL DEVELOPMENT

WASHINGTON, D.C. 20523

PROJECT PAPER SUPPLEMENT

MOROCCO: Population and Family Planning Support III (608-0171)

August 7, 1986

UNCLASSIFIED

POPULATION AND FAMILY PLANNING SUPPORT III (608-0171)

PROJECT PAPER SUPPLEMENT

CHILD SURVIVAL

August 7, 1986

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: C (A = Add, C = Change, D = Delete) — Amendment Number 1

DOCUMENT CODE: 3

2. COUNTRY/ENTITY: MOROCCO

3. PROJECT NUMBER: 608-0171

4. BUREAU/OFFICE: A/NE — USAID/Morocco — 03

5. PROJECT TITLE (maximum 40 characters): Population/Family Planning Support III

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 09 DD 30 YY 89

7. ESTIMATED DATE OF OBLIGATION (Under "B." below, enter 1, 2, 3, or 4)
A. Initial FY 84 B. Quarter 3 C. Final FY 88

8. COSTS ($000 OR EQUIVALENT $1 =)

A. FUNDING SOURCE	FIRST FY B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total	2,395*	2,865	5,260*	11,140**	8,750	19,890**
(Grant)	(2,395)	(2,865)	(5,260)	(11,140)	(8,750)	(19,890)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
Other U.S. 2.						
Host Country		5,450	5,450		34,288	34,288
Other Donor(s)	300	700	1,000	2,000	4,000	6,000
TOTALS	2,695	9,015	11,710	13,140	47,038	60,178

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT 1. Grant	2. Loan
(1) Pop.	401	444		12,310				17,890	
(2) CS				-0-		2,000		2,000	
(3)									
(4)									
TOTALS				12,310		2,000		19,890	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 420, 450

11. SECONDARY PURPOSE CODE: 412

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code	BWW						
B. Amount	3000						

13. PROJECT PURPOSE (maximum 480 characters)

1) Establish availability of FP information and services for 70% of the Moroccan population. 2) Attain contraceptive prevalence of 35% of Married Women of Reproductive Age (MWRA) by 1988. 3) Introduce population planning, analysis, modeling and forecasting methods into the GOM development process. 4) Improve the health status of Moroccan mothers and children.

14. SCHEDULED EVALUATIONS
Interim MM 03 YY 87 — MM 03 YY 88 — Final MM 03 YY 88

15. SOURCE/ORIGIN OF GOODS AND SERVICES
☒ 000 ☐ 941 ☒ Local ☐ Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a ____ page PP Amendment.)

* Includes $1,655,000 for AID/W-procured contraceptives (FY 1984).
** Includes $5,655,000 for AID/W-procured contraceptives (LOP).

USAID/Morocco Controller approval of proposed method of implementation and financing.

Pamela Callen: Pamela L. Callen Controller.

17. APPROVED BY
Signature: Charles W. Johnson
Title: Mission Director, USAID/Morocco
Date Signed: MM 08 DD 17 YY 86

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
MM DD YY

AID 1330-4 (8-79)

USAID Project Mission Review Committee

Carl S. Abdou Rahmaan	Population Officer
James A. Anderson	Regional Contracting Officer
Pamela L. Callen	Controller (Acting)
Paul G. Ehmer	Health Officer
Dale C. Gibb	Population/Health Development Officer
Robert B. Meighan	Regional Legal Advisor
W. Stacy Rhodes	Program Officer

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ACTION MEMORANDUM TO THE MISSION DIRECTOR

FROM: William Stacy Rhodes, Program Officer GJB for

PROBLEM:

Approval of the Project Paper Supplement and amendment of the Project Authorization for the Family Planning Support III Project (608-0171).

DISCUSSION:

The Family Planning Support III Project provides technical assistance, training, commodities and local cost support to the GOM's Ministry of Public Health (MOPH), to assist it to make available basic family planning and primary health care services. The existing project is an integrated approach to the reduction of the Morocco's high rate of population growth and the improvement of the health status of Moroccan mothers and children. The project was authorized in FY 1984 at an LOP funding level of $17.890 million. It is an "umbrella project", divided into twelve relatively distinct activities or "subprojects." The most important of these is the VDMS household delivery program. This program is now being implemented in 28 provinces and prefectures, in which over 70% of the Moroccan population resides. VDMS provides, on a door-to-door basis, family planning services and a package of maternal/child health services including oral rehydration, breastfeeding/weaning promotion and a referral system for infant and child immunizations against childhood diseases prevalent in Morocco. It is the last of these child health services which will be affected by the proposed supplement to the project.

An Expanded Program of Immunization (EPI) was initiated by the MOPH in 1981, with the assistance of WHO and UNICEF, and includes four basic vaccinations (DPT, BCG, polio and measles). Initial results were impressive as more readily accessible populations were covered at the outset. However, reductions in disease prevalence now appear to be leveling off as coverage is extended to more remote areas. The principal objective of the proposed supplement to the existing project is to accelerate the national EPI by addressing the principal constraints now being experienced by the MOPH in extending coverage to more remote areas. The AID-funded inputs to be financed under the proposed PP Supplement address primarily the need for additional vaccine stocks, vehicles and "cold chain" equipment and facilities. Given the already large AID investment in the VDMS program under this project, major emphasis will be placed on EPI implementation in "VDMS provinces," through the use of existing VDMS personnel and infrastructure

Morocco has been selected by AID/W as a Child Survival "emphasis country," and additional $2.0 million was added to the Mission's OYB in FY 1986 to permit a Mission initiative in the area. Pursuant to the Child Survival Strategy subsequently developed by the Mission in collaboration with the MOPH, an acceleration of the national EPI is the first child survival initiative to be carried out. The PP Supplement elaborates the use of the $2.0 million Child Survival funds added to the Mission's FY 1986 OYB.

The Budget Allowance of $2.0 million of Child Survival funds was received by the Mission on May 7, 1986 via State 142417. A Congressional Notification was submitted and expired without objection on July 2, 1986.

Via State 238121 the AA/ANE has approved a waiver for the procurement of project vehicles under the modified project from a Moroccan source (i.e., locally assembled and sold) and a code 935 origin (English and French componentry). SER/COM has also been consulted via Rabat 07563 regarding the procurement of UNICEF vaccines. GC/ANE Rodney Johnson has advised by telephone (August 6) of SER/COM concurrence in the procurement of UNICEF vaccines according to procedures provided in 86 State 077433.

Under Section 2 of Redelegation of Authority No. 133.3A you have authority to approve project amendments which (1) do not exceed $30 million LOP funding; (2) present no significant policy issues; and (3) require no further issuance of waivers by AID/W. With the issuance of the vehicle source/origin waiver by the AA/ANE, and the required consultation with SER/COM for UNICEF vaccine procurement (86 Rabat 07563), you are now fully authorized to approve this project.

RECOMMENDATION:

(1) That you approve the PP Supplement providing for an accelerated EPI in Morocco through USAID Child Survival funds by signing the attached Project Data Sheet;

(2) That you sign the attached Project Authorization Amendment increasing the total LOP funding authorized from $17.890 million to $19.890 million and authorizing the Code 935 source/origin procurement of project vehicles and UNICEF vaccines.

SECOND AMENDMENT

TO

PROJECT AUTHORIZATION

Name of Country: Morocco

Name of Project: Population/Family Planning Support III

Number of Project: 608-0171

This Project was authorized on July 6, 1984 with a Life of Project amount of $5,260,000. The Project Authorization was first amended on March 21, 1985 to increase life of project funding to a total of $17,890,000.

The purpose of this second Amendment is to add an additional Two Million Dollars to the project, bringing the new life of project total AID funding to $19,890,000. The second Amendment further provides for the procurement of an estimated $430,000 of project vehicles and $625,000 of vaccines from Code 935 countries.

The Project Authorization is hereby further amended as follows:

> "In Paragraph 1 of the original authorization, as amended, delete the Life of Project Total of Seventeen Million Eight Hundred and Ninety Thousand Dollars ($17,890,000), and in its place put Nineteen Million Eight Hundred Ninety Thousand Dollars ($19,890,000).
>
> "In Paragraph 3.a. of the original authorization, as amended, add at the end of the first paragraph the following: 'Procurement of project vehicles from Code 935 source/origin is authorized per waiver issued by AA/ANE, 86 State 077433. Procurement of vaccines through UNICEF is authorized subject to completion of a PIO/C for that purpose in accord with instructions provided in 86 State 077433.

Except as hereby amended, the Project Authorization as previously amended, remains in full force and effect.

Signature: Charles W. Johnson
Charles W. Johnson
USAID Mission Director

Date: August 7, 1986

Clearances: PHR:DGibb: draft DG
PHR:CRahmaan: draft RS
PROG:WRhodes: draft WR
CONT:EWilson: draft RS for P.C. Gaff
RLA:BMeighan: draft BM
RCO:JAnderson: draft JA

Project Paper Supplement

Population/Family Planning Support III

Project 608-0171

I. Summary and Recommendations

The present project as originally authorized consists of the provision of technical assistance, training and commodities to assist the GOM to expand the availability of basic family planning and health services, to reduce the population growth rate, and to improve the health status of Moroccan mothers and children. The project is divided into 12 separate activities referred to as "sub-projects," of which the most extensive with regard to impact and population covered is the "Visite à Domicile de Motivation Systématique" (VDMS) program. This activity, operational in 28 provinces and urban prefectures under the Ministry of Public Health (MOPH), essentially provides an integrated package of outreach services directly to households. The package of services includes family planning, oral rehydration, nutrition (breastfeeding and proper weaning promotion) and immunization referral. The VDMS program provides a vehicle for the delivery of preventive services to areas presently containing 74% of the Moroccan population.

The VDMS program provides both health and family planning services in support of a GOM strategy which promotes improvements in maternal and child health, while at the same time recognizing that fertility management is an essential element to that end. In financing this activity over a period of years, USAID has recognized that family planning and health status goals are mutually reinforcing, and therefore worthy of integrated support.

Potentially one of the most effective measures included in any preventive package of services is immunization. Through adaptation of a proven technology to individual local country conditions, impressive reductions in infant and childhood morbidity and mortality can result. Morocco has accepted this premise and implemented its own Expanded Program of Immunization (EPI) beginning in 1981. In support of the EPI, the MOPH included vaccination referral in the package of services provided under VDMS. In this program at present household visitors identify households with newborn infants and unvaccinated children, and refer them for vaccination to the nearest fixed health facility or mobile vaccination point.

Initial results of coverage under the EPI were impressive after 2 years of national implementation. Recently, however, a leveling off in coverage appears to have occured, with growing rural-urban differentials particularly noteworthy. Essentially, the more accessible populations have now been covered, with the more difficult areas remaining to attain national goals in keeping with GOM health policy.

In developing its next five year plan, the MOPH is setting vaccination coverage targets that cannot be reached without an important acceleration of the EPI as presently implemented. In the rural areas, large distances and dispersed populations, often located in difficult to reach areas, pose critical constraints to improved coverage. These constraints can only be overcome with the provision of increased transport capacity for access. In addition, the Ministry has recognized the potential of VDMS to contribute to reaching target coverage levels. To that end it has proposed that VDMS household level workers be charged with actual vaccination of infants and children, rather than merely with their referral. This will strengthen the entire package of VDMS services. First it will validate the worker in the eyes of the population, since innoculation as a medical intervention is widely appreciated as "valuable." Secondly it will more effectively use the material and human resource capacities existing within the VDMS system in the direct provision of services.

The MOPH has requested USAID assistance in the initial stages of implementation of the planned acceleration of the EPI. AID assistance will emphasize implementation through the present VDMS service structure. This AID support consists principally of the following inputs:

1. Vaccine procurement - USAID proposes to supply vaccines under this project to meet national requirements for a two-year period. This support supplements that of the Rotary Club for polio vaccine and UNICEF for tetanus toxoid.

2. Cold chain - refrigeration equipment, including the construction of a second national vaccine depot in Rabat, will be financed.

3. Sterilization material - mobile sterilizers, appropriate for rural dispensary use, will be provided to insure safety and to economize reusable vaccination equipment.

4. Vehicles - an array of vehicles at different levels will be provided to address major transport constraints. Provision of spare parts and support for running costs for a one-year period will be included.

5. Printing - support for printing of necessary service statistics reporting forms will be included.

6. Training - support of provincial level training for supervisory, management and implementation level staff is programmed.

7. Mass media - to create the necessary public awareness and demand for vaccination services, USAID will support the production of a national mass media campaign.

8. Motivation - to achieve expanded coverage in rural areas, lower-level personnel must travel to the field and carry out mobile activities. USAID will support a minimal "indemnité" for field workers as an incentive to carry out the necessary work, consistent with the "indemnité" system under the existing project.

9. Evaluation/monitoring - funds will be made available to assist the MOPH and USAID in monitoring the results of the proposed program acceleration.

The package of activities outlined briefly above and described in more detail below will become "sub-project" number 13 under the existing Population/Family Planning Support III Project (608-0171). This activity is financed with $2 million of Child Survival monies, and will be implemented through the existing project because it supports the original project objectives. In line with the project authorization and on-going activities, and given the nature of this amendment, it should be noted that a fourth project purpose, i.e., Improve the Health Status of Moroccan Mothers and Children, has been added. It is recommended that the Mission Review Committee approve this Project Paper Supplement. It is also recommended that the Project Authorization be amended to include the $2.0 million in support of an accelerated EPI effort through the VDMS program.

II. Background and Rationale (present GOM vaccination program)

Statistics from the GOM's 5 year plan (1981-85) reveal that childhood diseases caused by immunizable infections contribute significantly to infant and child morbidity and mortality rates. An important objective of the Ministry's strategy under the Plan was to reduce the infant mortality rate to less than 100 per thousand by 1985 by strengthening and restructuring the previously existing vaccination program. The Plan emphasized the implementation of a national Expanded Program of Immunization (EPI) as a high priority.

The EPI was planned with the help of technical assistance provided by WHO and UNICEF. Overly ambitious coverage targets were set (100% of children less than one year of age by 1984), and a national EPI was designed to cover diphtheria, pertussis, tetanus (DPT vaccine), polio (oral), and tuberculosis (BCG). Measles was added in 1983 to complete the range of covered diseases.

For implementation of the original EPI, the country was divided into three zones (two urban and one rural), and geographical priorities established according to the extent of population served, the availability of nursing personnel and the vaccination coverage already achieved. Each zone underwent a one-year preparatory phase consisting of planning for coverage, putting logistic systems in place and training personnel. The preparatory phase was then followed by an implementation phase. Priority target groups were identified, a calendar of vaccinations drawn up, and an implementation strategy developed. The planning process and implementation strategy essentially follow World Health Organization (WHO) guidelines for national EPI programs, and was developed with technical assistance from WHO. The process was initiated in 1981, with material support from UNICEF, and by 1984 the EPI was theoretically in operation throughout the country.

A two-pronged approach to population coverage was developed. First, fixed facilities in both urban and rural areas provide vaccination services through the national maternal and child health program. Secondly, mobile units in the rural areas periodically organize "vaccination days" at points convenient to the more widely dispersed rural populations. Throughout this period UNICEF has provided assistance for the establishment of a national cold

chain, from vaccine receipt in Casablanca, through provincial depots, to the outlying health centers and dispensaries. With UNICEF support, training programs for Ministry personnel from the national to the rural dispensary levels have been carried out. Materials, supplies, and transport were also provided with UNICEF assistance. A national EPI management structure was created, and an information system developed to collect data on the program.

The strategy of using fixed centers and mobile teams was supplemented by the referral system developed under the VDMS program. Although it was originally proposed that VDMS itinerant workers actually give vaccinations, this approach was not implemented due to the lack of adequate cold chain equipment, vaccination materials and confidence that such a dispersed program could be effectively managed in the early stages of the national EPI. The VDMS referral system, although important in identifying infants requiring vaccination, has proved to have an important drawback in rural areas. Families located far from fixed health facilities have neither the time nor the means of reaching the nearest health center or dispensary, and must be extremely well motivated to follow up home contact with actual vaccinations. Public education and information has been limited, and the VDMS referral system has been inadequately tested as to its effectiveness.

Ministry figures show that vaccination coverage in the target population of children less than 1 year increased approximately 50% over the period of 1980-1985. In 1985 total coverage of such children was reported by the MOPH as 62% for BCG, 51% for the third dose of DPT-polio, and 46% for measles. When total coverage figures are broken down into rural and urban components, current information from UNICEF shows that the rural areas lag 10-20% behind urban areas, depending on the vaccination.

Disease incidence figures collected by the Ministry, however, show marked declines over the 1980-85 period (in the neighborhood of 70-90% for diphtheria, whooping cough and polio, with a 95% reduction in measles since the vaccine was introduced in 1983). Tetanus and tuberculosis on the other hand showed slight rises (although the number of tetanus cases reported nationally is small). These figures, based on reported cases through the Ministry system are only indicative of trends since many more cases go unreported, particularly in rural areas. A comprehensive evaluation of the EPI is presently planned for late 1986. Data from this evaluation should be valuable in moving it into a consolidation phase, extending coverage into the harder to reach areas.

Proposed AID assistance to the EPI will be coordinated with other donors presently actively supporting MOPH programs which affect EPI either directly or indirectly. UNICEF has financed inputs to the EPI from the beginning with cold chain equipment, support for training programs, development of training materials, limited transport, and technical assistance. The World Health Organization (WHO) has provided technical assistance in adapting its own EPI guidelines to the Moroccan context. Earlier this year the World Bank signed an agreement with the MOPH to support a consolidation of the MOPH's Primary Health Care Program in three provinces. This loan includes support for improved MOPH management, following the soon to be completed USAID-financed Health Management Improvement Project (608-0151).

The Minister has made the management of drug purchase a priority, and important groundwork to rationalize pharmaceutical procurement has already been completed under USAID's Health Management Project. A resulting "reorganization" of central pharmacy operations should improve the present situation, but this will take some time. A new central pharmaceutical management unit will be created with World Bank project support, which should improve the MOPH's capacity to purchase vaccines.

UNICEF continues to support the EPI, and has budgeted resources to complement AID support over the next two years. They will concentrate on training, supplementing and replacing aging cold chain equipment, providing vaccination supplies and technical assistance. They are presently encouraging the MOPH to make changes in the vaccination schedule, which should improve EPI efficiency. Their training effort will concentrate on improving supervisory structures and improving program management.

III. Problems with present EPI program

a. Coverage

Notwithstanding the gains to date as reported above, national coverage figures are well below Ministry target levels. In addition, wide variations between and even within provinces are noted. In rural areas the critical constraint to increased coverage is the cost of transport, including both vehicles and fuel.

A second critical constraint to improved coverage is the current limited approach to immunization in the VDMS program. Itinerant VDMS health workers in both rural and urban areas are presently under-utilized in support of EPI. These workers are all trained nurses and are capable of providing vaccination services. At the outset of the VDMS program, both the Ministry and USAID were reluctant to overburden the VDMS workers with so many tasks that the effectiveness of the basic package of services would be diluted. However, after a number of years of experience with VDMS program implementation, the addition of direct vaccinations in the package of VDMS services appears viable. Additional support, including materials, worker training and improved supervision are required to implement this new element in the VDMS program. Coverage, particularly for DPT-polio, is limited because three doses of the vaccine are necessary to achieve protection. The necessity of repeated doses for the same child complicates the logistics problems, and further underlines the importance of adequate transport to reach target levels.

b. Vaccine Purchase

The Ministry presently purchases vaccines on a reimbursable basis through UNICEF, but due to the present budgetary crisis and shortages of foreign exchange, this process has not worked well. In 1985, for example, delays in procurement resulting from administrative and bureaucratic misunderstandings, led UNICEF to purchase BCG vaccine on an emergency basis to assure continued stock. Assistance in vaccine purchase would remove an important immediate program constraint, making possible a planned acceleration of the EPI essential to meet GOM and AID "Child Survival" targets.

c. Administrative and Management Support

At the national level a critical constraint to program management effectiveness has been the lack of a national program coordinator, charged with coordination of the EPI at all levels. Presently, the program is totally integrated within the existing MOPH Maternal and Child Health Program. This has resulted in a desirable consolidation of the EPI as a part of the Ministry's extended infrastructure, but has also led to a lack of effective high level follow-up and attention to implementation problems. Coordination at the national level for vaccine procurement, cold chain management, supply distribution to the provinces and overall planning capacity is essential to push for increased coverage.

d. Personnel Training

Additional training for provincial personnel in the EPI, within a regularly organized program of continuing education, is needed. A strengthening of supervisory structures and procedures is also necessary. MOPH officials responsible for the ambulatory care system in 28 provinces need training in planning and management in support of EPI, while lower level implementation personnel need training on the technical aspects of program execution.

e. Public Information

Attention and support for public information or motivational campaigns to sensitize the entire Moroccan population to the benefits of vaccination are required. To create additional public demand, a coordinated program of health education at all levels needs to be mounted. Such "demand creation" was not emphasized from the beginning because the Ministry wanted to be sure that the system would be adequate to meet the demand. The EPI has now been in place and operating for 2 years at the national level, and Ministry and donor officials believe that the MOPH infrastructure is sufficiently developed to handle increased demand.

f. Support outside the public health sector

Morocco has a well developed private medical sector, particularly in the urban areas. Although the extent of immunization within the private sector is unknown, the potential for increased cooperation exists. The MOPH endorses increased collaboration with the private sector and has made contacts with the Moroccan Medical Association and the Moroccan Society of Pediatrics. A need exists for information seminars and the development of informational material for distribution within the private sector. Since the number of pediatric specialists is relatively low, these seminars and materials must be provided as well to generalist physicians.

Ministry personnel also recognize that additional collaboration with other government structures at the national and local levels is essential to increasing information dissemination and public motivation for the EPI. Mobilization of support for the vaccination program requires support beyond the Ministry of Public Health. Although the Health Ministry will remain in charge of technical matters as well as the coordination of strategy within the program, other Ministries (Social Affairs, Interior, etc) can provide valuable

logistic support, and the potential of mobilizing greater percentages of the target groups for vaccination. For example, at the local level, the Ministry of Interior has greater knowledge of the location of underserved populations and how to reach them than the MOPH. The Ministry of Social Affairs has its own client populations that overlap with MOPH target groups, and could be used to identify or motivate mothers to have their children vaccinated. Presently, cooperation between ministries at the local level depends on the energy and initiative of particular medical officers for success. Additional support for this cooperation must be sought from the top levels of government.

IV. Ministry proposal for program acceleration

The Ministry recognizes that additional effort will be necessary over the coming years to consolidate the EPI and extend coverage to remaining unserved population groups. The constraints described above must be addressed. An extension beyond present levels will be more difficult than the initial effort because the easier to reach populations are now covered. A visible commitment to the implementation of the program in more remote areas is necessary to inject new life into an activity now viewed as routine. In the next GOM Five Year Plan (1987-91) the MOPH is committed to an acceleration of the EPI, and revisions of the strategy have been made. The following MOPH targets have been set for the Plan period:

A. Children

1. Under 1 year:

   - target diseases: diphtheria, whooping cough, tetanus, polio, measles, tuberculosis
   - target coverage: 80% of infant population

2. between 1-3 years: same diseases, with target coverage of those children who were not vaccinated during their first year.

   (Note: Studies show that most unvaccinated children over three years will have acquired immunity to the target diseases through natural infection and recovery and are no longer considered targets for vaccination.)

B. Pregnant women

- target disease - tetanus (for protection against neonatal tetanus)
- target coverage: 100% of pregnant women

These targets correspond to AID statutory targets set by Congress in the creation of the Child Survival Program. Given the realities of coverage in Morocco and the experience of EPI programs from other countries, the targets are more realistic than those set in previous plans. At the same time, if achieved, a major accomplishment leading to reductions in infant mortality will have been realized.

Ministry Strategy (1987-91)

The MOPH plans to achieve these targets through a combination of reinforcement of the existing national EPI structure at all levels, giving particular attention to accelerating the program in selected provinces where significant Ministry and USAID investment has already been made (e.g. VDMS provinces). An outline of the strategy developed, in discussions with USAID health officials, to meet the above targets follows:

1. Improved Program Direction

A national EPI coordinator will be appointed to mobilize efforts, coordinate inputs and monitor progress as implementation proceeds. Higher level ministry officials will participate in policy decisions, but the new coordinator will have day-to-day responsibility and authority over the program.

2. Expanded Coverage

a. Mobility and supervision The Ministry plans to upgrade the transport capacity of the program nationwide. Lack of adequate transport for service delivery and supervision has been the most important constraint to effective coverage. At least one vehicle for program supervision has been identified as necessary for each province. This vehicle will assure the timely delivery of vaccines to all fixed delivery points in the province and permit more intensive supervision of program implementation. In addition, vehicle support for mobile teams for the rural areas is essential.

b. Mobile health workers - The Ministry will add a third element to its current service delivery strategy of fixed centers and mobile teams. VDMS itinerant health personnel will begin giving vaccinations directly to children. In the future these workers will schedule and implement vaccination sessions for children from groups of households in their areas.

3. Improved Public Motivation

a. Publicity - Public knowledge of the EPI and its benefits will be increased through coordinated public information campaigns in the national media. Local level health facilities will also mount publicity efforts.

b. Involvement of local authorities -The MOPH will attempt to integrate locally elected public officials into a visible supporting role for the EPI. This will be initiated at the national level by the MOPH through high level contacts with the appropriate authorities.

4. Program Focus

Given the large material and human investment already made in the VDMS program, and the fact that 74% of the Moroccan population lives in provinces covered by it, the MOPH has agreed that first priority for EPI acceleration be given to VDMS provinces. This decision was taken by the MOPH during discussions on how to prioritize the allotment of limited MOPH as well as donor resources. Also, the MOPH recognizes that costly duplication of

logistic support for acceleration will be avoided by taking advantage of the already existing VDMS delivery mechanism. Concentration of resources within areas that contain such a large percentage of the Moroccan population is more efficient. This strategy should provide more return on investment than one which disperses resources widely for less concentrated populations.

In addition, coverage of the rural population even in existing VDMS areas still lags far behind target levels. VDMS itinerant workers on mopeds are frequently limited in coverage from their point of assignment by large distances and difficult terrain. The effective range of many is only a radius of about 10 km, and in many rural areas 40-50% of the population lives farther than that from the nearest health facility. Acceleration of EPI for expanded vaccination coverage will require substantial investment in transport to reach the hard to serve areas. At the same time that new investment in vehicles is necessary, the ability to maintain and repair existing equipment, particularly VDMS worker mopeds, will be emphasized.

V. Project Description

Over a two year period (CY 1987-88) AID will provide program support for the Ministry of Public Health's Expanded Program of Immunization . AID support will address the constraints to more effective implementation discussed above, and will provide a major impetus to an acceleration of the EPI proposed by the Ministry. This support will be provided as Sub-Project Number 13 to the existing Population/Family Planning Support III Project (608-0171). Emphasis will be given to reaching presently underserved rural and marginal urban populations in 28 VDMS provinces.

The inputs described below can be divided into two major parts: first, support to the national EPI which will affect all provinces, consisting of vaccines, cold chain and sterilization equipment, and mass media support; secondly, support targeted specifically to VDMS provinces, consisting of mobility (vehicles, running costs, spare parts), training, and worker motivation.

A. AID Inputs:

1. Vaccine Procurement

In an effort to assure adequate supplies of vaccine in a timely fashion during the initial 18 months period of EPI acceleration, USAID will finance the procurement of vaccines to cover the projected needs of the country for the six target diseases -- tuberculosis (BCG vaccine), diphtheria, pertussis, tetanus (DPT vaccine), polio (oral polio vaccine), measles and additional tetanus toxoid for coverage of women in the reproductive years. At the end of this period, it is expected that the Ministry's procurement capacity will be sufficiently strengthened so that the Ministry will procure its own vaccines.

Estimated Amount: $620,800

2. Mobility

a. Vehicles - As discussed above, the critical constraint to increased coverage, particularly in the rural areas is lack of transport

adequate to reach widely dispersed rural populations. Of particular concern during the acceleration phase is management and supervision of the program. The MOPH has requested that both supervisory and implementation vehicles be procured by AID for priority provinces. USAID will finance the procurement of 38 vehicles as follows:

Central level: 6 vehicles (2 vaccine delivery trucks and 4 national management and supervisory vehicles). The delivery vans will travel throughout the country moving vaccines from the central depot in Casablanca to the provincial stores. The new national coordinator will have a vehicle to assure proper supervision and direction of the program; two vehicles will be provided to replace already existing old equipment; and a vehicle will be provided to give mobility to the newly created and trained refrigeration repair unit.

Province Management: In support of the Ministry goal of one management vehicle per province, USAID will provide 10 vehicles, all of which will be assigned to VDMS provinces. UNICEF will provide 9, and the World Bank Project 2. This will complete the required configuration. These vehicles will be under the control of the provincial chief medical officer of the MOPH preventive care program. They will be programmed for use by the provincial EPI coordinator to schedule vaccine delivery from the provincial stores to fixed facilities throughout the province. They will also be used to assure improved supervision and management, particularly in the rural areas, and to concentrate on management support of the new VDMS worker household vaccination part of the EPI.

Provincial Implementation: To reach into the rural areas in support of the mobile team aspect of the coverage strategy, USAID will provide 23 vehicles, which will all be assigned to VDMS provinces. Due to the shortage of transport at the provincial level, existing vehicles are programmed for multiple duties, which puts pressure on all programs, and in some cases leads to constraints on effective service provision. One provincial management vehicle is not sufficient to assure vaccine delivery, program management and supervision, and support for mobile team travel throughout the province. Given the importance of increasing rural coverage to meet accelerated program targets, it is essential to insure minimal transport capacity to the mobile teams. This will also increase coverage for the other VDMS interventions as well, given the integrated nature of the program. The one vehicle provided by AID for each VDMS province to support program implementation will also be controlled by the preventive care medical officer. Schedules for increased mobile team travel will be prepared by the provincial EPI coordinator in programming use of the vehicle.

Estimated Amount: $426,666

b. Spare parts - In addition to standard spare parts ordered with new vehicles, an assessment of essential spares needed to stock provincial motor pools and rehabilitate existing inoperative vehicles and mopeds will be provided. The procurement of spare parts will strengthen repair capacity and continue support for the improved motor pool initiated under USAID's Health Management Improvement project (608-0151).

Estimated Amount: $172,667

c. Mobility - Gasoline and diesel support will be provided for one year (1987). This will support the purchase of "vignettes" (government coupons) for gas and diesel which will be distributed and utilized through the existing system under VDMS.

Estimated Amount: $42,765

3. Cold chain

Refrigeration equipment to establish and maintain the cold chain has been largely provided by UNICEF to date. The MOPH and UNICEF have identified two areas where additional material could be used -- provincial depot refrigerators and freezers at the health center/dispensary level. In addition, to enlarge stocks, protect critical national reserves and operate the distribution system more efficiently, the Ministry plans to construct a "cold room" in Rabat, similar to the present Casablanca facility. In addition, a small number of solar refrigerators will be provided to extend the pilot testing already undertaken to address the problem in many of the rural areas created by a shortage of credits to buy butane for the refrigerators.

Estimated Amount: $179,222

4. Sterilization equipment

To assure safe vaccination, effective and efficient means of sterilization of syringes and needles must be provided. Particularly in the rural health centers and dispensaries, there is a lack of appropriate sterilization materials. USAID will purchase portable sterilizers for use in rural facilities.

Estimated Amount: $80,556

5. Training

Upgrading of present personnel in management and execution of the EPI program is a continuing necessity. UNICEF has supported training activities at both national and provincial levels. Management training for program administrators at the provincial level is still needed in 28 provinces. In addition, lower level implementation personnel from both the fixed facilities and mobile teams require upgrading as the program acceleration proceeds. USAID will supplement UNICEF training support in 6 provinces.

Estimated Amount: $60,000

6. Mass Media/Public Information

An important aspect of the acceleration will be the planning and execution of a public information campaign to increase demand for vaccination services. The MOPH believes that a lack of public knowledge and information about the benefits of vaccination inhibits greater public participation in the EPI. The AID centrally-funded Technologies for Primary Health Care Project (PRITECH) is already working with the Ministry to improve public communication for oral rehydration and immunization. Funds are budgeted either to add to the existing PRITECH contract, or to provide

additional separate support to the Ministry in this area. PRITECH is already funding a contract for audience research, which will be followed by another local contract for the production of a media campaign.

Estimated Amount: $135,000

7. Printing

Support will be provided for printing of training, public information and evaluation materials, as agreed between AID and the Ministry.

Estimated Amount: $33,333

8. Motivation

Since additional coverage under the EPI will in most cases be achieved through increased service delivery in the rural areas, additional field work at the health center and dispensary levels will be necessary. Under the existing project USAID pays "indemnités" to a whole range of personnel at the province level and below in support of work undertaken for the VDMS program. These "indemnités" are considered an "incentive" to perform field work that under the Ministry system is either not reimbursed, or may be reimbursed to the employee months or even years later. Ministry administrative and vouchering procedures will be used to pay these "indemnités." The MOPH disbursing mechanism is presently being revised to improve the timeliness of payment, and negotiations with the Ministry are underway to standardize the procedure. A number of MOPH supervisory personnel involved in the EPI program are already receiving "indemnités" under the existing project, and they will receive no additional amounts under this subproject. However, there are a number of implementation level personnel in rural areas who are not presently covered under VDMS, and who will benefit from an incentive payment to carry out additional field work.

Further, in an effort to promote the EPI in an innovative fashion, for increased publicity, and to provide incentives for improved performance, AID will provide "rewards", such as mopeds or similar items to present to "institutional groups" such as dispensaries, health centers, or even local community organizations involved with the EPI, who meet or exceed coverage targets in their areas.

Estimated Amount: $148,053

9. Evaluation/Monitoring

Short-term technical assistance will be provided to assist the Ministry to improve the existing data collection and information management system. USAID must report to AID/W periodically on MOPH progress as part of the overall Child Survival monitoring process. An existing MOPH service statistics system is in place, which should serve the information needs of the Ministry, as well as those of AID for purposes of monitoring the Child Survival Program. Presently, however, the system is overburdened with excess provincial data, and cannot provide timely reports. Resources under this Sub-Project will complement work already being undertaken through the existing Project. The services of a local personal services contractor may be sought to assist the MOPH and the Mission in the development and implementation of an

evaluation and monitoring plan for Child Survival. If appropriate, centrally-funded projects may also be called upon to asist with this work. Funds are also programmed to assist the Ministry to meet the costs of printing the statistical forms which provide the basis of the MOPH information system.

Estimated Amount: $60,000

10. Contingency

In addition to a 10% contingency fee on vaccine purchases, an overall contingency figure of 3% has been included in the AID budget.

Estimated Amount: $40,938

B. End of Project Status-Outputs

During the two year period (1987-88) AID will finance the inputs described above in support of MOPH vaccination targets for the next Five Year Plan. While we do not expect the 80% target for children less than one year to be reached by the end of 1988, the following levels will be reached in VDMS provinces:

BCG-coverage will rise from 60% to 75%.

Third dose of DPT-polio-coverage will rise from 50% to 65%.

Measles-coverage will rise from 45% to 60%.

Neo-natal tetanus-25% of pregnant women will have received 2 doses of tetanus toxoid.(presently coverage is nearly non-existent.

Differences between coverage in the rural and urban areas will decrease to less than 10%.

Finally, the capacity of the MOPH to vaccinate increasing percentages of the rural population will be strengthened through the provision of transport, equipment, and the principle of VDMS worker participation in giving vaccines.

Population/Family Planning Support III

Project 608-0171

Summary of Proposed Costs by Sub-project

AID

($000)

Sub-Project	LOP Funding
1. VDMS Provincial Expansion	3200
2. VDMS - Urban Areas	1000
3. National Training Center for Reproductive Health	250
4. Reproductive Health Services Provincial Hospitals	1320
5. Information, Education, and Communiction	750
6. Family Planning Services (Commodities)	6955
7.Private Sector Activities	1300
8. Natural Family Planning	120
9. Non-MOPH Family Planning Activities	300
10. Operations Research	575
11. Population Policy Development	200
12. Training	550
13. Expanded Program of Immunization	2000
14. Other Costs	1370
TOTAL	19890

Note: With this Sub-Project the total LOP funding from all sources is as follows ($000):

AID	19890	(33%)
Other Donors	6000	(10%)
GOM	34288	(57%)
Total	60178	(100%)

PROCUREMENT PLAN

Population/Family Planning Support III

Project 608-0171

Sub-Project Number 13 (EPI Support)

A. Vaccines:

Since the beginning of the EPI in Morocco, vaccines have been purchased through UNICEF/Copenhagen. This procurement facility has become one of the largest clearing houses for vaccine purchase in the world, supplying the needs of EPI programs all over the Third World. Because it consolidates orders and thus is able to purchase in bulk, prices are low, but quality control is excellent.

As AID concentrates more resources in Child Survival, requests for procurement through UNICEF world-wide will increase. In addition, AID and UNICEF will increase cooperation and coordination, a process begun and encouraged by the Administrator earlier this year. As a manifestation of this increased cooperation, and recognition that AID will increasingly use UNICEF purchasing facilities, AID/W has entered into a formal agreement with UNICEF/NY to standardize procurement from the Copennhagen. These procedures are set forth in detail in State 105127 dated April 4, 1986.

When it was clear in discussions with the MOPH that USAID would be requested to purchase vaccines under the present sub-project to provde necessary financial breathing space for the Ministry at a time of economic crisis, USAID cabled SER/OP/COMS requesting advice on procedures for UNICEF procurement. The response, received in State 77433 dated March 13, 1986 repeats the worldwide cable mentioned above. Direct AID procurement is preferred as a money saving measure, because if the MOPH procures the vaccines they are still rquired to pay local taxes and customs duty.

USAID will through the mechanism described in State 77433 facilitate the Ministry's procurement of vaccines from UNICEF in support of the Morocan EPI program for a two year period beginning in January 1987. The Ministry has estimated yearly vaccine needs as follows:

- o BCG 2 million doses
- o DPT 3.5 million doses
- o Measles 1.2 million doses
- o Tetanus toxoid 250,000 doses

The MOPH has provided a preliminary delivery schedule which is attached as Annex A to this plan.

Purchase of vaccines from UNICEF requires both source / origin and sole source waivers, which have been prepared for the Mission Director's

signature, and are attached to this PP supplement. A certification from SER/OP/COMS is required for inclusion in the waiver. This certification has been sought from AID/W by cable.

Upon conclusion of agreement between UNICEF and the GOM and approval of the waiver, USAID will prepare a PIO/C worksheet for transmission to AID/W and subsequent issuance to UNICEF/NY, who then authorizes UNICEF/Copenhagen to purchase the vaccines. Free world source and origin are assured through the PIO/C issued to UNICEF. Upon receipt of the order, the Copenhagen facility contracts for production through open international bidding. The vaccines are then produced and sent.

B. Vehicles:

According to the MOPH's standardization plan, knowledge of local terrain, local repair facilities and provincial needs, a preliminary list of vehicles has been submitted to USAID for financing under this sub-project. The breakdown is as follows:

- o 25 high wheel base all terrain-type
- o 9 small sedan-type
- o 2 small pick-ups
- o 2 large vans

Vehicles fitting these descriptions are available for purchase directly from local suppliers, and are assembled in Morocco. Because of componentry rules, over 50% of the value can be attributed to non-Moroccan origin, and therefore a source/origin waiver for these purchases will be required. For vehicles, source/origin waivers over $50,000 must be approved in AID/W. A draft waiver for AID/W issuance and approval has been prepared and transmitted to Washington. The waiver also includes provision for the purchase of spare parts to upgrade the MOPH motor pool. Two "types" of spares will be purchased. First, 15% of the new vehicle value will be purchased for spares that will be associated with the new vehicles. Secondly, the MOPH informs us that a number of vehicles and mobylettes in VDMS provinces are inoperable for lack of certain spare parts. USAID has agreed to finance the purchase of spare parts to put these broken down vehicles back on the road. Information from the motor pool information system will be used to identify a list of essential spares for this purpose. Budget estimates for vehicles and spares are based on the configuration above. Prior to actual purchase of the vehicles, USAID will require the MOPH to undertake a more detailed assessment of specific vehicle needs based on a survey of field personnel to insure that the most reasonable types of vehicles are ultimately purchased.

The purchase for both vehicles and both types of spare parts will be made by the GOM, using its own procurement methods with advertising for competitive bids and final review by the USAID. USAID will finance the purchase through this sub-project.

C Cold Chain:

1. Provincial refrigerators and freezers: to insure repair capacity and spare parts availability, these items will be purchased through competitive bidding procedures from local suppliers. These items are

fabricated in Morocco and should not require any waivers. The procurement will be made by the GOM's designated purchasing agent.

2. Rabat Cold room: this second national vaccine store, essentially consisting of large walk-in refrigerators and freezer will be modelled after the already existing Casablanca facility, which was provided by UNICEF. Construction services will be acquired under a host country contract with a Moroccan firm. Refrigeration equipment for the facility will be of local source and origin, also to assure repair capability. The MOPH will provide the design from their in-house construction/architectural unit, with the plans reviewed and approved by the AID regional engineer from Tunis.

3. Solar refrigerators: WHO and UNICEF sources of information will be tapped to identify the most cost effective solar units to buy. The MOPH will rely for technical advice on the Center for Renewable Energy in Marrakech, which was involved with monitoring the existing pilot solar unit at Bouabout. This procurement will then be made through issuance of a USAID PIO/C.

D. Evaluation/Monitoring:

USAID plans to enter into a PSC with a "local resident" for services to assist in the development and implementation of an evaluation and monitoring plan for the EPI, as well as other VDMS services. This person will be an expert in developing field monitoring systems, must be fluent in French and be available for extensive field work. Since VDMS will soon be operational in 28 provinces and prefectures, the extent of project monitoring will expand appreciably. These services will be especially useful now as the EPI acceleration begins, and AID/W monitoring requirements for child survival programs continue to mount. The PSC will sign a direct AID contract negotiated through the RCO.

If necessary this PSC will be augmented by the services of central AID/W contractors with evaluation expertise, funded by this sub-project.

Methods of Implementation and Financing

Method of Implementation	Method of Financing	Approximate Amount
1. Technical Assistance		
a. USAID procurement/PSC (evaluation/monitoring)	Direct Payment	60
b. Host Country Contract (media campaign)	Direct Letter of Commitment	100
c. AID central contract (materials development)	Direct Payment	35
2. Commodities		
a. Procurement (vaccines, sterilizing equipment from UNICEF)	Direct Payment	725
b. Direct USAID contract (solar refrigerator)	Direct Payment	15
c. Host Country Procurement (cold chain equipment, printing, vehicles, spares	Direct Letter of Commitment/ Direct Payment	812
3. Training		
a. AID direct contract	Direct Payment	60
4. Other		
a. Host Country Procurement[1/] (running costs)	Direct Payment/Advance	45
b. Local Cost support[2/] (worker incentives)	Funds forwarded through contract accounting firm	148

[1/]Subject to MOPH/ONT yearly agreement financed by USAID.

[2/]Under present project new disbursement scheme presently being worked out for payment of worker incentives through local accounting firm. Sub-project will follow same procedure.

Project 608-0171
Support for Expanded Program of Immunization
Budget

1. Vaccines			5,587,200	620,800
	doses	Dh price	Dh Total	$ Total
BCG	3,000,000	0.44	1,320,000	$146,667
DPT	5,000,000	0.21	1,050,000	$116,667
Measles	2,000,000	0.76	1,520,000	$168,889
Tetanus	500,000	0.95	475,000	$52,778
Trans/Overhd(28%)			1,222,200	$135,800
2. Cold Chain			1,613,000	$179,222
	number	Dh price	Dh Total	$ Total
Prov C B	16	8,000	128,000	$14,222
Freezer	100	4,500	450,000	$50,000
Rabat C R	1	900,000	900,000	$100,000
Solar reefer	5	27,000	135,000	$15,000
3. Sterilization			725,000	80,556
	number	Dh price	Dh Total	$ Total
	600	670	402,000	$44,667
	340	950	323,000	$35,889
4. Vehicles			5,394,000	$599,333
	number	Dh price	Dh Total	$ Total
Land Rover	24	120,000	2,880,000	$320,000
R-4	10	45,000	450,000	$50,000
Peugeot p u	1	90,000	90,000	$10,000
Peugeot b	1	120,000	120,000	$13,333
Delivery Trucks	2	150,000	300,000	$33,333
Spares-new vehicle @ 15%			576,000	$64,000
Spares(car park)ve	56	4,500	252,000	$28,000
Spares(car park)mo	660	1,100	726,000	$80,667
5. Mobility/Repair			384,888	$42,765
	km/mo	ltr/100	Dh Total	$ Total
Land Rover(diesel)	1,800	13	235,872	$26,208
R-4 (gas)	900	11	83,160	$9,240
Peugeot p u(diesel	2,400	11	11,088	$1,232
Peugeot b(diesel)	2,400	11	11,088	$1,232
Delivery Trucks (dsl)	4,000	13	43,680	$4,853
6. Printing			300,000	$33,333
			Dh Total	$ Total
			300,000	$33,333
7. Training			540,000	$60,000
	no sessions	cost/sess	Dh Total	$ Total
	6	90,000	540,000	$60,000
8. Mass Media			1,215,000	$135,000
			Dh Total	$ Total
			1,215,000	$135,000

	teams	nurses	months	Dh Total	$ Total
9. Motivation				1,332,480	$148,053
Indemnite Mob Team	159	2	12	909,480	$101,053
Prizes"				423,000	$47,000
10. Tech Assist				540,000	$60,000
				Dh Total	$ Total
				540,000	$60,000
11. Contingency (3% non-vaccine total)				368,432	$40,936
				Dh Total	$ Total
				368,432	$40,936
Grand Total				18,000,000	$2,000,000

Assumptions:

% spares	0.15
Dh/l diesel	3.50
Exc Rate	9.00
Train cost	90000 dirhams/session
Indem rate	220
Mob teams	159
Preg wom/yr	1 million
tet cov	0.25
Dh/l gas	7.00

REVISED
PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK
(including new sub-project # 13)

Project Title & Number: Population and Family Planning Support, Phase III (608-0171)

Tots
Date

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION
Program Sector Goal: The broader objective to which this project contributes: Reduce Morocco's rapid rate of population growth and thereby diminish a key constraint to achievement of the country's economic and social development objectives.	**Measures of Goal Achievement:** 1) Population growth rate reduced. 2) Reductions in age-specific fertility rates. 3) Reductions in infant, child and maternal mortality.	Demographic survey to be conducted by GOM Ministry of Plan in 1983 (part of MOP's inter-censal survey series).
Project Purpose: 1) Establish regular availability of a full range of family planning (FP) information and services for at least 70% of eligible couples in Morocco. 2) Attain contraceptive prevalence of 35% of Married Women of Reproductive Age (MWRA). 3) Develop a broader "population" awareness as part of GOM development planners. 4) Improve the health status of Moroccan mothers and children.	**Conditions that will indicate purpose has been achieved:** End of project status. 1) FP services available at 1,200 MOPH health facilities; through 2,000 VDMS outreach personnel; at rural markets (souks) in 15 provinces; and thru AMPF sales agents in towns, villages and urban areas. 2) Number of couples practicing family planning to increase from 1983 total of 920,000 to 1988 total of 1,365,000. 3) GOM Five-Year Plan includes population growth and impact analyses across various development sectors.	1) MOPH, USAID records and reports. 2) FP program service statistics; analysis of contraceptive stock flow. 3) AMPF sales statistics. 4) Contraceptive prevalence surveys. 5) On-site verification. 6) Examination of GOM Five-Year Plan.
Outputs: 1) Household Service Delivery Program. 2) Reproductive Health/Voluntary Surgical Contraceptive Services. 3) Improved Private Sector Contraceptive and Health Products Marketing. 4) FP, Oral Rehydration and EPI education materials produced. 5) Population analyses in GOM planning process. 6) Improved vaccination coverage for DPT-Polio, measles, BCG.	**Magnitude of Outputs:** 1) 70% National Coverage, i.e. 29 provinces and 8 urban prefectures. 2) Available in 30 Provincial hospitals. 3) 15 provinces and 3 major cities. 4) Radio/TV spots; household distribution of materials; national public health education campaigns. 5) Population projections included in 1987-1991 five year plan. 6) 80% of infants (0-11 months) vaccinated.	1) On-site verification of project activity. 2) Examination of household visitation records of VDMS fieldworkers. 3) Monitoring of radio, T.V., movie presentations. 4) Examination of planning documents for the 1991-95 Five-Year Plan.
Inputs: FY 1984-88: (000) Technical Assistance $ 2,525 Commodities 10,160 Training 1,570 Other (support costs, contingencies) 5,635 Total $19,890	**Implementation Target (Type and Quantity)** 1) 110 P/M TA (project evaluation, special studies/surveys, local training/workshops, resident LT contractor; AVS project support). 2) 100 P/M short-term training in U.S. and 3rd countries. 3) 30,000,000 monthly cycles of oral contraceptives at $4,850,000 8,000,000 condoms at $350,000; Other: $800,000. 4) Local Cost: VDMS + Urban outreach programs: $2,800; FS program: 600; IE+C: 400; AMPF sales: 1000; Non-MOPH FP activities: 300; Miscellaneous: 130	1) USAID and AID grantees/contractor reports. 2) Shipping documents R+I reports on contraceptive and commodity deliveries. 3) Consultant reports. 4) PIO/Ts, PIO/Cs, PIO/Ps. 5) USAID financial records. 6) SF10-34s submitted by recipient agencies.

Outputs number 4 and 6 have been modified to include accomplishments under the new sub-project # 13.

Inputs have been increased as follows for sub-project # 13 ($000): Technical Assistance - 90; Commodities - 1640; Training - 60; Other - 210; Total 2000.

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LOC: 278 693
30 JUL 86 0710
CN: 11626
CHRG: AID
DIST: AID

ACTION: PHR
DUE DATE: 07/31
INFO: DIR. CONT-
REG. CHRON. RF

AIDAC

E.O. 12356: N/A
TAGS: N/A
SUBJECT: MOROCCO - POPULATION/FAMILY PLANNING SUPPORT III PROJECT (608-0171) - SOURCE AND ORIGIN WAIVER FOR PROJECT VEHICLES

REFS: A) RABAT 06842 B) JOHNSON/BELL TELECON OF 7/28/86

1. SUBJECT WAIVER FOR AMOUNT NOT TO EXCEED DOLS 630 THOUSAND APPROVED BY DAA JAMES NORRIS ON JULY 28, 1985.

2. DISTRIBUTION OF COPIES FORTHCOMING SOONEST. SHULTZ
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UNCLAS SECTION 01 OF * RABAT 06842

608-0171

CLASS: UNCLASSIFIED
CHRGE: AID 7/11/86
APPRV: DIR:CJOHNSON
DRFTD: PHR:PEMMER:JJ
CLEAR: 1.PHR:DGIBB
2.PROG:WRHODES
3.RLA:BMEIGHAN
DISTR: AID DCM

ADM AID

E.O. 12356: N/A
SUBJECT: DRAFT SOURCE AND ORIGIN WAIVER FOR PROJECT VEHICLES IN POPULATION/FAMILY PLANNING SUPPORT III PROJECT 608-0171

DIR, PHR, PROG
RLA, CHRON, RF.

REFERENCE: RABAT 6828

1. THIS CABLE CONTAINS A DRAFT ACTION MEMO REQUESTING APPROVAL OF A SOURCE/ORIGIN WAIVER FOR VEHICLE PROCUREMENT UNDER THE SUBJECT PROJECT. AS DESCRIBED REFTEL, USAID PRESENTLY PREPARING PP SUPPLEMENT FOR SUBJECT PROJECT WHICH CONTAINS PROPOSED VEHICLE SUPPORT FOR AN ACCELERATION OF THE GOM'S EXPANDED PROGRAM OF IMMUNIZATION (EPI). PP SUPPLEMENT WILL BE APPROVED IN THE FIELD, AND PROJECT GRANT AGREEMENT AMENDED AS DESCRIBED REFTEL. REQUEST AID/W REVIEW AND PREPARE WAIVER ASAP. DRAFT TEXT FOLLOWS:

2. A. COOPERATING COUNTRY: MOROCCO
- B. AUTHORIZING DOCUMENT: PROJECT AGREEMENT 608-0171, AS AMENDED
- C. PROJECT: POPULATION/FAMILY PLANNING SUPPORT III
- D. NATURE OF FUNDING: DEVELOPMENT ASSISTANCE GRANT - CHILD SURVIVAL FUNDS
- E. DESCRIPTION OF GOODS: 27 ALL TERRAIN VEHICLES; 10 SMALL SEDAN TYPE VEHICLES, 2 VANS FOR VACCINE DELIVERY, AND SPARE PARTS.
- F. APPROXIMATE VALUE: VEHICLES - $450,000, SPARES $180,000, TOTAL - $630,000.
- G. SOURCE: MOROCCO
- H. ORIGIN: OVER 50 PERCENT COMPONENTRY FROM FRANCE OR GREAT BRITAIN (CODE 935).

PROBLEM: AUTHORIZATION IS REQUIRED FOR A PROCUREMENT SOURCE AND ORIGIN WAIVER TO PERMIT USAID/RABAT TO PURCHASE VEHICLES AND SPARE PARTS ASSEMBLED IN MOROCCO FROM FRENCH AND/OR ENGLISH ORIGIN COMPONENTS, AND PURCHASED THROUGH LOCAL MOROCCAN SOURCES FOR AN APPROXIMATE TOTAL VALUE OF $630,000.
DISCUSSION: SECTION 636 (I) OF THE FOREIGN ASSISTANCE ACT OF 1961, AS AMENDED, REQUIRES AID FINANCED VEHICLES TO BE MANUFACTURED IN THE UNITED STATES UNLESS ACCEPTABLE GROUNDS FOR A WAIVER ARE FOUND TO EXIST.

USAID/RABAT REQUESTS A WAIVER OF THIS REQUIREMENT FOR

THE PURCHASE OF 39 VEHICLES TO BE FUNDED UNDER THE POPULATION AND FAMILY PLANNING III PROJECT (608-0171). THESE VEHICLES WILL BE USED BY MOROCCAN MINISTRY OF PUBLIC HEALTH (MOPH) OFFICIALS IN SUPPORT OF AN ACCELERATION OF THE MOROCCAN EXPANDED PROGRAM OF IMMUNIZATION (EPI). USAID/RABAT IS PROVIDING SUPPORT FOR THIS ACCELERATION IN IMPLEMENTING ITS CHILD SURVIVAL STRATEGY.

INITIAL ENCOURAGING RESULTS OF EPI COVERAGE AFTER 2-3 YEARS OF NATIONAL IMPLEMENTATION HAVE BEGUN LEVELING OFF AS THE MORE ACCESSIBLE POPULATIONS ARE COVERED. URBAN-RURAL COVERAGE DIFFERENTIALS ARE PARTICULARLY NOTEWORTHY. THE GOM HAS SET COMMENDABLE BUT AMBITIOUS COVERAGE TARGETS THAT WILL NOT BE REACHED WITHOUT AN EPI PROGRAM ACCELERATION, PARTICULARLY IN THE RURAL AREAS. LARGE DISTANCES AND DISPERSED POPULATIONS, OFTEN LOCATED IN DIFFICULT TO REACH AREAS, POSE CRITICAL CONSTRAINTS TO IMPROVED COVERAGE. MANY OF THESE CONSTRAINTS CAN ONLY BE OVERCOME WITH THE PROVISION OF INCREASED TRANSPORT CAPACITY

PARTICULAR NEEDS EXIST FOR ASSURING ADEQUATE VACCINE DELIVERY CAPACITY FROM THE NATIONAL STORES TO THE PROVINCIAL STOCK DEPOTS, AS WELL AS FOR MOVING THE VACCINES FROM THE PROVINCIAL STORES TO INDIVIDUAL HEALTH CENTERS AND DISPENSARIES. IN ADDITION, ONCE THE VACCINES ARE IN THE FIELD, IMPROVED PROGRAM MANAGEMENT AND SUPERVISION ALSO REQUIRES ADEQUATE TRANSPORT CAPACITY. FINALLY, FOR PROGRAM IMPLEMENTATION FROM FIXED FACILITIES IN HARD TO REACH RURAL AREAS, MOBILE VACCINATION TEAMS NEED TRANSPORT CAPABILITY TO REACH PRESENTLY UNDERSERVED AREAS. IN MANY OF THE MORE MOUNTAINOUS AREAS, ACCESS IS IMPOSSIBLE WITHOUT AN ALL-TERRAIN, HIGH WHEEL BASE VEHICLE. IN SOME AREAS WITH EASIER ACCESS, VACCINE DELIVERY, MANAGEMENT, AND SUPERVISION CAN BE ASSURED WITH SMALLER, SEDAN-TYPE VEHICLES.

JUSTIFICATION: THE FOLLOWING POINTS WITH RESPECT TO VEHICLE USE AND AVAILABILITY IN MOROCCO ARE RELEVANT TO THIS WAIVER:

Best Available Document

1. THE MINISTRY OF HEALTH MOTOR POOL HAS STANDARDIZED ON SPECIFIC TYPES OF A) HEAVY DUTY, ALL-TERRAIN VEHICLES; B) SMALL PICK-UPS FOR LIGHTER RURAL DELIVERY USE AND C) SMALL SEDANS FOR CITY TYPE OPEN ROAD USE WHERE TERRAIN PERMITS.

2. ALL THE ABOVE VEHICLES ARE SOLD THROUGH LOCAL DEALERS IN MOROCCO, AND IN ADDITION, ARE ACTUALLY ASSEMBLED IN MOROCCO FOR IN-COUNTRY SALE AND USE. THE MAJORITY OF COMPONENT PARTS FOR THIS ASSEMBLY ARE MANUFACTURED IN EITHER FRANCE OR GREAT BRITAIN AND IMPORTED FOR ASSEMBLY.

3. THERE IS NO LOCAL SALES, REPUTABLE MAINTENANCE OR SPARE PARTS CAPACITY IN MOROCCO FOR U.S. MANUFACTURED VEHICLES. ANY SUCH VEHICLES WHICH DO EXIST HAVE BEEN BROUGHT IN ON A CASE BY CASE BASIS AND HAVE PROVEN DIFFICULT TO MAINTAIN.

4. GIVEN THE MINISTRY'S STANDARDIZATION POLICY, SPARE PARTS AND MAINTENANCE PERSONNEL ARE AVAILABLE "IN HOUSE" FOR THESE VEHICLES. IN ADDITION, LOCAL SALES REPRESENTATIVES OF THE STANDARDIZED VEHICLES ARE READY SOURCES FOR ADDITIONAL SPARES, AND ASSURE LOCAL MAINTENANCE CAPACITY TO KEEP THE VEHICLES RUNNING.

5. USAID/RABAT HAS IN THE PAST, FOR THIS AND OTHER PROJECTS, APPROVED SOURCE/ORIGIN WAIVERS FOR VEHICLES ESSENTIALLY FOR THE SAME REASONS OUTLINED ABOVE.

PURSUANT TO HANDBOOK 1, SUPPLEMENT B, CHAPTER 5, SECTION 4C2D(1), YOU ARE AUTHORIZED TO WAIVE SOURCE AND ORIGIN REQUIREMENTS UNDER FAA SECTION 636(I) FOR MOTOR VEHICLES. CIRCUMSTANCES JUSTIFYING SUCH A WAIVER INCLUDE THE LACK OF ADEQUATE SERVICE FACILITIES AND SUPPLY OF SPARE PARTS FOR U.S. MANUFACTURED CHAPTER 5, SECTION 5B4A(7), SOURCE/ORIGIN WAIVERS ARE PERMITTED UNDER CIRCUMSTANCES DEEMED CRITICAL TO THE SUCCESS OF PROJECT OBJECTIVES.

RECOMMENDATION: BASED UPON THE CIRCUMSTANCES SURROUNDING THE PROPOSED PROCUREMENT AS DESCRIBED ABOVE, IT IS RECOMMENDED THAT YOU:

A) WAIVE THE SOURCE AND ORIGIN FROM GEOGRAPHIC CODE 000 TO CODE 935 TO PERMIT THE PROCUREMENT OF PROJECT FINANCED VEHICLES AND SPARE PARTS AT AN APPROXIMATE COST OF $630,000.
B) CERTIFY THAT THE EXCLUSION OF PROCUREMENT FROM FREE WORLD COUNTRIES OTHER THAN THE COOPERATING COUNTRY WOULD SERIOUSLY IMPEDE THE ATTAINMENT FOR U.S. FOREIGN POLICY OBJECTIVES AND OBJECTIVES OF THE FOREIGN ASSISTANCE PROGRAM; AND
C) CERTIFY THAT SPECIAL CIRCUMSTANCES EXIST TO WAIVE AND DO HEREBY WAIVE SECTION 636(I) OF THE FAA OF 1961; AS AMENDED.

3. PLEASE ADVISE APPROVAL OF WAIVER. NASSIF

ACTION MEMORANDUM FOR THE MISSION DIRECTOR

FROM : Paul G. Ehmer, PHR

THROUCH : Dale C. Gibb, Chief, PHR

SUBJECT : Request for Host Country Sole Source, and Procurement Source/Origin Waivers from AID Geographic Code 000 (U.S.) to Geographic Code 899 (Free World) for the procurement of vaccines from UNICEF

A.	Cooperating Country	:	Morocco
B.	Authorizing Document	:	Grant Agreement 608-0171, as amended
C.	Project	:	Population/Family Planning Support III
D.	Nature of Funding	:	Development Assistance Grant - Child Survival
E.	Description of Goods	:	Vaccines a. Bacillus Calmette-Guèrin (BCG) b. Diphtheria, Pertussus, Tetanus (DPT) c. Measles d. Tetanus toxoid
F.	Approximate Value	:	$700,000
G.	Source	:	UNICEF (Denmark)
H.	Origin	:	Geographic Code 899

PROBLEM

Your authorization is required for the subject waivers to allow the Government of Morocco to purchase vaccines from UNICEF in support of the Moroccan national Expanded Program of Immunization (EPI) for an approximate total of $700,000.

DISCUSSION

Handbook 1, Supplement B, Chapter 4C3a 1(d) indicates that the source of AID financed pharmaceuticals is limited to the United States unless acceptable grounds for a waiver are found to exist. Connected with the United States source requirement is the requirement that AID financed goods be shipped on U.S. registered vessels for ocean transportation. In addition, A.I.D. Regulations require competition for the procurement of AID financed commodities.

This activity will involve the purchase of vaccines over a two year period in support of an acceleration of the Moroccan Expanded Program of Immunization (EPI). Constraints due to the present economic crisis have made it difficult

for the GOM to allocate the necessary resources in a timely fashion for the purchase of the required vaccines for the program. Since the GOM planned and began implementation of a national EPI program in 1981, vaccine purchase has been made through UNICEF, which has become known over the years as the most reliable and cheapest source of vaccines for national EPI programs all over the world.

In discussions with the Ministry, USAID has determined that the continued procurement from UNICEF is the preferred procurement alternative. UNICEF/Denmark purchases pharmaceuticals competitively and in quantity on the world market, essentially by pooling the orders of countries from all over the world, and thus assuring a reasonable price for each purchaser. Because of the large quantity of the consolidated order, much lower prices are obtained than any one country could negotiate acting on its own. Pharmaceuticals are stocked in large quantities at the Copenhagen warehouse for rapid shipment to purchasers. The world-wide competitive nature of UNICEF procurement allows for the most competitive prices possible. AID's policy of securing fair and reasonable prices is thus assured.

In addition, years of worldwide experience and the advice of SER/OP/COMS indicate that UNICEF's procedures assure that supplies meet internationally accepted standards of manufacturing and quality control. All vaccines will be procured from countries of free world source and origin (Geographic Code 899). As a result of increased AID interest in child survival programs and UNICEF's long procurement experience and good record in securing quality materials at low cost, AID/W has entered into a special agreement with UNICEF/New York to facilitate host country procurement of vaccines from the UNICEF Copenhagen procurement facility. The procedures are laid out in detail in State 77433 by SER/OP/COMS in response to our request to consider UNICEF procurement.

Another very important consideration is the safety factor which will be preserved by the continued purchase from UNICEF. This expanded effort will involve paramedical personnel giving on the spot injections in remote areas where immediate supervision will not always be possible. These persons have been trained in the use of UNICEF supplied vaccines. It is very important that dosage levels, application procedures, packaging and the instructions remain the same so that already well established procedures can be followed without complete retraining.

As noted above, USAID support for vaccine purchase is considered essential for the planned acceleration of the GOM's EPI program. Secondly, SER/OP/COMS has advised USAID that price considerations are within the required limits and that UNICEF procured pharmaceuticals meet our standards of safety, efficacy and quality. Also, we find that none of the items involve known violations of U.S. patents and that UNICEF's procedures assure that suppliers meet acceptable manufacturing and quality control standards. All vaccines will be purchased by UNICEF from free world sources.

AUTHORITY

You have authority pursuant to Delegation No. 113.3A Section 7b to waive U.S. source and origin requirements to allow Code 899 procurement to an amount of $5,000,000. AID Handbook 11, Chapter 3, Section 2.6.1.3.a.6. allows exercise

of the authority in circumstances critical to the success of project objectives.

AID Handbook IB, Section 7B4b2 gives you the authority to waive AID shipping flag eligibility requirements for commodities for which you have approved a source and origin waiver when the cost of the shipping does not exceed 25% of your authority to waive commodity source requirements. That is the case in the present instance.

You have the authority pursuant to Delegation No. 113.3A, Section 8 to authorize single source negotiated host country contracting when the estimated value of the procurement does not exceed $1,000,000. That is the case in the instant procurement. AID Handbook 11, Chapter 3, Section 2.2.6 allows exercise of that authority when to do so is in the best interests of the United States.

RECOMMENDATION:

That you certify by this approval that exclusion of procurement from the free world countries other than the cooperating country and countries included in AID geographic code 941 would seriously impede attainment of U.S. foreign policy objectives and objectives of the foreign assistance program, and approve the above waiver.

APPROVED Charles W. Johnson

DISAPPROVED: _____

DATE: August 7, 1986