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A REVIEW OF TECHNICAL ASSISTANCE  
TO THE GOVERNMENT OF TUNISIA  
IN PLANNING AND CONDUCTING A CONFERENCE  
ON THE NATIONAL NUTRITION SURVEY FINDINGS

A Report Prepared By:  
CAROL I. WASLIEN

During The Period:  
JULY 7-18, 1980

Supported By The:  
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(Waslien to Harper and Mansour)

## I. INTRODUCTION AND BACKGROUND

## I. INTRODUCTION AND BACKGROUND

### Purpose of the Assignment

The purpose of the consultant's assignment was to assist USAID/Tunisia and the Government of Tunisia in planning and carrying out a conference on the National Nutrition Survey findings which would also:

- design nutrition components of the Rural Health/Central Tunisia Rural Development Project; and
- be practical and intervention-oriented.

### Itinerary

The consultant arrived in Tunis on July 7, 1980, and departed July 18. The schedule for discussions of the seminar was made by the consultant and a representative of the Tunisian National Institute of Nutrition (NIN), with suggestions provided by AID/Washington and AID/Tunisia staff.

The consultant was accompanied by the NIN representative at all meetings (see Appendix B for a detailed agenda).

### Country Profile Data

#### A. Nutrition Status

The final report of the 1973-1975 Tunisian National Nutrition Survey identified from a national public health point of view three nutrition-related problems:

- linear growth retardation of young children;
- cardiovascular disease; and
- iron deficiency anemia.

The causes of the linear growth retardation are unknown, but other food consumption data suggest that a calorie deficit is a key factor. Micro-nutrient deficits could also be involved, particularly iron, zinc, and vitamin C. It was recognized by the survey team that cases of true protein-calorie

malnutrition probably occur in Tunisia, although no such cases were observed in the survey. Endemicity of protein-calorie malnutrition was not observed on visits to hospitals, nor was it noted in reports from survey medical personnel. Also, biochemical and clinical data did not reveal evidence of underlying protein deficits.

During the second year of life, Tunisian children undergo a particularly great food deficit, and weight relative to height drops considerably below that of European and North American children. This deficit extends into adulthood. It appears to have existed for several decades, since young adults are no different in size than older adults. The retardation is not as severe as that observed in some developing countries; nevertheless, it is sufficiently marked to warrant major attention in future planning.

The correlation analyses included in the final report on indicators (serum cholesterol, blood pressure, body adiposity) associated with diet-related cardiovascular disease support the conclusion that Tunisia shares these problems with European and North American populations, the differences being only matters of degree. However, there are no data on mortality for atherosclerosis and hypertension for the population; thus, conclusions on the importance of these illnesses as health hazards must be tentative.

There is ample evidence to conclude that iron deficiency anemia is widespread and relatively severe.

Anemia is least common in the southern region and most common in the northwest region. In all regions, one- to two-year-old children are the more at-risk groups.

Overall, very few relationships of nutrition status to household occupations were noted. Farming families tended to have lower serum vitamin C levels and lower incidence of dental caries. Also, the differences between values for samples taken in summer and winter were not striking. Serum vitamin C levels were lower in the winter and spring and urinary riboflavin excretions were lower in the summer and fall.

The data from the 1975 Food Consumption Survey indicated the following:

PERCENTAGE OF THE POPULATION NOT MEETING MINIMAL NUTRIENT REQUIREMENTS

	Regions				
	<u>Tunis</u>	<u>Northwest</u>	<u>Central</u>	<u>South</u>	<u>Northeast</u>
Calories	34	17	24	26	32
Protein	16	16	15	24	22
Calcium	56	70	76	83	75
Iron	75	62	29	55	60
Vitamin A	51	79	62	68	64
Thiamine	4	1	2	5	5
Riboflavin	74	75	77	82	78
Niacin	74	21	26	38	41
Vitamin C	2	19	18	17	5

Calorie, iron, and niacin intakes are the lowest in Tunis and the immediate environs; vitamin A intake is lowest in the northwest; and protein, calcium, and riboflavin intakes are lowest in the south.

The governorates from which districts were chosen for the central Tunisia project do not have appreciably lower intakes of calories or of other nutrients, with the exception of vitamins A and C and of iron for Siliana, as the following table shows:

	Urban		Rural			Tunisia Total Average	
	<u>Large Cities</u>	<u>Small Cities</u>	<u>Siliana</u>	<u>Kasserine</u>	<u>Sidi Bou Zid Average</u>		
Calories	37	32	4	23	28	19	27
Protein	12	25	8	16	17	16	19
Calcium	62	80	60	79	75	75	73
Iron	72	59	75	6	16	44	55
Vitamin A	53	56	80	96	80	75	65
Thiamine	6	4	0	0	6	2	4
Riboflavin	88	87	64	78	66	74	78
Niacin	71	49	6	11	12	20	40
Vitamin C	2	4	31	51	27	22	13

The Ministry of Plan conducted another food consumption survey in 1980; this should indicate recent changes in nutrient intake.

Although improvements in the quality of life and of the food supply of the populace are stated objectives in the current five-year plan, no specific nutrition goals have been identified. When this plan was formulated, neither the results of the Nutrition Survey nor the results of the Food Consumption Survey had been analyzed, so it may have been impossible to be more specific. Now, both the Institute of Statistics and the Institute of Nutrition (the organizations responsible for the surveys) have had the opportunity to review the final results of both surveys. It should be possible to develop a working document which identifies the most pressing problems and sets tentative nutrition goals. These goals can be incorporated into the 1982 five-year plan.

If the Ministries of Agriculture, Health, Education, and Industry are also included in the discussions of the identified needs and goals to be accomplished, the objectives (which have been considered to be the priority only of the health sector) might be expanded to include all sectors, thus making nutrition a truly national program.

#### B. Nutrition Intervention Programs

A good number of nutrition intervention programs were identified in the Annual Reports of the Institute of Nutrition for 1978 and 1979. The majority of these interventions fell into the category of traditional nutrition activities (nutrition education, food supplementation, evaluation of the food supply and of diets) or were examinations of policies or practices in other sectors (analysis of the five-year plan for agriculture, food price subsidies, food processing industries).

There have been few truly multisectoral coordinated programs which successfully involved the health, agriculture, education, industrial, or social affairs sectors. The Central Tunisia Rural Development/Rural Health (CTRD/RH) Project provides an opportunity to develop a coordinated approach to nutrition, as well as development in general. Suggested criteria for measuring the success of the food production components of this project are to measure indicators of nutrition status and food consumption. These types of assessments would necessitate collaboration between health and agriculture personnel. In addition, because nutrition is multifactorial and because malnutrition affects health, the consideration of nutrition as an important component of interventions in food production, marketing, education, and food distribution or subsidy programs is virtually ensured.

In addition to the nutrition component of the CTRD/RH Project, other programs with a nutrition component will be in place in the central Tunisia project area. Some of these programs are:

- MOSA/CRS    Preschool Feeding/Nutrition Education
- MOSA/CARE   Preschool Feeding/Nutrition Education
- MOSA/CARE   Nutrition Campaigns in Kasserine - Save the  
                  Children - Community Development
- MOH/NIN      "The Dr. Hakim Mass Media Program"
- MOH           School Feeding Programs
- MOH           Nutrition Counseling at PMI Centers

It is advisable:

- to determine the nutrition content of these programs to ensure internal agreement on information dissemination in the project area;
- to coordinate services to make maximum use of personnel and resources;
- to identify possible roles for coordination so that each program's impact is improved by that of the others; and
- to measure the relative contribution of each program to evaluate the effectiveness of the CTRD/RH program.

In addition, a project funded by the World Bank to improve the health delivery system of Sousse, Jendouba, and Zaghouan is in the planning stage. This project has many of the same goals as the CTRD/RH Project and it will include a nutrition component. It, too, is intended to be a model program for the rest of Tunisia; thus, the lessons learned from it should be included in nutrition components of the CTRD/RH program. In the past, other Tunisian models for integrated health programs were developed. These should be examined for the success of their nutrition components (e.g., Tuniso-Belgian/Integrated Medicine, UNICEF/Medjezel Bab Preventative Medicine, Dutch/Le Kef).

A planning workshop should bring together the principal individuals who are knowledgeable about these programs in order to initiate the kinds of in-depth discussions that will be needed to establish the best models for integrating nutrition into health care services in Tunisia.

## II. SEMINAR FORMAT

## II. SEMINAR FORMAT

### Proposed Conference Agenda

#### Part I - Identification of Nutrition Problems

- A. 1975 National Food Consumption Survey and Recent Changes noted in the 1980 Survey
  1. Presented by representative of INS/Ministry of Planning
  2. Technical assistance provided by NIN in setting nutrition intake standards.
  
- B. Food Balance Sheets - Trends in Intake Since 1968:
  1. Presented by representative of Agriculture and Economic Research Section/Ministry of Agriculture;
  2. Technical assistance provided by NIN in the nutrition implications of changes.
  
- C. Trends in Infant Mortality, Malnutrition Rates, Feeding Patterns:
  1. Presented by representative of Institute of Child Health/Ministry of Health;
  2. Technical assistance provided by NIN in the choice of the best indicators to show nutrition trends.
  
- D. 1975 National Nutrition Survey - Problems Identified:
  1. Presented by representative of NIN.

Discussion of "White Paper" prepared by Coordinating Committee made up of above representatives:

1. Determine agreement on principal nutrition problems, their health significance, priority;
2. Design nutrition component of 1982-1987 five-year plan.

## Part II - Workshops

- A. Intervention Programs used in Tunisia will be presented in four workshops:
  1. Feeding Programs - Ministry of Social Affairs;
  2. Food Price Subsidies - Ministry of Commerce;
  3. Nutrition Education by Mass Media - NIN;
  4. Integrated Primary Health Care - Ministry of Health.
- B. Representatives of respective ministries and NIN will present a paper for discussion at each workshop which will include:
  1. Cost of program;
  2. Coverage; and
  3. Effectiveness in improving nutrition.
- C. Foreign and local experts will comment on how to increase nutrition impact of programs, reduce costs, and encourage potential inter-ministerial cooperation.
- D. Committees will be established to make regular reviews of programs and to provide guidance.

## Part III - CTRD/RH Project

- A. Components\* of program intended to increase food consumption by the nutritionally at-risk groups will be discussed at four workshops:

---

\*Must be determined upon discussion with Mr. Bogatif of CTRD/RH Project.

1. Credit to Farmers with Small Farms;
  2. Various Means to Increase Farm Productivity;
  3. Improved Primary Health Care with Outreach Program;
  4. Nutrition Education by Retrained Social Workers.
- B. Representatives of CTRD/RH will discuss these components, which will include:
1. Mechanism for ensuring coverage of nutritionally at-risk groups;
  2. Mechanism for ensuring qualitative as well as quantitative improvements in nutrition;
  3. Resources needed for an effective program (technical, personnel, financial); and
  4. Cooperation with other programs in region to increase effectiveness.
- C. Foreign and local experts will comment on how to increase nutritional impact of programs and how to identify further types of cooperation between regional personnel and technical services provided by ministries.
- D. An advisory committee should be formed to review periodically the programs' impact on nutrition and to make recommendations on program modifications.

## Participants

1. Accord must be reached with each ministry on who should represent the ministry in reports. The following are recommended:
  - a. Institute of Statistics: Dr. Kamoon, director of the Institute, presents report prepared by Mr. Fekih.
  - b. Agriculture and Research Section: Dr. Boujbel, director, presents paper prepared by Mr. Sadoon.
  - c. Institute of Child Health: Dr. Hamsa, director, presents report prepared by Dr. M'heni.
  - d. Institute of Nutrition: Dr. Kallal, director, presents report prepared by Mr. Mansour.
2. The Coordinating Council "White Paper," prepared by those who prepared the above papers, and final drafts agreed upon by the directors of the respective institutes and research sections.
3. National Interventions: Workshop Papers
  - a. Feeding Programs: Director, Social Solidarity, Ministry of Social Affairs.
  - b. Food Price Subsidies.
  - c. Nutrition Education: Mr. Mansour, NIN.
  - d. Integrated Health: Dr. Ben Amara, charge d'Affaires, Ministry of Health.
4. Selection of persons to present workshop papers on central Tunisia interventions following discussion with directors of CTRD/Rh Project.
5. Local Experts
  - a. Mr. Moncef, NIN: assist in preparation of reports of Institute of Statistics and Agricultural Research.
  - b. Mr. Kacem, NIN: assist in preparation of report of Ministry of Social Affairs.

- c. Mr. Mansour: assist in preparation of report for the Institute of Child Health, Ministry of Commerce, and CTRD/RH staff reports.

## 6. Foreign Experts

Foreign experts should probably be French-speaking.

Among the names suggested were:

- Marion Zeitland, Harvard;
- Florentino Solon, Nutrition Center of the Philippines;
- Arty Keilman, Egypt;
- Terry Roe, University of Minnesota;
- Alan Forbes, Food and Drug Administration;
- Gretchen Berggren, Harvard;
- Ivan Beghin, Institut de Medecine Tropicale; and
- Arthur Donnan, USDA.

## 7. Observers

- CRS and CARE representatives;
- Nutritionists from central Tunisia;
- Persons responsible for preparation of papers;
- AID/Rural Development and Health FFP officers; and
- CTRD/RH program development staff.

### Responsibilities for Conference

#### A. NIN

Provide staff assistance in:

- preparing background papers
- preparing conference presentations; and
- arranging travel of foreign participants.

**Provide facilities for:**

- preparing invitations, agendas, etc.;
- preparing printed report of conference; and
- making copies of background papers.

**B. CTRD/RH Project**

**Provide travel, lodging, and per diem for:**

- central government participants; and
- assembly room and four small meeting rooms.

**C. AID**

**Provide travel, lodging, and per diem for:**

- conference arranger;
- technical adviser; and
- foreign experts.

### III. RECOMMENDATIONS

### III. RECOMMENDATIONS

1. A communique should be sent to the acting health officer, AID, to clarify the responsibilities of the NIN and the CTRD/RH Project and to elicit information on progress. (Ministries should be contacted relative to official agreement to participate, etc.)
2. In November, Joyce King, the conference arranger, should go with Carcl Waslien (or another technical adviser) to Tunisia to assist in the preparation of conference papers and background documents. The arrangements should be made by the NIN and the CTRD/RH Project. The agenda should be finalized and decisions should be made about participants and observers.
3. Arrangements for foreign experts should be made by AID/Washington upon agreement with Tunisian counterparts.
4. The conference should be scheduled for January-February 1981.

## APPENDICES

**Appendix A**  
**PERSONS CONTACTED**

Appendix A  
PERSONS CONTACTED

Tunisian National Institute of Nutrition

Dr. Zoheir Kallal, Director  
Mr. Mohamed Mansour, Head, Nutrition Applique  
Mr. Bechir Yacem, Engineer  
Mr. Moustafa Bahi, Head Technician  
Mr. Ben Salem, Head Technician  
Mrs. Fathia Mezhoud, Engineer  
Ms. Cherifa Ben Ali, Head Technician  
Mr. Chekib El Alonei, Engineer  
Mrs. Djait, Administrator

Ministry of Health

Dr. Bechir Hamsa, Director, Institut des Enfants  
Dr. M. M'heni, Director, Centre de PMI, Melassine  
Dr. Moh. Redjeb, Coordinator, RH Project  
Dr. M. Najjar, PMI Nutritionist, Siliana  
Dr. Nacef, Former Director, Medecine Preventive

Ministry of Agriculture

Mr. Sahnoun, Head, Bureau de Statistique Agriculture

Ministry of Plan

Mr. Fekih, Assistant Director, Institut National de Statistique

Private Voluntary Organizations

CRS - Mr. Ralph Parker  
Two Nutritionists  
CARE - Nutritionist, Associate Director

AID

Washington

Mrs. Barbara Turner  
Ms. Kathy Forte

Tunisia

Mr. Gelebert, Mission Director  
Mr. Buddy Dodson  
Dr. Patrick Demongeot  
Dr. Monty Harper  
Mr. Getson

**Appendix B**

**AGENDA**

## Appendix B

### AGENDA

July 7

Arrive and check into hotel  
Attempt to contact Forte and Harper who are in Gafsa

July 8

Meet Turner for breakfast; briefed on NE Bureau activities re  
CTRD/RH project  
Go to A.I.D. mission to meet Harper who does not return until 2 and  
found that N.I.N. is to have made all appointments  
Go to N.I.N. and find no one who knows of the purpose for my trip;  
discuss current activities of N.I.N. with Ms. Mezhoud and Mr. Kacem  
Return to A.I.D. mission; review project file  
Discuss family planning, CTRD/RH, and other health projects with  
A.I.D. mission staff (Getson)  
Discuss iron fortification project with Mr. Kacem and Mr. El Alonei,  
N.I.N.  
Make appointment with Dr. Redjeb

July 9

Meet Mr. Ben Salem, Behi, Ms. Djait, N.I.N. to discuss nutrition  
education activities and N.I.N. sponsored conferences  
Meet with Mr. Mansour to discuss nutrition planning conference  
agenda, financing, attendees, speakers (domestic and foreign),  
strategy for arranging meeting.

July 10

Make appointments with Mr. Sadoon, Mr. Fekih, Dr. Nacef, and Dr.  
Mehini, in the company of Mr. Mansour  
Discuss current nutrition programs of C.A.R.E. and C.R.S. with Mr.  
Dodson, transfer of the programs to Tunisians, nutrition education  
in collaboration with N.I.N. Make appointment for meetings with  
C.R.S. and C.A.R.E. representatives to discuss their pre-school  
programs.  
Discuss strategy of CTRD funding for conference with Dr. Demongeot  
and Donna Wilson, A.I.D./Rural Development  
Report progress and problems to Barbara Turner

July 11

Meet with Mr. Sadoon and Mr. Fekih to discuss their willingness to  
participate and to discuss provisional agenda; ask for comments  
in company of Mr. Mansour  
Discuss World Bank integrated health project with Mr. Mansour and  
the role played by nutrition; activities to date

July 12

Meet with Mr. Mansour and C.R.S., C.A.R.E., FFP/A.I.D. officer and discuss agenda for conference, define their participation, other participants, other projects in the CTRD/RH project area related to nutrition

Meet with Mr. Mansour and Dr. M'heni to discuss conference, other nutrition activities, potential conflict with December O.M.S. meeting on infant feeding in the Middle East; infant formula marketing project

Meet with Dr. Kallal to discuss conference and N.I.N. activities

July 13

Discuss progress to date with Dr. Harper, Health Officer, A.I.D./Tunis and Ms. Turner N.E./Washington

July 14

Meet with Mr. Mansour and Dr. Hamsa to discuss conference and his participation, mutual collaboration between N.I.N. and Institute des Enfants

Meet with Mr. Mansour and Dr. Redjeb to discuss conference and part played by CTRD/RH project

July 15

Attend N.I.N. staff meeting where conference is discussed; explain purpose, what can be achieved, what needs to be done, what assistance is needed from A.I.D.

Meet with Mr. Mansour and Dr. Nacef to discuss model integrated programs to be presented at the conference

July 16

Discuss transfer of FFP programs to Tunisian, Ministry of Social Affairs, and related activities of N.I.N. with Mr. Mansour  
Discuss other needs of N.I.N. with staff relative to L.I.F.E.'s technical assistance programs

July 17

Meet with Mr. Gelebert, A.I.D. and Embassy economists, FFP officer, C.A.R.E. and C.R.S. representatives to discuss transfer of Title II programs and Tunisian technical assistance needs

Meet with Dr. Harper to discuss status of conference

Prepare report of trip; discuss with Ms. Turner and Mr. Mansour; leave copy with Mr. Harper and Mr. Mansour

Discuss follow-up activities of Mr. Mansour, reports, etc

July 18

Leave for USA

Appendix C

CORRESPONDENCE ON IRON FORTIFICATION OF SALT

COMPAGNIE GÉNÉRALE  
DES  
SALINES DE TUNISIE

Société Anonyme au Capital de 1.579.000 Dinars

SIEGE SOCIAL  
19, RUE DE TURQUIE  
TEL. 242 245, 247 043  
TUNIS

Telex : 12.354 - COTSAL - TUNIS

EBR/BL. COM. 640/60

الشركة العامة  
للملاحات التونسية

شركة ذات مسؤولية محدودة  
1.579.000 دينار

المقر الاجتماعي  
19 نهج تركيا

الهاتف: 242.043 - 247.043

تونس

تلاكو: 12354 - كوتسال - تونس

TUNIS, le 26 Juin 1980

PROFESSEUR ZOUHEIR KALLAL  
DIRECTEUR DE L'I.N.T.A.

INSTITUT NATIONAL DE NUTRITION  
& TECHNOLOGIE ALIMENTAIRE  
BAB SAADOUN - TUNIS

Professeur KALLAL,

Ayant été informés de votre intérêt pour la fortification du sel par le fer en vue de lutter contre l'anémie qui touche en Tunisie de larges couches de la population, nous avons le plaisir de vous communiquer notre disposition à collaborer avec vous comme nous l'avions fait auparavant.

D'ailleurs, nous mêmes avons pensé à la question depuis un certain temps après avoir pris connaissance d'un projet semblable réalisé en Thaïland. Dans ce projet, on enrichi le sel d'abord par l'iode et ensuite on a ajouté du fer. Les résultats dans la prévention du goitre et de l'anémie ont été très encourageants et le projet connait un grand succès.

Par ailleurs, nous serions très heureux d'avoir vos suggestions pour relancer notre projet commun d'étendre l'usage du "sel iodé" en Tunisie. Car, comme vous le savez, nous avons fait l'investissement nécessaire mais notre objectif de faire bénéficier de larges couches de la population de l'effet du "sel iodé" n'a pas été atteint. Le projet du décret rendant la consommation de "sel iodé" obligatoire dans certaines régions a été perdu dans la multiplicité des avis à demander.

Nous continuons à penser qu'avec votre appui, étant le promoteur du projet, nous pourrions assurer le succès du "sel iodé" et peut-être réaliser également l'enrichissement du sel par le fer.

En espérant vous lire bientôt et recevoir vos suggestions ou vous rencontrer, veuillez recevoir, Cher Professeur KALLAL, l'expression de notre haute considération.

LE DIRECTEUR GENERAL

ADRESSE TELEGR COTUSAL-TUNIS  
CODE CCGEF LUGAGNE  
BOITE POSTALE 264  
R C TUNIS 23.166

العنوان البريدي: كوتسال - تونس  
العنوان البريدي: كوتسال - تونس  
صندوق البريد: 264  
سجل المهنه تونس: 23.166

ممكن ان الوحيدة التي لها القدر في كل نزاع وهما كان الدفع او استلام البض  
... et competent pour toutes les contestations et est que sont le lieu du paiement ou de livraison.  
Le Tribunal de Tunis

Appendix D

DRAFT OF REPORT ON TRIP TO TUNISIA  
(Waslien to Harper and Mansour)

DRAFT OF REPORT OF TRIP TO TUNISIA  
(July 7-18, 1980)  
Carol I. Weslien

Discussions were held with Mr. Mohamed Mansour, the person delegated by Dr. Z. Kallal, director of the Institute of Nutrition. A general workscope for the seminar was developed, subject to modification by the participants from the ministries, as determined from discussions with their representatives.

The seminar will have three objectives:

1. To review the information gathered from national nutrition surveys done by the Ministry of Agriculture (Annual Food Balance Sheets), the Ministry of Plan (National Consumption Survey of 1975 and 1980), the Ministry of Health, Institut des Enfants (reports of malnutrition, hospital accounts of the incidence of malnutrition, infant mortality and morbidity data), and the Institut de Nutrition (1975 Nutrition Survey). A position paper will be prepared in advance of the meeting which summarizes the common points and identifies the major nutrition problems and priorities. The data from the various ministries will also be presented orally by representatives chosen by the respective ministries. In light of the oral presentations and the position papers, discussion will be open, with the anticipated result being the acceptance of the identified problems (with modifications or clarifications from the floor) as those which should be addressed in the sixth five-year plan which starts in 1982.
2. To review potential programs which might correct the nutrition problems identified in the position paper. Experts from outside Tunisia who have practical experience in such programs and who are knowledgeable about the advantages and disadvantages of certain aspects of types of programs will be invited to present review papers and to participate in subsequent discussions of Tunisian interventions. Ongoing national programs or pilot projects which have been designated as models for subsequent national programs will be reviewed. The advantages and disadvantages of these programs in the rural Tunisian setting will be identified.
3. To review the Central Tunisia Rural Development/Rural Health project (CTRD/RH). The nutrition component of this program will be identified. A strategy for inclusion of the nutrition objectives identified in the first part of the seminar will be devised in light of the program components and other nutrition activities of the area. An attempt will be made to make specific recommendations (e.g., nutrition education should be included in the in-service training of frontline workers; programs should use the services of animatrice sociales who have been trained by the Ministry of Social Affairs and who have

recently undergone an in-service training program with technical assistance provided by staff of the NIN and the voluntary agencies). We envision that this last objective can be met by an open introduction, given by CTRD/RH representatives, followed by a division into workshops, each one of which may have a topic such as:

- What minimal information on nutrition must be included in training?
- Where, when, and how should the nutrition information be disseminated?
- What are the constraints to maximization of the nutrition input? How can the constraints be overcome? When?
- Should there be a nutrition education component of the agricultural production/rural development sector of the project as well as the health sector? If so, where, what, when, by whom, and how?
- Can mass media techniques facilitate the education process? Can the current "Dr. Hakim" nutrition education program be used?

(These are only a few of enumerable topics which could be explored. The final decision on which ones would be most beneficial should be made by the CTRD/RH staff, NIN, and the AID/RH team, which should be in-country by the time of the seminar. Mr. Mansour will be in contact with Mr. Bogatif and the planning staff of the CTRD to discuss the possibilities.)

Meetings were held with potential participants and speakers at the seminar.

Mr. Sahnoon, Chief of Service, Bureau of Agricultural Statistics, Economic Research and Analysis Division, Ministry of Agriculture:

Mr. Sahnoon was in agreement as to the necessity of a review of the food data relative to their nutrition and health importance. He wanted to work with people from the NIN in order to ensure that the nutritional factors were considered in the report. He has already had a satisfactory working relationship with Mr. Moncef Bousala of NIN. Mr. Sahnoon emphasized that improving nutrition was a goal of the current five-year plan. He did not envisage any objection on the part of the Ministry of Agriculture as to his participation, but he should be informed officially. Food balance data have been available since 1964, so it should be possible to see trends in the change of the food supply.

Mr. Fekih, Assistant Director, Institut National de Statistique (responsible for the 1975 and 1980 Consumption Surveys):

As for Mr. Fekih, he was in agreement with the merits of the meeting, and reiterated some of the same comments made by Mr. Sahnoon relative to ignorance of the health implications of food intakes. He also has worked with people at the Institute of Nutrition and would want to continue this work in order that food intakes can be compared with the nutritional requirements of Tunisians, to be established in collaboration with NIN. Also, they have a great deal of information, so assistance would be needed in the selection process. Mr. Fekih did not feel that Dr. Kamoon would object to his participation, but would in fact encourage it as improvement in nutrition is a goal of the country. Data from the 1980 survey probably will not be ready because there are many errors which must be eliminated and the results must be approved before they can be presented at a national meeting. Mr. Fekih will keep NIN informed if any changes in this policy occur in time for the seminar.

Dr. Redjeb, Coordinator for the RH Project:

Dr. Redjeb stressed that the seminar should emphasize the practical aspects of nutrition, although he recognized the need to inform the health community and other sectors about the results of the National Nutrition Survey. He was less cognizant of the information available from the two Consumption Surveys and of the Food Balance Sheets. He expressed his ideas on the types of nutrition programs that would or could be part of the RH program, emphasizing how students of the institute could be involved (they should be going to the rural areas instead of all being in Tunis). He felt confident that Mr. Bogatif would be enthusiastic about the seminar, since it would be stressing programs for his area and would be held there.

Dr. M'heni, Director of MCH Center in Melassine, former student of Dr. Hamza, co-author of Sante Mere-Enfants:

Dr. M'heni felt that everyone was aware of the nutrition problems of Tunisia, though he did admit that the results of the institute's National Nutrition Survey were not distributed. He expressed concern over the problems of communication of information, but was very keen on stressing programs rather than spending too much time on what he felt was merely "show and tell." He suggested that

important inclusions would be to specify mechanisms for a follow-up of the seminar conclusions and to make sure that the papers given were distributed. He stated that there was a lot of work that had already been done, but admitted that agriculture and other sectors were probably not aware of the information. Nor was he aware of the kinds of information which they have which are related to nutrition. He was amenable to the idea of working with staff of NIN to more clearly define the scope of work of a paper and to review potential workshop topics.

Food for Peace Officer/AID and Representatives of CARE and CRS :

These persons expressed some of the same concerns as Dr. M'heni relative to the need to emphasize the program aspects of the seminar. They also were concerned about who was to decide content and attendance. They suggested it should include ministries involved in nutrition programs, such as the Ministry of Social Affairs and Education. Voluntary agencies described the kinds of growth data they are seeing in participants in their programs and a variety of other approaches they are using to improve nutrition. An extended discussion of the nutrition education program of Morocco and Tunis with CRS ensued, and it was suggested that this program might serve as a model for discussion. Mr. Bamri, CNSS, Ministry of Social Affairs, would be the best person to decide on participation in the seminars if that program is discussed. The fact that Tunisia is being asked to phase-over the Title II programs at the present time was suggested as another reason for the importance of this seminar (e.g., can any recommendations be derived which might relate to this?).

Mr. Hamsa, Director, Institute des Enfants :

Dr. Hamsa was quite enthusiastic about the seminar and felt that it was a very appropriate activity for the NIN. He was quite aware and critical of the lack of dissemination of the results of the National Nutrition Survey. He was not aware of how they (the Food Balance Sheets and Consumption Surveys) might be used for considering nutrition problems. He clarified the objectives of the Conference on Weaning and Breast Feeding to be held in Tunis in December. He said that the December conference was international in scope and had as its primary aim to arrive at regulations for the control of infant formulas and the nutritional value of the infant and weaning foods. It would not include much information specifically about the whole Tunisian population, only infants, but if recommendations did come from it relative to the objectives of the National Nutrition Seminar, they could be considered. Dr. Hamsa stated that it was a large task and would need clarification and delineation.

Dr. Nacef, formerly director of Preventive Medicine, chief agent for integrated medicine until a recent change in administration:

Dr. Nacef was relatively negative towards the idea of the seminar, as he felt it was too ambitious and probably not going to result in any program changes. He stated, grudgingly, that he would be willing to assist in the examination of nutrition components of integrated medicine programs. (I feel that his recent resignation from the directorship of the Preventive Medicine program may make it difficult for him to be objective about the current direction of similar programs, but he is a well-known expert on the topic, so it is essential to have his tacit approval to proceed with the discussions of such programs at the seminar.)

At the staff meeting of the NIN, Dr. Kallal emphasized the importance of the meeting to his staff. He said that each one of them should participate in the preparations for the seminar (preparing posters describing nutrition interventions and lists of publications by the institute; working with other ministries in the preparation of their manuscripts; etc.). He felt that it would be essential to get technical assistance from AID some time before the seminar to ensure that the presentations were appropriate; he specifically asked that I return. He wants to invite representatives from Algeria and Morocco, OMS, and FAO. He would like to stress the interrelationship of health, food production (and food quality), and psychosocial behavior. He needs some way to summarize all the programs that exist to show what each ministry is doing for nutrition. (I recommended a table which might be used to indicate in a single manner the coverage of programs and their costs, including Caisse de Compensation, mass media, etc. The table would be divided into food and nutrition education programs.)

In numerous discussions with Mr. Mansour, we have reviewed and revised the scope of the workshop, but we recognize that it will still need to be further refined. Individuals will have to be assigned specific responsibilities. The situation in the country and the NIN could change. It will be advisable for him to inform me of progress, probably on a monthly basis, on the status of the work. I, in turn, will keep him advised of meetings in Washington and progress being made on identifying experts, verifying his consensus on whom they will be. We do anticipate that the seminar should take place in January-February, which means that I should probably come next December.