

CLASSIFICATION
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U 447

1. PROJECT TITLE <p style="text-align: center;">Population/Family Planning Support Project</p>			2. PROJECT NUMBER 608-0155	3. MISSION/AID/W OFFICE USAID/Morocco
4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <u>608-83-0</u>				
<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION				
5. KEY PROJECT IMPLEMENTATION DATES A. First PRO-AG or Equivalent FY <u>78</u> B. Final Obligation Expected FY <u>84</u> C. Final Input Delivery FY <u>83</u>	6. ESTIMATED PROJECT FUNDING A. Total \$ <u>33,000,000</u> B. U.S. \$ <u>13,017,000</u>	7. PERIOD COVERED BY EVALUATION From (month/yr.) <u>January 1982</u> To (month/yr.) <u>March 1983</u> Date of Evaluation Review <u>May, 1983</u>		

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Review MOPH construction schedule for 10 F.P. Referral Centers. De-obligate surplus funds.	Bowers	08/83
2. Assess performance of VDMS/Expansion project in 8 additional provinces.	Oldwine/ Bowers	05/83-03/84
3. Determine TA requirements for AMPF.	Oldwine	04/83-06/83
4. Prepare new Project Paper for period FY 1984-88	Bowers	05/83-08/83
5. Conduct final evaluation.	Bowers/Oldwine MOPH	10/83

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Project Paper</td> <td><input type="checkbox"/> Implementation Plan e.g., CPI Network</td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Financial Plan</td> <td><input type="checkbox"/> PIO/T</td> <td style="text-align: center;"><u>None</u></td> </tr> <tr> <td><input type="checkbox"/> Logical Framework</td> <td><input type="checkbox"/> PIO/C</td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Project Agreement</td> <td><input type="checkbox"/> PIO/P</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	<u>None</u>	<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____	10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT A. <input checked="" type="checkbox"/> Continue Project Without Change B. <input type="checkbox"/> Change Project Design and/or <input type="checkbox"/> Change Implementation Plan C. <input type="checkbox"/> Discontinue Project
<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____											
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	<u>None</u>											
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____											
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____											

11. PROJECT OFFICER AND POST COUNTRY OR OTHER RANKING PARTICIPANTS (List Name, Title, and Title) Gerard Bowers, Population Officer Eilene Oldwine, Assistant Population Officer <i>Eilene Oldwine</i> John Burdick, NE/TECH Ursula Nadolny, Evaluation Officer	12. Mission/AID/W Office Director Approval Signature <i>Robert G. Chase</i> Typed Name Robert G. Chase, Director Date <u>5/19/83</u>
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PROJECT EVALUATION SUMMARY

13. Summary

The Population/Family Planning Support Project (608-0155) was authorized in August, 1978 as a five year (FY 1978-82)* project with an approved life of project cost \$13,017,000.** The Project includes a set of 11 interrelated subprojects as follows:

1. VDMS*** Marrakech Province Pilot Project.
2. VDMS Expansion to 11 Additional Provinces.
3. Construction and Equipping of 10 Family Planning (FP) Referral Centers.
4. Training (U.S., 3rd Country, in-country).
5. Improved (FP) Services, Commodity Support.
6. Commercial Distribution of Contraceptives.
7. Information, Education and Communication Program (IE+C).
8. National Fertility Survey (Moroccan portion of the WFS).
9. Contraceptive Prevalence Survey.
10. National Training Center for Reproductive Health.
11. RAPID.

* Current PACD: March 31, 1984.

** Including AID/W Centrally-funded activities and contraceptives (\$6,315,000) and bilateral costs (6,702,000).

*** Visite à Domicile de Motivation Systematique.

The project was evaluated in December 1981 by a team of outside consultants. Overall, the project received a favorable evaluation.* A central concern of that evaluation was the extent to which VDMS, as a multipurpose health intervention, would be able to improve contraceptive prevalence in Morocco. The evaluators noted that the successful completion of the Marrakech pilot project tested only one intervention, family planning. A continuing concern of USAID has been the slow implementation of project activities. The majority of the sub-projects are between a year and one and a half years behind schedule. A January, 1980 PES suggested that USAID's role should be one of "supportive patience" in assisting the MOPH in moving the Population/Family Planning program forward.

During the past year the MOPH has quietly, but forcefully moved ahead with its family planning goals. Although the MOPH maintains publicly that its family planning program is an element of a larger MCH program, the MOPH Five-Year (1981-1985) Health Development Plan cites a specific FP goal of 24% prevalence of MWRA by the end of 1985. The MOPH has resolved many of the concerns which had previously contributed to the program inertia and subsequent slow implementation of the various subprojects.

Together the individual activities which comprise the Population/Family Planning Support Project represent a well-designed approach toward reaching the overall goal of reducing Morocco's rapid rate of population growth.** The political and medical environment in which the project is now functioning is considerably more sensitive to the relationships between population growth and development goals. Although the MOPH is still conservative in its public approach toward Morocco's population program, it is, in practice, implementing an ambitious, vigorous program which has the potential for fostering a substantial and sustained reduction in Moroccan fertility.

Evaluation Methodology

The 1980 intensive evaluation called for by the project paper was delayed until December 1981 because of the limited progress achieved to date. This evaluation (PES) is being conducted in a much different environment. While implementation remains behind schedule, all of the activities, with the exception of the construction and equipping of the 10 FP Referral Centers and the Commercial Distribution of Contraceptives, are expected to be completed by March 31, 1984, the new PACD.

The purpose of this evaluation is to record progress during the past year of project activity, and to identify issues to be considered in the design of the new Population/Family Planning Support Project. This PES is based upon consultations with MOPH personnel, USAID staff examination of project records, and personal observations of project activities.

* LeComte, John, et al, An Evaluation of the Population/Family Planning Support Project in Morocco, APHA, December, 1981.

** Variousl estimated to be between 2.5-3%/year. GOM 1982 Census 2.6%.

15. External Factors

It has been observed that the slow pace of implementation of project activities was indicative of the GOM's lack of commitment to population related activities.* While this concern does have historical foundation, the current situation is remarkably different from the case of just a few years ago. This change has been highlighted by the King's selection of Population -- along with food and water -- as one of 3 agenda items of the Royal Academy Meetings of May and December 1982; weekly family planning messages on radio and television; exhibitions on family planning, including family planning booths at religious mussems; the GOM/MOPH offer (through WHO/USAID) to serve as an "Islamic Model" for family planning program activity; the printing of a "Family Planning" postage stamp in 1982; and banner headlines in nominally conservative newspapers (February, 1983) identifying rapid population growth as a serious problem. All of this has led to a greater awareness by the GOM of the problems of rapid population growth in Morocco. For the first time there is a budget line item for family planning in the MOPH budget for 1983-85.

The 1981 APHA Evaluation and the 1982 Contraceptive Prevalence Survey (CPS) clearly demonstrate that these efforts are contributing to a genuine change in Moroccan fertility practices. The APHA report suggested prevalence of about 10% in late 1981, while CPS data indicate that contraceptive prevalence may be as high as 25%, or double the level (12.5%) reported at the beginning of USAID's current population assistance program in 1978. These data support project assumptions that increased availability of population information and services will lead to higher contraceptive prevalence. They also support the assumption that increased availability of factual information will lead to increased awareness among opinion leaders, contribute to greater commitment by the GOM to population activities, and increase the demand for F.P. services.

Inputs

The project has not been constrained by a lack of commodities, technical services or training opportunities for GOM personnel. The original project design was perhaps too optimistic with respect to the pace of project implementation. In-country contraceptive stocks are adequate, with a one year supply of contraceptives on hand and a one year supply on order.

The MOPH, recognizing that lack of trained personnel was perhaps one of its biggest constraints to successful project implementation, requested that USAID assist them develop skills based training programs specific to the Morocco situation, in lieu of long-term university training opportunities. USAID adjusted the budget to support more short-term, task related in-country training programs for all levels of MOPH personnel. The 1982 decision by the MOPH to train nurses in IUD insertion techniques will contribute substantially to the nation-wide availability of this contraceptive method.

* Audit Report No. 3-608-083-5, dated 01/14/83.

Financial assistance was necessarily provided in advance of project implementation activities. Unfortunately, the slow pace of project activities subsequently resulted in a substantial pipe-line. As of March 31, 1983, USAID had disbursed \$1,730,248 of obligated funds totalling \$4,995,000, leaving an unexpended balance of \$3,264,752 available thru March 31, 1984. The status of this pipeline is as follows:

Pipeline	Activity	Expenditure Status
\$1,450,000	VDMS/Expansion	\$469,000 advanced to MOPH.
\$165,000	Purchase shoulder sacks, baby scales, Actamine 5 for VDMS field-workers.	Purchased.
\$200,000	Purchase of A.-V. Equipment for AMPF.	Contract being reviewed by supplier.
\$500,000	Purchase IUD-insertion equipment for 500 MOPH clinics.	In process.
\$150,000	Running costs of AMPF IE+C program	Continuing activity.
\$100,000	Purchase equipment for the National Training Center for Reproductive Health (NCRH), Rabat.	In process.
\$50,000	Physician/Nurse training activities at NCRH.	Training in process.
\$60,000	In-country (provincial level) training in communications and IUD-insertion.	Funds advanced to MOPH, training in process.
\$40,000	Short-term training/Invitational Travel, U.S. + 3rd Countries.	In process.
\$150,000	Complete construction of 5 Family Planning Referral Centers.	4 Under construction
\$2,865	Total. Pipeline: \$3,265 - \$2,865 = \$400 (for construction + procurement, FP Referral Centers).	

The \$400,000 balance or a portion thereof may be de-obligated in the summer of 1983, depending on the MOPH's ability to have the "second" FP Referral Centers in an advanced stage of construction by that time.

Outputs

a) VDMS Marrakech Pilot Project

This subproject was successfully completed in 1980. The positive results of this project demonstrated to the GOM/MOPH that household distribution of contraceptives was an effective, and politically efficient feasible means of delivering contraceptive services, even in a male-dominated, Islamic society. The contraceptive prevalence rate for women visited in their homes rose from 18% to 43%. The data from this project encouraged the MOPH to expand VDMS to eleven additional provinces.

b) VDMS Expansion to 11 Additional Provinces

In May 1982 the MOPH began door-to-door delivery of contraceptive and health services in the three provinces of Meknes, Beni Mellal and El Jadida. Unlike the Marrakech pilot project, the VDMS Expansion Project includes five FP health nutrition interventions (contraceptives, oral rehydration salts, iron and vitamin supplements for pregnant or lactating women, immunization referral, and Actamine 5 -- a locally produced weaning food). The additional design, preparation and training required for this integrated service project contributed to delays in getting the augmented projects under way. USAID believes that these delays were warranted by the effort to field a more broadly-useful FP/health/nutrition activity.

Analysis of service statistics from the first three VDMS provinces indicates that average prevalence among MWRA in the project areas is approximately 35%. This performance is consistent with results of the VDMS/pilot project in somewhat more-urbanized Marrakech province.

The ability of VDMS to expand successfully to the eight additional provinces in May 1983 is dependent upon UNFPA's ability to provide approximately 500 mopeds to the MOPH for use by rural VDMS fieldworkers. USAID sought to diminish UNFPA's funding constraints to this purchase by agreeing to support anticipated UNFPA IE+C activities out of USAID's more broadly-defined IE+C budget. Despite this agreement -- in 1981 -- UNFPA has been painfully slow in producing the mopeds. UNFPA has assured USAID and the MOPH, however, that local purchase of these mopeds (and spare parts) will be completed by mid-May, 1983.

(USAID assistance for the VDMS project includes funds for the repair and maintenance of the mopeds, and for gasoline for their operation). Even with the 500 UNFPA mopeds on-site, the VDMS project will still be lacking the number of mopeds necessary to field an "ideal" VDMS program. Preliminary plans of MOPH authorities in the next 8 VDMS provinces call for spreading available mopeds "thinner" by increasing the number of daily visits performed by each VDMS fieldworker, i.e., from the current average of 14-18 visits/day to perhaps 18-25. USAID believes that this larger number of daily visits may be feasible among households being visited for the third and later times; but that the MOPH's striving for maximum coverage should not diminish the "quality" of each -- particular the first and second -- visit by a VDMS worker.

Field performance in the next 8 provinces will therefore demand careful oversight -- and a readiness on the part of donors and the MOPH to take appropriate corrective measures if the intensity and quality of the VDMS project appear to be at risk.

c) Constructing and Equipping of 10 FP Referral Centers

The MOPH accords a very high priority to these Centers. USAID assigns much lower importance to them, particularly in view of the overall program's positive evolution toward greater reliance on FP outreach services. USAID has advised the MOPH of its views, noting also that USAID was not prepared to respond favorably to an MOPH request for additional FP Referral Centers under the new FY 1984-88 project, now being negotiated.

Consistent with the Project Agreement and satisfactory observation by the MOPH of conditions precedent stated therein, USAID released \$150,000 to the MOPH in May, 1981 to begin construction of five centers, four of which are currently under construction. Construction-starts were delayed almost two years by Ministry of Finance insistence that 100% of construction funds be made available before the award of construction contracts. USAID declined to act on this insistence -- since withdrawn -- in view of Ministry of Finance's concurrence in 1978 (ProAg) to construct these facilities on a FAR basis. USAID has informed the MOPH of its intention to de-obligate funds not likely to be used for this purpose by EOP.

d) Training

Many of the training activities under this project have been sponsored by JHPIEGO and INTRAH. Approximately six physicians a year have been trained by JHPIEGO in either Tunis or Baltimore. A communications module and training manual were developed by the MOPH with INTRAH assistance and are being introduced into 30 nursing schools throughout the country. An AID/W consultant assisted the MOPH in developing the VDMS Trainers' Manual and Fieldworker guide. USAID supported training of six hundred MOPH personnel in VDMS in 1982, and an additional 1500 VDMS fieldworkers in 1983. Twelve mid-level women managers within the MOPH have also received specialized training in the management of family planning programs, and 24 senior MOPH nurses have been trained as trainers in IUD-insertion techniques.

The training component of the project has been one of the most successful elements. The MOPH has been continually pleased with the quality of AID technical assistance to support in-country training activities and has successfully incorporated a skills-based approach in both its formal nursing curricula and (their) in-service training programs.

e) Improved FP Services/Commodity Support

As previously explained, this component of the project has provided sufficient oral contraceptives, condoms, IUD's and other supplies to meet anticipated program demand. It should be noted that oral contraceptives and condoms are available in all of the 1,200 hospitals, clinics and dispensaries in the country. A recent request by the MOPH for USAID assistance to train nurses in IUD insertion techniques will lead to the IUD's general availability at more than 500 urban and rural dispensaries. The MOPH logistics system functions well, and appears to have avoided any contraceptive stock-outs at provincial levels. Condoms continue to generate scant popular acceptance; USAID requests for this commodity have been correspondingly modest.

f) Commercial Distribution of Contraceptives

This activity still has no active support from the MOPH, which is not prepared to endorse liberal, non-Ministry, non-medical distribution of pills. USAID has discussed an alternative sub-project with the private FP association, whereby specially-wrapped contraceptives would be marketed at local souks. However, the prospects for an expansive private sector project remains poor.

g) Information Education and Communication (IE+C)

This sub-activity is being implemented by the local IPPF affiliate, Association Marocain de Planification Familiale (AMPF), and by the MOPH. AMPF has supported workshops and seminars for F.P. personnel from other GOM ministries, industry and business. They have also produced T.V. and radio messages, newspaper articles; and two movies. Given the Moroccan context, AMPF has been daring in its approach to IE+C activities. Analysis of the message content of the AMPF films and print materials indicates, however, that additional technical assistance is needed to encourage closer attention by AMPF communicators to the need to identify target audiences in order to design appropriate FP messages. USAID also believes that the "modernist" leadership of the AMPF is offering insufficient attention to the potential of Morocco's aural tradition of news transmission and story-telling. Future TA will address these issues.

USAID support for IE+C activities of the MOPH has included assistance in preparation of print materials used in the VDMS project, and in communications training for MOPH health education personnel. In view of the integrated nature of the VDMS project supported by these materials and training USAID has been somewhat liberal in its definition of FP IE+C.

h) National Fertility Survey (WFS)

NFS field work was completed in 1980. To date no report has been issued, although the raw data are available. The first report is now promised for July, 1983.

i) Contraceptive Prevalence Survey (CPS)

The CPS was implemented in the winter of 1981-82 in the VDMS provinces of Beni Mellal, Meknes, and El Jadida. A final CPS report was issued in January, 1983. The purpose of the survey was to establish a VDMS baseline for these three provinces so that subsequent performance of the VDMS project could be accurately measured, i.e. by a later CPS (now scheduled to take place in September, 1983).

The survey reported unexpectedly high contraceptive prevalence in the three provinces: an average of 25% of MWRA were using some form of contraception at the time of the survey. Moreover, approximately 90% of these users were relying on a modern method such as the pill (75%), sterilization (4%), or IUD (10%).

The survey also indicates that Morocco's relatively recent gains in contraceptive practice -- from about 12% MWRA in 1978 -- was largely due to increased popular reliance on the MOPH FP program: Approximately 65% of contraceptive users obtained their supplies of services from the MOPH, and 35% from the private sector -- a reversal of the proportionate "market shares" reported in 1978.

The CPS -- together with the findings of the APHA program evaluation -- suggests that contraceptive practice in Morocco is considerably higher than previously thought (cf: PRB 1982 estimate of Moroccan contraceptive prevalence to be 7% MWRA). The second-round (September) CPS will provide a more comprehensive assessment of national contraceptive prevalence, and will oversample in all 11 VDMS provinces to facilitate project evaluation in those specific areas.

j) National Training Center for Reproductive Health (NCRH)

The NCRH opened in November 1982. This facility is designed to provide training in sterilization procedures for Moroccan and other francophone physicians and surgical nurse-assistants, and for senior nurse training in IUD-insertion techniques. Although the NCRH opened two years behind schedule, it is now performing 80 tubal ligations/month and offers a full range of FP services. The first training program for Moroccan physicians was conducted in April-May, 1983; two nurse trainers programs were conducted in February and April, 1983. (The center has also begun, with WHO support, a study of contraception among adolescents, including and examination of the biological risk factors in pregnancy and delivery among adolescents).

The establishment of NTCRH was an essential first step in the development of Moroccan capability to extend sterilization services to province-level hospitals throughout the country.

h) RAPID

The RAPID presentation is a computer simulation exercise which explores the relationships between rapid population growth and Morocco's development objectives. This computer package was presented to the MOPH in 1980, and was intended to be used by the MOPH as a tool to increase the awareness of GOM planners and decision makers to the linkages between population and development. Following some initial hesitancy on the part of the MOPH to elevate the FP program to a "political" level via senior-level RAPID presentations, they have lately put the program to excellent use. On February 10, 1983, the Minister of Public Health made a RAPID presentation to the Prime Minister and the Cabinet, with the assistance of a Futures-trained technician at the Apple keyboard. (The Minister's presentation was reported in the Moroccan press, as was a front-page, headline interview with the Health Minister ten days later concerning Morocco's population dilemma).

RAPID project materials have also been distributed to the Ministry of Plan, Mohammed V University, the Maghrebian Population Association, local researchers and teachers and to AMPF. AMPF uses RAPID slides and transparencies in their seminars and workshops. A RAPID computer and software have also been installed at the National Institute for the Analysis of Economic Statistics (INSEA). RAPID software was revised by the Futures Group in late 1982. USAID is still awaiting the disk.

18. Purpose

The project's purpose, "to establish and demonstrate within both the public and private sectors a capability to plan, implement and evaluate cost effective family planning program" has largely been achieved. The initial implementation time-table for this project was, however, too optimistic and had to be adjusted several times over the course of the project. The development of the VDMS expansion activities and the NTCRH has contributed substantially to MOPH's ability to plan and implement project activities. By quietly developing their in-house capacity to execute the family planning program they have at the same time diminished much of the sensitivity surrounding FP. Working in conjunction with AMPF, they have created an environment in which FP, and population issues can now publically be addressed. The paramedicalization of the total delivery system have significantly contributed to sub-purpose 1., "to increase contraceptive prevalence." As mentioned earlier in the PES, available data indicate that contraceptive prevalence probably averages 20-25%.

The project has had considerable success in the achievement of sub-purpose 2;" to substantially raise the levels of awareness of population problems and commitment to their resolution by key GOM officials and opinion leaders. The King's choice of Population as one of the three topics discussed at the Royal Academy meetings of 1982, the permission granted by the Ministry of Information to the AMPF and MOPH to air FP messages and films, as well as local and provincial Government permission to participate in fairs, festivals and exhibits are a result of both MOPH and AMPF's efforts to increase awareness. The successful launching of the VDMS expansion project would not have been possible without senior-most GOM commitment to efforts to solve the problems of rapid population growth in Morocco. It is expected that this awareness will continue to increase as the MOPH expands its capability to execute FP programs.

An analysis of MOPH and AMPF service statistics have shown a dramatic increase in the demand of contraceptive services over the last few years. This could not have been achieved without the MOPH's decision to paramedicalize the health systems and to make contraceptives available in all their 1,200 facilities supported by the IE+C efforts of both the AMPF and MOPH. The Contraceptive Prevalence Survey reported, for example, that approximately 90% of survey respondents were aware of at least one effective contraceptive method. Thus sub-purpose 3," by 1982 to further new demand for F.P. services" has been achieved. This is an ongoing purpose and should not be seen as limited to the life of this project.

19. Goal

Unchanged.

20. Beneficiaries

Unchanged.

21. Unplanned Effects

Successful implementation of VDMS in the field depends substantially on the degree to which the chief medical officer interests himself in the VDMS activities. Recognizing this, the MOPH central service encouraged participation of the chief medical officers in the pre-planning and implementation of VDMS activities. This has served as a beginning step within the MOPH to decentralize decision making. Concomitantly, the MOPH central service has sought the advice of all eleven medical officers concerning VDMS activities in the next eight provinces. The MOPH has begun to realize the importance of a two-way flow of information if the health services are to meet the broader needs of the Moroccan people. This in turn has led to province-specific implementation of the actual service delivery aspects of the program.

Also unforeseen was the MOPH's decision to equip rural dispensaries to provide IUD insertions and to train dispensary nurses in IUD-insertion techniques.

Although a logical outcome of the Ministry's "paramedicalization" policy, previous MOPH conservatism did not suggest the possibility of so thorough a retreat from the principle of "doctor-based" clinical services.

22. Lessons Learned

The majority of the lessons learned in this project have been described in detail in the 1981 PES and 1982 evaluation. An important lesson learned over the past year is that the lack of an official GOM population policy does not necessarily limit a government's commitment to a F.P. program. In the Moroccan context it has proved prudent to quietly put the system in place and to expand access to contraceptive services.

Once the system is in place, and the availability of contraceptives has been established as a basic fundamental service of the MOPH, the political vulnerability of the program will diminish. It is at this point that USAID will best be able to assist the GOM in developing a population policy. USAID acted wisely in not pressuring the GOM to formalize a population policy, but rather in assisting the MOPH to extend services, train personnel, develop IE+C materials, and most importantly, assure that contraceptives were widely available throughout the Kingdom.

The development of the NTCRH was an important addition to the Population/Family Planning Support Project. It is through this activity that specialized training in reproductive health will be made available to Moroccan physicians and nurses. The NTCRH has been open for six months. During this time the Center has been providing services and conducting training activities. But USAID support for each training program has been provided on a per-training program basis, i.e., in the absence of a practical means of channeling USAID assistance to the Center through the GOM Ministry of Finance. This problem was not addressed in the ProAg. The MOPH is in the process of simplifying this procedure by establishing a separate bank account for the Center; but much time was lost seeking ways to overcome internal GOM fiscal obstacles to getting the Center under way. The lesson learned from this situation is that closer attention should be given before the ProAg is activated to determining whether or not the fiscal and institutional mechanisms are in place to support all proposed activities.

23. Special Comments or Remarks

In the absence of a clearly defined family planning policy, the GOM has moved ahead to institutionalize the inclusion of family planning as one of its basic health services. When VDMS is launched in the next eight provinces*, approximately 40% of the Moroccan population will have routine and recurring access to contraceptive services. The 1981 evaluation noted

* May, 1983

that Morocco's largest city, Casablanca, is a missed target of opportunity. USAID and the MOPH intend to correct this by developing a special activity in the urban slum areas of Morocco's major cities.

Although sterilization is still a sensitive issue in Morocco, the MOPH is moving ahead to develop the nation-wide capability to provide this service. Discussions are currently taking place with MOPH officials as to how USAID can best address this issue in the follow-on project.

Although Morocco has nominally offered F.P. services since 1966, prior activities were clinic-based and physician-dominated, such that few women had access to F.P. services. The Population/Family Planning Support Project has successfully assisted the MOPH to reorient its program to meet the needs of F.P. users. By paramedicalizing the system and offering contraceptives in the home, the MOPH has been able to demonstrate that Moroccan women need and want contraceptive services, and has proceeded to meet this need. It is anticipated that the implementation delays experienced by this project will not be repeated in the follow-on project. Moroccan opinion leaders and politicians are more aware of the linkages between rapid population growth and its effect on development goals. More importantly, the MOPH has developed a cadre of technicians at the central and provincial levels who can design and implement population activities. By the end of the project 2,000 field workers will have been trained to provide F.P. services and to motivate women to use these services. Moreover the new F.P. project will be conceived in an environment which is more open and supportive of population activities.

A late note: The results of the 1982 GOM census were announced during the preparation of this document. The reported population figure -- 20,400,000 persons -- is considerably less than had been anticipated, and suggests that Moroccan fertility may be lower than most current estimates.

Some observers have reacted to the census results with some scepticism, given Morocco's oft-cited annual population growth rate of + 3%, and pre-census predictions of a 1982 population count of + 25 million. However, in view of Morocco's (also) unexpectedly high contraceptive prevalence -- no less than 20% of MWRA, on average -- USAID believes that the lower census count may be reasonable. USAID's analysis of the relationship between Moroccan contraceptive prevalence and the crude birthrate lends some credence to the census figure, and strongly suggests that Morocco is experiencing a genuine decline in fertility.

ATTACHMENT

Actions Completed in Response to December 1981 APHA Evaluation:

I. Recommendation

USAID support should not be concentrated exclusively in the Ministry of Public Health. Assistance should continue to be provided to the (IPPF-affiliated) AMPF; and USAID should explore the feasibility of introducing Pop/FP components into collaborative projects with other appropriate ministries.

Action

USAID continues to provide support to the IE+C efforts of AMPF, the local IPPF affiliate (see pp 4 and 7(g) of PES). This support is expected to continue under the new Population/Family Planning Support Phase III project, currently under Mission review. The new project considerably expands USAID assistance for AMPF to service delivery activities. USAID will also continue support AMPF efforts to train personnel of other GOM ministries. During the past year AMPF has provided contraceptive methods training, including training in IUD insertion techniques, to Casablanca factory nurses, enabling F.P. services to be delivered at the workplace. AMPF has also trained personnel of the Ministries of Youth and Sports and Handicrafts and Social Affairs. Personnel from the Ministry of Plan have also attended seminars in Population and Development.

The Phase III project, also includes subprojects to involve other (non-MOPH) ministries in service-delivery activities, and will provide more extensive support to the Ministry of Plan to incorporate population factors into the GOM planning process.

II. Recommendation

In view of the slow pace at which the MOPH has been able to implement many of the overall program's subprojects, implementation plans should more closely reflect the country's ability to absorb proposed inputs.

Action

USAID and the GOM/MOPH revised the ProAg on July 21, 1982 and extended the PACD to March 31, 1984 to more accurately reflect the pace of project implementation.

IX. Recommendation

Expand F.P. training and services in Casablanca.

Action

The Phase III project will support extension of F.P. services to Casablanca and other major Moroccan cities through AMPF and the MOPH. AMPF training activities have resulted in the availability of F.P. service at 20 factories in Casablanca (see action taken on Recommendation I.).

X. Recommendation

Reinforce the F.P. training role of the Family Planning Referral Centers.

Action

Training at the F.P. Referral Centers has been on an ad hoc basis. The decision by the MOPH to extend IUD insertion capability to urban and rural dispensaries has reinforced the training role of the F.P. Referral Centers. Province-level training for 500 nurses in IUD insertion techniques will take place at the F.P. Referral Center.

XI. Recommendation

Expand access to/Cognizance of RAPID.

Action

See page 9 (h) of PES.

YEAR EAST EVALUATION ABSTRACT

PROJECT TITLE(S) AND NUMBER(S) Population/Family Planning Support Project (608-0151)		MISSION FIELD OFFICE USAID/Rabat	
PROJECT DESCRIPTION The project includes a set of 11 inter-related subprojects which emphasize household service delivery, training, commodity support, IE&C, and outreach programs. These activities are expected to contribute to increased contraceptive prevalence; increased levels of awareness of population problems and commitment to their resolution by key GOM officials and opinion leaders; and increased demand for family planning services.			
AUTHORIZATION DATE AND U.S. LOP FUNDING AMOUNT August, 1978 ... \$13,017,000	PES NUMBER 608-83-6	PES DATE May, 1983	PES TYPE <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Other (Specify)
ABSTRACT PREPARED BY, DATE Ursula Nadolny <i>UN</i> Evaluation Officer May 18, 1983	ABSTRACT CHECKED BY, DATE Robert C. Chase <i>RC</i> Mission Director May 20, 1983		<input type="checkbox"/> Special <input type="checkbox"/> Terminal

The overall project purpose is to establish and demonstrate within both the public and private sectors a capability to plan, implement, and evaluate cost effective family planning programs.

This is a routine evaluation performed by USAID personnel. The purpose of the evaluation is to record progress during the past year of project activity (intensive evaluation conducted in 12/81), and to identify issues to be considered in the design of the new Population/Family Planning Support Project.

A continuing concern of USAID has been the slow pace of project activities. While implementation remains behind schedule as originally envisaged all of the project's activities, with the exception of the construction and equipping of the 10 FP Referral Centers and the Commercial Distribution of Contraceptives, are expected to be completed by March 31, 1983, the new PACD. The project's new time frame and schedule more closely reflect the MOH's ability to absorb inputs. Monies reserved for the referral centers will likely be de-obligated; the prospects for an expansive commercial project remain poor.

The PES includes a discussion of how several of the sub-activities have contributed to achievement of the project's objectives: the development of expanded household delivery services (VDMS) and of a National Training Center for Reproductive Health has contributed to the MOH's ability to plan and implement project activities; and the paramedicalization of the total delivery system has significantly increased contraceptive prevalence. The PES indicates that the MOH's and AMPF's (a local, private family planning agency) efforts have resulted in raised levels of awareness of population problems and commitments to their resolution among senior GOM officials. Specific links to project activity impact are listed as improved MOH capability to execute FP programs, IE&C activities, and use of the "RAPID" program. The paramedicalized health system has supported, and project surveys have substantiated, increased demand for FP services.

Issues to be addressed in the follow-on project include outreach to urban slum areas of Morocco's major cities; development of nation-wide capability to provide sterilization services; and in-service F.P. Training.

Lessons Learned: 1) The lack of an official GOM policy does not necessarily limit the Government's commitment to a F.P. program. In the Moroccan context, for example, it has proven prudent to quietly put the system in place and to expand access to services. Once the system is in place, and the availability of contraceptives has been established as a basic fundamental service of the MOH, the political vulnerability of the program will diminish.

2) One of the project's sub-activities (National Training Center) experienced considerable delay while concerned officials sought ways to overcome internal GOM fiscal obstacles of channelling USAID assistance to the Center through the GOM Ministry of Finance. The lesson learned from this situation is that closer attention should be given before the ProAg is activated to determining whether or not the fiscal and institutional mechanisms are in place to support all proposed activities.

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CLASSIFICATION
PROJECT EVALUATION SUMMARY (PES) - PART 1

Report Symbol U-447

1. PROJECT TITLE Population/Family Planning Support Project	2. PROJECT NUMBER 608-0155	3. MISSION/AID/W OFFICE USAID/Morocco
4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <u>608-83-6</u>		
5. REGULAR EVALUATION <input checked="" type="checkbox"/> SPECIAL EVALUATION <input type="checkbox"/>		

KEY PROJECT IMPLEMENTATION DATES Final PRO-AG or Equivalent FY <u>78</u> B. Final Obligation Expected FY <u>84</u> C. Final Input Delivery FY <u>83</u>	6. ESTIMATED PROJECT FUNDING A. Total \$ <u>23,000,000</u> B. U.S. \$ <u>13,017,000</u>	7. PERIOD COVERED BY EVALUATION From (month/yr.) <u>January 1982</u> To (month/yr.) <u>March 1983</u> Date of Evaluation Review <u>May, 1983</u>
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A. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR <small>A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which require AID/W or regional office action should specify type of document, e.g., airgram, letter, R, PIO, which will present detailed request.)</small>	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Review MOPH construction schedule for 10 F.P. Referral Centers. De-obligate surplus funds.	Bowers	08/83
2. Assess performance of VDMS/Expansion project in 8 additional provinces.	Oldwine/ Bowers	05/83-03/84
3. Determine TA requirements for AMPF.	Oldwine	04/83-06/83
4. Prepare new Project Paper for period FY 1984-88	Bowers	05/83-08/83
5. Conduct final evaluation.	Bowers/Oldwine MOPH	10/83

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	<u>None</u>
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A. Continue Project Without Change

B. Change Project Design and/or
 Change Implementation Plan

C. Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS (List Name and Title)

Gerard Bowers, Population Officer

Eilene Oldwine, Assistant Population Officer *Eilene Oldwine*

John Burdick, NE/TECH

Ursula Nadolny, Evaluation Officer

12. Mission/AID/W Office Director Approval

Signature *[Signature]*

Typed Name Robert G. Chase, Director

Date 5/19/83