

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT

WASHINGTON, D.C. 20523

PROJECT PAPER

AMENDMENT #1

TUNISIA: Family Planning & Population
Development (664-0331)

July 10, 1987

UNCLASSIFIED

PROJECT DATA SHEET

A = Add
 C = Change
 D = Delete

Amendment Number 1 Page 3

2. COUNTRY/ENTITY
TUNISIA

3. PROJECT NUMBER
664-0331

4. BUREAU/OFFICE
ANE
USAID/TUNISIA

5. PROJECT TITLE (maximum 40 characters)
FAMILY PLANNING & POPULATION DEVELOPMENT

6. PROJECT ASSISTANCE COMPLETION DATE (FACD)
MM DD YY
06/30/89

7. ESTIMATED DATE OF OBLIGATION (Under "B" below, enter 1, 2, 3, or 4)
A. Initial FY 85 B. Quarter 3 C. Final FY 87

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

A. FUNDING SOURCE	FIRST FY 85			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	3,500		3,500	8317		8317
(Grant)	(3,500)	()	(3,500)	(8317)	()	(8317)
(Loan)	()	()	()	()	()	()
Other U.S.						
1.						
2.						
Host Country		421	421	3,225		3,225
Other Donor(s)				(3,239)		(3,239)
TOTALS	3,500	421	3,921	14,781		14,781

9. SCHEDULE OF AID FUNDING (\$000)

A. APPLICATION/PRIORITIZATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) ESE	400B	400		5,000		-		5,000	
(2) DA	400B	400		2,500		817		3,317	
(3)									
(4)									
TOTALS				7,500		817		8,317	

10. SECONDARY TECHNICAL CODES (maximum 5 codes of 3 positions each)
 420 410 430 440 460 550

11. SECONDARY PURPOSE CODE
519B

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

A. Code	B. Amount	BWW	RPOP	PVOU
		6,060	1,000	1,072

13. PROJECT PURPOSE (maximum 480 characters)

1) Increase contraceptive prevalence by 9% through IE&C activities, social marketing, training and program focusing/operations research.
 2) Promote effective management of diarrheal disease (DD) and of dehydration associated with DD.

14. SCHEDULED EVALUATIONS

Interim	MM YY	MM YY	Final	MM YY
	06/88			06/89

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.)

USAID/Tunisia Controller approval of proposed method of implementation and financing.
 WAYNE J. BUTLER *Wayne J. Butler* Controller

17. APPROVED BY

Signature: *Wayne J. Butler*
 Title: MISSION DIRECTOR, USAID/TUNISIA
 Date Signed: MM DD YY
 07/10/87

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

USAID PROJECT MISSION REVIEW COMMITTEE

Mission Committee

James E. Vermillion, HPN Advisor, Chairman
Louis Macary, Assistant Program Officer
Abdelhafid Lakhdhar, HPN Assistant
Janet Smith, Rural Development Advisor
Robert Meighan, Regional Legal Advisor

Senior Advisory Committee

Charles F. Weden, Jr., Mission Director
Nancy Tumavik, Supervisory Project Development Officer
Jonathan Sperling, Supervisory Program Officer

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ANNEX

Project Logical Framework (revised)

ACTION MEMORANDUM TO THE MISSION DIRECTOR

FROM: Mark H. Karns, Project Development Officer *ML*

PROBLEM: Approval of the Project Paper Supplement and Amendment of the Project Authorization for the Family Planning and Population Development Project (664-0331)

DISCUSSION:

The Family Planning and Population Development Project provides technical assistance, training, commodities and local cost support to the GOT's Office Nationale de la Famille et de la Population (ONFP). The existing project is a comprehensive approach to the reduction of Tunisia's high fertility rate and to addressing selected aspects of the child survival problem. The project was authorized in FY 1985 at an LOP funding level of \$7.5 million.

Emerging emphasis on other child survival factors on the part of the Ministry of Health (MOH) has only recently been in evidence. These include concerted efforts on an expanded program of immunizations; and now, finally, recognition of the severity of the diarrheal disease problem and the urgent need to focus attention there. Efforts to date have largely neglected community and target population education in diarrheal disease management.

The principal objective of the proposed supplement to the existing project is to improve on and expand information and services available on oral rehydration therapy (ORT), and thereby promote effective management of diarrheal disease (DD) and dehydration associated with DD. The ultimate goal is to reduce child morbidity and mortality in Tunisia.

A condition deemed necessary to successful project implementation (ORS availability policy and strategy) is listed as condition precedent 4.2.(c) in the Project Authorization Amendment.

The A.I.D. funded inputs under the proposed PP supplement support primarily the training, education and mass media materials, educational and information activities, and oral rehydration remedies (ORS) required to treat diarrheal disease correctly both in the home and in the formal health structure.

The PP Supplement describes the use of existing monies (\$0.440 million) under the Family Planning and Development Project which will be made available specifically for the ORT sub-project activities; and of an additional amount (\$0.317 million) to be reprogrammed from the Rural Community Health Project (664-0296); and an additional amount (\$0.5 million) fallout funds from other accounts (\$0.2 million health and \$0.3 million population).

A Congressional Notification for the increase in LOP funding from \$7.5 million to \$8.317 million for the Family Planning and Population Development to include the ORT sub-project, and for the deobligation/reobligation of funds among Mission projects, was submitted and expired without objection on June 10, 1987 (per STATE 180188).

Under Delegation of Authority No. 654, 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 authority to approve an unsolicited proposal for the activities of this sub-project delegated to you in State 131959, dated May 11, 1987 you are now fully authorized to approve this project amendment.

RECOMMENDATION:

(1) That you approve the PP Supplement providing support for an ORT program in Tunisia by signing the attached Project Data Sheet;

(2) That you sign the attached Action Memorandum approving the award of an unsolicited proposal to Catholic Relief Services for the activities described in this Project Paper Supplement;

(3) That you sign the attached Project Authorization Amendment increasing the total LOP funding authorized from \$7.5 million to \$8.317 million and including the conditions precedent to this sub-project as described therein, and subject to the condition that funding will be made available only for the first phase of project implementation with a maximum obligation of \$440,000 already available within the project.

Approved: 

Disapproved: _____

Date: 7/9/87

Date: _____

HPN:JVermillion:nbs
07/08/87

Clearances: PM:NTumavick (draft)
RLA: RMeighan (draft)
RCO: JAnderson (draft)
CONT: WButler (draft)
PROG: MAbassi 

WANG NO. 1211H

ACTION MEMORANDUM TO THE MISSION DIRECTOR

FROM: Mark Karns, PM *MK*

PROBLEM: Authorization of Acceptance of an Unsolicited Proposal from Catholic Relief Services to Implement Oral Rehydration Therapy Activity under Family Planning and Population Development Project (664-0331)

DISCUSSION:

The Family Planning & Population Development Project (664-0331) is being amended to include a child survival activity aimed at reducing infant mortality and morbidity due to diarrhea through training and provision of oral rehydration salts. The principal objective of this amendment to the project is to improve on and expand information and services available on oral rehydration therapy (ORT), and thereby promote effective management of diarrheal disease (DD) and dehydration associated with DD. The ultimate goal is to reduce child morbidity and mortality in Tunisia.

Catholic Relief Services/Tunisia has worked with the Mission over the past two years to develop such a program. Presently the CRS activity is being funded by the centrally-funded PRITECH project, with the anticipation that continued funding will be forthcoming under the Family Planning Project.

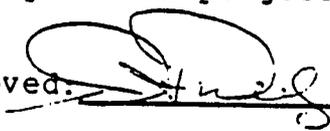
The A.I.D. funded inputs under a proposed collaborative agreement with CRS support primarily the training, education and mass media materials, educational and information activities, and oral rehydration remedies (ORS) required to treat diarrheal disease correctly both in the home and in the formal health structure.

The proposal from CRS, as modified in the Mission is for a total of \$1,257,000. \$440,000 of the amount programmed for the cooperative agreement is available in the Project and the rest will be made available by deobligation from other projects and fallout funds. Of the total amount, it is anticipated that \$1,046,151 may be included in a cooperative agreement with CRS for implementation of the ORT activity and \$210,849 will remain as project contingency for later programming. The activity will be funded in two phases, the first for one year and committing the already available \$440,000 for a cooperative agreement. The second will be for the remainder of the project budget and will include activities to be financed under an additional cooperative agreement with CRS, contingent upon availability of funds.

In Tunis 4441 (April 22, 1987), USAID/Tunis requested authority for you to approve acceptance of an unsolicited proposal from CRS for this activity. On May 11, 1987, State 131959 designated the USAID Director to approve proposal if justified.

RECOMMENDATION:

That, by signing below, you approve acceptance of CRS unsolicited proposal for ORT program in Tunisia, with funding for the first phase of project implementation to be committed on signing of the project agreement amendment with the Government of Tunisia, and with funding for the second phase of implementation subject to availability of funds and satisfactory performance by Catholic Relief Services during the first phase of project implementation.

Approved:  _____

Disapproved: _____

Date: 7/7/87 _____

Date: _____

HPN:JVermillion:nbs
7/08/87

Clearances: PM:NTumavick (draft)
PROG:JSperling (draft)
RLA:RMeighan (draft)
RCO:JAnderson (draft)
CONT:JWButler (draft)

FIRST AMENDMENT

to

PROJECT AUTHORIZATION

Name of Country: Tunisia

Name of Project: Family Planning &
Population Development

Number of Project: 664-0331

1. Pursuant to Sections 531 and 104 of the Foreign Assistance Act of 1961, the Family Planning and Population Development Project for Tunisia was authorized on August 23, 1985. That authorization is hereby amended as follows:

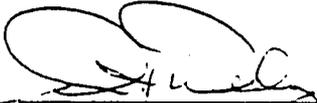
In Paragraph 1 of the original authorization, delete the planned obligations in grant funding total of not to exceed \$7,500,000 and in its place put \$8,317,000, with the condition that obligations under the project will not exceed \$7,500,000 until such time that additional required funding is available.

In Paragraph 2 of the original authorization, add the words "and to expand the availability of health service for child survival activities".

In Paragraph 1.b. of the original authorization, add the words "and a second condition precedent as follows: "Prior to any disbursement, or the issuance of any commitment documents under the Project Agreement, as amended, to finance the production of oral rehydration salts (ORS), the cooperating country shall furnish in form and substance satisfactory to A.I.D. its policy and strategy for achieving local production of ORS, including a timetable for the required feasibility studies, decision points and implementation benchmarks." "

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

Signature: _____


Charles F. Weden, Jr.
USAID Mission Director

Date: _____

7/2/87

MC
PM:MHKarns:nbs

07/08/87

Clearances: HPN:JVermillion (draft)

PROG:LMacary (draft)

PMO:NTumavik (draft)

CONT:WButler (draft)

RLA:RMeighan (draft)

PROG: MAbassi

WANG NO. 1211H

INITIALS AND ACRONYMS

CN/LAD	Comité National pour la Lutte Anti-Diarréique
CNSS	National Committee for Social Solidarity
CRS	Catholic Relief Services - USCC
DD	Diarrheal Disease
DDC	Diarrheal Disease Control
DDM	Diarrheal Disease Management
DSSB	Department de Santé de Soins de Base Department of Primary Health Care
EOPS	End-of-Project Status
FY	Fiscal Year
GNP	Gross National Product
GOT	Government of Tunisia
INNTA	Institut National de Nutrition et de Technologie Alimentaire - National Institute of Nutrition and Food Technology
INSE	Institut National de Santé de l'Enfance National Institute of Child Health
INSP	Institut National de Santé Publique National Institute of Public Health
KAP	Knowledge, Attitudes and Practices
LOP	Life of Project
MCH	Maternal Child Health
MOH	Ministry of Health
NCSS	National Committee of Social Solidarity
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PCT	Pharmacie Centrale de Tunisie - Central Pharmacy of Tunisia
PM	Person Month
PVO	Private Voluntary Organization
PRITECH	Primary Health Care Technologies
TA	Technical Assistance
TOT	Training of Trainers
UNFT	Union Nationale de Femmes Tunisiennes
UNICEF	United National Children Fund
USAID	United States AID Mission
WHO	World Health Organization

I. SUMMARY AND RECOMMENDATIONS

The present project as originally authorized consists of the provision of technical assistance, training and commodities to assist the GOT to expand the availability of basic family planning and health services, to reduce the population growth rate, and to improve the health status of Tunisian mothers and children. The sub-project described in this PP supplement focuses its resources on GOT efforts to expand the availability of health service for child survival activities.

The Diarrheal Disease Management (DDM) sub-project is aimed at promoting effective DDM primarily through direct health education and mass media activities. The focus of its education component is the prevention of dehydration through the use of appropriate remedies at home at the onset of diarrhea, oral rehydration of moderate to severe cases of diarrhea at the health centers using oral rehydration salts (ORS); health education and mass media messages concerning prevention and treatment of diarrhea, nutrition, personal hygiene and sanitation.

The implementing agency will be Catholic Relief Services (CRS). The sub-project will work through the CRS's long standing counterpart, the National Committee for Social Solidarity (CNSS), and through the Ministry of Public Health (MOH).

CNSS manages a country-wide network of 454 centers offering nutrition supplements for pre-school children and health education for mothers. These beneficiaries meet socio-economic criteria identifying them as among the community's poorest. The MOH's collaboration will be via the National Committee to Combat Diarrheal Disease (CN/LAD); and a coordinating unit within the Primary Health Care Department's (DSSB) Maternal and Child Health Service, whose role is the planning and coordination of all national diarrheal disease control activities.

Financial and technical inputs are requested from USAID, PRITECH, UNICEF and CRS, with human and material resources drawn from national counterparts. The sub-project personnel are seconded from Ministry of Health and other public sector organizations while short-term technical assistance will be contracted by PRITECH for specific expertise within the sub-project components.

AID financial support will be used for the following:

1. Training for front line health and social workers in ORT and communications methods
2. Education activities in ORT
3. Mass media campaign, to reinforce and complement health education activities

4. ORS packets, with emphasis on ensuring ORS availability
5. Technical assistance for developing, implementing and evaluating sub-project activities.

The package of activities outlined above and described in more detail below will become a sub-project under the existing Family Planning & Population Development Project (664-0331). It will be financed with funding channeled through the project. In line with the project authorization and on-going activities and given the nature of the amendment, it should be noted that a second project purpose, i.e. to promote effective management of diarrheal disease (DD) and of dehydration associated with DD, has been added. The added activity will be accomplished under two phases of project implementation, the first for a period of one year and based on funding already available within the project, and the second for the remainder of the project and financed by funding added to the project. It is recommended that the Mission Review committee approve this Project Paper Supplement. It is also recommended that the Project Authorization be amended to add \$0.817 million (total \$1.257 for this sub-project) in support of phase II of the proposed ORT/Diarrheal Disease Management effort, contingent on funding availability.

II. BACKGROUND, RATIONALE AND PROBLEM STATEMENT

A. BACKGROUND

Diarrhea and malnutrition-related diarrhea with respiratory diseases rank as Tunisia's top child-health problems. In 1982, WHO estimated Tunisia's diarrheal mortality at 55 percent of all child deaths. In September, 1985, CRS conducted a country-wide sampling of 1000 mothers whose children attend CNSS centers. The study noted that among families experiencing the death of a child, diarrhea was associated with death in half the cases. Furthermore, half of families surveyed reported that children had had diarrhea in the past.

The Tunisian health leadership has been concerned about diarrheal dehydration and consequent malnutrition since 1960. At that time, guidelines for treatment of acute diarrhea were published for use in Maternal Child Health (MCH) centers. A system of scoring the level of dehydration was developed and officially adopted in 1978.

In 1980, Tunisia launched an oral rehydration program through the Institute of Child Health with support from WHO. The goals of the 1980-84 program were to reduce infant mortality and morbidity linked to diarrheal disease.

According to a 1984 WHO evaluation of the National ORT program, positive results were achieved in the area of training; and the

availability of ORS was judged as good in health centers but inconsistent in pharmacies. No final quantitative evaluation of the program could be carried out because of the lack of baseline and monitoring data. However, the program review did document fewer severely dehydrated children in hospitals; lower rates of diarrhea-caused mortality among those hospitalized children; and a 50 percent reduction in the prescription of antibiotics for DD. However, a number of problems were cited by those who participated in the evaluation:

- o Some hospitals continue to use intravenous treatments in the interest of saving time;
- o The program had failed to reach private physicians and pharmacists, who were still not sufficiently aware of the importance and efficacy of ORT;
- o Efforts to educate mothers in particular and the community at large on treatment/prevention of DD were inadequate;
- o Minimal use was made of the mass media to reinforce the ORT activities within the health structures; and
- o The data system proved to be inadequate, precluding precise determination of progress in terms of, e.g. ORS utilization rates.

B. RATIONALE

In addition to the documented need for attention to DDM and reduction of diarrhea-related morbidity and mortality, recent positive developments augur well for launching a multi-channel campaign for combatting diarrheal disease:

- o Previous reticence on the part of the MOH to devote attention and resources to ORT, and resistance to health activities (ORT) undertaken by a non-MOH agency (i.e. CNSS, with CRS) have dissolved. Instead, a fully collaborative initiative as described in this PP supplement has been adopted by all parties involved.
- o In evaluating national ORT efforts to date and noting the failure of the program to educate the population at large, health leaders are now strongly convinced of the need for mass media/social marketing approaches to education.
- o Possibilities for local production of ORS packets are being seriously considered by the MOH. Inputs regarding ORS production feasibility are relevant to the present Tunisian dialogue and to ensuring satisfactory implementation of the diarrheal disease case management policy.

C. PROBLEM STATEMENT

The problems this sub-project will attempt to address relate to those identified in the previous WHO evaluations (1982 and 1984); and to the recognized need to expand and reinforce ORT health education activities on a national scale. These include:

- o Need for further training within the health and social services structure and up-grading of skills: While front line MOH workers have been prepared to recognize and treat dehydration, complementary health education for its prevention has not received adequate attention. Similarly, the teaching skills of CNSS center managers are limited, and messages on DDM have not been included in mothers' nutrition education at centers.
- o Need to expand access to information on ORT: The formal health system, while extensive, cannot expect to reach its entire target population, particularly in remote rural areas. In the case of ORT, where complementary facilities exist to help fill this gap, appropriate information and services should be made available.
- o Limited effort to educate the general public through mass media: During the 1980-84 ORT program, a limited mass media campaign was launched. Its effectiveness was not evaluated or documented. Since 1984, ORT mass media activities have been minimal.
- o Inadequate information on present knowledge and practices of Tunisian mothers in DDM with regards to the use of home remedies and ORS: Health education and mass media messages currently diffused were not formulated based on mothers' present behavior.
- o Lack of long-term planning and unclear decision making regarding ORS packets: The UNICEF decision to discontinue importation of ORS packets for free distribution through health centers and private pharmacies has prompted debate on local production. However, basic decisions regarding packaging, pricing and distribution have not been taken.

In addressing the above listed problems, the sub-project will necessarily promote 1) policy clarification on a) diarrheal disease case management and b) ORS availability; and 2) institution strengthening in the area of child/family health.

III. SUB-PROJECT DESCRIPTION

A. SUB-PROJECT GOAL: The long range sub-project goal is to reduce morbidity and mortality resulting from diarrheal disease in children under five years of age. This goal is consistent with AID's child survival and family health strategy and with Tunisia's current Sixth Development Plan, which calls for "preventive health education training for public health workers and programs to prevent malnutrition and reduce morbidity and mortality caused by diarrheal disease".

B. SUB-PROJECT PURPOSE: The sub-project's purpose is to promote effective management of diarrheal disease (DD) and of dehydration associated with DD.

The sub-project will use the complementary resources and facilities of the CNSS and the MOH to reach its target populations and attain its purpose.

C. END OF PROJECT STATUS (EOPS): Conditions that will indicate that the sub-project purpose has been achieved are as follows:

- o 50% percent increase among CNSS, and 30% among general, target client population (mothers) demonstrating correct ORT knowledge
- o 30% percent increase among target client population (mothers) able to demonstrate correct ORT preparation
- o 40% percent increase among target community population (MD's, pharmacists, pharmacist assistants) promoting appropriate ORT
- o ORS packet availability and distribution in conformance with case management policy and with demand.

D. SUB-PROJECT COMPONENTS: The major components of the sub-project include:

Training in management of diarrheal disease and dehydration. The training will be for CNSS center agents, regional coordinators and governorate inspectors; and for regional and local health workers. It will be designed to address respective functions and health care responsibilities vis-a-vis client populations.

This category also includes seminars and workshops on ORT for private physicians, pharmacists, and pharmacist assistants; as well as for "social mobilization"/informational workshops for community leaders and local authorities.

Education of mothers and of the community at large in ORT. Inter-personal (one-on-one) education will be promoted in health centers and group health education in CNSS centers. These activities will be conducted using educational and training materials developed under this sub-project.

Mass media campaign on ORT, using a social marketing approach, to reinforce and complement health education activities (television, radio, posters, brochures, etc.).

ORS availability: In order to ensure long-term availability of ORS, technical assistance consultancies will be provided on production feasibility and pricing, packaging and distribution. Financial support for production equipment/supplies is envisioned.

E. OUTPUTS: While the sub-project's activities are designed to be mutually reinforcing, the specifics of the training and education components for e.g. CNSS personnel and clientele will be different from those intended for MOH personnel and clientele, etc.

Therefore, these components are described separately as pertains to the sub-project's outputs.

Expected sub-project outputs are as follows:

1. CNSS group education in ORT
2. Health worker training for interpersonal communication and education in ORT
3. Educational and training materials
4. Mass media campaign
5. ORS availability policy

A discussion of each output follows.

F. DESCRIPTION OF OUTPUTS

Output No. 1: CNSS Group Education in ORT

The process of ensuring mother/child education activities in ORT began with an assessment of equipment requirements, and agent training needs (KAP). The analyses for the assessment and KAP have already been completed and analyzed (see IV. Implementation, for a summary of activities preceeding those described in this PP supplement).

Under the CNSS system, 7 area coordinators and 23 governorate inspectors are responsible for on-site supervision of mothers' courses and general program management. The coordinators will coordinate the planning and supervision of the center DDM activities at the regional and local level. During the first year of the sub-project, they will receive monthly training on

technical issues of DDM, interviewing techniques, participatory education training, and center management. The inspectors will receive yearly technical training on DDM, non-formal education training, center supervision and monitoring and evaluation of education activities. Beginning in January, 1988, the inspectors will begin to take over the supervision of CNSS center mother education activities.

CNSS center managers will be trained in nonformal education techniques appropriate for illiterate or minimally educated mothers. CNSS center agent training will be phased on a yearly basis over the life of project (see implementation schedule).

All training activities, including curriculum and materials preparation, organization, logistics and implementation, will be done by the technical sub-project staff. External TA will be provided.

As the CNSS center managers are trained, they will conduct group health education activities on ORT during the course of normal CNSS center functioning. The education sessions will cover a 5-month period corresponding to the May - October diarrheal season in Tunisia. The education activities will cover 5 topics (one per month) related to ORT (general information; home remedies; ORS; breastfeeding/nutrition; and prevention of DD). The timing and scheduling of topics will coincide with those of the mass media campaign (see Output No. 4 below).

For the education to be complete, the mothers should attend one session per month (each topic) for each of the five months. Each session will aim to include 15-20 mothers. The CNSS center manager will conduct 2 sessions per week, or 8 sessions of 15-20 mothers per topic each month.

Supervision of the mother education activities will be assured by the area coordinators and inspectors who will visit each center at least once a month, to observe the conduct of the education sessions.

Output No. 2: Health worker training for education and communication in ORT

Training activities under this output will be at 3 levels, national, regional and local. Each level of training beginning at the national level will be in preparation for the next. As with CNSS agent training, these activities will take place each year and will be phased.

- 1) National: Each year a national level seminar will be held with MOH Regional Directors, MOH Chef de Service for Primary Health Care (PHC), representatives of the CN/LAD, sub-project implementor(s) (CRS sub-project technical staff), and other key MOH representatives.

Its objective will be to develop the ORT training and education strategies for the MOH and to plan for the implementation of these strategies in the regions. National seminars for the medical and pharmaceutical establishments will also be held.

- 2) Regional: To implement MOH ORT training and education strategies, 15 MOH Regional Training Teams will be formed under the MOH Regional Director (of already existing staff, 5-8 people each -- Chef de Service/PHC; regional supervisor, continuing education chief, health educator, regional nutritionist). Under the sub-project, these teams will be trained as "Trainers of Trainers" which, subsequently, will conduct the training of local MOH personnel and others. In addition to learning training techniques and organization, the training will cover technical aspects of ORT, supervision, monitoring and evaluation.
- 3) Local: Over the course of the sub-project, the Regional Training Teams will organize and conduct:
 - a) Training seminars for MOH health center and mobile team agents responsible for ORT activities. The training will cover technical aspects of ORT, sanitation and nutrition; as well as one-on-one communication techniques and use of educational materials with clients. Agents will be expected to apply this information in the course of their contact with health center/mobile unit clientele. Supervision and oversight will be assured by the regional teams. (It is anticipated that this supervision will extend to CNSS activities on ORT after the LOP).
 - b) Seminars for physicians, pharmacists and pharmacist assistants. The main content of these seminars will be up-to-date technical information on ORT; related nutritional issues; and patient-education materials developed in the sub-project.
 - c) Public information meetings for community leaders and local authorities. These will introduce and discuss the seriousness of the diarrheal disease problem, its prevention and treatment.

The technical sub-project staff, in collaboration with the MOH's DDM Coordination staff, will prepare all training activities (content, curricula, materials). Implementation of national and regional level training/seminars will be the responsibility of the technical project staff; implementation at the local level will be the responsibility of the MOH Regional Training Teams. TA will be provided throughout.

Output No. 3: Educational and Training Materials Development

The development of educational and training materials is intended to support the activities described under outputs 1 and 2. Content and presentation are based on a social marketing approach, i.e. market segmentation, consumer research, etc., and includes pre-program research on the diarrhea-related knowledge and practices of the target populations (mothers, CNSS center managers, public and private health personnel, physicians, pharmacists and their assistants) (see IV. Implementation for summary of activities undertaken to date).

Four types of health education and training materials will be developed in the sub-project:

- o materials for use in group education sessions
- o materials for use in individual consultations in private and public health structures
- o materials for training and face-to-face education
- o press coverage

The content of educational materials will emphasize the recognition of the signs and symptoms of diarrhea and dehydration, the use of ORS and the recommended accompanying liquid and food intake. The messages delivered by all materials prepared will be standardized.

Group education materials will consist of ORT "problem-posing" and "problem solving" topics. Simple lesson plans for the use of these materials will be prepared specifically for CNSS center managers and will be available also for use by health center staff.

Simple brochures will be prepared for wide distribution through health centers, physicians' offices, pharmacies, etc.

Training support materials will be developed by the technical project staff for use in the DDM training activities for CNSS center managers and public health personnel who will in turn educate mothers in their respective settings. Likewise, education materials will be developed for direct use with mothers. The training and educational materials will include different posters and brochures which will target the different categories of trainees and mothers of young children.

Finally, regular press coverage of the diarrheal disease problem and sub-project activities will be ensured through on-going collaboration with a network of journalists.

Output No. 4: Mass Media Campaign

A mass media campaign on ORT promotion will be carried out during

the diarrheal seasons from May to October in 1987 and 1988. It will target CNSS center mothers, mothers served by the public health structure, and other mothers and future mothers in the Tunisian population at large.

According to the 1984 census, there are 1.3 million households in Tunisia of which 60% own either a radio or a television. It is anticipated that the media campaigns will reach 60% of the households with radio or television.

The mass media campaigns will be based on messages dealing with both the prevention and treatment of diarrheal disease. The campaigns will be carried out primarily through radio and television, including radio spots and programs, televised skits and programs, and video documentaries. A radio competition will also be launched.

The radio components of the campaign will be conducted in collaboration with the national and the two regional radio stations. Both radio and television programming will be co-produced with RTT (Radio-Television Tunisienne) journalists and technical production facilities.

Output No. 5: ORS Availability Policy

Important decisions concerning the continued availability of ORS for Tunisia's long term DDM program must be made during the course of the project. The major options available to the government are 1) purchase of amounts required on the international market and 2) local production. The MOH has stated its intent to undertake local production.

Existing in-country stocks and resources to be made available under this sub-project will ensure an adequate supply through calendar year 1988. By early spring, 1988, the MOH must crystallize its stated intent to proceed with local production and act to ensure ORS availability for the 1989 diarrheal season; or arrange for ORS procurement.

Local production vs importation of ORS has been examined during 2 PRITECH-sponsored consultancies. While the GOT/MOH appears poised to proceed with local production, a number of policy decisions are required and further technical and economic issues must be examined before a production strategy can be developed. Along these lines, the sub-project will support consultancies on feasibility of local ORS production and on technical assessments concerning pricing, packaging and the distribution system. A decision to purchase production equipment and/or supplies, for which a line item is included under this sub-project, must wait until a feasible strategy is outlined. UNICEF is also prepared to collaborate on this sub-project component. AID and UNICEF will coordinate their inputs.

Estimates of ORS demand and projected demand will be made as educational and mass media activities are undertaken by periodic health center and pharmacy stock level checks.

IV. IMPLEMENTATION PLAN

A. Implementation Responsibilities

The sub-project will be implemented by CRS in two phases, one to be funded on signing of the project agreement amendment to include this activity under the project, for a period of one year, and the second through the PACD, contingent on funding availability. The CRS sub-project implementation staff will be responsible for oversight of all the coordination, technical, and materials development responsibilities described below. Staff are listed in IV.C. below.

Respective responsibilities for sub-project implementation are as follows:

- 1) CRS Technical Project Staff will function as the main technical and implementation coordination unit. It will oversee implementation of a) global sub-project activities and b) activities within the CNSS system.
 - a) Global sub-project activities
 - o define training content and approach at all levels of the health system (to be based on DD case management policy, pre-program research results, and latest empirical information on ORT)
 - o develop, submit for CN/LAD input and approval, and prepare all training and educational materials
 - o plan and prepare all national and regional training content and materials and implement them in collaboration with MOH Regional Directors; plan and prepare all local level training content and materials; coordinate with the MOH's implementation of local training activities
 - o plan, prepare, pre-test, launch and evaluate the mass media campaign, in collaboration with MOH and RTT
 - o coordinate input on ORS production/availability policy
 - o coordinate with the MOH on its ORT program monitoring, supervision, and surveillance activities

b) Project activities within CNSS system

- o design, prepare and implement training for CNSS regional coordinators/supervisors and center managers/agents
- o prepare, test, produce and distribute all training and education materials
- o coordinate all activities with CNSS leaders
- o monitor, supervise and evaluate all activities.

2) The MOH will be responsible for:

- o regular meetings of the CN/LAD for technical review and approval of all training, educational materials, mass media activities, and ORS production/procurement activities of the sub-project
- o organization and implementation of national level seminars and workshops with the CRS technical sub-project staff and using project-prepared curricula and training support materials
- o establishment of regional training teams
- o organization and implementation of training for regional training teams with the CRS technical sub-project team and using project prepared curricula and training support materials
- o organization and implementation of all local level training and seminars (private and public health workers; "social mobilisation") using the training curriculum and materials prepared by the CRS technical sub-project team
- o supervision and monitoring of ORT services and information activities with the target population.
- o elaboration and implementation of an ORS policy/strategy

On a day to day functional level, a MOH DDM coordinator from within the MOH's Department of PHC, Maternal and Child Health Services, will be responsible for ensuring that MOH responsibilities are met. On a global oversight and technical review level, the CN/LAD will provide regular input and approval of sub-project activities.

For mass media production, RTT will furnish the necessary

equipment, studio space and broadcast expertise. The actual scenarios will be developed by sub-project staff in concert with RTT and technical consultants.

B. Implementation Schedule and Benchmarks

Activities preparatory to those described in this PP supplement undertaken to date were supported by "bridge funding" through PRITECH and advance CRS monies. These activities are summarized herein:

- o sub-project staff recruited (see IV.C. for position and primary responsibilities)
- o CNSS center assessment and analysis for identification of training and equipment needs
- o mother/father focus groups undertaken, to assess knowledge, attitudes and practices of the community with regards to diarrhea and dehydration
- o KAP surveys conducted with:
 - CNSS center managers, to analyze their beliefs and behavior regarding causes and treatment of diarrhea; results used to identify health education training content
 - private/public sector physicians, pharmacists/ pharmacist assistants, and auxilliary health personnel, to analyze attitudes and practices toward diarrhea and treatment; results used to identify training/seminar content
 - mothers, to collect baseline data on current understanding and response to diarrhea
- o initial training of CNSS coordinators and inspectors
- o training materials development for CNSS center managers
- o training activities for first phase of CNSS center agent training undertaken
- o training content and materials developed for MOH training
- o mass media communication structure analyzed and strategy prepared
- o mass media content and messages identified; skits, posters and brochures in preparation.

To date, approximately 8 person months of external (PRITECH) technical assistance have been provided.

Tentative Schedule

<u>Action</u>	<u>Responsible Entity</u>	<u>Date</u>
<u>PHASE I</u>		
PP Supplement and Authorization	USAID	May, 87
Project Agreement Amendment	USAID, MOH	June, 87
Cooperative Agreement with CRS	USAID, MOH, CRS	June, 87
MOH DDM Coordinator named	MOH/CN	May, 87
National Seminars/Workshops	CRS, MOH/CN	May/June, 87
DD Case Management Policy	MOH/CN	June, 87
Mass media content	CRS, MOH/CN	May/June, 87
CNSS training materials production	CRS	Feb-June, 87
CNSS agent training	CRS	Apr&July, 87
Educational/training materials development and testing	CRS, MOH/CN & DDM	Feb-June, 87
Materials production	CRS	June-July, 87
Recruitment of 2nd health educator	CRS	July, 87
Materials distribution	CRS, MOH/DDM	July-Aug, 87
Regional Teams TOT & evaluation	CRS, MOH/DDM	August, 87
Health worker training (local)	MOH Reg. Dir	Aug-Oct, 87
Mass media message development & testing	CRS, MOH/CN	June-July, 87
Mass media launch & broadcasts	CRS, RTT	June-Oct, 87
ORS monthly demand/distribution estimates	CRS, MOH/DDM	July-Nov, 87
Health worker services delivery incorporating training	MOH/DDM, Reg. Dir	Aug-Nov, 87
Evaluation education activities	CRS, MOH/DDM	December, 87
ORS procurement initiated, based on demand analysis	CRS, MOH/CN	December, 87
CNSS training program preparation	CRS	Jan-Apr, 88
MOH training/seminars	CRS, MOH/CN, DDM	Feb-Apr, 88
ORS availability/production policy & strategy	MOH/CN	Feb, 88
<u>PHASE II</u>		
ORS production equipment	MOH, CRS	March, 88
Educational materials development	CRS, MOH/CN	Mar-June, 88
CNSS agent training	CRS, MOH/DDM	Apr&July, 88
Health worker training	MOH Reg. Dir.	July-Sept, 88
Mass media broadcasts	CRS, RTT	June-Oct, 88
ORS production/procurement for 1989 season	MOH	March, 89
CNSS and MOH training	CRS, MOH	Apr-July, 89
Media preparation	CRS, MOH, RTT	Mar-June, 89
Media broadcasts	RTT	June-Oct, 89
Evaluation	CRS, MOH, USAID	July, 89

C. Sub-project Staff and Consultants

1. Sub-project Staff and respective responsibilities are as follows:

Project Manager	Policy negotiations, technical supervision, overall program management; coordination with MOPH, USAID
Communications Specialist	Planning/supervision of mass media activities via radio, television and print
Administrative Manager	Administrative and financial supervision; coordination of reporting and logistics
Health Educators (2)	Planning training modules for different trainee groups; training supervision; designing health education content; planning/coordination of mother education
Research/Evaluation	Designing evaluation instruments, Specialist methodologies for communication, training and health education components; planning and supervision of operations research
Secretary	Typing, filing, receptionist duties
Mechanic/Driver	Supervision of vehicle repairs and maintenance; driving
Art/survey team	Graphics design and pretesting, qualitative research/focus groups
(7) Regional Coordinators (1 yr only)	Conducting surveys among beneficiaries; data collection; on-site supervision of center management and mother education activities.

2. PRITECH Consultants (15 person months): Short term (external; local) TA will be provided for the following activities.

- a) Training and health education activities (2.5 person months): To assist with training plan and materials development and follow-up. Estimated 6 person weeks (pw) in 1987 to assist with 1) MOH regional training team TOT and 2) CNSS agent training; and approximately 2 pw each in 1988 and 1989 for MOH personnel training activities.

- b) Communications and mass media development (3 person months): Periodic assistance and technical input corresponding with evaluation of the first mass media campaign; development of the second (1988 season); evaluation of the second campaign; and follow-on activities in preparation for the 1989 season.
- c) ORS and ORT policy clarification (0.5 person months): To assist with case management protocol elaboration and overall direction on DDM; ORS local production/procurement decisions and strategy development.
- d) ORS market research (1 person month): To assist with preparation and planning of ORS market research (potential demand; promotional considerations; access, packaging, pricing).
- e) ORS production (4 person months): Presuming the GOT's intent to produce ORS locally, TA will be required to work with the Pharmacie Centrale, the GOT, project personnel and UNICEF to develop and implement a viable ORS production and distribution strategy.
- f) ORS social marketing (1 person month): To assist with refining ORS marketing strategy in conformance with ORS use/promotion and production decisions.
- g) Other (3 person months): To complement needs in above categories, as required, and to assist in sub-project evaluation.

D. Administration

A work plan will be prepared by CRS for each 6 months of the 30 month LOP, supported by planned expenditures and budget amounts required prior to any disbursements for that time period. USAID input will be provided; MOH and USAID approval will be required. At the time of workplan approval, the MOH may request additional approval authority for expenditures planned or technical input. USAID will assist in coordinating all approvals.

The first workplan will be prepared and submitted at project onset. The subsequent plan covering months 6-12 should be prepared by month 4; and so on.

V. SUB-PROJECT INPUTS

AID will provide support for mass media campaign development, educational and training materials development, CNSS and health personnel training, ORS production/procurement, and evaluation activities. Other agency's inputs are also provided.

T A B L E 1
SUMMARY BUDGET

	<u>\$ US</u>
1. <u>Education and Mass Media</u>	
a. Mass media development	142,188
b. Educational materials production	<u>61,250</u>
Subtotal	203,438
2. <u>Training (MOH, CNSS personnel & others)</u>	
a. National level and Regional teams	32,000
b. Local MOH agent training	65,000
c. CNSS Center agent training	<u>21,980</u>
Subtotal	118,980
3. <u>Health and CNSS Center Education</u>	
a. Logistics and vehicles	125,000
b. Demonstration equipment	137,000
c. Health educators (2)	55,625
d. CNSS coordinators (7)	106,000
e. National mobilisation/information	<u>62,500</u>
Subtotal	486,125
4. <u>ORS production/procurement</u>	117,500
5. <u>Evaluation and Supervision.</u>	65,625
6. <u>CRS Overhead (8.9%, excluding vehicles and equipment)</u>	<u>54,483</u>
TOTAL CRS	1,046,151
7. <u>Contingencies</u>	<u>210,849</u>
TOTAL AID	1,257,000
TOTAL CRS	189,000
TOTAL UNICEF	(50,000) - TBD

TOTAL PRITECH	150,000
TOTAL DONOR ASSISTANCE	1,646,000 (68%)
TOTAL GOT CONTRIBUTION:	\$ 790,000 (32%)

T A B L E 2

BREAKDOWN OF AID AND OTHER DONOR INPUTS

A. AID INPUTS FOR SUB-PROJECT

	<u>DT</u>	<u>Amount</u> <u>(\$ US)</u>
1. <u>Educational, Training and</u> <u>Mass-Media Development</u>		
a. <u>TV spots skits</u> 15 at 3000 TD ea	45,000	56,250
b. <u>Radio spots skits</u> 20 at 200 TD ea	4,000	5,000
c. <u>Focus Groups</u> 20 at 240 TD ea	4,800	6,000
d. <u>Video Films</u> 2 at 2500 TD ea	5,000	6,250
e. <u>Journalist/PR</u>	8,000	10,000
f. <u>Promotional Campaign</u> (materials, supplies, etc)	12,000	15,000
g. <u>Media/Communications Coordinator</u>		
1. Salary 2.5 years x 13,000 TD	33,750	42,188
2. Per Diem (2 days/month x 12 months/ x 2.5 yrs x 20 TD/day)	<u>1,200</u>	<u>1,500</u>
Sub-total:	113,750	\$142,188
2. <u>Education and Training Materials</u> <u>Production</u>		
a. <u>Brochures</u> (health worker) 5000 at 1.5 TD ea	7,500	9,375
b. <u>Technical Charts</u> 5000 at 0.5 TD ea	2,500	3,125
c. <u>Posters</u> (six) (10,000 at 0.5 TD ea) x 6	30,000	37,500
d. <u>Pamphlets</u> 10,000 at 0.5 TD ea	5,000	6,250
e. <u>Cassettes and slides</u> 500 at 2 TD	1,000	1,250
f. <u>Miscellaneous</u> (graphic artist, lay-out specialist)	<u>3,000</u>	<u>3,750</u>
Sub-Total	49,000	61,250

NOTE: 1 Tunisian Dinar = \$0.80 US.
\$1.00 US. = 1.25 TD

	<u>DT</u>	<u>Amount</u> <u>(\$ US)</u>
3. <u>Training and Education Costs</u>		
a. <u>MOH Regional Training Teams/MD's/ Pharmacists/Pharmacist assistants etc.</u> 2330 persons days	25,600	32,000
b. <u>MOH Local level health personnel</u> 1300 health workers, 2 days ea at 20TD/day	52,000	65,000
c. <u>2 Health Educators</u> 1. Salary: 8160 TD/year X 2.5 years x 2 people	37,300	46,625
2. Per Diem: (20TD/day x 6 days/m x 30 mo	7,200	9,000
d. <u>Social Mobilisation/Informational Sessions</u> 150 at 200 TD ea	50,000	62,500
e. <u>Transportation/Vehicles</u> 10 at 10,000 TD ea	100,000	125,000
f. <u>Audio-Visual and demonstration Equipment</u> 1000 health centers x 75 TD ea	75,550	94,437
g. <u>CNSS Center Agents</u> 3704 person days at 3 TD/day	17,584	21,980
h. <u>CNSS Coordinators (salaries, training, per diem)</u> 485 D/mo x 12 mo x 7 (2 yrs)	84,800	106,000
i. <u>CNSS center equipment</u> 454 centers x 75 TD ea	<u>34,050</u>	<u>42,563</u>
Sub-Total	484,084	605,105
4. <u>ORS</u>		
a. Production equipment/supplies	50,000	62,500
b. ORS packets	<u>44,000</u>	<u>55,000</u>
Sub-Total	94,000	117,500
5. <u>Evaluation/supervision</u>	52,500	65,625
6. <u>CRS Overhead (8.9% of all but vehicles and equipment)</u>	<u>43,586</u>	<u>54,483</u>
TOTAL AID	836,920	1,046,151

B. CRS INPUTS:

Project Manager	49,710	
Administrative Assistant	41,250	
Transport (fuel, etc.)	4,500	
Secretary (5500 TD x 2.5 years)	13,750	
Drivers/Mechanic	12,000	
Equipment/Supplies/Commodities	15,000	
Rent, electricity, etc..	15,000	
	<u>151,210</u>	189,013

C. PRITECH

15 pm at \$10,000/month \$150,000

D. UNICEF

(50,000)

E. GOT CONTRIBUTION TO SUB-PROJECT*

1. Ministry of Health

Part time personnel, over three years:

10%, Director of the Institute of Public Health.....	5,000
10%, Two Assistants, IPH.....	4,000
10%, Director of Primary Health Care....	5,000
10%, Two Assistants, PHC.....	2,000
10%, Regional health personnel, 100.....	10,000
10%, Regional Public Health Directors...	60,000
10%, Health personnel, 796.....	159,000
Other contributions in transport, maintenance, chauffeurs, materials and equipment.....	100,000

Sub-Total for Ministry of Public Health \$345,000

2. National Committee of Social Solidarity

Personnel costs to assure two agents in each preschool center over three years	\$330,000
Equipment of Centers (partial list)	75,000
Transportation	40,000

Sub-Total for CNSS \$ 445,000

TOTAL GOT CONTRIBUTION: \$ 790,000
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*Source:

Official document sent by CNSS and CRS estimate of Ministry of Public Health.

TABLE 3
AID Inputs by Sub-Project Year, LC and FX Costs

PHASE I

C A T E G O R Y	FY 1987		FY 1988 (1st half)		Totals-Phase I	
	LC	FX	LC	FX	LC	FX
1. <u>Education and mass media development</u>	40,688	-	54,387	-	95,075	-
2. <u>Training Costs</u>	23,796	-	23,796	-	47,592	-
a. National level and regional teams						
b. local MOH agent training						
c. CNSS center agent training						
3. <u>Health and CNSS center Education</u>						
a. Logistics and vehicles	-	-	-	62,500	-	62,500
b. Center & demonstration equipment	-	27,400	-	54,800	-	82,200
c. Health educators (5py)	11,125	-	11,125	-	22,250	-
d. CNSS Coordinators (7py)	27,500	-	27,500	-	55,000	-
e. National mobilisation/Information	12,500	-	12,500	-	25,000	-
4. <u>CPS Production/Procurement</u>	-	-	-	-	-	-
5. <u>Evaluation & Supervision</u>	13,125	-	13,125	-	26,250	-
6. <u>CPS Overhead</u>	-	11,457	-	12,676	-	24,133
7. <u>Contingencies</u>	-	-	-	-	-	-
TOTALS - PHASE I:	128,734	38,857	142,433	129,976	271,167	168,833

PHASE II

C A T E G O R Y	FY 1988 (2nd half)		FY 1989		Totals-Phase II	
	LC	FX	LC	FX	LC	FX
1. <u>Education and mass media development</u>	26,988	-	81,375	-	108,363	-
2. <u>Training Costs</u>	23,796	-	47,592	-	71,388	-
a. National level and regional teams						
b. local MOH agent training						
c. CNSS center agent training						
3. <u>Health and CNSS center Education</u>						
a. Logistics and vehicles	-	-	-	62,500	-	62,500
b. Center & demonstration equipment	-	-	-	54,800	-	54,800
c. Health educators (5py)	11,125	-	22,250	-	33,375	-
d. CNSS Coordinators (7py)	27,500	-	23,500	-	51,000	-
e. National mobilisation/Information	12,500	-	25,000	-	37,500	-
4. <u>CRS Production/Procurement</u>	-	87,500	-	30,000	-	117,500
5. <u>Evaluation & Supervision</u>	13,125	-	26,250	-	39,375	-
6. <u>CRS Overhead</u>	-	10,238	-	20,112	-	30,350
7. <u>Contingencies</u>	105,425	-	105,424	-	210,849	-
T O T A L S - P H A S E II:	220,459	97,738	331,391	167,412	551,850	265,150

PROJECT TOTALS

<u>C A T E G O R Y</u>		
	<u>LC</u>	<u>FX</u>
1. <u>Education and mass media development</u>	203,438	-
2. <u>Training Costs</u>	118,980	-
a. National level and regional teams		
b. local MOH agent training		
c. CNSS center agent training		
3. <u>Health and CNSS center Education</u>		
a. Logistics and vehicles	-	125,000
b. Center & demonstration equipment	-	137,000
c. Health educators (5py)	55,625	-
d. CNSS Coordinators (7py)	106,000	-
e. National mobilisation/Information	62,500	-
4. <u>CRS Production/Procurement</u>		117,500
5. <u>Evaluation & Supervision</u>	65,625	-
6. <u>CRS Overhead</u>	-	54,483
7. <u>Contingencies</u>	210,849	-
<u>PROJECT TOTALS:</u>	823,017	433,983

AID TOTAL: \$1,257,000

Family Planning and Population Development Project (664-0331) Totals:

<u>AID-Financed Inputs</u>	<u>Life of Project</u> (\$ Thousands)
- Technical Assistance	3,098.7
- Training	1,288.5
- Commodities	1,641.5
- Evaluation/Audit	195.6
- Other Costs	1,397.9
- Contingencies	244.7
- Message Development & Promotion	450.0
<u>TOTAL</u>	<u>\$8,317.0</u>

VI. MONITORING PLAN

This activity will be implemented as a cooperative agreement with CRS. Thus, substantial involvement by USAID is anticipated.

A biannual (every 6 months) work plan will be prepared by the project staff and approved by all parties (CRS, MOH, USAID). USAID will ensure that conditions have been met and activities undertaken prior to releasing funding for the next six month period. The latter will include close collaboration with the MOH for timely CN (Comité National) approval of all technical inputs and expenditures for sub-project commodities and supplies.

Actions critical to the sub-project's successful implementation (included in the implementation schedule) are the following:

- o MOH official designation of counterpart implementor, May, 1987
- o MOH policy on diarrheal disease case management, June, 1987
- o CRS recruitment of second health educator, July, 1987
- o MOH ORS policy and strategy definition, February, 1988
- o MOH ORS production/procurement, March, 1989

USAID will need to coordinate directly with the MOH, and with CRS as sub-project implementor, on these benchmarks. It is proposed that regular (at least twice a month) meetings between CRS and MOPH be held.

VII. EVALUATION

Formative evaluation has been included throughout the sub-project design. All training and educational sessions will be evaluated and modified based on findings. Educational and communications materials will be tested during development and evaluated as used. Effectiveness of communications' education messages will be monitored through CNSS agent and health worker feedback, and surveys of health center/pharmacy ORS stock levels will be conducted.

Baseline information relative to the sub-project's purpose has already been collected. Comparative end-of-project data to be collected (i.e. KAP, survey, other method) will depend on resource availability. At present, budget cuts and resource constraints preclude use of the same methodology as used for the collection of baseline data. The evaluation will be conducted by the MOH and CRS with external TA.

ANNEX I

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:
 From FY 85 to FY 89
 Total U.S. Funding
 \$ 7.929 million
 Date Prepared: 7/2/85
 Revised: 4/15/87

Project Title & Number: Family Planning & Population Development (664-0331)

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>To reduce Tunisia's fertility rate by 1988, and thereby enhance potential for achievement of the country's economic and social development objectives</p>	<p>Measures of Goal Achievement:</p> <ul style="list-style-type: none"> - Population growth rate reduced - Age-specific fertility reduced - Efficient applications 	<p>Demographic data CPS 1987-88</p>	<p>Assumptions for achieving goal targets:</p>
<p>Project Purpose:</p> <p>1) To increase contraceptive prevalence by 9% through:</p> <ul style="list-style-type: none"> - targetted and evaluated IEC activities - contraceptive social marketing - targetted and evaluated training - program focussing, including demographic and operations research - identification of alternative public sector delivery mechanisms <p>2) To promote effective management of diarrheal disease (DD) and dehydration associated with DD.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> 1) 42.7% of MWRA practicing a modern method of family planning in governorates covered under this project 2) Contraceptive purchases through pharmacists increased by 52% 3) Systems for programming, implementing and evaluating FP services based on needs, cost-effectiveness and resources available in place 4) 30-50% increase in ORT knowledge among target populations 	<ul style="list-style-type: none"> - CPS, 1983; FY 87-88 - ONFP marketing organization services exists - Pharmacists' display and stocks - Sales Statistics - Pharmacist and consumer interviews - KAP studies - Field visits; observation/ interviewing 	<p>Assumptions for achieving purpose:</p> <ul style="list-style-type: none"> - 1985 CP is correctly reported at 34% - Significant unmet need/demand for FP ties - GOT and ONFP will implement organizational changes based on program objectives - Pharmacists will have an interest in and commitment to serving as informed providers of health education and services - GOT will continue to provide budget support for FP program - MOPH personnel and service outlets will continue to collaborate on ONFP programs - Contraceptive social marketing is socially, politically and administratively acceptable. - DD Case management policy is adopted and promoted. - ORT packets available.

22

Project Title & Number: Family Planning & Population Development (664-0331)

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs:	Magnitude of Outputs:		Assumptions for achieving outputs:
1. Program-based demographic and operations research conducted. 2. IE&C activities targetted and evaluated. 3. Training plans by category of personnel and by region established, completed and evaluated. 4. Contraceptive social marketing program. 5. Alternative service delivery mechanisms identified (public and private sector). 6. Policy adjustments in FP service/ commodity delivery and population policy development. 7. Education and training in ORT.	1. OR designed and/or used for supervision, programming and budgeting, and cost-effectiveness (7-8 studies) 2. Audience-and-method-specific FP information regularly (1-2 times/week) presented via TV/radio, movie message and service delivery. 3. Performance-based training and evaluation established for all FP-related personnel. 4. Contraceptive social marketing in pharmacies accessible to 80% of target population. 5. Family planning activities in public Health Structures. 6. Contraceptive pricing, promotion and distribution policies liberalized; demographic projections reflected in 7. ORT educational and training materials and sessions; mass media campaign.	- observation; site-visits - contraceptive stock flow (records; observation) - marketing research results; media strategy objectives and outputs - monitoring of radio, TV, movie, and service presentations. - MOPH, MSA, and MYD, MCA unions networks and reports - review/observation of ONFP's training plans, evaluation and supervision. - seminars/workshops - research design - on-site verification of project activities VII Development Plan. Development Plan.	- Coordinated MCG/PHC/FP service will continue to be a GOT priority - Method-specific promotion will be permitted at least in pharmacies - Realistic pricing structure for contraceptives will be established (private sector) - Pharmacists will be sufficiently motivated to maintain adequate supplies of contraceptives. - ONFP and MOPH will endorse/permit public service messages - Policy changes will have a favorable impact on CP. - monitoring of program and
AID Inputs:			
TA 3,098.7 Training 1,288.5 Commodities 1,641.5 Message Development & Promotion 450.0 Other Costs 1,397.9 Evaluation/Audit 195.6 Contingencies 244.7 TOTAL: \$8,317.0	CRS: Administration \$189.0 PRITECH: TA 150.0 GOT: Personnel & Facilities: 1,824.2		

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Project Title & Number: Family Planning & Population Development (664-0331) ORT Sub-Project

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
GOAL: To reduce morbidity and mortality resulting from diarrheal disease in children under 5 years of age.	<ul style="list-style-type: none"> - Decrease in Child morbidity - Decrease in Child mortality 	<ul style="list-style-type: none"> - Institute of Statics Annual Reports - MON Monthly report on DOM 	<ul style="list-style-type: none"> - Decrease in diarrheal disease will affect morbidity/mortality rates.
PURPOSE: To promote effective ORT management of diarrheal disease (DD) and dehydration associated with DD.	<p>EOPS</p> <ul style="list-style-type: none"> - <u>50%</u> increase among target population CNSS (mother) demonstrating correct ORT knowledge; 30% general - <u>30%</u> increase among target population able to demonstrate correct ORT preparation. - <u>40%</u> increase among target community population (MD's, pharmacists, assistants) promoting appropriate ORT - ORS packet availability and distribution in conformance with case management policy and with demand. 	<ul style="list-style-type: none"> - Baseline and follow-up surveys. - KAPS Observations, visits, interviews - Monthly coordinator reports. 	<ul style="list-style-type: none"> - Case management policy for diarrhea at hospital, clinic and home levels, established; uniform procedures nationwide based on empirical research. - Comité Nationale meets regularly and provides requires inputs/reviews on schedule. - Training schedule can be maintained.
<p>OUTPUTS</p> <ol style="list-style-type: none"> 1. CNSS group education in ORT 2. Health worker training 3. Educational materials 4. Mass media campaign 5. ORS availability policy/strategy 	<p>MAGNITUDE OF OUTPUTS</p> <ol style="list-style-type: none"> 1. 8 sessions/month for 15-20 mothers each; 5 months/year, 150 centers/year 2. 15 Regional Training Teams 1300 auxiliary health workers 1500 medical/health professionals 150 community leaders, etc. 3. Brochures, posters; health center, pharmacy, physician office use; 5 lessons, etc. 4. 20 radio spots 2 radio contests 15 TV skits 2 videos 6 posters 5. Local production/procurement/availability based on demand (est. 2 million 1989). 	<ul style="list-style-type: none"> - Center visits - Workshop attendance/participation - Training plans and curricula - Education and training evaluations - Surveys re ORS usage and availability rates. - Monitoring of radio, TV programs/broadcasts - Observation 	<ul style="list-style-type: none"> - Mother attendance and receptivity. - MOH continues to collaborate on timely implementation. - CRSS commits necessary resources. - RTT provides inputs and assistance. - ORS packets are available.

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Project Title & Number: Family Planning & Population Development (664-0331) ORT Sub-Project

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<u>INPUTS</u>	<u>IMPLEMENTATION TARGET (\$000)</u>		
<u>AID</u>	<u>AID</u>		
1. Training (in-country, short term)	1. \$119.0	- Project documents	- Inputs are available on timely basis.
2. Education and mass media development (materials)	2. \$203.8	- Workplans and financial documents.	
3. Education communication & training personnel.	3. \$161.6 (14.5 py)	- Invoices	
4. Vehicles	4. \$125.0	- Monitoring	
5. ORS procurement/production equipment/supplies	5. \$117.5	<u>CRS: \$189</u>	
6. Evaluation/supervision	6. \$ 65.6	<u>GOT: \$790</u>	
7. Center equipment	7. \$137.0		
8. Misc. project support	8. \$ 62.5	<u>PRITECH: \$150</u>	
9. Contingencies	9. \$210.4		
10. CRS Overhead	10. \$ 54.6		
	<u>\$1,072.0</u>		

CRS: Administrative Support

GOT: Personnel & Facilities

PRITECH: Technical Assistance

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