

A.I.D. EVALUATION HIGHLIGHTS NO. 22

EVALUATION OF THE A.I.D. FAMILY PLANNING PROGRAM IN TUNISIA

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SUMMARY

Tunisia is one of the most progressive countries in the Arab world, and its commitment to family planning has reflected that fact. For nearly 30 years, the Tunisian Government has, with the assistance of the U.S. Agency for International Development (A.I.D.), supported a successful population program that has increased contraceptive use among the population. Moreover, this program has contributed to improvement in Tunisian women's health and well-being.

This survey of the Tunisia population program is one of six country case studies being conducted by A.I.D.'s Center for Development Information and Evaluation (CDIE) to assess A.I.D.'s assistance to family planning. The assessment attempted to answer two questions. First, was A.I.D.'s program successful in terms of effectiveness, efficiency, and sustainability? Second, what are the long-term effects resulting from A.I.D.'s intervention?

From 1964 to 1990, A.I.D. was the primary donor supporting family planning activities in Tunisia, with funding averaging nearly \$2 million per year over 26 years. What has been achieved? Tunisia's Total Fertility Rate declined dramatically from 7.2 in 1966 to 4.5 in 1986. Meanwhile, contraceptive prevalence rose from negligible levels in the mid-1960s to 49.8 percent in 1988.

However, since 1989, when A.I.D. funding for family planning in Tunisia began to wind down, the level and scope of the program's benefits have declined. While prospects for the continuation of the program are good, due to strong political commitment by the Tunisian Government, this decline may continue over the next several years as the Government struggles to find funds for both the program and for contraceptives procurement. The Office Nationale de la Famille et de la Population (ONFP), Tunisia's national family planning program, already had difficulty in further improving and sustaining program effectiveness between 1989 and 1991, the period that also marks the end of A.I.D. funding.

BACKGROUND

Political leaders and scholars have long recognized Tunisia as the most progressive state in the Muslim world. When Tunisia won its independence from France in 1956, one of the first

acts of the new president, Habib Bourguiba, was to declare the legal equality of Tunisian women and to establish new laws governing women's status and rights (Personal Status Code). Such statutes were unique in North Africa and the Middle East. The Personal Status Code abrogated polygamy and abandonment, granted women equal rights in divorce proceedings, made marriage voluntary, set a minimum legal age for marriage (15 years for women and 18 years for men), and assured women a legal status almost equal to that of men with regard to the custody of children and the inheritance and ownership of property.

In 1961, the Government of Tunisia legalized the importation, sale, and distribution of contraceptives. In 1964, the Government raised the minimum legal age of marriage to 17 for women and 20 for men and began family planning pilot projects. In another first among Muslim and African states, Tunisia became the fifth country worldwide to adopt an official family planning policy as a specific means of fostering socioeconomic development. One year later, the Government of Tunisia legalized abortion in the first trimester, if the mother had five living children. It established the ONFP in 1966.

Education was the top budget priority of the Bourguiba Government. The Government expanded and improved the school system and increased female enrollments at all levels. This commitment to education continued throughout the 1970s and 1980s (see Figure 1). Education allocations, as a percentage of the total Government budget, averaged 20 percent during the period 1966 to 1973 and 15 percent from 1974 to 1991. In comparison, health allocations for the period 1966 to 1991 averaged 7 percent.

By the 1980s, the gender gap in education had narrowed, and health investments had yielded some important returns. The infant mortality rate fell from 200 per 1,000 in 1956 to 48 per 1,000 in 1990.

Two important factors that have allowed social reform (and with it, family planning) to progress steadily in Tunisia over the past quarter-century have been the relative strength of the economy, especially in the 1970s, and the generally moderate character of Islam practiced by the population.

Although modestly endowed with natural resources, Tunisia has achieved one of the highest levels of gross national product (GNP) per capita on the African continent (\$1,440 in 1990) without incurring excessive debt. Prudent macroeconomic management has been a principal factor in this achievement, coupled with strong growth in exports and tourism.

Although the majority of Tunisians belong to one of the most liberal schools of Islam, fundamentalists began in the 1970s to react to tourism and other "Western" incursions. While they have not opposed modernization per se, they have associated it with Westernization and the alleged decline of moral values. However, even women who identified with the Islamist opposition have continued for the most part to support the laws that promote their rights. Neither they nor fundamentalist leaders have advocated the repeal of the family planning program, which has built a broad base of support across the entire society.

The Tunisian family planning program uses virtually all methods, both clinical and nonclinical. The ONFP has emphasized highly effective modern means of birth control, such as the IUD and voluntary female sterilization. In the late 1970s, sterilization was one of the least used methods; today, the IUD, female sterilization, and oral contraceptives account for the bulk of contraceptive use in Tunisia.

A.I.D.'S ASSISTANCE APPROACH

A.I.D. and the Government of Tunisia entered into the first Project Agreement for family planning in 1968. In assessing the chances for success of such a major undertaking, the authors of A.I.D.'s first bilateral program considered several factors. Most important was the broad-based commitment of the Bourguiba Government. Other factors included Tunisia's good road network, comparatively flat terrain, and Government success in forming the nucleus of a family planning program (undertaken in 1964 as a pilot program) that was compatible with the leading interpretations of Islam in Tunisia. Few African countries offered such promising conditions for the implementation of a family planning program as Tunisia. This agreement marked the beginning of uninterrupted Tunisia-U.S. cooperation in family planning for more than two decades.

By January 1968, the Government of Tunisia had established centers for IUD insertions in only 10 maternal and child health (MCH) centers and 14 hospitals in the entire country. Ten mobile teams provided periodic family planning services in roughly 150 villages. There were no professionally trained health educators; the family planning program was run by a skeleton staff attached to Tunisia's Ministry of Health, occupying temporary quarters. In 1967, there were approximately 9,500 acceptors of IUDs and 742 female sterilizations. Only 590 women used oral contraceptives.

From 1968 to 1980, A.I.D. assistance concentrated on (1) public education, (2) infrastructure development and training, (3) contraceptives, and (4) development of institutional capability in the newly established national family planning program, the ONFP. After more than a decade of support in these areas totaling approximately \$17 million, there were many achievements:

- Contraceptive prevalence increased from negligible levels in the mid-1960s to 31.4 percent in 1978.
- The Government of Tunisia had expanded the program's educational and administrative structure into all major provinces.
- Pilot programs were testing various household and community-based distribution systems.
- The National Training Center became operational in 1979.
- The clinical program expanded to include voluntary female sterilization.

However, despite success in some areas, an A.I.D. evaluation found that there had been a "leveling off of family planning acceptors due primarily to the lack of services in rural Tunisia" (A.I.D. Project Evaluation Summary, USAID/Tunisia 1980).

To address these and other problems, A.I.D. concluded in 1981 that the key objectives of its strategy in the 1980s should be enhanced service delivery and coverage, increased contraceptive prevalence, and decreased financial dependence of the ONFP on A.I.D.

Subsequently, A.I.D. undertook two projects in the 1980s: (1) a centrally funded project of \$9 million between 1982 and 1986 and (2) a bilateral project of \$8.3 million Family Planning and Population Development (1986-1990). These two projects aimed to

- Improve problem solving, helping to ensure effective use of Government of Tunisia and donor resources
- Increase access to family planning, especially in the rural areas by funding mobile units, fixed clinics, and outreach to homes through health educators, or *animatrices*, in the public sector and the contraceptive social marketing program in the private sector
- Improve service delivery in highly effective clinical methods, especially female sterilization and IUDs, to increase contraceptive prevalence
- Increase the capacity of Tunisian training institutions
- Produce survey findings about contraceptive knowledge and practices

Recognizing that services had to be more effectively supplied to a widely dispersed rural population and that family planning managers in rural areas had to have sufficient authority and resources to solve operational and technical problems, the ONFP began to emphasize decentralized management in the late 1970s, continuing such initiatives throughout the 1980s.

During this period, A.I.D. oriented its assistance to support ONFP's key decision to decentralize management decision-making and strengthen local managers' capability for problem solving. In 1982, the ONFP adopted training in diagnosis, planning, and evaluation— essentially a management approach that aimed to identify problems and solutions related to all aspects of the program.

FINDINGS

Effectiveness

The assessment team concluded that during the period reviewed (1965-1991), the program was most effective between 1981 and 1988, the period during which the program was at its peak, both in funding levels and area of focus. First, A.I.D. helped diversify the modes of service delivery, thereby increasing *access* to family planning. Second, it supported training and technical

assistance in highly effective clinical methods, thereby enhancing *contraceptive prevalence*. Third, it supported extensive training in clinical methods, management, and service delivery for both professionals and fieldworkers, thereby contributing to improved *outreach*. Fourth, it supported the establishment of training centers, thereby enhancing *institutional capacity*. Major contributions are as follows.

Access

- *Mobile units.* To expand outreach and access in rural areas, A.I.D. provided about \$4 million (1981-1987), principally to strengthen the mobile units. By 1985, the number of new acceptors through these units had increased by 54 percent over 1982—the year that intensified support began—and the units were producing one-third of the output of the entire family planning program. In some governorates, the mobile units contributed as much as 74 percent of program output.

Private sector. A.I.D. supported the establishment of a contraceptive social marketing program in 1986. By selling condoms and pills through about 1,000 private sector supply points, such as pharmacies, the program increased access to contraceptives. However, much remains to be done to exploit this underused resource. Because contraceptive social marketing was initiated much later in the period under study, and for reasons related to program design, it contributed less to impact.

Contraceptive Prevalence

Female sterilization. In the late 1970s, female sterilization was one of the least used contraceptive methods. In 1977, A.I.D. helped fund the establishment of the Ariana Clinic for training in surgical contraception and introduced what was then considered a revolutionary surgical technique, laparoscopy. By 1988, female sterilization was the second most used method in Tunisia and accounted for 25 percent of the increase in contraceptive use between 1978 and 1988.

Training in IUD insertions/provision of IUDs. A.I.D.'s support for training midwives, physicians, and trainers in IUD insertion in the late 1970s and 1980s made an important contribution to the increase in prevalence. In 1988, IUDs were the most used method and increased use of IUDs accounted for more than 45 percent of the growth in prevalence between 1978 and 1988.

Surveys and analyses to monitor contraceptive prevalence. A.I.D. funded three major surveys in 1978, 1983, and 1988 to monitor contraceptive-use rates. Tunisian family planning managers cited these surveys as being important tools for monitoring program performance. These and other analyses were instrumental in calling attention to a "plateauing" of new users

in the late 1970s and thus helped mobilize donor and Government of Tunisia commitment to the program in the early 1980s.

Training, Outreach, and IEC

Interpersonal communication and education. A.I.D. funded education and interpersonal communication through the training of the animatrices and other personnel beginning in the late 1970s. The animatrices worked in the mobile units and clinics to counsel and motivate clients, especially through home outreach. A 1987 impact study that appeared in *Studies in Family Planning* (Volume 20, No. 3, PP 158-169) showed that adding these educators to service centers increased the number of new users by 125 percent, compared with the control group. By 1988, virtually all currently married Tunisian women of reproductive age knew of at least one family planning method.

Training. A.I.D. supported a wide range of training programs: medical, management, and service delivery throughout the period of A.I.D. assistance. Between 1985 and 1989 alone, A.I.D. funding supported training at approximately one-third of the centers that provided family planning services.

The assessment team also investigated the quality of care over the period of A.I.D. assistance. Through interviews and group discussions with administrators, family planning providers, and users, the team concluded that the quality of care overall was very good. Focus group discussions provided insight into factors that both undermined and supported the program. According to these discussions, the major factors supporting the program were the perception of the improved health of the mother as a result of family planning, better infant health, and the economic costs of children. On the negative side, participants cited myths and misinformation as working against the program, as well as the reluctance of Tunisian men to become involved in family planning and their resistance to vasectomy and condom use.

EFFICIENCY

Given the structure of the ONFP information system, ascertaining the cost-effectiveness of the different program elements was difficult. However, ONFP recently implemented a new system called *comptabilite analytique*, or cost accounting. Using service statistics furnished by the ONFP, the assessment team calculated a cost per couple years of protection (CYP) delivered by the public sector family planning program in Tunisia, which showed that the cost per CYP declined from \$34.06 in 1983 to \$20.03 in 1991.

The assessment team also employed the FamPlan System of Models to do a partial benefit-cost analysis based on births averted. The number of averted births (comparing the two scenarios of "with family planning program" and "without family planning program") increased rapidly in the first 10 years of the program, subsequently averaging out to an annual increase of

10 percent (see Figure 2). The rate of increase had declined to 5 percent by 1990 and to 2 percent by 1991. Benefits did not exceed costs until 1980. The internal rate of return was slow for the first 15 years of the program but reached almost 40 percent by 1991.

SUSTAINABILITY

CDIE defines sustainability as the continuation of the benefits and activities of a project or program after donor funding has terminated or, more narrowly, for 3 years after A.I.D. funding has terminated. The assessment team concluded that while prospects for the continuation of the program were good due to strong political commitment, the level and scope of benefits, for example, education, training, and contraceptive use, appeared to have already declined and may continue to decline as the Government struggles to find funds for program components and contraceptive procurement.

While the 1992 economic situation in Tunisia may limit Government funding for some components of the program, it is unlikely that the economic situation will derail the overall program. In fact, the focus groups showed that the cost of living was one of the strongest factors driving demand for family planning services. Moreover, rising unemployment has Government leaders concerned about continuing population growth. In sum, while a weaker economy may limit funding, it also drives demand—both by the people and by the politicians. Greater demand may result in increased purchases of contraceptives, especially through the social marketing program, and thus strengthen the program as a whole.

Paying for family planning services will be increasingly difficult, and the termination of A.I.D. assistance in 1990 puts pressure on the Government of Tunisia to make up the difference. The assessment team concluded that financing the family planning contraceptive supply program constitutes the severest challenge to overall sustainability of the family planning program.

Nevertheless, the ONFP has a reputation for effectiveness, important to sustainability. Surveys rank it high in financial management and accounting, both of which are essential for donor support. The program has won several international awards, which may encourage the World Bank, United Nations Population Fund, and other donors to meet funding deficits created by termination of A.I.D. support.

Although A.I.D. contributed in some ways to institutional sustainability, it did not contribute to financial sustainability. With regard to institutional sustainability, A.I.D. assisted Tunisia by helping to establish training centers (the Ariana Clinic for training in surgical contraceptive techniques and the National Training Center for training in service delivery and management). The Government now has the capacity to train its own people in virtually all aspects of family planning. However, at least for the next few years, it seems unlikely that specific components of the program that benefited from A.I.D.'s assistance (such as management training, training of animatrices, and operations research at headquarters in Tunis) and that

enhanced overall institutional capacity will offer the same level of benefits or outputs that they provided when they received A.I.D. funding.

A.I.D. contributed directly to ONFP's management capacity by, for example, funding needs-based training and evaluation of training, evaluation and cost-effectiveness analysis, and planning and evaluation management. The assessment team's interviews with regional staff provided strong evidence of regional managers' capacity for problem solving and strategic planning. This finding suggests that family planning training involves much more than the acquisition of technical knowledge about family planning and that A.I.D.'s decision to fund family planning management training over the past decade was a sound one.

Sustainability does not just happen; it has to be planned. A.I.D. did not have an overall strategic plan for phasing out its assistance to family planning in Tunisia. It was clear by the late 1970s that A.I.D./Washington felt that sufficient progress had been made in Tunisian family planning. Knowing this, USAID/Tunisia could have proposed an overall plan for sustainability when the Mission was assured of continued central funding in 1980. Such a plan, prepared collaboratively by the ONFP and A.I.D., might have included pilot programs for cost-recovery, pricing, and privatization strategies; cost-effectiveness studies; and a manpower development plan.

Many of the activities recommended in the final A.I.D. evaluation summary (prepared in March 1989) could have been undertaken earlier. The major recommendations of this report all touched on sustainability: (1) increase prices of contraceptive social marketing products and add new ones to the line; (2) assess management training needs at central and regional levels and prepare a management plan; (3) decide if additional operations research could be undertaken; (4) conduct a full-fledged cost-recovery study; (5) conduct a comprehensive self-sufficiency study; and (6) develop alternative organizational plans for contraceptive social marketing with ONFP. The Mission itself recognized that preparing the program for A.I.D. withdrawal required 7 to 10 years and that such steps could have been undertaken much earlier.

Overall Impact

Demographic Impact

Tunisia's Total Fertility Rate declined dramatically during the 1970s and 1980s. It is estimated to have been 7.2 in 1966, 5.8 in 1976, and 4.5 in 1986 (see table). During the same interval, contraceptive prevalence increased from negligible levels in the mid-1960s to 31.4 percent in 1978 and 49.8 percent in 1988. The Tunisian family planning program has had a major impact on contraceptive use in general, as well as on the use of specific methods, and has successfully increased the demand for services over the demand that might otherwise have been expected.

- While much of the early decline in fertility may have been produced by the rising age at marriage, almost all of the decline during the 1980s can be attributed to the increased use of modern contraception, stimulated by a desire for smaller families.
- The program has been relatively successful in meeting the demand for family planning services although considerable unmet need persists in rural communities.
- Approximately 70 percent of the increase in modern method prevalence between 1978 and 1988 is attributable to increased use of IUDs and female sterilization, two strongly promoted methods.
- The main source for IUDs and female sterilization over the decade 1978-1988 was public sector facilities.

Health Impact on Infants and Children

The role of family planning in the decline of infant and child deaths appears to be positive. The assessment found that about one-fifth of the observed decline in infant and child mortality was attributable to reduced reproductive risk, caused in part by family planning services.

Health Impact on Women

Focus group discussions revealed that many wives and husbands felt that family planning had positive effects on women's health. To the extent that the Tunisian family planning program made contraceptives available, thus allowing women to reduce unwanted pregnancies and abortions, it contributed to women's health and well-being.

Socioeconomic Impact

Using the FamPlan Model, the assessment team estimated savings in government expenditures in health and education, two social sectors strongly linked to population size. This model projects the expenditures in these sectors that would be required to service the population over the time period based on the assumptions of the level of effort of the family planning program and the impact on lowering overall population over time. Estimated savings in the health and education sectors were realized in the second year of the program. Estimated net savings (sectoral savings minus the cost of family planning) were realized in 1975 and rose from \$116,000 to \$250 million in 1991. Cumulative savings of \$952 million were estimated for the entire period.

CONCLUSIONS ABOUT A.I.D.'S CONTRIBUTION

Although there are no hard quantitative data to demonstrate that A.I.D.-supplied inputs led to increases in the contraceptive prevalence rate, and to a stronger family planning program, given the magnitude of the A.I.D. contribution there is a presumption of cause and effect; that is, part of the success of the Tunisian program can be attributed to A.I.D.'s participation. For one thing, there is the testimony of the Tunisians themselves, who gave credit to A.I.D.; the ONFP Director, reflecting on 20 years of cooperation, stated that A.I.D.'s role was exemplary, with rich results in many areas, enabling the program to achieve outstanding success recognized nationally and internationally. There are other indications, as well. For example

- Most of the decline in fertility in the 1980s was due to increased contraceptive use. Throughout the entire history of the Tunisian program, A.I.D. supplied most of the contraceptives.
- There is evidence that contraceptive use was greater for women who heard messages on the subject or who had easier access to family planning services. A.I.D. was active in both areas: it supported outreach programs and was the sole donor for mass media campaigns.
- Increased use of the clinical methods of IUDs and female sterilization accounted for 70 percent of the increase in prevalence between 1978 and 1988. A.I.D. assistance during these years targeted public sector service delivery in these clinical methods.

This Evaluation Highlights summarizes the findings from the report Evaluation of A.I.D. Family Planning Programs: Tunisia Case Study, Technical Report No. 15, October 1993 (PN-AAX-273). The Technical Report can be ordered from the DISC, 1611 North Kent Street, Suite 200, Arlington, VA 22209-2111, telephone (703) 351-4006; fax (703) 351-4039.