

PROJECT ASSISTANCE COMPLETION REPORT (PACR)
RURAL COMMUNITY HEALTH
PROJECT NO. 664-0296

I. INTRODUCTION

This Project Assistance Completion Report for the Tunisian Rural Community Health Project relies heavily on archived subject files including University Research Corporation in-country reports and Project Paper Amendment No. 1. This report is prepared by DH-FSN Assistant Project Officer who worked part-time on the project during the last year of PACD.

II. PROJECT DATA

- A. Title and Number: Rural Community Health (RCH)
Project No. 664-0296
- B. Grant Agreement Date: 9/12/1977; Amended 6/30/1981
University Research Corporation (URC) Contract
Date: 5/7/1981; Amended 12/7/1983
Mid-Term Evaluation Date: 4/21-5/12/1983
PACD: 9/30/1980; revised 6/3/1987
TDD: 3/31/1988
EOP Evaluation: None
- C. Funding:
Grant \$2,239,000; Loan \$5,390,000; Total \$7,629,000
- Expenditure:
Grant \$1,955,000; Loan \$5,374,000; Total \$7,239,000
- GOT Contribution: \$7,015,000
- D. Implementation/Organization: Ministry of Public Health (MOPH)
- E. Project Status: Bilateral support terminated 6/30/1987

III. EXECUTIVE SUMMARY

This Project Assistance consisted of redefining the tasks of the non-physician personnel and retraining of front-line health workers, integrating preventive and curative primary health services including family planning, expanding outreach components of the primary care system, constructing and renovating facilities and providing equipment for primary care, all in the framework of Tunisian regulations.

The RCH Project has contributed substantially to the expansion of the basic health services network in Central Tunisia where 74 health facilities have been constructed - renovated and equipped. All of them have been staffed by GOT and are providing both inpatient and outpatient services.

The GOT has made great progress in the development of its basic health services in other rural areas' systems, to which the RCH Project has contributed.

A.I.D. technical inputs to the RCH Project were designed to assist the GOT and the Governorates of Siliana, Sidi Bouzid, Kasserine and Gafsa to design and implement a restructured health manpower system. A contract team, composed of two rural health physicians (3 years each) - a non-physician practitioner (2 years) and a health management/planner (18 months) - were recruited under the Grant, per URC contract. The activities related to the construction, renovation and equipping the health facilities were executed by MOPH under the Loan component, per HCC.

A. Technical Assistance

Resources were to provide:

1. Technical advice on Architectural Services
2. Technical advice on Construction - Renovation - Equipment of 74 health facilities
3. Curriculum Design (Medical School)
4. TBA (matron) Training
5. Health Education
6. Equipment Planning
7. Emergency Medicine Planning
8. Health Records

B. Training

1. Participant Training - Training in the U.S. and in selected third countries: 15 short-term and 7 long-term participants in the following areas:

- a. Post-graduate training for medical faculty and other health professionals;
- b. continuing education in health service management and supervision for regional administrators, surveillants, and other key staff at the regional and circonscription levels;
- c. improved epidemiologic skills for regional staff;
- d. principles of public health, preventive medicine and management for regional health directors and other regional staff;
- e. public health nursing;
- f. health education.

2. Support of in-country training - Development of selected Tunisia specific training materials, the procurement of selected professional journals and basic library materials, and selected training related research activities.

IV. PROJECT DESCRIPTION

This project was designed to improve the quality and coverage of health care in Central Tunisia through implementation, under the grant component, of a new system of primary health care, including expanded use of paramedical personnel, field training of intern MDs, and improvement of management, all in an expanded network of facilities. The loan component of the project financed the construction, renovation and equipment of 74 health care facilities.

A. Background

In 1976 and 1977 the U.S. Agency for International Development and the Government of Tunisia's Ministry of Public Health (MOPH) explored various health projects options. This process is outlined in technical documents prepared in 1976 and 1977 under USAID contracts.

1. A review of Health Services Development in Tunisia;
2. A Program Proposal for Integrated Rural Health Services in Siliana and Sidi Bouzid Governorates followed by Kasserine and Gafsa Governorates;
3. Design Study II: Integrated Rural Health Services in Central Tunisia;
4. Architectural Design Study;
5. Project Paper Rural Community Health 664-0296 dated 8/15/77.

These documents described the basis of the RCH project for providing basic integrated, effective and accessible health services to the scattered rural population of Central Tunisia, identified as among Tunisia's most impoverished area, is more bereft of health infrastructure, was chosen by the GOT as the site for implementation of the RCH Project. The Project has two components:

1. Capital activity (funded by a \$5,374,000 loan provided by USAID and over \$7 million by the Government of Tunisia) involving construction and equipping of 74 rural primary care facilities in Central Tunisia.
2. Technical assistance (funded by a USAID grant of \$1,955,000), primarily intended to assist the GOT and MOPH in restructuring the tasks of front-line workers, retraining existing front-line workers and strengthening supervision and management of health services at the governorate level in Central Tunisia.

B. Project Goal and Purpose

To improve the quality and coverage of primary health care in the predominately rural provinces of Central Tunisia through assistance aimed at restructuring the non-physician component of primary health care and operationalizing a new system of primary health care delivery in an expanded network of health facilities.

C. Project Implementation

With the loan portion, the Rural Community Health Project has contributed substantially to the expansion of the basic health services network in Central Tunisia where 74 health facilities have been constructed, renovated and equipped.

With the grant portion, the project contracted the University Research Corporation (URC) for recruiting four long-term technical advisors, whose principal tasks included the training of physicians in management, the training of paramedical workers to provide basic health services, and the improvement of management and administrative systems in support of the basic health services effort.

D. Project Activities

The RCH Project provided assistance to the MOPH/GOT to accomplish a basic health services network in Central Tunisia:

1. Under an A.I.D. loan, the RCH Project provided funding for financing the construction, renovation and equipment of 74 health facilities.
2. Under an A.I.D. grant, the RCH Project provided technical assistance for implementing the following objectives:
 - A restructured health manpower system for non-physician personnel, including redefinition of the role and tasks of such personnel and in-service training;
 - Integration of preventive and curative primary health care services (including family planning);
 - Improvement and expansion of the outreach components of the primary health care system (both capital and technical) to the community level;
 - Design, renovation, construction and equipping of 74 health facilities;
 - Revision and strengthening of budgetary planning and health management capability through the in-service training and orientation of supervisors, managers, and

community leaders as well as improving the medical records system;

- Strengthening preventive medicine internships;
- Evaluation design and implementation.

E. Project Inputs

The USAID's total financial contribution to this project is \$7,329,000 (\$1,955,000 grant funds and \$5,374,000 loan funds). GOT total contribution is dollar equivalent 7,015,000.

F. Project Outputs

The RCH Project grant funds provided the financing of TA services under a host country contract with University Research Corporation (URC). The loan component of the project financed the construction, renovation and equipment of 74 primary health care facilities including 22 new centers in Siliana and Sidi Bouzid; 36 new centers in Kasserine and Gafsa; 9 renovations in Siliana, Sidi Bouzid and Sned; and 7 renovations in Kasserine and North Gafsa.

V. END OF PROJECT STATUS

Section IV.D., Project Activities, provides details on sustainability of Activities and Recommendations.

A. Institutional Status and Sustainability

The Rural Community Health (RCH) Project contributed significantly to the establishment of national standards for the broader, more effective use of non-physician personnel at the local level, while simultaneously established a field practice setting where medical students and interns are trained in the principles of community medicine.

Since the RCH Project was completed in 1987, the MOPH has made substantial progress in improving the quality and capacity of health service delivery along the lines envisaged in the RCH Project. Furthermore, the general level of services from dispensaries through the regional hospitals in Tunisia is now more effective (i.e. better equipped facilities, better trained personnel and a better managed system). These facilities are now serving as the base for provision of integrated primary care services at the province regroupment and village level.

With respect to improving quality of care, para-professionals in Tunisia have been trained and now provide more systematic service delivery. Seven long-term trainees have returned from the U.S. to assume position in the Ministry of Public Health and Ministry of Plan where they have an impact on service delivery in Tunisia.

Collectively these illustrations of progress reflect a pervasive commitment of the Government of Tunisia and Ministry of Public Health to extend and improve primary care services on the basis of sound technical and managerial concepts.

1. Health Education

Health Education has long been recognized as a weak link in the MOPH efforts to improve health status, especially in rural areas. In its health strategy developed for the IV Development Plan, the MOPH recognized health education as a component of the health system.

As a first step, the MOPH and TA personnel, working in Central Tunisia have elaborated health education components for their potable water programs which are in part supported by A.I.D. In a National Nutrition Seminar held in Central Tunisia, the strengthening of health and nutrition education was made a key recommendation and means were discussed of so doing within existing programs. The MOPH worked with the Central Tunisia Development Authority to recruit health educators for the incipient Extension Service Support Unit which has responsibility for development of materials and training of agricultural extension agents and other outreach personnel, including those in health and family planning. Furthermore, A.I.D. responded to a request from the Ministry's Institute of Child Health to assist in improving the nutrition and health education capabilities of staffs of Mother-Child Health Centers (Centres de Protection Maternelle et Infantile, "PMI") through training and development of audiovisual materials.

Special emphasis has been placed on strengthening MOPH health education capabilities under the project. Health education has been a primary focus of retraining programs; technical assistance, and other resources were devoted to the design and development of information, education and communications materials. Efforts were made to develop a coordinating mechanism, involving Regional Health Directors; Family Planning Delegates; and Central Tunisia Officials for the integrated promotion of health, family planning and nutrition service and self-help measures in the project area. These efforts were coordinated with the effort on the national level supported by a World Bank health loan.

Finally, consideration of environmental factors, including but not limited to potable water and to safe disposal of hazardous wastes, were made as an integral part of project training activities as well as of design, construction and operation of health facilities.

2. Staff: Training

a. Preventive Health Training/Retraining - There was a shortage of staff with preventive health training in Central Tunisia. Most of the nursing staff was trained at schools at Gafsa and Le Kef, the orientation of which was primarily curative. Personnel for the preventive health mobile teams was recruited from

a school located at Nabeul. To remedy the situation in the short run, the project retrained the nurses trained at Gafsa and Le Kef. On a longer run basis, the project provided technical assistance, teacher training and materials to the existing Gafsa and Le Kef schools as well as to new schools opened at Kasserine and Sidi Bouzid. In addition, paramedical staff has participated in the project-assisted preventive health training programs carried out at the medical schools. This restructuring of the training was made in cooperation with the similar effort supported by the World Bank in the northern part of the country. Coordination was made by the Ministry of Public Health.

b. Intern Training - The community health program in all four governorates had been an ideal training ground for medical interns from the medical faculties of Sousse, Sfax, Tunis and Monastir, who are serving their obligatory six months preventive medicine internship. Under the project, steps have been taken to meet particular needs of the faculties. These included long and short-term post graduate education for faculty members, support for strengthened field supervision interns, and additional training of MOPH staff at regional and of delegation levels so that they can more effectively serve as intern preceptors. To that end, project resources were allotted for short-term technical assistance to the faculties, participants training and field per diem funds for university teaching staff.

c. Involvement of women in primary health delivery - At least two elements of this project had potentially increased the involvement of women in primary health care delivery. First, recognizing that traditional birth attendants (Matrons) will remain, for the foreseeable future, the primary attendants at most rural deliveries, the Ministry undertook pilot efforts to identify and select matrons interested in short-term training. Under the project, efforts were made to develop such training, emphasizing safe delivery practices, identification and referral of high risk mothers, and maternal and family education.

Second, the Ministry has placed, when possible, the new constructed health facilities near the "Centres d'Education pour Jeunes Filles Rurales" located in small towns of Central Tunisia. In this way, efforts were made possible to expose the young women to certain activities of the health centers as a means of stimulating them to be of some help within their own communities.

Finally, the provision of lodging (made available at the 74 health facilities), as an incentive to female health professionals to work in rural areas.

d. Continuing Education - Continuing Education in management, health services, and supervision for regional administrators, surveillants, and key staff at the regional and circonscription levels was supported by the project. Particular attention was made to the development of short-term training courses

for the Regional Health Directors, systematically exposing them to principles of public health, preventive medicine, management and planning.

3. Management Improvement

a. Management Information System - The integration of data gathering and analysis, epidemiology, health services and outreach was incorporated into the program of service and management to the fullest extent possible. The Management Information System's work sponsored by the World Bank within the Ministry of Public Health and the work done in this project, were kept congruent with one-another so that a single unified system for Basic Health Services can evolve. Technical assistance and training resources were devoted to that end.

b. Facility Planning - Facility planning for the project has been carried out by an informal project committee consisting of the Director of the Rural Community Health Project, the Regional Commissioners of Gafsa, Kasserine, Sidi Bouzid, and Siliana, the Directors of the Health Regions and the MOPH supervisors of the "Service d'Hygiene". This committee consulted with local officials including the delegates, "omdas" and chiefs of political party. Systematic visits were made to all sites to compare information received with field observations, and a pre-selection of sites was made with actual sites selected in consultation with local officials and approved by USAID.

c. Staff-Lodging - Lodging for polyvalent workers and physicians visiting faculty, and interns was critical to attracting staff to the Central Tunisia. Under the project resources, the construction of these facilities was funded for Kasserine and Gafsa as well as for certain locations in Siliana and Sidi Bouzid.

d. Displacement Allowances - The lack of adequate displacement allowances for staff who were expected to travel widely in Central Tunisia had often hampered project progress. Funding for such allowances was provided under this project for university teaching staff to stimulate adequate supervision of interns and greater involvement of the medical faculties in primary health care.

B. Lessons Learned

Because of the Project Grant and Loan Assistance, MOPH regional directorates for health in Central Tunisia, became mature departments with capable and dedicated staff and relatively self-sufficient technically. The health management system setting in Central Tunisia area, has been copied by other rural MOPH regional directorates in the south and the north-west governorates of the country. This project achieved objectives and contributed substantially to the expansion of the basic health services network in Tunisia. The construction-renovation and equipment of the 74 health facilities provided by A.I.D. have substantially relieved

the MOPH budget destined to above mentioned regions. According to MOPH and WHO, saved funds were used for construction of dispensaries in isolated areas in the southern regions of the country.

C. Recommendations

MOPH/GOT should go forward to retraining and continuing education program for paramedical workers.

At the present time, primary health care in the other rural areas is being delivered by several categories of paramedical personnel. These include trained nurses, auxiliary nurses and untrained workers who constitute the de-facto work-force. Although Tunisian legislation provides for the provision of suitably trained paramedicals for primary health care posts, it is not likely that such personnel can be supplied immediately. In the meantime, the rational solution is to retrain those who already perform primary health care functions. Furthermore, general agreement has been reached that retraining should aim at rendering each primary health care agent capable of performing all the tasks involved in primary health care delivery, rather than perpetuating the present system of specialized functions.

Retraining is necessary in light of the fact that previous training has been largely oriented to hospital care and the curative domain. There is need, therefore, for due emphasis on preventive and promotive, community-based health activities. In many cases, previous training has been highly specialized (for example, nutritionists, hygiene workers, nurse-pharmacists, midwives) with the consequence that few paramedicals have acquired more than a limited and sometimes distorted view of the primary health care field. In still other cases, much of the knowledge and many of the skills learned during previous training have eroded because of lack of use of practice.

Intimately linked with the retraining function is the question of organization of work and the determining of individual responsibilities. Side by side with efforts of retraining, there must proceed a careful analysis of primary health care needs and a corresponding adjustment of the present system of delivery. The training and continuing education program is therefore called upon to initiate changes in the present system and provide the instruction that will enhance its effectiveness. This entails not only making suggestions for change, but ensuring effective supervision and continuing education to consolidate such change.

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